



PHARMAC  
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency  
New Zealand  
Pharmaceutical Schedule

# Update

**February 2026**

**Contents**

Summary of Pharmac decisions effective 1 February 2026..... 3

Changes to General Rules..... 8

Tender News ..... 11

Looking Forward ..... 12

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products  
– Cumulative to February 2026 ..... 13

New Listings..... 26

Changes to Restrictions, Chemical Names and Presentations ..... 28

Changes to Subsidy and Manufacturer’s Price..... 44

Delisted Items ..... 45

Items to be Delisted ..... 46

Index ..... 47

## Summary of Pharmac decisions

EFFECTIVE 1 FEBRUARY 2026

### New listings (pages 26-27)

- Glycopyrronium bromide (Glycopyrronium-AFT) inj 200 mcg per ml, 1 ml ampoule – Up to 10 inj available on a PSO
- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (Molaxole) powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg
- Bisacodyl (Bisacodyl-AFT) tab 5 mg – Only on a prescription
- Nitisinone (Nitisinone LogixX Pharma) cap 2 mg, 5 mg and 10 mg – Special Authority – Retail pharmacy
- Calcium polystyrene sulphonate (Roma) powder, 300 g OP – S29
- Compound electrolytes with glucose [dextrose] (Pedialyte) soln with electrolytes (2 x 500 ml), 1 OP
- Enalapril maleate (Ipca-Enalapril) tab 5 mg, 10 mg and 20 mg
- Losartan potassium with hydrochlorothiazide (I-Losartan & Hydrochlorothiazide – Ipca) tab 50 mg with hydrochlorothiazide 12.5 mg
- Nifedipine (Valni Retard) tab long-acting 20 mg – s29 and wastage claimable
- Celecoxib (Celostea) cap 200 mg
- Daunorubicin inj 20 mg vial (Cerubidine) and inj 20 mg for ECP, 20 mg OP (Baxter) – PCT only – Specialist
- Lenalidomide (viatris) (Lenalidomide Viatris) cap 15 mg and 25 mg – Special Authority – Retail pharmacy
- Niraparib (Zejula) tab 100 mg, 56 tab – Special Authority – Retail pharmacy and wastage claimable
- Salbutamol with ipratropium bromide (Cipla) nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 3 ml vial – S29 and wastage claimable

### Changes to restrictions (pages 28-43)

- Liraglutide (Victoza) inj 6 mg per ml, 3 ml prefilled pen – amended note and quantity on prescription
- Insulin pen needles 29 g × 12.7 mm, 31 g × 5 mm, 31 g × 8 mm and 32 g × 4 mm (B-D Micro-Fine) and 31 g × 6 mm (Berpu) – amended quantity on prescription
- Insulin syringes, disposable with attached needle (B-D Ultra Fine and B-D Ultra Fine II) syringe 0.3 ml with 29 g × 12.7 mm needle, syringe 0.3 ml with 31 g × 8 mm needle, syringe 0.5 ml with 29 g × 12.7 mm needle, syringe 0.5 ml with 31 g × 8 mm needle, syringe 1 ml with 29 g × 12.7 mm needle and syringe 1 ml with 31 g × 8 mm needle – amended quantity on prescription
- Insulin pump cartridge (Tandem Cartridge) cartridge 300 u, t:lock × 10, 10 OP – amended quantity on prescription

## Summary of Pharmac decisions – effective 1 February 2026 (continued)

- Insulin pump infusion set (steel cannula) 6 mm steel needle; 60 cm tubing × 10, 1 OP (MiniMed Sure-T MMT-864A), 6 mm steel needle; 80 cm tubing × 10, 1 OP (MiniMed Sure-T MMT-866A), 8 mm steel needle; 60 cm tubing × 10, 1 OP (MiniMed Sure-T MMT-874A) and 8 mm steel needle; 80 cm tubing × 10, 1 OP (MiniMed Sure-T MMT-876A) – amended quantity on prescription
- Insulin pump infusion set (steel cannula, straight insertion) – amended quantity on prescription
  - 5.5 mm steel cannula; straight insertion; 45 cm line × 10 with 10 needles, 5.5 mm steel needle; straight insertion; 60 cm line × 10 with 10 needles, 5.5 mm steel needle; straight insertion; 80 cm line × 10 with 10 needles, 8.5 mm steel needle; straight insertion; 60 cm line × 10 with 10 needles and 8.5 mm steel needle; straight insertion; 80 cm line × 10 with 10 needles, 1 OP (mylife Orbit micro)
  - 6 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles, 8 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles, 6 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles and 8 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles 1 OP (TruSteel)
- Insulin pump infusion set (teflon cannula) – amended quantity on prescription
  - 13 mm teflon needle, 60 cm tubing × 10, 1 OP (MiniMed Silhouette MMT-381A)
  - 17 mm teflon needle, 110 cm tubing × 10, 1 OP (MiniMed Silhouette MMT-377A)
  - 17 mm teflon needle, 60 cm tubing × 10, 1 OP (MiniMed Silhouette MMT-378A)
  - 6 mm teflon needle, 110 cm tubing × 10, 1 OP (MiniMed Quick-Set MMT-398A)
  - 6 mm teflon needle, 60 cm tubing × 10, 1 OP (MiniMed Quick-Set MMT-399A)
  - 9 mm teflon needle, 110 cm tubing × 10, 1 OP (MiniMed Quick-Set MMT-396A)
  - 9 mm teflon needle, 60 cm tubing × 10, 1 OP (MiniMed Quick-Set MMT-397A)
- Insulin pump infusion set (teflon cannula, angle insertion with insertion device) – amended quantity on prescription
  - 6 mm teflon cannula; angle insertion; insertion device; 60 cm line × 4 with 4 needles, 1 OP (Med Adv Ext Infusion Set MDT-MMT-431AK) – amended brand name
  - 6 mm teflon cannula; angle insertion; insertion device; 80 cm line × 4 with 4 needles, 1 OP (Med Adv Ext Infusion Set MDT-MMT-432AK) – amended brand name
  - 9 mm teflon cannula; angle insertion; insertion device; 60 cm line × 4 with 4 needles, 1 OP (Med Adv Ext Infusion Set MDT-MMT-441AK) – amended brand name
  - 9 mm teflon cannula; angle insertion; insertion device; 80 cm line × 4 with 4 needles, 1 OP (Med Adv Ext Infusion Set MDT-MMT-442AK) – amended brand name

## Summary of Pharmac decisions – effective 1 February 2026 (continued)

- 13 mm teflon cannula; angle insertion; insertion device; 110 cm line × 10 with 10 needles, 1 OP (AutoSoft 30)
- 13 mm teflon cannula; angle insertion; insertion device; 60 cm line × 10 with 10 needles , 1 OP (AutoSoft 30)
- Insulin pump infusion set (teflon cannula, flexible insertion with insertion device) (mylife Inset soft) 6 mm teflon cannula; flexible insertion; insertion device; 46 cm line × 10 with 10 needles, 6 mm teflon cannula; flexible insertion; insertion device; 60 cm line with integrated inserter × 10 with 10 needles, 6 mm teflon cannula; flexible insertion; insertion device; 80 cm line × 10 with 10 needles, 9 mm teflon cannula; flexible insertion; insertion device; 60 cm line × 10 with 10 needles and 9 mm teflon cannula; flexible insertion; insertion device; 80 cm line × 10 with 10 needles, 1 OP – amended quantity on prescription
- Insulin pump infusion set (teflon cannula, straight insertion with insertion device) (AutoSoft 90) 6 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles, 6 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles, 9 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles and 9 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles, 1 OP – amended quantity on prescription
- Insulin pump infusion set (teflon cannula, variable insertion) (VariSoft) 13 mm teflon cannula; variable insertion; 60 cm line × 10 with 10 needles, 1 OP – amended quantity on prescription
- Insulin pump reservoir – amended quantity on prescription
  - 10 × 1.6 ml glass reservoir for YpsoPump, 10 OP (mylife YpsoPump Reservoir)
  - 10 × luer lock conversion cartridges 1.8 ml for paradigm pumps, 10 OP (ADR Cartridge 1.8)
  - Cartridge for 7 series pump; 3.0 ml × 10, 10 OP (MiniMed 3.0 Reservoir MMT-332A)
  - Cartridge for 7 series pump; 3.0 ml × 5, 5 OP (MiniMed 3.0 Ext Reservoir MDT-MMT-342G)
- Continuous glucose monitor (interoperable) sensor (9) and transmitter, 1 OP (Dexcom G6), sensor (Dexcom G7 and Freestyle Libre 3 Plus) – amended quantity on prescription
- Continuous glucose monitor (standalone) (Dexcom ONE+, Freestyle Libre 2 Plus and Freestyle Libre 2) sensor – amended quantity on prescription
- Colecalciferol (Vit.D3) cap 1.25 mg (50,000 iu) – amended quantity on prescription
- Adrenaline (Aspen Adrenaline and DBL Adrenaline) inj 1 in 1,000, 1 ml ampoule – addition of note
- Adapalene (Differin) gel 0.1%, 30 g OP – amended quantity on prescription

## Summary of Pharmac decisions – effective 1 February 2026 (continued)

- Isotretinoin (Oratane) cap 5 mg, 10 mg and 20 mg – amended Special Authority criteria
  - Tretinoin (ReTrieve) crm 0.5 mg per g, 50 g OP – amended quantity on prescription
  - Nortriptyline hydrochloride (Allegron and Norpress) tab 10 mg and 25 mg – removal of brand switch fee
  - Olanzapine (Zyprexa Relprevv) inj 210 mg, 300 mg and 405 mg vial – amended Special Authority criteria and removal of note
  - Dexamfetamine sulfate (Noumed Dexamfetamine) tab 5 mg – amended Special Authority criteria
  - Lisdexamfetamine dimesilate (Vyvanse) cap 30 mg, 50 mg and 70 mg – amended Special Authority criteria
  - Methylphenidate hydrochloride – amended Special Authority criteria
    - Tab modified-release 18 mg, 27 mg, 36 mg and 54 mg (Methylphenidate Sandoz XR)
    - Tab immediate-release 5 mg, 10 mg and 20 mg (Rubifen)
    - Tab immediate-release 10 mg (Ritalin)
    - Tab sustained-release 20 mg (Ribifen SR)
    - Tab extended-release 18 mg, 27 mg, 36 mg and 54 mg (Methylphenidate ER – Teva)
  - Methylphenidate hydrochloride extended-release tab extended-release 18 mg, 27 mg, 36 mg and 54 mg (Concerta) and cap modified-release 10 mg, 20 mg, 30 mg and 40 mg (Ritalin LA) – amended Special Authority criteria
  - Buprenorphine with naloxone (Buprenorphine Naloxone BNM) tab sublingual 2 mg with naloxone 0.5 mg and tab sublingual 8 mg with naloxone 2 mg – amended Special Authority criteria
  - Methotrexate tab 2.5 mg and 10 mg (Trexate), inj 2.5 mg per ml, 2 ml (Methotrexate DBL), inj 25 mg per ml, 2 ml vial (Methotrexate DBL Onco-Vial), inj 25 mg per ml, 20 ml vial (DBL Methotrexate Onco-Vial) and inj 100 mg per ml, 10 ml and 50 ml vial (Methotrexate Ebewe) – removal of Retail pharmacy-Specialist rule
  - Bortezomib inj 3.5 mg vial (DBL Bortezomib) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
  - Temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg and 250 mg (Temaccord), cap 5 mg (Temozolomide-Taro) and cap 20 mg and 100 mg (Apo-Temozolomide) – amended Special Authority criteria
  - Venetoclax (Venclexta) tab 14 × 10 mg, 7 × 50 mg, 21 × 100 mg, 42 OP, tab 10 mg, 2 OP, tab 50 mg, 7 OP and tab 100 mg – amended Special Authority criteria
  - Pazopanib (Pazopanib Teva) tab 200 mg and 400 mg – amended Special Authority criteria
-

## Summary of Pharmac decisions – effective 1 February 2026 (continued)

- Omalizumab inj 150 mg prefilled syringe (Xolair and Xolair AU) and inj 150 mg vial (Xolair) – amended Special Authority criteria
- Everolimus (Afinitor) tab 5 mg and 10 mg – amended Special Authority criteria
- Upadacitinib (Rinvoq) tab modified-release 15 mg, 30 mg and 45 mg – amended Special Authority criteria
- Covid-19 vaccine – amended eligibility criteria
  - 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 dose (Comirnaty (LP.8.1))
  - Inj 3 mcg brexovimeran per 0.3 ml, 0.48 ml vial; infant vaccine, yellow cap, inj 10 mcg brexovimeran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap and inj 30 mcg brexovimeran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap (Comirnaty Omicron (JN.1))
- Hepatitis B recombinant vaccine (Engerix-B) inj 20 mcg per 1 ml prefilled syringe – amended eligibility criteria

### Increased subsidy (page 44)

- Clotrimazole (Clomazol) crm 1%, 20 g OP
- Clotrimazole (Clomazol) vaginal crm 1% with applicators, 35 g OP and vaginal crm 2% with applicators, 20 g OP
- Pegylated interferon alfa-2a (Pegasys) inj 180 mcg prefilled syringe
- Morphine sulphate (m-Eslon) cap long-acting 10 mg, 30 mg, 60 mg and 100 mg

### Decreased subsidy (page 44)

- Hydrocortisone (Ethics) crm 1%, 30 g OP
- Lidocaine [lignocaine] hydrochloride (Mucosoothe) oral (gel) soln 2%, 200 ml
- Paracetamol (Pamol) oral liq 250 mg per 5 ml, 200 ml
- Vinorelbine (Baxter) inj 1 mg for ECP

## Changes to General Rules

We have made amendments to Pharmaceutical Schedule Rules to align funding with changes to the Medicines Regulations 1984 in relation to:

- a) vaccinators and medicines that are part of an approved immunisation programme
- b) 12-month prescriptions

A summary of the changes is provided below (only relevant parts of the criteria are shown).

### **Part 1 – Prescribing and initiating Subsidies for Community Pharmaceuticals**

- 1.1 Initiating Subsidies: Subsidies for Community Pharmaceuticals may be initiated by any of the following:
  - 1.1.1 Authorised Prescribers for Prescriptions and Practitioner's Supply Orders (PSO). Specific limitations may apply and these are in addition to any regulatory or scope of practice limitations.
    - a Prescriptions written by a Pharmacist Prescriber or a Registered Nurse Prescriber for a Community Pharmaceutical will only be Subsidised where they are for:
      - i a Community Pharmaceutical classified as a Prescription Medicine and which a Pharmacist Prescriber or a Registered Nurse Prescriber is permitted under regulations to prescribe, or
      - ii a Community Pharmaceutical that is a Restricted Medicine (also referred to as a Pharmacist Only Medicine), a Pharmacy Only Medicine or a General Sales Medicine, or
      - iii a Community Pharmaceutical that is a therapeutic medical device or is a related product or related thing to a medicine or therapeutic medical device.
  - 1.1.2 Hospital Care Operators only for Bulk Supply Orders (BSO).
  - 1.1.3 Quitcard Providers only for nicotine patches, nicotine lozenges or nicotine gum, and when written on a Quitcard.
  - 1.1.4 Vaccinators for vaccines and **paracetamol medicines that are part of an approved immunisation programme and only where specifically indicated in Section B of the Schedule**, only in accordance with an agreement between the relevant Contractor and Health NZ, and only for direct administration of a vaccine and provision of **paracetamol medicines that are part of an approved immunisation programme** to a patient where indicated.
  - 1.1.5 Pharmacists, by Direct Provision, only where specifically indicated in Section B of the Schedule, unless dispensing on Prescription, Quitcard or Supply Order.
- 1.2 Community Pharmaceuticals periods of supply for Subsidy: Community Pharmaceuticals will be Subsidised only if the prescription under which the Community Pharmaceutical has been **first been dispensed** ~~was presented to by~~ the Contractor within 3 Months of the date on which the Prescription was written; and
  - 1.2.1 Only a quantity sufficient to provide treatment up to the legal period of supply limit will be Subsidised as specified in the Medicines Act 1981 and Medicines Regulations 1984 and the Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977.
  - 1.2.2 Where there is no legal period of supply limit, only a quantity sufficient to provide treatment for a period up to ~~3 Months~~ **12 Months** will be Subsidised, **subject to the dispensing requirements in 3.2 below**.
- 1.3 Mechanisms for claiming Community Pharmaceutical Subsidies: Subsidies for Community Pharmaceuticals may be paid against a Prescription (including Health NZ Hospital charts), PSO, BSO, Quitcard and Direct Provision. Requirements to be eligible for Subsidy are set out below:
  - 1.3.5 Bulk Supply Orders (BSO): For Pharmaceuticals to be Subsidised on a BSO, the BSO must:
    - a be for supply of Community Pharmaceuticals to either Private Hospitals that employ a Registered Nurse, for the treatment of people under the care of that facility or to a Vaccinator for **paracetamol medicines that are part of an approved immunisation programme and only where specifically indicated in Section B of the Schedule**
    - b be on a form supplied or approved by the Ministry of Health and signed by either a Hospital Care Operator or a Vaccinator for **paracetamol medicines that are part of an approved immunisation programme and only where specifically indicated in Section B of the Schedule**



## Changes to General Rules (continued)

### Part 2 – Access criteria

- 2.4 Special Authority: Special Authority applications are approved or declined via an application process in which a Prescriber requests a Subsidy on a Community Pharmaceutical for a named person.
- 2.4.1 Special Authority approvals may be valid for a defined period, or without further renewal unless notified of a change.
- 2.4.2 The valid Special Authority number must be present on the Prescription
- 2.4.3 Repeat dispensings **to complete the balance of up to 3 Months' supply of the Community Pharmaceutical** will be eligible for Subsidy if a Prescription is first dispensed before the Special Authority expiry date. **This applies** even if the repeats are collected after the Special Authority expiry date, unless the Pharmaceutical has been delisted from the Schedule.

### Part 3 – Dispensing and Giving

- 3.2 Dispensing:
  - ~~3.2.1 A Prescription, or part thereof, will be eligible for Subsidy if it is fulfilled within:
    - a in the case of a Prescription for the total supply of between 1 and 3 Months, 3 Months from the date the Community Pharmaceutical was first dispensed, or
    - b in any other case, 1 Month from the date the Community Pharmaceutical was first dispensed.~~
  - 3.2.1 A Prescription, or part thereof, will be eligible for Subsidy if it is fulfilled within the maximum period specified in Medicines Act 1981 and Medicines Regulations 1984 and the Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977.**
  - ~~3.2.2 Only that part of any Prescription that is dispensed within the time frames specified above in rule 3.2.1 is eligible for Subsidy.~~
  - 3.2.2 Only a quantity sufficient to provide treatment up to the legal maximum dispensing period as specified in the Medicines Act 1981 and Medicines Regulations 1984 and the Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977 will be subsidised.**
  - 3.2.3 Where there is no legal maximum dispensing period, only a quantity sufficient to provide treatment for a period up to 3 Months in any single dispensing will be Subsidised, unless otherwise specified.**
- 3.3 Repeat dispensings:
  - 3.3.1 Repeat dispensings will be eligible for Subsidy when the Contractor can reasonably determine that supply of the Community Pharmaceutical has been exhausted or at least 2 thirds of the dispensing period has elapsed since the previous dispensing of the Community Pharmaceutical or at least 2 thirds of supply of the Community Pharmaceutical has been used since the previous dispensing, or for a reason otherwise known to the Contractor such as the circumstances in 4.4.2.**
  - 3.3.2 In circumstances where the patient has lost or damaged the dispensed supply of the Community Pharmaceutical or has an increased need for the Community Pharmaceutical due to a change in dose or frequency, the Contractor may supply the Community Pharmaceutical at an earlier date to the periods specified in 3.3.1.**
- 3.3 Oral contraceptives: A Prescription for an oral contraceptive, or part thereof, will only be eligible for Subsidy if it is fulfilled within:
  - ~~3.3.1 3 Months from the date the Prescription was written, or~~
  - ~~3.3.2 6 Months from the date the oral contraceptive was first dispensed if the quantity was dispensed in repeat dispensing.~~

### Part 4 – Community Pharmaceutical Dispensing Quantities for Subsidy

- 4.4 Community Pharmaceuticals identified in the Schedule without the \* or ▲ symbols
  - 4.4.1 Default dispensing is Monthly Lots, or 10 day Lots for Class B opioid Controlled Drugs.
  - 4.4.2 A Community Pharmaceutical, may be dispensed in **a one 90 day Lots on a prescription**, where legally permitted, in the following circumstances:
    - a a patient or their representative signs the Prescription to qualify for single Lot dispensing. In signing the Prescription, the patient or their nominated representative must certify which of the following criteria the patient meets:
      - i they have limited physical mobility
      - ii they live and work more than 30 minutes from the nearest pharmacy by their normal form of transport
      - iii they are relocating to another area, or
      - iv they are travelling and will be away when the repeat dispensings are due.

## Changes to General Rules (continued)

### Part 5 – Community Pharmaceutical Modified Dispensing Quantities

For the purposes of Part 5, modified dispensing means: less than a ~~single~~ **three month or six month** (90 or 180 day) Lot for Pharmaceuticals identified with \*, and less than Monthly Lots for any other Pharmaceuticals.

### Part 10 – Definitions

\* 3 Months' supply dispensed ~~all-at-once~~ **at one time** or, in the case of oral contraceptives, 6 months' supply dispensed **at one time** ~~all-at-once~~, unless modified dispensing quantities apply.

# Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Ascorbic acid	Tab 100 mg; 500 tab	PSS	Cvite (Evara)
Chloramphenicol	Eye drops 0.5%; 10 ml OP	PSS	Chlorafast (Teva)
Clindamycin	Inj 150 mg per ml, 4 ml ampoule; 10 inj	PSS	Dalacin C (Pfizer)
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml ampoule; 10 inj	PSS	Dexamethasone Medsurge (Medsurge)
Dexamethasone phosphate	Inj 4 mg per ml, 2 ml ampoule; 10 inj	PSS	Dexamethasone Medsurge (Medsurge)
Fluoxetine hydrochloride	Cap 20 mg; 90 cap	PSS	Arrow – Fluoxetine (Teva)
Fluoxetine hydrochloride	Tab dispersible 20 mg, scored; 28 tab	PSS	Fluox (Viatris)
Lisinopril	Tab 5 mg; 90 tab	PSS	Teva Lisinopril (Teva)
Lisinopril	Tab 10 mg; 90 tab	PSS	Teva Lisinopril (Teva)
Lisinopril	Tab 20 mg; 90 tab	PSS	Teva Lisinopril (Teva)
Olopatadine	Eye drops 0.1%; 5 ml OP	PSS	Olopatadine Teva (Teva)
Oxytocin	Inj 5 iu per ml, 1 ml ampoule; 5 inj	PSS	Oxytocin BNM (Boucher)
Oxytocin	Inj 10 iu per ml, 1 ml ampoule; 5 inj	PSS	Oxytocin BNM (Boucher)
Sodium cromoglicate	Eye drops 2%; 10 ml OP	PSS	Allerfix (Teva)
Spironolactone	Tab 25 mg; 100 tab	PSS	Spiractin (Viatris)
Spironolactone	Tab 100 mg; 100 tab	PSS	Spiractin (Viatris)
Sunitinib	Tab 12.5 mg; 28 tab	PSS	Sunitinib Rex (Rex)
Sunitinib	Tab 25 mg; 28 tab	PSS	Sunitinib Rex (Rex)

## 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 March 2026

- Antiretrovirals – apply stat dispensing
- Pharmacy Services (BSF Lyrica) brand switch fee – new listing

### Possible decisions for future implementation 1 March 2026

- Droperidol (Droperidol Medsurge) inj 2.5 mg per ml, 1 ml ampoule – addition of PSO for PRIME services
- Enoxaparin (Clexane) inj 100 mg per ml, 1 ml syringe – Special Authority waived by Subsidy by Endorsement to enable addition of PSO for PRIME services
- Etanercept (Enbrel) inj 25 mg, inj 25 mg and 50 mg autoinjector and inj 50 mg prefilled syringe – amending Special Authority criteria
- Glucose inj 5%, 100 ml bag (Fresenius Kabi) and inj 10%, 500 ml bag (Baxter Glucose 10%) – addition of PSO for PRIME services
- Infliximab inj 100 mg (Remicade) and inj 1 mg for ECP (Baxter) – amending Special Authority criteria
- Ketamine (Ketalar) inj 100 mg per ml, 2 ml vial – addition of PSO for PRIME services
- Methoxyflurane (Penthrox) soln for inhalation 99.9%, 3 ml bottle and plastic inhaler, and 3 ml bottles – addition of PSO for PRIME services
- Rituximab inj 100 mg per 10 ml vial and inj 500 mg per 50 ml vial (RIXIMYO) and inj 1 mg for ECP (Baxter (Riximyo)) – amending Special Authority criteria
- Secukinumab (Cosentyx) inj 150 mg per ml, 1 ml prefilled syringe – amending Special Authority criteria
- Tranexamic acid (Tranexamic-AFT) inj 100 mg per ml, 10 ml ampoule – addition of PSO for PRIME services

## Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to February 2026

Generic Name	Presentation	Brand Name	Expiry Date*
<b>Abacavir sulphate with lamivudine</b>	<b>Tab 600 mg with lamivudine 300 mg</b>	<b>Abacavir/Lamivudine Viatris</b>	<b>2028</b>
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
<b>Aciclovir</b>	<b>Tab dispersible 200 mg, 400 mg &amp; 800 mg</b> Eye oint 3%, 4.5 g OP	<b>Lovir</b> VirusPOS	<b>2028</b> 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
<b>Amiodarone hydrochloride</b>	<b>Tab 100 mg &amp; 200 mg</b> <b>Inj 50 mg per ml, 3 ml ampoule</b>	<b>Aratac</b> <b>Max Health</b>	<b>2028</b>
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
<b>Amoxicillin</b>	<b>Cap 250 mg</b> Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	<b>Miro-Amoxicillin</b> Alphamox 125 Alphamox 250	<b>2028</b> 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	2027
Anastrozole	Tab 1 mg	Anatrole	2026
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend	2027
Aqueous cream	Crm, 500 g	Evara	2027
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2026
<b>Atazanavir sulphate</b>	<b>Cap 150 mg &amp; 200 mg</b>	<b>Atazanavir Viatris</b>	<b>2028</b>
Atenolol	Tab 50 mg Tab 100 mg	Viatris Atenolol Viatris	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 February 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Atomoxetine	Cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg	AP0-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
<b>Azathioprine</b>	<b>Tab 25 mg &amp; 50 mg</b>	<b>Azamun</b>	<b>2028</b>
Azithromycin	Tab 500 mg	Zithromax	2027
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
Benzylopenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2026
Bethahistine dihydrochloride	Tab 16 mg	Serc	2026
Betamethasone dipropionate	Crn 0.05%, 15 g OP and 50 g OP Oint 0.05%, 15 g OP and 50 g OP	Diprosone	2026
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP Oint 500 mcg with calcipotriol 50 mcg per g; 30 g OP	Daivobet	2027
Betamethasone valerate	Lotn 0.1% Crn 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Cream Beta Ointment Beta Scalp	2027
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2027
Bicalutamide	Tab 50 mg	Binarex	2026
Bimatoprost	Eye drops 0.03%, 3 ml OP	Lumigan	2027
Bisacodyl	Suppos 10 mg	Lax-Suppositories	2027
Bisoprolol fumarate	Tab 2.5 mg, 5 mg and 10 mg	Ipca-Bisoprolol (Ipca)	2026
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2027
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2027
Brimonidine tartrate with timolol maleate	Eye drops 0.2% with timolol maleate 0.5%, 5 ml OP	Combigan	2027
Brinzolamide	Eye drops 1%, 5 ml OP	Azopt	2027
Budesonide	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

*\*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 February 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatris	2027
Calamine	Crn, aqueous, BP	healthE Calamine Aqueous	2027
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Calci-Tab 500	2026
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg and 32 mg	Candestar	2027
<b>Capecitabine</b>	<b>Tab 150 mg &amp; 500 mg</b>	<b>Capecitabine Viatris</b>	<b>2028</b>
Captopril	Oral liq 5 mg per ml, 100 ml OP	DP-Captopril (Douglas)	2026
Carbimazole	Tab 5 mg	Neo-Mercazole	2028
<b>Cefaclor monohydrate</b>	<b>Cap 250 mg Grans for oral liq 125 mg per 5 ml</b>	<b>Ranbaxy-Cefaclor</b>	<b>2028</b>
Cefazolin	Inj 500 mg, 1 g and 2 g vial	Cefazolin-AFT	2026
<b>Ceftriaxone</b>	<b>Inj 500 mg &amp; 1 g vial</b>	<b>Ceftriaxone-AFT</b>	<b>2028</b>
<b>Celecoxib</b>	<b>Cap 100 mg</b>	<b>Celebrex</b>	<b>2028</b>
Cetirizine hydrochloride	Tab 10mg	Zista	2026
Cetomacrogol	Crn BP, 500 g	Cetomacrogol-AFT	2027
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 460 g OP & 920 g OP	Evvara	2028
<b>Chloramphenicol</b>	<b>Eye oint 1%, 5 g OP</b>	<b>Devatis</b>	<b>2028</b>
<b>Chlortalidone [Chlorthalidone]</b>	<b>Tab 25 mg</b>	<b>Hygroton</b>	<b>2028</b>
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	2027
		Ipca-Ciprofloxacin	2026
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2027
Clindamycin	Cap 150 mg	Dalacin C	2026
<b>Clobetasol propionate</b>	<b>Crn &amp; oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP</b>	<b>Dermol</b>	<b>2028</b>
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
<b>Clonidine hydrochloride</b>	<b>Tab 25 mcg Tab 150 mcg Inj 150 mcg per ml, 1 ml ampoule</b>	<b>Clonidine Teva Catapres</b>	<b>2028 2027</b>
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

*\*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 February 2026

Generic Name	Presentation	Brand Name	Expiry Date*
<b>Covid-19 vaccine</b>	<b>Inj 3 mcg SARS-CoV-2 spike protein (mRNA) P.8.1 per 0.3 ml, 0.48 ml multi-dose vial; infant vaccine, yellow cap</b> <b>Inj 10 mcg SARS-CoV-2 spike protein (mRNA) P.8.1 per 0.3 ml, 0.48 ml single-dose vial; paediatric vaccine, light blue cap</b> <b>Inj 30 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, pre-filled syringe; adult dose</b>	<b>Comirnaty (LP.8.1)</b>	<b>30/09/2027</b>
Crotamiton	Crn 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
<b>Digoxin</b>	<b>Tab 62.5 mcg</b> <b>Tab 250 mcg</b>	<b>Lanoxin PG</b> <b>Lanoxin</b>	<b>2028</b>
<b>Dihydrocodeine tartrate</b>	<b>Tab long-acting 60 mg</b>	<b>DHC Continus</b>	<b>2028</b>
Diltiazem hydrochloride	Cap long-acting 120 mg Cap long-acting 180 mg & 240 mg	Diltazem CD Clinect Cardizem CD	2028 2027
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml prefilled syringe	Boostrix	2027
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe;	Infanrix IPV	2027

*\*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 February 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria with 40IU tetanus and 25mcg pertussis toxoids, 25mcg pertussis filamentous haemagglutinin, 8mcg pertactin, 80D-AgU polio virus, 10mcg hepatitis B antigen, 10mcg H. influenzae type b with tetanus toxoid 20-40mcg in 0.5ml syringe	Infanrix-hexa	2027
Docusate sodium	Tab 50 mg and 120 mg	Coloxyl	2026
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	Crn 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
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

*\*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 February 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2027
<b>Ferrous sulfate</b>	<b>Oral liq 30 mg (6 mg elemental) per 1 ml</b>	<b>Ferro-Liquid</b>	<b>2028</b>
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	Staphlex	2027
	Grans for oral liq 25 mg & 50 mg per ml, 100 ml	AFT	
	Inj 250 mg vial and 500 mg vial Inj 1 g vial	Flucloxin Flucil	2026
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2026
Fludrocortisone acetate	Tab 100 mcg	Florinef	2028
Fluorouracil	Crn 5%, 20 g OP	Efudix	2027
Folic acid	Tab 5 mg	Folic Acid Viatris	2027
Fosfomycin	Powder for oral solution, 3 g sachet	UroFos	2027
Furosemide [Frusemide]	Tab 40 mg	IPCA-Frusemide	2027
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2027
Gliclazide	Tab 80 mg	Glizide	2026
Glipizide	Tab 5 mg	Minidiab	2027
Glucose [Dextrose]	Inj 50%, 10 ml ampoule	Biomed	2026
	Inj 50%, 90 ml bottle		
<b>Glycerol</b>	<b>Suppos 2.8/4.0 g</b>	<b>Lax-suppositories Glycerol</b>	<b>2028</b>
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
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
<b>Hydrocortisone</b>	<b>Crn 1%, 500 g</b> Inj 100 mg vial	<b>Noumed</b> Solu-Cortef	<b>2028</b> 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 February 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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	Crn 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2027
Hydrogen peroxide	Crn 1%, 15 g OP	Crystaderm	2028
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	Hyoscine Butylbromide (Adiramedita)	2027
	Inj 20 mg, 1 ml	Spazmol	2026
Ibuprofen	Oral liq 20 mg per ml	Ethics	2027
	Tab long-acting 800 mg Tab 200 mg	Ibuprofen SR BNM Relieve	2026
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
<b>Lactulose</b>	<b>Oral liq 10 g per 15 ml</b>	<b>Laevolac</b>	<b>2028</b>
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
Lenalidomide	Cap 5 mg, 10 mg, 15 mg & 25 mg	Lenalidomide Viatris	31/01/2028
Letrozole	Tab 2.5 mg	Letrole	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 February 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
<b>Lidocaine [lignocaine]</b>	<b>Gel 2%, 11 ml urethral syringe</b>	<b>Instillagel Lido</b>	<b>2028</b>
Linezolid	Tab 600 mg	Zyvox	2027
Lithium carbonate	Tab long-acting 400 mg	Priadel	2027
<b>Loperamide hydrochloride</b>	<b>Cap 2 mg</b>	<b>Diamide Relief</b>	<b>2028</b>
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 CCID <sub>50</sub> , mumps virus 5,012 CCID <sub>50</sub> , Rubella virus 1,000 CCID <sub>50</sub> ; 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 February 2026

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
Mirtazapine	Tab 30 mg & 45 mg	Noumed	2028
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
<b>Morphine sulphate</b>	<b>Inj 5 mg, 10 mg, 15 mg &amp; 30 mg per ml, 1 ml ampoule</b>	<b>Medsurge</b>	<b>2028</b>
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
<b>Nicorandil</b>	<b>Tab 10 mg &amp; 20 mg</b>	<b>Max Health</b>	<b>2028</b>
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

*\*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 February 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Oestradiol	Patch 25 mcg, 50 mcg, 75 mcg & 100 mcg per day	Estradiol TDP Mylan	2027
	Gel (transdermal) 0.06% (750 mcg/actuation), 80 g OP	Estrogel	31/10/2027
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2028
Oestriol	Crn 1 mg per g with applicator, 15 g OP	Ovestin	2026
	Tab 2 mg Pessaries 500 mcg		
Oil in Water Emulsion	Crn	Fatty Emulsion Cream (Evara)	2027
Olanzapine	Tab 2.5 mg, 5 mg and 10 mg	Zypine	2026
	Tab orodispersible 5 mg and 10 mg	Zypine ODT	
Omeprazole	Cap 10 mg	Omeprazole actavis 10	2026
	Cap 20 mg Cap 40 mg	Omeprazole actavis 20 Omeprazole actavis 40	
Ondansetron	Tab 4 mg & 8 mg	Periset	2028
	Tab disp 4 mg and 8 mg	Periset ODT	2026
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2027
Orphenadrine citrate	Tab 100 mg	Norflex	2027
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml ampoule	Hamelin	2027
	Inj 50 mg per ml, 1 ml ampoule		
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Sandoz	2027
<b>Oxytocin with ergometrine maleate</b>	<b>Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule</b>	<b>Syntometrine</b>	<b>2028</b>
Paracetamol	Suppos 125 mg, 250 mg and 500 mg	Gacet	2026
	Tab 500 mg-bottle pack Tab 500 mg-blister pack	Noumed Paracetamol Pacimol	
<b>Paracetamol with codeine</b>	<b>Tab paracetamol 500 mg with codeine phosphate 8 mg</b>	<b>Paracetamol + Codeine (Relieve)</b>	<b>2028</b>
Paraffin	White soft, 450 g White soft, 2,500 g	EVARA White Soft Paraffin	2026
<b>Paroxetine</b>	<b>Tab 20 mg</b>	<b>Loxamine</b>	<b>2028</b>
Pazopanib	Tab 200 mg & 400 mg	Pazopanib Teva	2027
<b>Pegfilgrastim</b>	<b>Inj 6 mg per 0.6 ml syringe</b>	<b>Ziextenzo</b>	<b>2028</b>
Perindopril	Tab 2 mg, 4 mg & 8 mg	Coversyl	2027
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2026
<b>Pethidine hydrochloride</b>	<b>Tab 50 mg</b>	<b>Noumed Pethidine</b>	<b>2028</b>
<b>Phenoxymethylpenicillin (Penicillin V)</b>	<b>Grans for oral liq 125 mg &amp; 250 mg per 5 ml</b>	<b>AFT</b>	<b>2028</b>
	<b>Cap 250 mg &amp; 500 mg</b>	<b>Cilicaine VK</b>	<b>2027</b>
Pimecrolimus	Crn 1%, 15 g OP	Elidel	2026

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

## Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to February 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
<b>Potassium chloride</b>	<b>Tab long-acting 600 mg (8 mmol)</b>	<b>Span-K</b>	<b>2028</b>
Potassium iodate	Tab 253 mg (150 mcg elemental iodine)	NeuroTabs	2026
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
<b>Risedronate sodium</b>	<b>Tab 35 mg</b>	<b>Risedronate Sandoz</b>	<b>2028</b>
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

*\*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 February 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
<b>Sodium chloride</b>	<b>Inj 0.9%, 5 ml, 10 ml &amp; 20 ml ampoule</b>	<b>Fresenius Kabi</b>	<b>2028</b>
<b>Sodium citrate with sodium lauryl sulphoacetate</b>	<b>Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml</b>	<b>Micolette</b>	<b>2028</b>
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2026
Sodium fusidate [fusidic acid]	Crn 2% & oint 2%, 5 g OP	Foban	2027
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2027
Solifenacin succinate	Tab 5 mg & 10 mg	Solifenacin succinate Max Health	2027
Somatropin	Inj 5 mg, 10 mg & 15 mg cartridge	Omnitrope	2027
<b>Sotalol</b>	<b>Tab 80 mg &amp; 160 mg</b>	<b>Mylan</b>	<b>2028</b>
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
<b>Tamsulosin hydrochloride</b>	<b>Cap 400 mcg</b>	<b>Tamsulosin-Rex</b>	<b>2028</b>
Temazepam	Tab 10 mg	Normison	2026
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Viatris	2028
<b>Tenoxicam</b>	<b>Tab 20 mg</b>	<b>Tilcotil</b>	<b>2028</b>
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
<b>Tetrabenazine</b>	<b>Tab 25 mg</b>	<b>Motetis</b>	<b>2028</b>
Ticagrelor	Tab 90 mg	Ticagrelor Sandoz	2027
Timolol	Eye drops 0.25% and 0.5%, 5 ml OP	Arrow-Timolol	2026

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



## Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to February 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Tobramycin	Inj 40 mg per ml, 2 ml vial Soln for inhalation 60 mg per ml, 5 ml	Viatrix Tobramycin BNM	2027 2026
Tramadol hydrochloride	Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg Cap 50 mg	Tramal SR 100 Tramal SR 150 Tramal SR 200 Arrow-Tramadol	2026
Trastuzumab (Herzuma)	Inj 150 mg vial and 440 mg vial	Herzuma	31/05/2027
Travoprost	Eye drops 0.004%, 2.5 ml OP	Travatan	2027
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2027
Triamcinolone acetonide	Paste 0.1%, 5 g OP Crn 0.02%, 100 g OP Oint 0.02%, 100 g OP Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule	Kenalog in Orabase Aristocort  Kenacort-A 10 Kenacort-A 40	2026
Trimethoprim	Tab 300 mg	TMP	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 Viatrix	2027
Vancomycin	Inj 500 mg vial	Mylan	2026
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2027
<b>Vinorelbine</b>	<b>Cap 20 mg, 30 mg &amp; 80 mg</b>	<b>Vinorelbine Te Arai</b>	<b>2028</b>
Voriconazole	Tab 50 mg & 200 mg	Vttack	2028
<b>Zoledronic acid</b>	<b>Inj 0.05 mg per ml, 100 ml, bag</b> Inj 4 mg per 5 ml, vial	<b>Zoledronic Acid Viatrix</b> Zoledronic Acid Viatrix	<b>2028</b> 2027
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2027

**February 2026 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 February 2026

8	GLYCOPYRRONIUM BROMIDE Inj 200 mcg per ml, 1 ml ampoule – Up to 10 inj available on a PSO.....	11.99	10	✓ Glycopyrronium-AFT
25	MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg..... Note – this is a new Pharmacode listing, 2718332.	10.15	30	✓ Molaxole
26	BISACODYL – Only on a prescription * Tab 5 mg.....	6.28	200	✓ Bisacodyl-AFT
28	NITISINONE – Special Authority see SA2561 – Retail pharmacy Cap 2 mg ..... Cap 5 mg ..... Cap 10 mg .....	676.00 1,302.00 1,704.00	60 60 60	✓ Nitisinone LogixX Pharma ✓ Nitisinone LogixX Pharma ✓ Nitisinone LogixX Pharma
<div> <div>SA2561</div> <div>Special Authority for Subsidy</div> </div> <p>Initial application from any relevant practitioner. Approvals valid without further renewal unless notified where patient requires nitisinone for the management of inherited metabolic disorders.</p>				
45	CALCIUM POLYSTYRENE SULPHONATE Powder.....	169.85	300 g OP	✓ Roma <span>\$29</span>
45	COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] Soln with electrolytes (2 x 500 ml).....	8.45	1 OP	✓ Pedialyte
47	ENALAPRIL MALEATE * Tab 5 mg..... * Tab 10 mg..... * Tab 20 mg.....	1.40 1.58 2.00	90 90 90	✓ Ipca-Enalapril ✓ Ipca-Enalapril ✓ Ipca-Enalapril
48	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE * Tab 50 mg with hydrochlorothiazide 12.5 mg.....	7.25	90	✓ I-Losartan & Hydrochlorothiazide – Ipca
52	NIFEDIPINE * Tab long-acting 20 mg..... Wastage claimable	9.92	56	✓ Valni Retard <span>\$29</span>
117	CELECOXIB Cap 200 mg .....	2.55	30	✓ Celostea
158	DAUNORUBICIN – PCT only – Specialist Inj 20 mg vial..... Inj 20 mg for ECP .....	171.93 171.93	1 20 mg OP	✓ Cerubidine ✓ Baxter

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

**New Listings – effective 1 February 2026 (continued)**

159	LENALIDOMIDE (VIATRIS) – Special Authority see SA2353 – Retail pharmacy			
	Cap 15 mg .....	62.13	21	✓ <u>Lenalidomide Viatris</u>
	Cap 25 mg .....	65.09	21	✓ <u>Lenalidomide Viatris</u>
	Note – these are new Pharmacode listings, 2707543 and 2707551 respectively.			
160	NIRAPARIB – Special Authority see SA2325 – Retail pharmacy			
	Wastage claimable			
	Tab 100 mg .....	8,929.84	56	✓ <u>Zejula</u>
270	SALBUTAMOL WITH IPRATROPIUM BROMIDE			
	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg			
	per vial, 3 ml vial .....	16.56	30	✓ <u>Cipla</u> <b>\$29</b>
	Wastage claimable			

**Effective 9 January 2026**

55	ROSUVASTATIN – Special Authority see SA2093 – Retail pharmacy			
	* Tab 5 mg .....	4.21	30	✓ <u>Rosuvastatin – Sandoz</u>

**Effective 1 January 2026**

180	LANREOTIDE – Special Authority see SA2445 – Retail pharmacy			
	Inj 60 mg per 0.5 ml, 0.5 ml syringe .....	1,543.79	1	✓ <u>Somatuline Autogel</u>
	Inj 90 mg per 0.5 ml, 0.5 ml syringe .....	2,054.40	1	✓ <u>Somatuline Autogel</u>
	Inj 120 mg per 0.5 ml, 0.5 ml syringe .....	2,570.44	1	✓ <u>Somatuline Autogel</u>

▲ 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 at one time

## Changes to Restrictions, Chemical Names and Presentations

### Effective 1 February 2026

- 13 LIRAGLUTIDE – Special Authority see SA2510 – Retail pharmacy (amended note and quantity on prescription)
- a) ~~Maximum of 9 inj per prescription~~ **No more than 0.1 inj per day**
- b)
- a) Note: Not to be given in combination with another funded GLP-1 agonist or empagliflozin / empagliflozin with metformin hydrochloride unless receiving empagliflozin / empagliflozin with metformin hydrochloride for the treatment of heart failure.
- b) ~~Maximum of 1 pack of 3 (6 mg per ml, 3 ml) prefilled pens will be funded per month.~~
- |   |        |   |                  |
|---|--------|---|------------------|
| Inj 6 mg per ml, 3 ml prefilled pen ..... | 383.72 | 3 | ✓ <b>Victoza</b> |
|---|--------|---|------------------|
- 17 INSULIN PEN NEEDLES – Maximum of 200 dev per ~~prescription~~ **three months** (amended quantity on prescription)
- |                        |       |     |                         |
|------------------------|-------|-----|-------------------------|
| * 29 g × 12.7 mm ..... | 10.95 | 100 | ✓ <b>B-D Micro-Fine</b> |
| * 31 g × 5 mm .....    | 12.26 | 100 | ✓ <b>B-D Micro-Fine</b> |
| * 31 g × 6 mm .....    | 9.50  | 100 | ✓ <b>Berpu</b>          |
| * 31 g × 8 mm .....    | 10.95 | 100 | ✓ <b>B-D Micro-Fine</b> |
| * 32 g × 4 mm .....    | 10.95 | 100 | ✓ <b>B-D Micro-Fine</b> |
- 17 INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 200 dev per ~~prescription~~ **three months** (amended quantity on prescription)
- |  |        |     |                            |
|--|--------|-----|----------------------------|
| * Syringe 0.3 ml with 29 g × 12.7 mm needle..... | 13.56  | 100 | ✓ <b>B-D Ultra Fine</b>    |
|  | 1.36   | 10  |                            |
|  | (1.99) |     | B-D Ultra Fine             |
| * Syringe 0.3 ml with 31 g × 8 mm needle.....    | 13.56  | 100 | ✓ <b>B-D Ultra Fine II</b> |
|  | 1.30   | 10  |                            |
|  | (1.99) |     | B-D Ultra Fine II          |
| * Syringe 0.5 ml with 29 g × 12.7 mm needle..... | 13.56  | 100 | ✓ <b>B-D Ultra Fine</b>    |
|  | 1.36   | 10  |                            |
|  | (1.99) |     | B-D Ultra Fine             |
| * Syringe 0.5 ml with 31 g × 8 mm needle.....    | 13.56  | 100 | ✓ <b>B-D Ultra Fine II</b> |
|  | 1.36   | 10  |                            |
|  | (1.99) |     | B-D Ultra Fine II          |
| * Syringe 1 ml with 29 g × 12.7 mm needle.....   | 13.56  | 100 | ✓ <b>B-D Ultra Fine</b>    |
|  | 1.36   | 10  |                            |
|  | (1.99) |     | B-D Ultra Fine             |
| * Syringe 1 ml with 31 g × 8 mm needle.....      | 13.56  | 100 | ✓ <b>B-D Ultra Fine II</b> |
|  | 1.36   | 10  |                            |
|  | (1.99) |     | B-D Ultra Fine II          |
- 18 INSULIN PUMP CARTRIDGE – Special Authority see SA2536 – Retail pharmacy (amended quantity on prescription)
- a) Maximum of 50 cart per ~~prescription~~ **three months**
- b) Only on a prescription
- c) Maximum of 190 cartridges will be funded per year.
- |                                      |       |       |                           |
|--------------------------------------|-------|-------|---------------------------|
| * Cartridge 300 u, t:lock × 10 ..... | 86.00 | 10 OP | ✓ <b>Tandem Cartridge</b> |
|--------------------------------------|-------|-------|---------------------------|

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 February 2026 (continued)

19	INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA2536 – Retail pharmacy (amended quantity on prescription) a) Maximum of 5 set per <del>prescription</del> <b>three months</b> b) Only on a prescription c) Maximum of 19 infusion sets will be funded per year.				
	* 6 mm steel needle; 60 cm tubing × 10.....	130.00	1 OP	✓	MiniMed Sure-T MMT-864A
	* 6 mm steel needle; 80 cm tubing × 10.....	130.00	1 OP	✓	MiniMed Sure-T MMT-866A
	* 8 mm steel needle; 60 cm tubing × 10.....	130.00	1 OP	✓	MiniMed Sure-T MMT-874A
	* 8 mm steel needle; 80 cm tubing × 10.....	130.00	1 OP	✓	MiniMed Sure-T MMT-876A
19	INSULIN PUMP INFUSION SET (STEEL CANNULA, STRAIGHT INSERTION) – Special Authority see SA2536 – Retail pharmacy (amended quantity on prescription) a) Maximum of 5 sets per <del>prescription</del> <b>three months</b> b) Only on a prescription c) Maximum of 19 infusion sets will be funded per year.				
	* 5.5 mm steel cannula; straight insertion; 45 cm line × 10 with 10 needles.....	136.00	1 OP	✓	mylife Orbit micro
	* 5.5 mm steel needle; straight insertion; 60 cm line × 10 with 10 needles.....	136.00	1 OP	✓	mylife Orbit micro
	* 5.5 mm steel needle; straight insertion; 80 cm line × 10 with 10 needles.....	136.00	1 OP	✓	mylife Orbit micro
	* 8.5 mm steel needle; straight insertion; 60 cm line × 10 with 10 needles.....	136.00	1 OP	✓	mylife Orbit micro
	* 8.5 mm steel needle; straight insertion; 80 cm line × 10 with 10 needles.....	136.00	1 OP	✓	mylife Orbit micro
	* 6 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles.....	182.00	1 OP	✓	TruSteel
	* 8 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles.....	182.00	1 OP	✓	TruSteel
	* 6 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles.....	182.00	1 OP	✓	TruSteel
	* 8 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles.....	182.00	1 OP	✓	TruSteel
20	INSULIN PUMP INFUSION SET (TEFLON CANNULA) – Special Authority see SA2536 – Retail pharmacy (amended quantity on prescription) a) Maximum of 5 set per <del>prescription</del> <b>three months</b> b) Only on a prescription c) Maximum of 19 infusion sets will be funded per year.				
	* 13 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓	MiniMed Silhouette MMT-381A
	* 17 mm teflon needle, 110 cm tubing × 10.....	130.00	1 OP	✓	MiniMed Silhouette MMT-377A
	* 17 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓	MiniMed Silhouette MMT-378A
	* 6 mm teflon needle, 110 cm tubing × 10.....	130.00	1 OP	✓	MiniMed Quick-Set MMT-398A
	* 6 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓	MiniMed Quick-Set MMT-399A
	* 9 mm teflon needle, 110 cm tubing × 10.....	130.00	1 OP	✓	MiniMed Quick-Set MMT-396A
	* 9 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓	MiniMed Quick-Set MMT-397A

▲ 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 at one time

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ <b>fully subsidised</b>
---	---------------------------------	-----	---

## Changes to Restrictions – effective 1 February 2026 (continued)

21	INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION WITH INSERTION DEVICE) – Special Authority see SA2536 – Retail pharmacy (amended quantity on prescription and amended brand name) a) Maximum of 5 sets per <del>prescription</del> <b>three months</b> b) Only on a prescription c) Maximum of 19 infusion sets will be funded per year. * 6 mm teflon cannula; angle insertion; insertion device; 60 cm line × 4 with 4 needles ..... 210.00	1 OP	✓ <b>Mio Med Adv Ext Infusion Set</b> MDT-MMT-431AK
	* 6 mm teflon cannula; angle insertion; insertion device; 80 cm line × 4 with 4 needles ..... 210.00	1 OP	✓ <b>Mio Med Adv Ext Infusion Set</b> MDT-MMT-432AK
	* 9 mm teflon cannula; angle insertion; insertion device; 60 cm line × 4 with 4 needles ..... 210.00	1 OP	✓ <b>Mio Med Adv Ext Infusion Set</b> MDT-MMT-441AK
	* 9 mm teflon cannula; angle insertion; insertion device; 80 cm line × 4 with 4 needles ..... 210.00	1 OP	✓ <b>Mio Med Adv Ext Infusion Set</b> MDT-MMT-442AK
	* 13 mm teflon cannula; angle insertion; insertion device; 110 cm line × 10 with 10 needles ..... 182.00	1 OP	✓ <b>AutoSoft 30</b>
	* 13 mm teflon cannula; angle insertion; insertion device; 60 cm line × 10 with 10 needles ..... 182.00	1 OP	✓ <b>AutoSoft 30</b>
21	INSULIN PUMP INFUSION SET (TEFLON CANNULA, FLEXIBLE INSERTION WITH INSERTION DEVICE) – Special Authority see SA2536 – Retail pharmacy (amended quantity on prescription) a) Maximum of 5 set per <del>prescription</del> <b>three months</b> b) Only on a prescription c) Maximum of 19 infusion sets will be funded per year. * 6 mm teflon cannula; flexible insertion; insertion device; 46 cm line × 10 with 10 needles ..... 157.00	1 OP	✓ <b>mylife Inset soft</b>
	* 6 mm teflon cannula; flexible insertion; insertion device; 60 cm line with integrated inserter × 10 with 10 needles... 157.00	1 OP	✓ <b>mylife Inset soft</b>
	* 6 mm teflon cannula; flexible insertion; insertion device; 80 cm line × 10 with 10 needles ..... 157.00	1 OP	✓ <b>mylife Inset soft</b>
	* 9 mm teflon cannula; flexible insertion; insertion device; 60 cm line × 10 with 10 needles ..... 157.00	1 OP	✓ <b>mylife Inset soft</b>
	* 9 mm teflon cannula; flexible insertion; insertion device; 80 cm line × 10 with 10 needles ..... 157.00	1 OP	✓ <b>mylife Inset soft</b>
22	INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) – Special Authority see SA2536 – Retail pharmacy (amended quantity on prescription) a) Maximum of 5 sets per <del>prescription</del> <b>three months</b> b) Only on a prescription c) Maximum of 19 infusion sets will be funded per year. * 6 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles ..... 182.00	1 OP	✓ <b>AutoSoft 90</b>
	* 6 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles ..... 182.00	1 OP	✓ <b>AutoSoft 90</b>
	* 9 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles ..... 182.00	1 OP	✓ <b>AutoSoft 90</b>
	* 9 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles ..... 182.00	1 OP	✓ <b>AutoSoft 90</b>

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ <b>fully subsidised</b>
---	---------------------------------	-----	---

## Changes to Restrictions – effective 1 February 2026 (continued)

22	INSULIN PUMP INFUSION SET (TEFLON CANNULA, VARIABLE INSERTION) – Special Authority see SA2536 – Retail pharmacy (amended quantity on prescription) a) Maximum of 5 set per <del>prescription</del> <b>three months</b> b) Only on a prescription c) Maximum of 19 infusion sets will be funded per year. * 13 mm teflon cannula; variable insertion; 60 cm line × 10 with 10 needles.....	182.00	1 OP	✓ <b>VariSoft</b>
22	INSULIN PUMP RESERVOIR – Special Authority see SA2536 – Retail pharmacy (amended quantity on prescription and amended brand name) a) Maximum of 90 cart per <del>prescription</del> <b>three months</b> b) Only on a prescription c) Maximum of 360 reservoirs will be funded per year. * 10 × 1.6 ml glass reservoir for YpsoPump ..... * 10 × luer lock conversion cartridges 1.8 ml for paradigm pumps ..... * Cartridge for 7 series pump; 3.0 ml × 10..... * Cartridge for 7 series pump; 3.0 ml × 5.....	50.00 50.00 98.00 102.00	10 OP 10 OP 10 OP 5 OP	✓ <b>mylife YpsoPump Reservoir</b> ✓ <b>ADR Cartridge 1.8</b> ✓ <b>MiniMed 3.0 Reservoir</b> <b>MMT-332A</b> ✓ <b>MiniMed 3.0 Ext Reservoir</b> <b>MDT-MMT-342G</b>
22	CONTINUOUS GLUCOSE MONITOR (INTEROPERABLE) – Special Authority see SA2537 – Retail pharmacy (amended quantity on prescription) Only on a prescription * Sensor (9) and transmitter (Dexcom G6) – Maximum of 1 dev per <del>prescription</del> <b>three months</b> ..... Maximum of 5 dev will be funded per year. * Sensor (Dexcom G7) – Maximum of 9 dev per <del>prescription</del> <b>three months</b> ..... Maximum of 40 dev will be funded per year. * Sensor (Freestyle Libre 3 Plus) – Maximum of 6 dev per <del>prescription</del> <b>three months</b> ..... Maximum of 28 dev will be funded per year.	990.00 110.00 99.46	1 OP 1 1	✓ <b>Dexcom G6</b> ✓ <b>Dexcom G7</b> ✓ <b>Freestyle Libre 3 Plus</b>
23	CONTINUOUS GLUCOSE MONITOR (STANDALONE) – Special Authority see SA2538 – Retail pharmacy Only on a prescription (amended quantity on prescription) * Sensor (Dexcom ONE+) – Maximum of 9 dev per <del>prescription</del> <b>three months</b> ..... Maximum of 40 dev will be funded per year. * Sensor (Freestyle Libre 2 Plus) – Maximum of 6 dev per <del>prescription</del> <b>three months</b> ..... Maximum of 28 dev will be funded per year. * Sensor (Freestyle Libre 2) – Maximum of 7 dev per <del>prescription</del> <b>three months</b> ..... Maximum of 29 dev will be funded per year.	81.00 99.46 92.83	1 1 1	✓ <b>Dexcom ONE+</b> ✓ <b>Freestyle Libre 2 Plus</b> ✓ <b>Freestyle Libre 2</b>
33	COLECALCIFEROL (amended quantity on prescription) * Cap 1.25 mg (50,000 iu) – Maximum of 12 cap per <del>prescription</del> <b>three months</b> .....	3.65	12	✓ <b>Vit.D3</b>

▲ 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 at one time

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 February 2026 (continued)

- 66 ADRENALINE (addition of note)  
Inj 1 in 1,000, 1 ml ampoule – Up to 5 inj available on a PSO ..... 4.98 5 ✓ Aspen Adrenaline  
13.27 ✓ DBL Adrenaline
- 1 Note: adrenaline inj 1 in 1,000, 1 ml ampoule can be supplied on BSO to a Vaccinator (other than a Pharmacist) under the provisions in Part I of Section A**
- 2 Note: Direct Provision by a pharmacist of Inj 1 in 1,000, 1 ml ampoule permitted under the provisions in Part I of Section A.**

- 68 ADAPALENE (amended quantity on prescription)  
a) Maximum of 30 g per prescription **three months**  
b) Only on a prescription
- Gel 0.1% ..... 22.89 30 g OP ✓ Differin

- 68 ISOTRETINOIN – Special Authority see **SA2584 2449** – Retail pharmacy (amended Special Authority – new criteria shown only)
- Cap 5 mg ..... 11.26 60 ✓ Oratane  
Cap 10 mg ..... 18.75 120 ✓ Oratane  
Cap 20 mg ..... 26.73 120 ✓ Oratane

► **SA2584 2449** Special Authority for Subsidy

**Initial application – (Neuroblastoma) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

**Both:**

- 1 The patient has neuroblastoma; and**
- 2 Any of the following:**

- 2.1 Patient is of child bearing potential and the possibility of pregnancy has been excluded prior to commencement of treatment and patient has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and that they must not become pregnant during treatment and for a period of one month after the completion of treatment; or**
- 2.2 Patient is not of child bearing potential; or**
- 2.3 Patient is a child and it is considered not appropriate to exclude pregnancy or start contraceptives or undertake pregnancy-related isotretinoin counselling.**

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

**Both:**

- 1 The patient has neuroblastoma; and**
- 2 Any of the following:**

- 2.1 Patient is of child bearing potential and the possibility of pregnancy has been excluded prior to commencement of treatment and patient has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and that they must not become pregnant during treatment and for a period of one month after the completion of treatment; or**
- 2.2 Patient is not of child bearing potential; or**
- 2.3 Patient is a child and it is considered not appropriate to exclude pregnancy or start contraceptives or undertake pregnancy-related isotretinoin counselling.**



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 February 2026 (continued)**

68	TRETINOIN (amended quantity on prescription) Crm 0.5 mg per g – Maximum of 50 g per prescription <b>three months</b> .....	16.82	50 g OP	✓ <b>ReTrieve</b>
129	NORTRIPTYLINE HYDROCHLORIDE (removal of brand switch fee) a) <del>Brand switch fee payable (Pharmacode 2715740)</del> b) Safety medicine; prescriber may determine dispensing frequency			
	Tab 10 mg.....	2.24	50	✓ <b>Allegron</b>
		2.46	100	✓ <b>Norpress</b>
	Tab 25 mg.....	2.95	50	✓ <b>Allegron</b>
		6.29	180	✓ <b>Norpress</b>
138	OLANZAPINE – Special Authority see <b>SA2586 2313</b> – Retail pharmacy (amended Special Authority – new criteria shown only and removal of note) a) Safety medicine; prescriber may determine dispensing frequency b) <del>Note – no new patients to be initiated on olanzapine.</del>			
	Inj 210 mg vial.....	252.00	1	✓ <b>Zyprexa Relprevv</b>
	Inj 300 mg vial.....	414.00	1	✓ <b>Zyprexa Relprevv</b>
	Inj 405 mg vial.....	504.00	1	✓ <b>Zyprexa Relprevv</b>

➡ **SA2586 2313** Special Authority for Subsidy  
**Initial application from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:**  
**All of the following:**  
**1 Either:**  
    **1.1 The patient has had an initial Special Authority approval for paliperidone depot injection or risperidone depot injection; or**  
    **1.2 All of the following:**  
        **1.2.1 The patient has schizophrenia or other psychotic disorder; and**  
        **1.2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and**  
        **1.2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months; and**  
**2 The patient has trialled other funded depot antipsychotics (aripiprazole, risperidone, and paliperidone) unless it is considered clinically inappropriate to use these; and**  
**3 The patient continues to have difficulties with adherence on oral antipsychotic treatments; and**  
**4 Prescribing clinician has relevant Clinical Director (Mental Health and Addiction services) approval.**

▲ 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 at one time

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 February 2026 (continued)

145 DEXAMFETAMINE SULFATE – Special Authority see **SA2587 2410** – 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 5 mg.....29.80 100 ✓ **Noumed Dexamfetamine**

➔ **SA2587 2410** Special Authority for Subsidy

Initial application – (ADHD in patients aged 5 years or over) **from any relevant practitioner. only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing).** Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) in patients aged 5 years or over; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and

**3 Applicant is a health practitioner authorised to prescribe treatment consistent with the approval notice gazetted for dexamfetamine (see note).**

3– Either:

3.1 Applicant is a paediatrician or psychiatrist; or

3.2 Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing.

**Note: prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (<https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22> as of April 2025).**

Initial application – (ADHD in patients aged under 5 years) **from any relevant practitioner only from a paediatrician or psychiatrist.** Approvals valid without further renewal unless notified for applications meeting the following criteria:

**Both All of the following:**

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) in patients under 5 years of age; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and

**3 Applicant is a health practitioner authorised to prescribe treatment consistent with the approval notice gazetted for dexamfetamine (see note).**

**Note: prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (<https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22> as of April 2025).**

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 February 2026 (continued)

146 LISDEXAMFETAMINE DIMESILATE – Special Authority see **SA2588 2415** – Retail pharmacy (amended Special Authority – affected criteria shown only)

a) Only on a controlled drug form

b) Safety medicine; prescriber may determine dispensing frequency

Cap 30 mg – No more than 1 cap per day ..... 60.00 30 ✓ **Vyvanse**

Cap 50 mg ..... 60.00 30 ✓ **Vyvanse**

Cap 70 mg ..... 60.00 30 ✓ **Vyvanse**

### ► **SA2588 2415** Special Authority for Subsidy

Initial application – (ADHD) **from any relevant practitioner only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing).** Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 Patient is currently on treatment with lisdexamfetamine dimesilate and met all **remaining the following** criteria prior to commencing treatment; or

2 All of the following:

2.1 ADHD (Attention Deficit and Hyperactivity Disorder); and

2.2 Diagnosed according to ~~DSM-V~~ **DSM-5** or ICD 11 criteria; and

2.3 ~~Either:~~

2.3.1 ~~Applicant is a paediatrician or psychiatrist; or~~

2.3.2 ~~Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing; and~~

**2.3 Applicant is a health practitioner authorised to prescribe treatment consistent with the approval notice gazetted for lisdexamfetamine (see note); and**

2.4 Any of the following:

2.4.1 Patient is taking a currently subsidised formulation of atomoxetine or methylphenidate hydrochloride (extended-release) **for ADHD** and has not received sufficient **clinical** benefit or has experienced intolerable side effects; or

2.4.2 Patient is taking a currently subsidised formulation of dexamfetamine sulfate (immediate release) which has not been effective due to significant administration and/or treatment adherence difficulties; or

2.4.3 There is significant concern regarding the risk of diversion or abuse of immediate release dexamfetamine sulfate; or

2.4.4 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or treatment adherence difficulties; or

2.4.5 There is significant concern regarding the risk of diversion or abuse of immediate release methylphenidate hydrochloride; or

2.4.6 Both:

2.4.6.1 Patient would have been prescribed a subsidised formulation of methylphenidate (extended release) but has been unable to access due to supply issues with methylphenidate (extended release); and

2.4.6.2 Other alternative stimulant presentations (methylphenidate or dexamfetamine) are not appropriate.

2.5 Lisdexamfetamine dimesilate is not to be used in combination with another funded methylphenidate presentation.

**Note: prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (<https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22> as of April 2025).**

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 February 2026 (continued)

147	METHYLPHENIDATE HYDROCHLORIDE – Special Authority see <b>SA2590 2546</b> – 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 modified-release 18 mg .....	15.25	30
	Tab modified-release 27 mg .....	16.25	30
	Tab modified-release 36 mg .....	21.25	30
	Tab modified-release 54 mg .....	24.25	30
	Tab immediate-release 5 mg .....	3.20	30
	Tab immediate-release 10 mg .....	3.00	30
		4.00	
	Tab extended-release 18 mg .....	15.25	30
	Tab immediate-release 20 mg .....	7.85	30
	Tab sustained-release 20 mg .....	10.95	30
	Tab extended-release 27 mg .....	16.25	30
	Tab extended-release 36 mg .....	21.25	30
	Tab extended-release 54 mg .....	24.25	30
	<b>➔ SA2590 2546</b> Special Authority for Subsidy Initial application – (ADHD in patients aged 5 years or over) <b>from any relevant practitioner</b> . <del>only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing).</del> Approvals valid without further renewal unless notified for applications meeting the following criteria: All of the following: 1 ADHD (Attention Deficit and Hyperactivity Disorder) in patients aged 5 years or over; and 2 Diagnosed according to DSM-IV or ICD 10 criteria; and 3 <del>Either:</del> 3.1 Applicant is a paediatrician or psychiatrist; or 3.2 Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing. <b>3 Applicant is a health practitioner authorised to prescribe treatment consistent with the approval notice gazetted for methylphenidate (see note).</b> <b>Note:</b> prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage ( <a href="https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22">https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22</a> as of April 2025). Initial application – (ADHD in patients aged under 5 years) <b>from any relevant practitioner</b> . <del>only from a paediatrician or psychiatrist.</del> Approvals valid without further renewal unless notified for applications meeting the following criteria: Both <b>All of the following:</b> 1 ADHD (Attention Deficit and Hyperactivity Disorder) in patients under 5 years of age; and 2 Diagnosed according to DSM-IV or ICD 10 criteria; <b>and</b> <b>3 Applicant is a health practitioner authorised to prescribe treatment consistent with the approval notice gazetted for methylphenidate (see note).</b> <b>Note:</b> prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage ( <a href="https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22">https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22</a> as of April 2025).		
	✓ Methylphenidate Sandoz XR ✓ Methylphenidate Sandoz XR ✓ Methylphenidate Sandoz XR ✓ Methylphenidate Sandoz XR ✓ Rubifen ✓ Rubifen ✓ Ritalin ✓ Methylphenidate ER - Teva ✓ Rubifen ✓ Rubifen SR ✓ Methylphenidate ER - Teva ✓ Methylphenidate ER - Teva ✓ Methylphenidate ER - Teva		

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 February 2026 (continued)

148 METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see **SA2591 2450** – 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 extended-release 18 mg .....	58.96	30	✓ Concerta
----------------------------------	-------	----	------------

Tab extended-release 27 mg .....	65.44	30	✓ Concerta
----------------------------------	-------	----	------------

Tab extended-release 36 mg .....	71.93	30	✓ Concerta
----------------------------------	-------	----	------------

Tab extended-release 54 mg .....	86.24	30	✓ Concerta
----------------------------------	-------	----	------------

Cap modified-release 10 mg .....	19.41	30	✓ Ritalin LA
----------------------------------	-------	----	--------------

Cap modified-release 20 mg .....	27.72	30	✓ Ritalin LA
----------------------------------	-------	----	--------------

Cap modified-release 30 mg .....	34.39	30	✓ Ritalin LA
----------------------------------	-------	----	--------------

Cap modified-release 40 mg .....	38.67	30	✓ Ritalin LA
----------------------------------	-------	----	--------------

### ► **SA2591 2450** Special Authority for Subsidy

Initial application – (ADHD) **from any relevant practitioner. only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing).** Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 All of the following:

1.1 ADHD (Attention Deficit and Hyperactivity Disorder); and

1.2 Diagnosed according to DSM-IV or ICD 10 criteria; and

~~1.3 Either:~~

~~1.3.1 Applicant is a paediatrician or psychiatrist; or~~

~~1.3.2 Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing; and~~

**1.3 Applicant is a health practitioner authorised to prescribe treatment consistent with the approval notice gazetted for methylphenidate (see note); and**

1.4 Either:

1.4.1 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or difficulties with adherence; or

1.4.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride; or

2 Both:

2.1 Patient meets the Special Authority criteria for SA2590 methylphenidate hydrochloride; and

2.2 Patient is unable to access other methylphenidate hydrochloride presentations under Special Authority criteria SA2590 due to an out of stock (see note).

Note: Criterion 2 is to permit short-term funding to cover an out-of-stock on tab extended-release Methylphenidate ER – Teva and tab sustained-release 20 mg Rubifen SR subsidised under SA2590 (<https://schedule.pharmac.govt.nz/latest/SA2590.pdf>).

**Note: prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (<https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22> as of April 2025).**

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 February 2026 (continued)

- 149 BUPRENORPHINE WITH NALOXONE – Special Authority see **SA2592 1203** – Retail pharmacy (amended Special Authority – affected criteria shown only)
- No patient co-payment payable
  - Safety medicine; prescriber may determine dispensing frequency
- |   |       |    |                             |
|---|-------|----|-----------------------------|
| Tab sublingual 2 mg with naloxone 0.5 mg..... | 11.76 | 28 | ✓Buprenorphine Naloxone BNM |
| Tab sublingual 8 mg with naloxone 2 mg.....   | 26.86 | 28 | ✓Buprenorphine Naloxone BNM |
- **SA2592 1203** Special Authority for Subsidy  
Initial application – (Detoxification) from any medical practitioner. Approvals valid for ~~1 month~~ **6 weeks** for applications meeting the following criteria:  
All of the following:
- 1 Patient is opioid dependent; and
  - 2 Patient is currently engaged with an opioid treatment service approved by the Ministry of Health; and
  - 3 Applicant works in an opioid treatment service approved by the Ministry of Health.
- Renewal – (Detoxification) from any medical practitioner. Approvals valid for ~~1 month~~ **6 weeks** for applications meeting the following criteria:  
All of the following:
- 1 Patient is opioid dependent; and
  - 2 Patient has previously trialed but failed detoxification with buprenorphine with naloxone with relapse back to opioid use and another attempt is planned; and
  - 3 Patient is currently engaged with an opioid treatment service approved by the Ministry of Health; and
  - 4 Applicant works in an opioid treatment service approved by the Ministry of Health.
- 157 METHOTREXATE (removal of Retail pharmacy-Specialist rule)
- |   |       |    |                                     |
|---|-------|----|-------------------------------------|
| * Tab 2.5 mg – PCT – <del>Retail pharmacy-Specialist</del> .....                    | 7.80  | 90 | ✓ <b>Trexate</b>                    |
| * Tab 10 mg – PCT – <del>Retail pharmacy-Specialist</del> .....                     | 26.40 | 90 | ✓ <b>Trexate</b>                    |
| * Inj 2.5 mg per ml, 2 ml – PCT – <del>Retail pharmacy-Specialist</del> .....       | 95.29 | 5  | ✓ <b>Methotrexate DBL</b>           |
| * Inj 25 mg per ml, 2 ml vial – PCT – <del>Retail pharmacy-Specialist</del> .....   | 30.00 | 5  | ✓ <b>Methotrexate DBL Onco-Vial</b> |
| * Inj 25 mg per ml, 20 ml vial – PCT – <del>Retail pharmacy-Specialist</del> .....  | 45.00 | 1  | ✓ <b>DBL Methotrexate Onco-Vial</b> |
| * Inj 100 mg per ml, 10 ml – PCT – <del>Retail pharmacy-Specialist</del> .....      | 25.00 | 1  | ✓ <b>Methotrexate Ebewe</b>         |
| * Inj 100 mg per ml, 50 ml vial – PCT – <del>Retail pharmacy-Specialist</del> ..... | 67.99 | 1  | ✓ <b>Methotrexate Ebewe</b>         |
- 158 BORTEZOMIB – PCT only – Specialist – Special Authority see **SA2593 2355** (amended Special Authority – new criteria shown only)
- |                        |       |      |                         |
|------------------------|-------|------|-------------------------|
| Inj 3.5 mg vial.....   | 74.93 | 1    | ✓ <b>DBL Bortezomib</b> |
| Inj 1 mg for ECP ..... | 22.26 | 1 mg | ✓ <b>Baxter</b>         |
- **SA2593 2355** Special Authority for Subsidy  
Initial application – (Waldenström Macroglobulinaemia) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:  
Both:
- 1 The patient has Waldenström Macroglobulinaemia/Lymphoplasmacytic Lymphoma requiring treatment; and
  - 2 The patient has not received prior bortezomib treatment.
- Renewal – (Waldenström Macroglobulinaemia) from any relevant practitioner. Approvals valid for 12 months where there is no evidence of clinical disease progression during bortezomib use.

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 February 2026 (continued)

- 163 TEMOZOLOMIDE – Special Authority see **SA2594 2275** – Retail pharmacy (amended Special Authority – new criteria shown only)

Cap 5 mg .....	9.13	5	✓ Temaccord ✓ Temozolomide-Taro <b>\$29</b>
Cap 20 mg .....	16.38	5	✓ Temaccord ✓ Apo-Temozolomide
Cap 100 mg .....	35.98	5	✓ Temaccord ✓ Apo-Temozolomide
Cap 140 mg .....	50.12	5	✓ Temaccord
Cap 250 mg .....	86.34	5	✓ Temaccord

➤ **SA2594 2275** Special Authority for Subsidy

**Initial application – (Neuroblastoma) from any relevant practitioner. Approvals valid for 12 months where the patient has neuroblastoma.**

**Renewal – (Neuroblastoma) from any relevant practitioner. Approvals valid for 12 months where there is no evidence of disease progression.**

- 164 VENETOCLAX – Retail pharmacy-Specialist – Special Authority see **SA2595 2484** (amended Special Authority – affected criteria shown only)

Tab 14 × 10 mg, 7 × 50 mg, 21 × 100 mg .....	1,771.86	42 OP	✓ Venclexta
Tab 10 mg .....	13.68	2 OP	✓ Venclexta
Tab 50 mg .....	239.44	7 OP	✓ Venclexta
Tab 100 mg – Wastage claimable .....	8,209.41	120	✓ Venclexta

➤ **SA2595 2484** Special Authority for Subsidy

**Initial application – (relapsed/refractory chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 7 8 months for applications meeting the following criteria:**

All of the following:

- 1 Individual has chronic lymphocytic leukaemia requiring treatment; and
- 2 Individual has received at least one prior therapy for chronic lymphocytic leukaemia; and
- 3 Individual has not previously received funded venetoclax; and
- 4 The individual's disease has relapsed; and
- 5 Venetoclax to be used in combination with six 28-day cycles of rituximab commencing after the 5-week dose titration schedule with venetoclax; and
- 6 Individual has an ECOG performance status of 0-2.

- 173 PAZOPANIB – Special Authority see **SA2596 2429** – Retail pharmacy (amended Special Authority – affected criteria shown only)

Tab 200 mg .....	172.88	30	✓ Pazopanib Teva
Tab 400 mg .....	464.00	30	✓ Pazopanib Teva

➤ **SA2596 2429** Special Authority for Subsidy

**Initial application only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 3 4 months for applications meeting the following criteria:**

Either:

- 1 All of the following:
  - 1.1 The patient has metastatic renal cell carcinoma of predominantly clear cell histology; and
  - 1.2 Either:
    - 1.2.1 The patient is treatment naive; or
    - 1.2.2 The patient has only received prior cytokine treatment; and
  - 1.3 The patient has an ECOG performance score of 0-2; and
- 2 The patient has intermediate or poor prognosis defined as:
- 1.4 Any of the following:

continued...

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

\* Three months or six months, as applicable, dispensed at one time

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 February 2026 (continued)

continued...

- 1.4.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
- 1.4.2 Haemoglobin level < lower limit of normal; or
- 1.4.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); or
- 1.4.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
- 1.4.5 Karnofsky performance score of less than or equal to 70; or
- 1.4.6 2 or more sites of organ metastasis; and
- 1.5 Pazopanib to be used for a maximum of 3 months; or
- 2 All of the following:
  - 2.1 The patient has metastatic renal cell carcinoma; and
  - 2.2 The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance; and
  - 2.3 The cancer did not progress whilst on sunitinib; and
  - 2.4 Pazopanib to be used for a maximum of 3 months.

220 OMALIZUMAB – Special Authority see **SA2597 1744** – Retail pharmacy (amended Special Authority – affected criteria shown only)

Inj 150 mg prefilled syringe.....	450.00	1	✓ <b>Xolair</b> ✓ <b>Xolair AU</b>
Inj 150 mg vial.....	450.00	1	✓ <b>Xolair</b>

➔ **SA2597 1744** Special Authority for Subsidy

Initial application – (severe chronic spontaneous urticaria) only from a clinical immunologist or dermatologist. Approvals valid for 6 7 months for applications meeting the following criteria:

All of the following:

- 1 Patient must be aged 12 years or older; and
- 2 Either:
  - 2.1 Both:
    - 2.1.1 Patient is symptomatic with Urticaria Activity Score 7 (UAS7) of 20 or above; and
    - 2.1.2 Patient has a Dermatology life quality index (DLQI) of 10 or greater; or
  - 2.2 Patient has a Urticaria Control Test (UCT) of 8 or less; and
- 3 Any of the following:
  - 3.1 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and ciclosporin (> 3 mg/kg day) for at least 6 weeks; or
  - 3.2 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and at least 3 courses of systemic corticosteroids (> 20 mg prednisone per day for at least 5 days) in the previous 6 months; or
  - 3.3 Patient has developed significant adverse effects whilst on corticosteroids or ciclosporin; and
- 4 Either:
  - 4.1 Treatment to be stopped if inadequate response\* following 4 doses; or
  - 4.2 Complete response\* to 6 doses of omalizumab.

261 EVEROLIMUS – Special Authority see **SA2598 2414** – Retail pharmacy (amended Special Authority – affected criteria shown only)

Wastage claimable			
Tab 10 mg.....	6,512.29	30	✓ <b>Afinitor</b>
Tab 5 mg.....	4,555.76	30	✓ <b>Afinitor</b>

➔ **SA2598 2414** Special Authority for Subsidy

Initial application only from a neurologist or oncologist. Approvals valid for 3 4 months for applications meeting the following criteria:

Both:

- 1 Patient has tuberous sclerosis; and
- 2 Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment.



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 February 2026 (continued)

- 264 UPADACITINIB – Special Authority see **SA2599 2483** – Retail pharmacy (amended Special Authority – affected criteria shown only)
- |                                  |          |    |                 |
|----------------------------------|----------|----|-----------------|
| Tab modified-release 15 mg ..... | 1,271.00 | 28 | ✓ <b>Rinvoq</b> |
| Tab modified-release 30 mg ..... | 2,033.00 | 28 | ✓ <b>Rinvoq</b> |
| Tab modified-release 45 mg ..... | 3,049.00 | 28 | ✓ <b>Rinvoq</b> |
- ➔ **SA2599 2483** Special Authority for Subsidy  
Initial application – (Rheumatoid Arthritis (previously treated with adalimumab or etanercept)) from any relevant practitioner. Approvals valid for 6 7 months for applications meeting the following criteria:  
All of the following:
- 1 The individual has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
  - 2 Either:
    - 2.1 The individual has experienced intolerable side effects with adalimumab and/or etanercept; or
    - 2.2 The individual has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and
  - 3 Any of the following:
    - 3.1 Rituximab is not clinically appropriate; or
    - 3.2 The individual is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor; or
    - 3.3 Both:
      - 3.3.1 The individual has been started on rituximab for rheumatoid arthritis in a Health NZ Hospital; and
      - 3.3.2 Either:
        - 3.3.2.1 The individual has experienced intolerable side effects with rituximab; or
        - 3.3.2.2 At four months following the initial course of rituximab the individual has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis.
- 310 COVID-19 VACCINE – [Xpharm] (amended eligibility criteria)
- |  |      |    |                             |
|--|------|----|-----------------------------|
| Inj 3 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml,<br>0.48 ml multi-dose vial; infant vaccine, yellow cap..... | 0.00 | 10 | ✓ <b>Comirnaty (LP.8.1)</b> |
|--|------|----|-----------------------------|
- Any of the following:**
- 1) Up to three doses for previously unvaccinated children aged 6 months - 4 years at high risk of severe illness **or highly immunocompromised; or**
  - 2) **One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 6 months to 4 years; or**
  - 3) **One additional dose with the most current variant-matched vaccine every 12 months for children aged 6 months to 4 years old at high risk of severe illness**
- |  |      |    |                                   |
|--|------|----|-----------------------------------|
| Inj 3 mcg brexovimeran per 0.3 ml, 0.48 ml vial; infant vaccine,<br>yellow cap ..... | 0.00 | 10 | ✓ <b>Comirnaty Omicron (JN.1)</b> |
|--|------|----|-----------------------------------|
- Any of the following:**
- 1) Up to three doses for previously unvaccinated children aged 6 months - 4 years at high risk of severe illness **or highly immunocompromised; or**
  - 2) **One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 6 months to 4 years; or**
  - 3) **One additional dose with the most current variant-matched vaccine every 12 months for children aged 6 months to 4 years old at high risk of severe illness**
- |   |      |    |                             |
|---|------|----|-----------------------------|
| Inj 10 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per<br>0.3 ml, 0.48 ml single-dose vial; paediatric vaccine, light<br>blue cap..... | 0.00 | 10 | ✓ <b>Comirnaty (LP.8.1)</b> |
|---|------|----|-----------------------------|
- Either: **Any of the following:**
- 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; **or**
  - 3) **One additional dose with the most current variant-matched vaccine every 6 months for highly**

*continued...*

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

\* Three months or six months,  
as applicable, dispensed at one time

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 February 2026 (continued)

continued...

**immunocompromised children aged 5 to 11 years; or**

- 4) One additional dose with the most current variant-matched vaccine up to every 12 months for children aged 5 to 11 years old at high risk of severe illness**

Inj 10 mcg bretovameran per 0.3 ml, 0.48 ml vial; paediatric

vaccine, light blue cap ..... 0.00 10 ✓ **Comirnaty Omicron (JN.1)**

Either: **Any of the following:**

- 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; or
- 3) **One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 5 to 11 years; or**

- 4) One additional dose with the most current variant-matched vaccine up to every 12 months for children aged 5 to 11 years old at high risk of severe illness**

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.

**Any of the following:**

- 1) One dose for previously unvaccinated people aged 12–15 years and over 30 years old; or
- 2) Two doses for previously unvaccinated people aged 16–29 years old; or
- 3) Up to three doses for previously unvaccinated immunocompromised people from 12 years old; or
- 4) Up to four doses for people at risk of severe illness aged from 12–29 years; or
- 5) One additional dose with the most current variant-matched vaccine every 6 months, any of the following criteria:
  - i) Previously vaccinated people aged 30 years and over; or
  - ii) Previously vaccinated immunocompromised people from 12 years; or
  - iii) Previously vaccinated people at high-risk from 12 years

Inj 30 mcg bretovameran per 0.3 ml, 0.48 ml vial; adult vaccine,

light grey cap ..... 0.00 10 ✓ **Comirnaty Omicron (JN.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.

**Any of the following:**

- 1) One dose for previously unvaccinated people aged 12–15 years and over 30 years old; or
- 2) Two doses for previously unvaccinated people aged 16–29 years old; or
- 3) Up to three doses for previously unvaccinated immunocompromised people from 12 years old; or
- 4) Up to four doses for people at risk of severe illness aged from 12–29 years; or
- 5) One additional dose with the most current variant-matched vaccine every 6 months, any of the following criteria:
  - i) Previously vaccinated people aged 30 years and over; or
  - ii) Previously vaccinated immunocompromised people from 12 years; or
  - iii) Previously vaccinated people at high-risk from 12 years

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ <b>fully subsidised</b>
---	---------------------------------	-----	---

**Changes to Restrictions – effective 1 February 2026 (continued)**

314	HEPATITIS B RECOMBINANT VACCINE – [Xpharm] (amended eligibility criteria)			
	Inj 20 mcg per 1 ml prefilled syringe .....	0.00	1	✓ <b>Engerix-B</b>
	Funded for patients meeting any of the following criteria:			
	1) for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or 2) for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or 3) for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or 4) for HIV positive patients; or 5) for hepatitis C positive patients; or 6) for patients following non-consensual sexual intercourse; or 7) for patients prior to planned immunosuppression for greater than 28 days; or 8) for patients following immunosuppression; or 9) for solid organ transplant patients; or 10) for post-haematopoietic stem cell transplant (HSCT) patients; or 11) following needle stick injury; or 12) for <del>diagnosis</del> <b>chronic kidney disease (CKD) stage 4 or 5</b> patients; or 13) for liver or kidney transplant patients.			

▲ 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 at one time

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 February 2026

69	CLOTRIMAZOLE (↑ subsidy) * Crm 1% ..... 1.15 20 g OP ✓ <b>Clomazol</b> a) Only on a prescription b) Not in combination
70	HYDROCORTISONE (↓ subsidy) * Crm 1% – Only on a prescription ..... 1.75 30 g OP ✓ <b>Ethics</b>
80	CLOTRIMAZOLE (↑ subsidy) * Vaginal crm 1% with applicators ..... 4.20 35 g OP ✓ <b>Clomazol</b> * Vaginal crm 2% with applicators ..... 4.60 20 g OP ✓ <b>Clomazol</b>
113	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA2034 – Retail pharmacy (↑ subsidy) Note: Pharmac will consider funding ribavirin for the small group of patients who have a clinical need for ribavirin and meet Special Authority criteria. Please contact the Hepatitis C Coordinator at Pharmac on 0800-023-588 option 4. Inj 180 mcg prefilled syringe ..... 1,074.79 4 ✓ <b>Pegasys</b>
125	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↓ subsidy) Oral (gel) soln 2% ..... 30.80 200 ml ✓ <b>Mucosoolthe</b>
126	PARACETAMOL (↓ subsidy) Oral liq 250 mg per 5 ml ..... 3.18 200 ml ✓ <b>Pamol</b> a) Maximum of 600 ml per prescription; can be waived by endorsement b) Up to 200 ml available on a PSO c) Not in combination d) 1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing. 2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition. 3) Note: 200 ml presentations of paracetamol oral liquid may be supplied on BSO to a Vaccinator (other than a Pharmacist) under the provisions in Part I of Section A 4) Note: Direct Provision by a pharmacist of up to 200 ml permitted under the provisions in Part I of Section A in conjunction with immunisation of a child under 2 years of age with meningococcal B multicomponent vaccine.
128	MORPHINE SULPHATE (↑ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Cap long-acting 10 mg ..... 4.10 10 ✓ <b>m-Eslon</b> Cap long-acting 30 mg ..... 6.05 10 ✓ <b>m-Eslon</b> Cap long-acting 60 mg ..... 12.10 10 ✓ <b>m-Eslon</b> Cap long-acting 100 mg ..... 14.50 10 ✓ <b>m-Eslon</b>
165	VINORELBINE (↓ subsidy) Inj 1 mg for ECP – PCT only – Specialist ..... 3.51 1 mg ✓ <b>Baxter</b>

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$

Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

## Delisted Items

Effective 1 February 2026

20	INSULIN PUMP INFUSION SET (TEFLON CANNULA) – Special Authority see SA2380 – Retail pharmacy			
	a) Maximum of 5 set per prescription			
	b) Only on a prescription			
	c) Maximum of 19 infusion sets will be funded per year.			
	* 6 mm teflon needle, 45 cm blue tubing × 10 .....	130.00	1 OP	✓MiniMed Mio MMT-941A
	* 6 mm teflon needle, 45 cm pink tubing × 10 .....	130.00	1 OP	✓MiniMed Mio MMT-921A
	* 6 mm teflon needle, 60 cm blue tubing × 10 .....	130.00	1 OP	✓MiniMed Mio MMT-943A
	* 6 mm teflon needle, 60 cm pink tubing × 10 .....	130.00	1 OP	✓MiniMed Mio MMT-923A
	* 6 mm teflon needle, 80 cm blue tubing .....	130.00	1 OP	✓MiniMed Mio MMT-945A
	* 6 mm teflon needle, 80 cm clear tubing × 10 .....	130.00	1 OP	✓MiniMed Mio MMT-965A
	* 6 mm teflon needle, 80 cm pink tubing × 10 .....	130.00	1 OP	✓MiniMed Mio MMT-925A
	* 9 mm teflon needle, 80 cm clear tubing × 10 .....	130.00	1 OP	✓MiniMed Mio MMT-975A
29	LEVOCARNITINE – Special Authority see SA2040 – Retail pharmacy			
	Oral liq 1 g per 10 ml .....	CBS	118 ml	✓Novitium Sugar Free <b>\$29</b>
34	FERROUS SULFATE			
	* Oral liq 30 mg (6 mg elemental) per 1 ml.....	13.10	500 ml	✓Ferodan
41	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.			
117	CELECOXIB			
	Cap 100 mg .....	3.45	60	✓Celecoxib Pfizer
131	PHENYTOIN SODIUM			
	* Inj 50 mg per ml, 2 ml ampoule			
	– Up to 5 inj available on a PSO .....	104.58	5	✓Hospira
282	PHARMACY SERVICES			
	* Brand switch fee.....	4.50	1 fee	✓BSF Allegron
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Allegron is 2715740			

▲ 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 at one time

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 July 2026

8	GLYCOPYRRONIUM BROMIDE Inj 200 mcg per ml, 1 ml ampoule – Up to 10 inj available on a PSO.....	19.00	5	✓ Robinul
26	BISACODYL – Only on a prescription * Tab 5 mg.....	10.00	200	✓ Bisacodyl Viatris
45	COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] Soln with electrolytes.....	6.53	1 OP	✓ Hydralyte – Lemonade
47	ENALAPRIL MALEATE * Tab 5 mg..... * Tab 10 mg..... * Tab 20 mg.....	1.75 1.97 2.35	90 90 90	✓ Acetec ✓ Acetec ✓ Acetec
48	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE * Tab 50 mg with hydrochlorothiazide 12.5 mg.....	4.31	30	✓ Arrow-Losartan & Hydrochlorothiazide
117	CELECOXIB Cap 200 mg .....	3.20	30	✓ Celebrex ✓ Celecoxib Pfizer

# Index

## Pharmaceuticals and brands

### A

Acetec .....	46
ADAPALENE .....	32
ADR Cartridge 1.8 .....	31
ADRENALINE .....	32
Afinitor .....	40
Allegron .....	33
Apo-Temozolomide .....	39
Arrow-Losartan & Hydrochlorothiazide .....	46
Aspen Adrenaline .....	32
AutoSoft 30 .....	30
AutoSoft 90 .....	30

### B

B-D Micro-Fine .....	28
B-D Ultra Fine .....	28
B-D Ultra Fine II .....	28
BISACODYL .....	26, 46
Bisacodyl-AFT .....	26
Bisacodyl Viatris .....	46
BORTEZOMIB .....	38
BSF Allegron .....	45
Buprenorphine Naloxone BNM .....	38
BUPRENORPHINE WITH NALOXONE .....	38

### C

CALCIUM POLYSTYRENE SULPHONATE .....	26
Celebrex .....	46
CELECOXIB .....	26, 45, 46
Celecoxib Pfizer .....	45, 46
Celostea .....	26
Cerubidine .....	26
Cipla .....	27
Clomazol .....	44
CLOTRIMAZOLE .....	44
COLECALCIFEROL .....	31
Comirnaty (LP.8.1) .....	41, 42
Comirnaty Omicron (JN.1) .....	41, 42
COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] .....	26, 46
Concerta .....	37
CONTINUOUS GLUCOSE MONITOR (INTEROPERABLE) .....	31
CONTINUOUS GLUCOSE MONITOR (STANDALONE) .....	31
COVID-19 VACCINE .....	41

### D

DAUNORUBICIN .....	26
DBL Adrenaline .....	32
DBL Bortezomib .....	38
DBL Methotrexate Onco-Vial .....	38
DEXAMFETAMINE SULFATE .....	34
Dexcom G6 .....	31
Dexcom G7 .....	31
Dexcom ONE+ .....	31
DEXTROSE .....	26, 46
Differin .....	32

### E

ENALAPRIL MALEATE .....	26, 46
Enerix-B .....	43
EVEROLIMUS .....	40

### F

Ferodan .....	45
FERROUS SULFATE .....	45
Freestyle Libre 2 .....	31
Freestyle Libre 2 Plus .....	31
Freestyle Libre 3 Plus .....	31

### G

Glycopyrronium-AFT .....	26
GLYCOPYRRONIUM BROMIDE .....	26, 46

### H

HEPATITIS B RECOMBINANT VACCINE .....	43
Hydralyte – Lemonade .....	46
HYDROCORTISONE .....	44

### I

I-Losartan & Hydrochlorothiazide – Ipca .....	26
INSULIN PEN NEEDLES .....	28
INSULIN PUMP CARTRIDGE .....	28
INSULIN PUMP INFUSION SET (STEEL CANNULA) .....	29
INSULIN PUMP INFUSION SET (STEEL CANNULA, STRAIGHT INSERTION) .....	29
INSULIN PUMP INFUSION SET (TEFLON CANNULA) .....	29, 45
INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION WITH INSERTION DEVICE) .....	30
INSULIN PUMP INFUSION SET (TEFLON CANNULA, FLEXIBLE INSERTION WITH INSERTION DEVICE) .....	30
INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) .....	30
INSULIN PUMP INFUSION SET (TEFLON CANNULA, VARIABLE INSERTION) .....	31
INSULIN PUMP RESERVOIR .....	31
INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE .....	28
Ipca-Enalapril .....	26
ISOTRETINOIN .....	32

### K

Konakion MM Paediatric .....	45
------------------------------	----

### L

LANREOTIDE .....	27
Lenalidomide Viatris .....	27
LENALIDOMIDE (VIATRIS) .....	27
LEVOCARNITINE .....	45
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE .....	44
LIGNOCAINE .....	44
LIRAGLUTIDE .....	28
LISDEXAMFETAMINE DIMESILATE .....	35
LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE .....	26, 46

# Index

## Pharmaceuticals and brands

<b>M</b>	
MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE.....	26
Med Adv Ext Infusion Set MDT-MMT-431AK.....	30
Med Adv Ext Infusion Set MDT-MMT-432AK.....	30
Med Adv Ext Infusion Set MDT-MMT-441AK.....	30
Med Adv Ext Infusion Set MDT-MMT-442AK.....	30
m-Eslon.....	44
METHOTREXATE.....	38
Methotrexate DBL.....	38
Methotrexate DBL Onco-Vial.....	38
Methotrexate Ebewe.....	38
Methylphenidate ER - Teva.....	36
METHYLPHENIDATE HYDROCHLORIDE.....	36
METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE.....	37
Methylphenidate Sandoz XR.....	36
MiniMed 3.0 Ext Reservoir MDT-MMT-342G.....	31
MiniMed 3.0 Reservoir MMT-332A.....	31
MiniMed Mio MMT-921A.....	45
MiniMed Mio MMT-923A.....	45
MiniMed Mio MMT-925A.....	45
MiniMed Mio MMT-941A.....	45
MiniMed Mio MMT-943A.....	45
MiniMed Mio MMT-945A.....	45
MiniMed Mio MMT-965A.....	45
MiniMed Mio MMT-975A.....	45
MiniMed Quick-Set MMT-396A.....	29
MiniMed Quick-Set MMT-397A.....	29
MiniMed Quick-Set MMT-398A.....	29
MiniMed Quick-Set MMT-399A.....	29
MiniMed Silhouette MMT-377A.....	29
MiniMed Silhouette MMT-378A.....	29
MiniMed Silhouette MMT-381A.....	29
MiniMed Sure-T MMT-864A.....	29
MiniMed Sure-T MMT-866A.....	29
MiniMed Sure-T MMT-874A.....	29
MiniMed Sure-T MMT-876A.....	29
Mio Adv Ext Infusion Set MDT-MMT-431AK.....	30
Mio Adv Ext Infusion Set MDT-MMT-432AK.....	30
Mio Adv Ext Infusion Set MDT-MMT-441AK.....	30
Mio Adv Ext Infusion Set MDT-MMT-442AK.....	30
Molaxole.....	26
MORPHINE SULPHATE.....	44
Mucosoothe.....	44
mylife Inset soft.....	30
mylife Orbit micro.....	29
mylife YpsoPump Reservoir.....	31
<b>N</b>	
NIFEDIPINE.....	26
NIRAPARIB.....	27
NITISINONE.....	26
Nitisinone LogixX Pharma.....	26
Norpress.....	33
NORTRIPTYLINE HYDROCHLORIDE.....	33
Noumed Dexamfetamine.....	34
Novitium Sugar Free.....	45
<b>O</b>	
OLANZAPINE.....	33
OMALIZUMAB.....	40
Oratane.....	32
<b>P</b>	
Pamol.....	44
PARACETAMOL.....	44
PAZOPANIB.....	39
Pazopanib Teva.....	39
Pedialyte.....	26
Pegasys.....	44
PEGYLATED INTERFERON ALFA-2A.....	44
PHARMACY SERVICES.....	45
PHENYTOIN SODIUM.....	45
PHYTOMENADIONE.....	45
<b>R</b>	
ReTrieve.....	33
Rinvoq.....	41
Ritalin.....	36
Ritalin LA.....	37
Robinul.....	46
Roma.....	26
ROSUVASTATIN.....	27
Rosuvastatin – Sandoz.....	27
Rubifen.....	36
Rubifen SR.....	36
<b>S</b>	
SALBUTAMOL WITH IPRATROPIUM BROMIDE.....	27
Somatuline Autogel.....	27
<b>T</b>	
Tandem Cartridge.....	28
Temaccord.....	39
TEMOZOLOMIDE.....	39
Temozolomide-Taro.....	39
TRETINOIN.....	33
Trexate.....	38
TruSteel.....	29
<b>U</b>	
UPADACITINIB.....	41
<b>V</b>	
Valni Retard.....	26
VariSoft.....	31
Venclexta.....	39
VENETOCLAX.....	39
Victoza.....	28
VINORELBINE.....	44
Vit.D3.....	31
Vyvanse.....	35



# Index

Pharmaceuticals and brands

## X

Xolair .....	40
Xolair AU .....	40

## Z

Zejula .....	27
Zyprexa Relprevv .....	33

