

The logo for PHARMAC (Te Pātaka Whaioranga) is a white circle containing the text 'PHARMAC' in a large, bold, sans-serif font, with 'TE PĀTAKA WHAIORANGA' in a smaller, all-caps, sans-serif font below it. The background of the entire page is a grey-to-white gradient with a large, intricate, white geometric pattern of concentric, overlapping lines that form a complex, maze-like or cellular structure.

PHARMAC  
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency  
New Zealand  
Pharmaceutical Schedule

# Update

April 2026

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## Summary of Pharmac decisions

EFFECTIVE 1 APRIL 2026

### New listings (pages 20-21)

- Lansoprazole (Lanzol Relief) cap 15 mg
- Pegfilgrastim (Ziextenzo) inj 6 mg per 0.6 ml syringe – Special Authority – Retail pharmacy
- Candesartan cilexetil (Candesartan Viatrix Sante) tab 4 mg, 8 mg, 16 mg and 32 mg
- Rosuvastatin (Rosuvastatin - Sandoz) tab 10 mg and 40 mg – Special Authority – Retail pharmacy
- Ezetimibe with simvastatin (Zimybe) tab 10 mg with simvastatin 80 mg
- Amoxicillin (Amoxicillin Sandoz) cap 500 mg – up to 30 cap available on a PSO and up to 10 x the maximum PSO quantity for RPPP
- Fluconazole (Flucazole) cap 150 mg
- Valaciclovir (Valaciclovir Mylan and Valaciclovir Viatrix) tab 1,000 mg – S29 and wastage claimable
- Zidovudine with lamivudine (Lamivudine/Zidovudine Viatrix) tab 300 mg with lamivudine 150 mg – Special Authority – Retail Pharmacy
- Naproxen (Noflam 250) tab 250 mg
- Dexamfetamine sulfate (Dexamfetamine Aspen) tab 5 mg – Special Authority – Retail pharmacy – only on a controlled drug form and safety medicine
- Cyclophosphamide (Cyclophosphamide Seacross) inj 2 g vial – PCT only – Specialist
- Bortezomib (Bortezomib Eugia) inj 3.5 mg vial – PCT only – Specialist – Special Authority
- Ipratropium bromide (Ipratropium Viatrix) nebuliser soln, 250 mcg per ml, 2 ml ampoule – up to 40 neb available on a PSO, s29 and wastage claimable
- Elexacaftor with tezacaftor, ivacaftor and ivacaftor (Trikafta) oral granules elexacaftor 80 mg with tezacaftor 40 mg, ivacaftor 60 mg (28) and ivacaftor 59.5mg (28), sachets, 56 OP and oral granules elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (28) and ivacaftor 75 mg (28), sachets, 56 OP – PCT only – Special Authority
- Ivacaftor (Kalydeco) oral granules 13.4 mg and 25 mg sachets – PCT only – Specialist – Special Authority
- Vanzacaftor with tezacaftor and deutivacaftor (Alyftrek) tab vanzacaftor 4 mg with tezacaftor 20 mg and deutivacaftor 50 mg, 84 OP and tab vanzacaftor 10 mg with tezacaftor 50 mg and deutivacaftor 125 mg, 56 OP – PCT only – Special Authority
- Oral feed (powder) (Ensure) powder (chocolate and vanilla), 800 g OP – Special Authority – Hospital pharmacy [HP3]

**Changes to restrictions (pages 23-26)**

- Brentuximab vedotin (Adcetris) inj 50 mg vial – amended Special Authority criteria
- Atezolizumab inj 60 mg per ml, 20 ml vial (Tecentriq) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Pembrolizumab inj 25 mg per ml, 4 ml vial (Keytruda) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Elexacaftor with tezacaftor, ivacaftor and ivacaftor (Trikafta) – amended Special Authority criteria
  - Tab elexacaftor 50 mg with tezacaftor 25 mg, ivacaftor 37.5 mg (56) and ivacaftor 75 mg (28), 84 OP
  - Tab elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (56) and ivacaftor 150 mg (28), 84 OP
  - Oral granules elexacaftor 80 mg with tezacaftor 40 mg, ivacaftor 60 mg (28) and ivacaftor 59.5mg (28), sachets, 56 OP
  - Oral granules elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (28) and ivacaftor 75 mg (28), sachets, 56 OP
- Ivacaftor (Kalydeco) tab 150 mg and oral granules 13.4 mg, 25 mg, 50 mg and 75 mg, sachet – amended Special Authority criteria

**Decreased subsidy (page 27)**

- Methadone hydrochloride (Methadone BNM) tab 5 mg

# Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Buprenorphine with naloxone	Tab 2 mg with naloxone 0.5 mg; 28 tab	PSS	Buprenorphine Naloxone BNM (Boucher)
Buprenorphine with naloxone	Tab 8 mg with naloxone 2 mg; 28 tab	PSS	Buprenorphine Naloxone BNM (Boucher)
Citalopram hydrobromide	Tab 20 mg; 84 tab	PSS	Celepram (Viatris)
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg; 100 tab	PSS	Solax (Adira Medica)
Fulvestrant	Inj 50 mg per ml, 5 ml prefilled syringe; 2 inj	PSS	Fulvestrant EVER Pharma (InterPharma)
Heparin sodium	Inj 5,000 iu per ml, 5 ml ampoule; 50 inj	PSS	Pfizer (Pfizer)
Pantoprazole	Tab EC 20 mg; 90 tab	PSS	Panzop Relief (Viatris)
Pantoprazole	Tab EC 40 mg; 90 tab	PSS	Panzop Relief (Viatris)
Sunitinib	Cap 50 mg; 28 cap	PSS	Sunitinib Rex (Rex)
Tranexamic acid	Tab 500 mg; 60 tab	PSS	Mercury Pharma (Boucher)

## 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.

### Possible decisions for future implementation 1 May 2026

- Ibrutinib (Imbruvica) tab 140 mg and 420 mg – amended Special Authority criteria
- Ipilimumab inj 5 mg per ml, 10 ml vial and inj 10 mg per ml, 10 ml vial (Yervoy) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Letermovir (Prevymis) tab 240 mg – new listing with Special Authority criteria and wastage claimable
- Nivolumab inj 10 mg per ml, 4 ml vial and inj 10 mg per ml, 10 ml vial (Opdivo) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Obinutuzumab inj 25 mg per ml, 40 ml vial (Gazyva) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Abacavir/Lamivudine Viatrix	2028
Acarbose	Tab 50 mg & 100 mg	Accarb	2027
Acetazolamide	Tab 250 mg	Medsurge	2027
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2027
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg Eye oint 3%, 4.5 g OP	Lovir VirusPOS	2028 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 Viatrix	2026
Amiodarone hydrochloride	Tab 100 mg & 200 mg Inj 50 mg per ml, 3 ml ampoule	Aratac Max Health	2028
Amisulpride	Tab 100 mg, 200 mg & 400 mg	Sulprix	2027
Amitriptyline	Tab 10 mg, 25 mg and 50 mg	Arrow-Amitriptyline	2026
Amlodipine	Tab 2.5 mg, 5 mg and 10 mg	Vasorex	2026
Amorolfine	Nail soln 5%, 5 ml OP	MycoNail	2026
Amoxicillin	Cap 250 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Miro-Amoxicillin Alphamox 125 Alphamox 250	2028 2026
Amoxicillin with clavulanic acid	Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml Grans for oral liq amoxicillin 25 mg with clavulanic acid 6.25 mg per ml Tab 500 mg with clavulanic acid 125 mg	Amoxiclav Devatis Forte Augmentin Curam Duo 500/125	2027  2026
Anastrozole	Tab 1 mg	Anatrole	2026
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend	2027
Aqueous cream	Crn, 500 g	Evara	2027
Ascorbic acid	Tab 100 mg	Cvite	2028
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2026
Atazanavir sulphate	Cap 150 mg & 200 mg	Atazanavir Viatrix	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 April 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Atenolol	Tab 50 mg Tab 100 mg	Viatrix Atenolol Viatrix	2027
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
Azathioprine	Tab 25 mg & 50 mg	Azamun	2028
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
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2026
Betahistine 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Budesonide	Cap modified-release 3 mg Metered aqueous nasal spray, 50 mcg & 100 mcg per dose, 200 dose OP	Budesonide Te Arai SteroClear	2028 2027
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2026
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatris	2027
Calamine	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
Capecitabine	Tab 150 mg & 500 mg	Capecitabine Viatris	2028
Captopril	Oral liq 5 mg per ml, 100 ml OP	DP-Captopril (Douglas)	2026
Carbimazole	Tab 5 mg	Neo-Mercazole	2028
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2028
Cefazolin	Inj 500 mg, 1 g and 2 g vial	Cefazolin-AFT	2026
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2028
Celecoxib	Cap 100 mg	Celebrex	2028
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	Evara	2028
Chloramphenicol	Eye drops 0.5%, 10 ml OP Eye oint 1%, 5 g OP	Chlorafast Devatis	2028
Chlortalidone [Chlorthalidone]	Tab 25 mg	Hygroton	2028
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2027
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 750 mg Tab 250 mg & 500 mg	Ciprofloxacin Teva Ipca-Ciprofloxacin	2027 2026
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2027
Clindamycin	Inj 150 mg per ml, 4 ml ampoule Cap 150 mg	Dalacin C	2028 2026
Clobetasol propionate	Crn & oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2028
Clomipramine hydrochloride	Tab 25 mg	APO Clomipramine	2027
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2026
Clonidine hydrochloride	Tab 25 mcg Tab 150 mcg Inj 150 mcg per ml, 1 ml ampoule	Clonidine Teva Catapres	2028 2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Covid-19 vaccine	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 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 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)	30/09/2027
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 ethinylloestradiol	Tab 2 mg with ethinylloestradiol 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
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Dexamethasone Medsurge	2028
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
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2028
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2028
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe;	Infanrix IPV	2027
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria with 40IU tetanus and 25mcg pertussis toxoids, 25mcg pertussis filamentous haemagglutinin, 8mcg pertactin, 80D-AgU polio virus, 10mcg hepatitis B antigen, 10mcg H. influenzae type b with tetanus toxoid 20-40mcg in 0.5ml syringe	Infanrix-hexa	2027
Docusate sodium	Tab 50 mg and 120 mg	Coloxyl	2026
Domperidone	Tab 10 mg	Domperidone Viatris	2028
Donepezil hydrochloride	Tab 5 mg and 10 mg	Ipca-Donepezil	2026
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2027
Econazole nitrate	Crm 1%	Pevaryl	2027
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Emtricitabine 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
<b>Ethinylloestradiol with levonorgestrel</b>	<b>Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tabs</b> <b>Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tabs</b>	<b>Lo-Oralcon 20 ED</b> <b>Oralcon 30 ED</b>	<b>2028</b>
Exemestane	Tab 25 mg	Pfizer Exemestane	2026
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2026
Febuxostat	Tab 80 mg and 120 mg	Febuxostat (Teva)	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
Felodipine	Tab long-acting 2.5 mg Tab long-acting 5 mg Tab long-acting 10 mg	Plendil ER Felo 5 ER Felo 10 ER	2027
Fentanyl	Inj 50 mcg per ml, 2 ml ampoule and 10 ml ampoule Patches 12.5 mcg, 25 mcg, 50 mcg, 75 mcg & 100 mcg per hour	Boucher and Muir Fentanyl Sandoz	2027
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2027
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2027
Ferrous sulfate	Oral liq 30 mg (6 mg elemental) per 1 ml	Ferro-Liquid	2028
Fexofenadine hydrochloride	Tab 120 mg & 180 mg	Fexaclear	2027
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	2027
Finasteride	Tab 5 mg	Ricit	2026
Flecainide acetate	Tab 50 mg Cap long-acting 100 mg & 200 mg	Flecainide BNM Flecainide Controlled Release Teva	2026
Flucloxacillin	Cap 250 mg & 500 mg Grans for oral liq 25 mg & 50 mg per ml, 100 ml Inj 250 mg vial and 500 mg vial Inj 1 g vial	Staphlex AFT Flucloxin Flucil	2027 2026
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2026
Fludrocortisone acetate	Tab 100 mcg	Florinef	2028
Fluorouracil	Crn 5%, 20 g OP	Efudix	2027
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow – Fluoxetine Fluox	2028
Folic acid	Tab 5 mg	Folic Acid Viatris	2027
Fosfomycin	Powder for oral solution, 3 g sachet	UroFos	2027
Furosemide [Frusemide]	Tab 40 mg	IPCA-Frusemide	2027
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2027
Gliclazide	Tab 80 mg	Glizide	2026
Glipizide	Tab 5 mg	Minidiab	2027
Glucose [Dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2026
Glycerol	Suppos 2.8/4.0 g	Lax-suppositories Glycerol	2028
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Hydrocortisone	Crn 1%, 500 g Inj 100 mg vial	Noumed Solu-Cortef	2028 2027
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml	DP Lotn (HC)	2026
Hydrocortisone with miconazole	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 (Adiramédica)	2027
	Inj 20 mg, 1 ml	Spazmol	2026
Ibuprofen	Oral liq 20 mg per ml	Ethics	2027
	Tab long-acting 800 mg	Ibuprofen SR BNM	
	Tab 200 mg	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	Rifinah	2027
	Tab 150 mg with rifampicin 300 mg		
Isosorbide mononitrate	Tab 20 mg	Ismo 20	2026
	Tab long-acting 40 mg	Ismo 40 Retard	
	Tab long-acting 60 mg	Duride	
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2027
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2026
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2028
Lamivudine	Tab 100 mg	Zetlam	2026
	Tab 150 mg	Lamivudine Viatrix	

\*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 April 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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 Viatrix	31/01/2028
Letrozole	Tab 2.5 mg	Letrole	2027
Levodopa with carbidopa	Tab 100 mg with carbidopa 25 mg Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet  Sinemet CR	2027
Levodopa with carbidopa and entacapone	Tab 50 mg with carbidopa 12.5 mg and entacapone 200 mg Tab 100 mg with carbidopa 25 mg and entacapone 200 mg Tab 150 mg with carbidopa 37.5 mg and entacapone 200 mg Tab 200 mg with carbidopa 50 mg and entacapone 200 mg	Stalevo	2027
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2028
Levonorgestrel	Subdermal implant (2 × 75 mg rods)	Jadelle	2026
Lidocaine [lignocaine]	Gel 2%, 11 ml urethral syringe	Instillagel Lido	2028
<b>Lidocaine [lignocaine] hydrochloride</b>	<b>Oral (gel) soln 2%, 200 ml</b>	<b>Xylocaine Viscous</b>	<b>2028</b>
Linezolid	Tab 600 mg	Zyvox	2027
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Teva Lisinopril	2028
Lithium carbonate	Tab long-acting 400 mg	Priadel	2027
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2028
Lopinavir with ritonavir	Tab 200 mg with ritonavir 50 mg	Lopinavir/Rotinavir Mylan	2027
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2027
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg and 100 mg	Losartan Actavis	2026
Magnesium sulphate	Inj 2 mmol per ml, 5ml ampoule; 10 inj	Martindale	2026
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ ampoule of diluent 0.5 ml	Priorix	2027
Mebendazole	Tab 100 mg	Vermox	2027
Mebeverine hydrochloride	Tab 135 mg	Colofac	2026

\*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 April 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
Methylprednisolone aceponate	Crn 0.1%, 15 g OP Oint 0.1%, 15 g OP	Advantan	2026
<b>Metoclopramide hydrochloride</b>	<b>Inj 5 mg per ml, 2 ml ampoule</b> Tab 10 mg	<b>Medsurge</b> Metoclopramide Actavis 10	<b>2028</b> 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	Crn 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 Crn 0.1%, 15 g & 50 g OP	Elocon  Elocon Alcohol Free	2027
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Viatris	2028
Morphine sulphate	Inj 5 mg, 10 mg, 15 mg & 30 mg per ml, 1 ml ampoule	Medsurge	2028
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2027
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2027
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2026
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Albalon	2027
Naproxen	Tab 250 mg & 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Norflam Naprosyn SR 750 Naprosyn SR 1000	2027

*\*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 April 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule	Max Health	2027
Nevirapine	Tab 200 mg	Nevirapine Viatrix	2027
Nicorandil	Tab 10 mg & 20 mg	Max Health	2028
Nitrofurantoin	Tab 50 mg	Nifuran	2027
	Cap modified-release 100 mg	Macrobid	2026
Nystatin	Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP	Nilstat	2026
	Oral liq 100,000 u per ml, 24 ml OP		
Octreotide long-acting	Inj depot 10 mg, 20 mg & 30 mg prefilled syringe	Sandostatin LAR	2027
Oestradiol	Patch 25 mcg, 50 mcg, 75 mcg & 100 mcg per day	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	Crm 1 mg per g with applicator, 15 g OP	Ovestin	2026
	Tab 2 mg		
	Pessaries 500 mcg		
Oil in Water Emulsion	Crm	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	
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2028
Omeprazole	Cap 10 mg	Omeprazole actavis 10	2026
	Cap 20 mg	Omeprazole actavis 20	
	Cap 40 mg	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	Hameln	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
Oxytocin	Inj 5 iu & 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2028
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2028
Paracetamol	Suppos 125 mg, 250 mg and 500 mg	Gacet	2026
	Tab 500 mg-bottle pack	Noumed Paracetamol	
	Tab 500 mg-blisters pack	Pacimol	
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	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 April 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Paraffin	White soft, 450 g White soft, 2,500 g	EVARA White Soft Paraffin	2026
Paroxetine	Tab 20 mg	Loxamine	2028
Pazopanib	Tab 200 mg & 400 mg	Pazopanib Teva	2027
Pegfilgrastim	Inj 6 mg per 0.6 ml syringe	Ziextenzo	2028
Perindopril	Tab 2 mg, 4 mg & 8 mg	Coversyl	2027
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2026
Pethidine hydrochloride	Tab 50 mg	Noumed Pethidine	2028
Phenoxyethylpenicillin (Penicillin V)	Grans for oral liq 125 mg & 250 mg per 5 ml Cap 250 mg & 500 mg	AFT Cilicaine VK	2028 2027
Pimecrolimus	Crm 1%, 15 g OP	Elidel	2026
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2026
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2027
Pneumococcal (PCV13) conjugate vaccine	Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5ml syringe	Prevenar 13	2027
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2027
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2027
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2026
Pomalidomide	Cap 1 mg, 2 mg, 3 mg and 4 mg	Pomolide	31/07/2027
Posaconazole	Oral liq 40 mg per ml, 105ml OP Tab modified-release 100 mg	Devatis Posaconazole Juno	2028
Potassium chloride	Tab long-acting 600 mg (8 mmol)	Span-K	2028
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

\*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 April 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2028
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg Oral liq 1 mg per ml, 30 ml	Risperidone (Teva) Risperon	2026
Rivaroxaban	Tab 10 mg, 15 mg & 20 mg	Xarelto	2026
Rivastigmine	Patch 4.6 mg per 24 hour Patch 9.5 mg per 24 hour	Rivastigmine Patch BNM 5 Rivastigmine Patch BNM 10	2027
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2026
Rosuvastatin	Tab 5 mg, 10 mg, 20 mg & 40 mg	Rosuvastatin Viatrix	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
<b>Sertraline</b>	<b>Tab 50 mg &amp; 100 mg</b>	<b>Setrona</b>	<b>2028</b>
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2027
Simvastatin	Tab 20 mg, 40 mg and 80 mg Tab 10 mg	Simvastatin Viatrix Simvastatin Mylan	2026
Sodium chloride	Inj 0.9%, 5 ml, 10 ml & 20 ml ampoule	Fresenius Kabi	2028
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2028
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2026
Sodium cromoglicate	Eye drops 2%, 10 ml OP	Allerfix	2028
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
Sotalol	Tab 80 mg & 160 mg	Mylan	2028
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2028

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

Generic Name	Presentation	Brand Name	Expiry Date*
Sumatriptan	Inj 12 mg per ml, 0.5 ml prefilled pen Tab 50 mg & 100 mg	Clustran Sumagran	2028 2027
Sunitinib	Tab 12.5 mg & 25 mg	Sunitinib Rex	2027
Tacrolimus	Oint 1 %; 30 g OP	Zematop	2026
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2026
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2028
Temazepam	Tab 10 mg	Normison	2026
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Viatriis	2028
Tenoxicam	Tab 20 mg	Tilcotil	2028
Terbinafine	Tab 250 mg	Deolate	2026
Teriflunomide	Tab 14 mg	Teriflunomide Sandoz	2027
Testosterone	Gel (transdermal) 16.2 mg per g, 88 g OP	Testogel	2027
Tetrabenazine	Tab 25 mg	Motetis	2028
Ticagrelor	Tab 90 mg	Ticagrelor Sandoz	2027
Timolol	Eye drops 0.25% and 0.5%, 5 ml OP	Arrow-Timolol	2026
Tobramycin	Inj 40 mg per ml, 2 ml vial Soln for inhalation 60 mg per ml, 5 ml	Viatriis 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 Viatriis	2027
Vancomycin	Inj 500 mg vial	Vancomycin Viatriis	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 April 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2027
Vinorelbine	Cap 20 mg, 30 mg & 80 mg	Vinorelbine Te Arai	2028
Voriconazole	Tab 50 mg & 200 mg	Vttack	2028
Zoledronic acid	Inj 0.05 mg per ml, 100 ml, bag Inj 4 mg per 5 ml, vial	Zoledronic Acid Viatris Zoledronic Acid Viatris	2028 2027
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2027

**April 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.*

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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

Effective 1 April 2026

9	LANSOPRAZOLE * Cap 15 mg .....	1.21	30	✓ Lanzol Relief
43	PEGFILGRASTIM – Special Authority see SA2614 – Retail pharmacy Inj 6 mg per 0.6 ml syringe .....	69.50	1	✓ <u>Ziextenzo</u>
Note – this is a new Pharmacode listing, 2724251.				
47	CANDESARTAN CILEXETIL * Tab 4 mg..... * Tab 8 mg..... * Tab 16 mg..... * Tab 32 mg.....	2.68 2.67 4.22 1.75	90 90 90 30	✓ Candesartan Viatris Sante ✓ Candesartan Viatris Sante ✓ Candesartan Viatris Sante ✓ Candesartan Viatris Sante
54	ROSUVASTATIN – Special Authority see SA2093 – Retail pharmacy * Tab 10 mg..... * Tab 40 mg.....	4.21 4.55	30 30	✓ Rosuvastatin - Sandoz ✓ Rosuvastatin - Sandoz
55	EZETIMIBE WITH SIMVASTATIN Tab 10 mg with simvastatin 80 mg .....	14.27	30	✓ Zimybe
96	AMOXICILLIN Cap 500 mg .....	1.14	20	✓ Amoxicillin Sandoz
a) Up to 30 cap available on a PSO				
b) Up to 10 x the maximum PSO quantity for RPPP				
100	FLUCONAZOLE Cap 150 mg .....	0.45	1	✓ Flucazole
106	VALACICLOVIR Tab 1,000 mg.....	12.45	21	✓ Valaciclovir Mylan <sup>S29</sup>
		12.45	21	✓ Valaciclovir Viatris <sup>S29</sup>
Wastage claimable				
112	ZIDOVUDINE WITH LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy Note: zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. * Tab 300 mg with lamivudine 150 mg .....	92.40	60	✓ Lamivudine/Zidovudine Viatris
116	NAPROXEN * Tab 250 mg.....	7.06	90	✓ Noflam 250
Note – this is a new Pharmacode listing, 2725495.				
145	DEXAMFETAMINE SULFATE – Special Authority see SA2587 – Retail pharmacy a) Only on a controlled drug form b) Safety medicine; prescriber may determine dispensing frequency Tab 5 mg.....	29.80	100	✓ Dexamfetamine Aspen

<sup>S29</sup> Unapproved medicine supplied under Section 29  
**Principal Supply Status/Sole Subsidised Supply**

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy

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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
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## New Listings – effective 1 April 2026 (continued)

154	CYCLOPHOSPHAMIDE Inj 2 g vial – PCT only – Specialist .....	95.06	1	✓ Cyclophosphamide Seacross
158	BORTEZOMIB – PCT only – Specialist – Special Authority see SA2593 Inj 3.5 mg vial.....	23.99	1	✓ Bortezomib Eugia
265	IPRATROPIUM BROMIDE Nebuliser soln, 250 mcg per ml, 2 ml ampoule – Up to 40 neb available on a PSO..... Wastage claimable	8.11	10	✓ Ipratropium Viatris <sup>S29</sup>
269	ELEXACAFTOR WITH TEZACAFTOR, IVACAFTOR AND IVACAFTOR – PCT only – Special Authority see SA2632 Oral granules elexacaftor 80 mg with tezacaftor 40 mg, ivacaftor 60 mg (28) and ivacaftor 59.5mg (28), sachets .....	27,647.39	56 OP	✓ Trikafta
	Oral granules elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (28) and ivacaftor 75 mg (28), sachets .....	27,647.39	56 OP	✓ Trikafta
270	IVACAFTOR – PCT only – Specialist – Special Authority see SA2633 Oral granules 13.4 mg, sachet .....	29,386.00	56	✓ Kalydeco
	Oral granules 25 mg, sachet .....	29,386.00	56	✓ Kalydeco
270	VANZACAFTOR WITH TEZACAFTOR AND DEUTIVACAFTOR – PCT only – Special Authority see SA2634 Tab vanzacaftor 4 mg with tezacaftor 20 mg and deutivacaftor 50 mg .....	29,029.76	84 OP	✓ Alyftrek
	Tab vanzacaftor 10 mg with tezacaftor 50 mg and deutivacaftor 125 mg .....	29,029.76	56 OP	✓ Alyftrek
<p>➔ SA2634 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: All of the following: 1 Patient has been diagnosed with cystic fibrosis; and 2 Either: 2.1 Patient has two cystic fibrosis-causing mutations in the cystic fibrosis transmembrane regulator (CFTR) gene (one from each parental allele); or 2.2 Patient has a sweat chloride value of at least 60 mmol/L; and 3 Either: 3.1 Patient has a heterozygous or homozygous F508del mutation; or 3.2 Patient has a mutation responsive to vanzacaftor/tezacaftor/deutivacaftor (see note); and 4 The treatment must be the sole funded CFTR modulator therapy for this condition; and 5 Treatment with vanzacaftor/tezacaftor/deutivacaftor must be given concomitantly with standard therapy for this condition. Note: Eligible mutations are listed in the in the Food and Drug Administration (FDA) Alyftrek prescribing information <a href="https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/218730s002lbl.pdf">https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/218730s002lbl.pdf</a></p>				
291	ORAL FEED (POWDER) – Special Authority see SA1859 – Hospital pharmacy [HP3] Powder (chocolate) .....	40.00	800 g OP	✓ Ensure
	Powder (vanilla).....	40.00	800 g OP	✓ Ensure

▲ 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

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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

### New Listings – effective 1 March 2026

40	TICAGRELOR – Special Authority see SA2530 - Retail pharmacy * Tab 90 mg..... 23.85 Wastage claimable	56	✓ Ticagrelor Mylan <b>S29</b>
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### Effective 12 March 2026

8	PREDNISOLONE HEXANOATE WITH CINCHOCAINE HYDROCHLORIDE Suppos 1.3 mg with cinchocaine hydrochloride 1 mg per g..... 8.61 Wastage claimable	12	✓ Scheriproct <b>S29</b>
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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions, Chemical Names and Presentations Effective 1 April 2026

204 BRENTUXIMAB VEDOTIN – PCT only – Special Authority see **SA2629 2289** (amended Special Authority criteria – only affected criteria shown)  
Inj 50 mg vial.....5,275.18 1 ✓ **Adcetris**

► **SA2629 2289** Special Authority for Subsidy

Initial application – (**CD30 positive systemic anaplastic large-cell lymphoma**) from any relevant practitioner.

Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 Patient is currently on treatment with brentuximab vedotin and met all the following criteria prior to commencing treatment; or
- 2 All of the following:
  - 2.1 Patient has **CD30 positive systemic anaplastic large-cell lymphoma**; and
  - 2.2 Patient must have histological confirmation of **CD30 expression**; and
  - 2.3 Patient must not have received prior treatment with curative intent chemotherapy for this condition; and
  - 2.4 Treatment must be in combination with cyclophosphamide, anthracycline, and steroids for a maximum of 8 cycles; and
  - 2.5 Brentuximab vedotin is to be administered at doses no greater than 1.8 mg/kg every 3 weeks.

Initial application – (**relapsed/refractory** anaplastic large cell lymphoma) from any relevant practitioner. Approvals valid for 6 9 months for applications meeting the following criteria:

All of the following:

- 1 Patient has relapsed/refractory CD30-positive systemic anaplastic large cell lymphoma; and
- 2 Patient has an ECOG performance status of 0-1; and
- 3 Patient has not previously received brentuximab vedotin; and
- 4 Response to brentuximab vedotin treatment is to be reviewed after a maximum of 6 treatment cycles; and
- 5 Brentuximab vedotin to be administered at doses no greater than 1.8 mg/kg every 3 weeks.

Renewal – (**relapsed/refractory** anaplastic large cell lymphoma) from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

- 1 Patient has experienced a partial or complete response to brentuximab vedotin after 6 treatment cycles; and
- 2 Treatment remains clinically appropriate and the patient is benefitting from treatment and treatment is tolerable; and
- 3 Patient is to receive a maximum of 16 total cycles of brentuximab vedotin treatment.

244 ATEZOLIZUMAB – PCT only – Specialist – Special Authority see **SA2630 2443** (amended Special Authority criteria – only affected criteria shown)

Inj 60 mg per ml, 20 ml vial ..... 9,503.00 1 ✓ **Tecentriq**  
Inj 1 mg for ECP ..... 8.08 1 mg ✓ **Baxter**

► **SA2630 2443** Special Authority for Subsidy

Initial application - (non-small cell lung cancer second line monotherapy) only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has locally advanced or metastatic non-small cell lung cancer; and
- 2 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- 3 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR, **ROS-1** or ALK tyrosine kinase unless not possible to ascertain; and
- 4 Patient has an ECOG 0-2; and
- 5 Patient has documented disease progression following treatment with at least two cycles of platinum based chemotherapy; and
- 6 Atezolizumab is to be used as monotherapy at a dose of 1200 mg every three weeks (or equivalent) for a maximum of 16 weeks; and

*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

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Subsidy  
(Mnfr's price)  
\$ Per

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

continued...

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

249 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see **SA2631 2553** (amended Special Authority criteria – only affected criteria shown)

Inj 25 mg per ml, 4 ml vial .....	4,680.00	1	✓ <b>Keytruda</b>
Inj 1 mg for ECP .....	47.74	1 mg	✓ <b>Baxter</b>

► **SA2631 2553** Special Authority for Subsidy

Initial application — (non-small cell lung cancer first-line monotherapy) only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and
- 2 Patient has not had chemotherapy for their disease in the palliative setting; and
- 3 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- 4 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR, **ROS-1** or ALK tyrosine kinase unless not possible to ascertain; and
- 5 Pembrolizumab to be used as monotherapy; and
- 6 Either:
  - 6.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 50% as determined by a validated test unless not possible to ascertain; or
  - 6.2 Both:
    - 6.2.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 1% as determined by a validated test unless not possible to ascertain; and
    - 6.2.2 Chemotherapy is determined to be not in the best interest of the patient based on clinician assessment; and
- 7 Patient has an ECOG 0-2; and
- 8 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks; and
- 9 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Initial application — (non-small cell lung cancer first-line combination therapy) only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and
- 2 Patient has not had chemotherapy for their disease in the palliative setting; and
- 3 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- 4 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR, **ROS-1** or ALK tyrosine kinase unless not possible to ascertain; and
- 5 Pembrolizumab to be used in combination with platinum-based chemotherapy; and
- 6 Patient has an ECOG 0-2; and
- 7 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks; and
- 8 Baseline measurement of overall tumour burden is documented clinically and radiologically.

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

269	ELEXACAFTOR WITH TEZACAFTOR, IVACAFTOR AND IVACAFTOR – PCT only – Special Authority see SA2632 2456 (amended Special Authority criteria)			
	Tab elexacaftor 50 mg with tezacaftor 25 mg, ivacaftor 37.5 mg (56) and ivacaftor 75 mg (28) .....	27,647.39	84 OP	✓Trikafta
	Tab elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (56) and ivacaftor 150 mg (28) .....	27,647.39	84 OP	✓Trikafta
	Oral granules elexacaftor 80 mg with tezacaftor 40 mg, ivacaftor 60 mg (28) and ivacaftor 59.5mg (28), sachets .....	27,647.39	56 OP	✓Trikafta
	Oral granules elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (28) and ivacaftor 75 mg (28), sachets .....	27,647.39	56 OP	✓Trikafta

### ► SA2632 2456 Special Authority for Subsidy

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

All of the following:

1 Patient has been diagnosed with cystic fibrosis; and

2 Patient is 6 years of age or older; and

3 Either:

2.1 Patient has two cystic fibrosis-causing mutations in the cystic fibrosis transmembrane regulator (CFTR) gene (one from each parental allele); or

2.2 Patient has a sweat chloride value of at least 60 mmol/L by quantitative pilocarpine iontophoresis or by Macroduct sweat collection system; and

4 Either:

3.1 Patient has a heterozygous or homozygous F508del mutation; or

3.2 Patient has a G551D mutation or other mutation responsive in vitro to elexacaftor/tezacaftor/ivacaftor (see note); and

5 The treatment must be the sole funded CFTR modulator therapy for this condition; and

6 Treatment with elexacaftor/tezacaftor/ivacaftor must be given concomitantly with standard therapy for this condition.

Notes:

a) Eligible mutations are listed in the Food and Drug Administration (FDA) Trikafta prescribing information

[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2025/212273s015lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/212273s015lbl.pdf) <https://nctr-crs.fda.gov/fdalabel/services/spl/set-ids/#354423a-85e2-41e3-a9db-0f3acc135d8d/spl-doc>

▲ 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

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(Mnfr's price)  
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## Changes to Restrictions – effective 1 April 2026 (continued)

270	IVACAFTOR – PCT only – Specialist – Special Authority see SA2633 2017 (amended Special Authority criteria)		
	Tab 150 mg.....	29,386.00	56 ✓ Kalydeco
	Oral granules 13.4 mg, sachet .....	29,386.00	56 ✓ Kalydeco
	Oral granules 25 mg, sachet .....	29,386.00	56 ✓ Kalydeco
	Oral granules 50 mg, sachet .....	29,386.00	56 ✓ Kalydeco
	Oral granules 75 mg, sachet .....	29,386.00	56 ✓ Kalydeco

### ► SA2633 2017 Special Authority for Subsidy

Initial application only from a respiratory specialist or paediatrician **any relevant practitioner**. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

1 Patient has been diagnosed with cystic fibrosis; and

2 Either:

**2.1 Patient has two cystic fibrosis-causing mutations in the cystic fibrosis transmembrane regulator (CFTR) gene (one from each parental allele); or**

**2.2 Patients must have a sweat chloride value of at least 60 mmol/L; and**

2.1 Patient must have G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene on at least 1 allele; or

2.2 Patient must have other gating (class III) mutation (G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N and S549R) in the CFTR gene on at least 1 allele; and

3 **Patient must have at least one mutation on the list of CFTR mutations that produce CFTR protein and are known to be responsive to ivacaftor\*\*** Patients must have a sweat chloride value of at least 60 mmol/L by quantitative-pilocarpine iontophoresis or by Macroduct sweat collection system; and

4 Treatment with ivacaftor must be given concomitantly with standard therapy for this condition; and

5 Patient must not have an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing treatment with ivacaftor; and

5 6 The dose of ivacaftor will not exceed one tablet or one sachet twice daily; and

7 Applicant has experience and expertise in the management of cystic fibrosis.

**Note:\*\* Mutations listed in Table 3 of the Food and Drug Administration (FDA) Ivacaftor prescribing information**

**[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2023/203188s0381bl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/203188s0381bl.pdf)**

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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Subsidy and Manufacturer's Price

Effective 1 April 2026

127	METHADONE HYDROCHLORIDE (↓ subsidy) Tab 5 mg.....	1.38	10	✓ Methadone BNM
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▲ 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

## Delisted Items

Effective 1 April 2026

93	PRAZIQUANTEL Tab 600 mg.....	68.00	8	✓ Biltricide
118	RALOXIFENE HYDROCHLORIDE – Special Authority see SA1779 – Retail pharmacy * Tab 60 mg.....	53.76	28	✓ Evista
124	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Oral (gel) soln 2%.....	30.80	200 ml	✓ Mucosoothe
129	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Cap 10 mg.....	35.50	28	✓ Clomipramine Teva
135	METOCLOPRAMIDE HYDROCHLORIDE * Inj 5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO.....	7.00	10	✓ Baxter
274	LEVOCABASTINE Eye drops 0.5 mg per ml.....	8.71 (10.34)	4 ml OP	Livostin
	Note – this delist applies to Pharmacode 799882.			
277	PHARMACY SERVICES * Immunisation administration fee – flu..... * Immunisation administration fee – other..... * Immunisation co-administration fee – flu and shingles..... * Paxlovid fee (Pharmacist initiated).....	0.00 0.00 0.00 0.00	1 fee 1 fee 1 fee 1 fee	✓ Immunisation - Flu ✓ Immunisation Other ✓ Immunisation Flu and Shingles ✓ Paxlovid fee

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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Items to be Delisted

### Effective 1 May 2026

158	DOXORUBICIN HYDROCHLORIDE – PCT only – Specialist Inj 2 mg per ml, 50 ml vial .....	23.00	1	✓ <b>Doxorubicin Ebewe</b>
159	EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist Inj 2 mg per ml, 5 ml vial .....	25.00	1	✓ <b>Epirubicin Ebewe</b>
	Inj 2 mg per ml, 100 ml vial .....	99.99	1	✓ <b>Epirubicin Ebewe</b>
166	VINORELBINE Inj 10 mg per ml, 1 ml vial – PCT only – Specialist .....	42.00	1	✓ <b>Vinorelbine Ebewe</b>

### Effective 1 July 2026

181	LETROZOLE * Tab 2.5 mg .....	4.36	28	✓ <b>Accord</b> <b>S29</b>
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### Effective 1 August 2026

31	CARMELLOSE SODIUM WITH GELATIN AND PECTIN Paste .....	4.55 (7.90)	15 g OP	Orabase
		1.52 (3.60)	5 g OP	Orabase
160	LENALIDOMIDE (VIATRIS) – Special Authority see SA2353 – Retail pharmacy Cap 15 mg .....	62.13	21	✓ <b>Lenalidomide Viatris</b>
	Note – this delist applies to Pharmacode 2673541.			

### Effective 1 October 2026

43	PEGFILGRASTIM – Special Authority see SA2614 – Retail pharmacy Inj 6 mg per 0.6 ml syringe .....	69.50	1	✓ <b>Ziextenzo</b>
	Note – this delist applies to Pharmacode 2643340.			

### Effective 1 November 2026

96	AMOXICILLIN Cap 500 mg .....	41.00	500	✓ <b>Miro-Amoxicillin</b>
	a) Up to 30 cap available on a PSO			
	b) Up to 10 x the maximum PSO quantity for RFPP			

▲ 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

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