

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

May 2026

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# Summary of Pharmac decisions

EFFECTIVE 1 MAY 2026

## New listings (pages 20-21)

- Ramipril tab 1.25 mg (Ramipril Viatris), tab 5 mg and 10 mg (Ramipril Mylan Generics) – S29 and wastage claimable
- Candesartan cilexetil (Candesartan Viatris) tab 4 mg, 8 mg, 16 mg and 32 mg
- Ezetimibe with simvastatin (Vytorin) tab 10 mg with simvastatin 40 mg – S29 and wastage claimable
- Hydralazine hydrochloride (Hydrapres) inj 20 mg ampoule – S29 and wastage claimable
- Cefalexin (Cefalexin Sandoz) grans for oral liq 25 mg per ml, 100 ml – Wastage claimable
- Letermovir (Prevymis) tab 240 mg – Special Authority – Retail pharmacy – Wastage claimable
- Nitrofurantoin (Nitrofurantoin Clinect) tab 50 mg – Up to 30 tab available on a PSO
- Mefenamic acid (Ponstan) cap 250mg
- Olanzapine (Olanzapine ODT Viatris) tab orodispersible 5 mg and 10 mg
- Venetoclax (Venclexta) tab 50 mg, 7 OP – Retail pharmacy – Specialist – Special Authority
- Icatibant (Icatibant Lupin) inj 10 mg per ml, 3 ml prefilled syringe – Special Authority – Retail pharmacy
- Salbutamol with ipratropium bromide (Combiprasal) nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule – up to 20 neb available on a PSO – S29 and wastage claimable
- Pirfenidone (Pirfenidone Sandoz) tab 267 mg and 801 mg – Special Authority Retail pharmacy – Specialist
- Montelukast (Relonchem) tab 5 mg – S29 and wastage claimable
- Polyethylene glycol 400 and propylene glycol (Systane Unit Dose) eye drops 0.4% and propylene glycol 0.3%, 0.8 ml – Special Authority – Retail pharmacy

## Changes to restrictions (pages 23-28)

- 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 and inj 100 mg in 1 ml syringe (Clexane) and inj 120 mg in 0.8 ml syringe and inj 150 mg in 1 ml syringe (Clexane Forte) – amended subsidy by endorsement
- Adrenaline (DBL Adrenaline) inj 1 in 10,000, 10 ml ampoule – amended brand name
- Progesterone (Utrogestan) cap 100 mg – remove stat dispensing
- Ibrutinib (Imbruvica) tab 140 mg and 420 mg – 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

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

- Obinutuzumab inj 25 mg per ml, 40 ml vial (Gazyva) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Palivizumab (Synagis) inj 100 mg per ml, 1 ml vial – amended Special Authority criteria
- 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)) – amended Special Authority criteria
- Ipilimumab inj 5 mg per ml, 10 ml vial and inj 5 mg per ml, 40 ml vial (Yervoy) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- 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
- Pilocarpine nitrate (Minims Pilocarpine) eye drops 2% single dose, 20 dose – amended Special Authority criteria

### Increased subsidy (page 29)

- Fludarabine phosphate inj 50 mg vial (Fludarabine Ebewe) and inj 50 mg for ECP, 50 mg OP (Baxter)
- Doxorubicin hydrochloride inj 2 mg per ml, 25 ml vial and inj 2 mg per ml, 100 ml vial (Doxorubicin Ebewe) and inj 1 mg for ECP (Baxter)
- Epirubicin hydrochloride inj 2 mg per ml, 25 ml vial and inj 2 mg per ml, 100 ml vial (Epirubicin Ebewe and inj 1 mg for ECP (Baxter)
- Mitozantrone inj 2 mg per ml, 10 ml vial (Mitozantrone Ebewe) and inj 1 mg for ECP (Baxter)

### Decreased subsidy (page 29)

- Cefalexin (Cefalexin Sandoz) grans for oral liq 50 mg per ml, 100 ml

## Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Dimethicone	Crm 5% pump bottle; 460 g OP	PSS	HydraLock (Pauling)
Dimethicone	Lotn 4%; 200 ml OP	PSS	healthE Dimethicone 4% Lotion (Jaychem)
Levonorgestrel	Tab 1.5 mg; 1 tab	PSS	Levonorgestrel-1 (Lupin) (Lupin)
Loratadine	Tab 10 mg; 100 tab	PSS	Loratadine Noumed (Noumed)
Paraffin	Oint liquid paraffin 50% with white soft paraffin 50%; 500 g OP	PSS	EVARA Paraffin Ointment 50/50 (Evara)

## 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 June 2026

There are no items this month.

## Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 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 May 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 May 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
<b>Buprenorphine with naloxone</b>	<b>Tab 2 mg with naloxone 0.5 mg Tab 8 mg with naloxone 2 mg</b>	<b>Buprenorphine Naloxone BNM</b>	<b>2028</b>
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2026
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatrix	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 Viatrix	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
<b>Citalopram hydrobromide</b>	<b>Tab 20 mg</b>	<b>Celepram</b>	<b>2028</b>
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Clonidine hydrochloride	Tab 25 mcg Tab 150 mcg Inj 150 mcg per ml, 1 ml ampoule	Clonidine Teva Catapres	2028 2027
Clopidogrel	Tab 75 mg	Arrow-Clopid	2028
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	Noumed	2028
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2026
Compound electrolytes	Powder for oral soln	Electral	2028
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 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 Viatrix	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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml prefilled syringe	Boostrix	2027
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe;	Infanrix IPV	2027
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria with 40IU tetanus and 25mcg pertussis toxoids, 25mcg pertussis filamentous haemagglutinin, 8mcg pertactin, 80D-AgU polio virus, 10mcg hepatitis B antigen, 10mcg H. influenzae type b with tetanus toxoid 20-40mcg in 0.5ml syringe	Infanrix-hexa	2027
Docusate sodium	Tab 50 mg and 120 mg	Coloxyl	2026
<b>Docusate sodium with sennosides</b>	<b>Tab 50 mg with sennosides 8 mg</b>	<b>Solax</b>	<b>2028</b>
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 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Ethinylloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tabs	Lo-Oralcon 20 ED	2028
	Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tabs	Oralcon 30 ED	
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	Plendil ER	2027
	Tab long-acting 5 mg	Felo 5 ER	
	Tab long-acting 10 mg	Felo 10 ER	
Fentanyl	Inj 50 mcg per ml, 2 ml ampoule and 10 ml ampoule	Boucher and Muir	2027
	Patches 12.5 mcg, 25 mcg, 50 mcg, 75 mcg & 100 mcg per hour	Fentanyl Sandoz	
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	Flecainide BNM	2026
	Cap long-acting 100 mg & 200 mg	Flecainide Controlled Release Teva	
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
Fluoxetine hydrochloride	Cap 20 mg	Arrow – Fluoxetine Fluox	2028
	Tab dispersible 20 mg, scored		
Folic acid	Tab 5 mg	Folic Acid Viatris	2027
Fosfomycin	Powder for oral solution, 3 g sachet	UroFos	2027
<b>Fulvestrant</b>	<b>Inj 50 mg per ml, 5 ml prefilled syringe</b>	<b>Fulvestrant EVER Pharma</b>	<b>2028</b>
Furosemide [Frusemide]	Tab 40 mg	IPCA-Frusemide	2027
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2027
Gliclazide	Tab 80 mg	Glizide	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
<b>Heparin sodium</b>	<b>Inj 5,000 iu per ml, 5 ml ampoule</b>	<b>Pfizer</b>	<b>2028</b>
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	2026
	Tab 200 mg	Relieve	
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		

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2028
Lamivudine	Tab 100 mg Tab 150 mg	Zetlam Lamivudine Viatrix	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 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
Lidocaine [lignocaine] hydrochloride	Oral (gel) soln 2%, 200 ml	Xylocaine Viscous	2028
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

*\*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 May 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg and 100 mg	Losartan Actavis	2026
Magnesium sulphate	Inj 2 mmol per ml, 5ml ampoule; 10 inj	Martindale	2026
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ ampoule of diluent 0.5 ml	Priorix	2027
Mebendazole	Tab 100 mg	Vermox	2027
Mebeverine hydrochloride	Tab 135 mg	Colofac	2026
Melatonin	Tab modified-release 2 mg	Vigisom	2027
Meningococcal (groups A, C, Y and W-135) conjugate vaccine	Inj 10 mcg of each meningococcal polysaccharide conjugated to a total of approximately 55 mcg of tetanus toxoid carrier per 0.5 ml vial	MenQuadfi	2027
Mercaptopurine	Tab 50 mg	Puri-nethol	2028
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Metformin Viatris	2027
Methadone hydrochloride	Oral liq 2 mg per ml, 200 ml Oral liq 5 mg per ml, 200 ml Oral liq 10 mg per ml, 200 ml	Biodone Biodone Forte Biodone Extra Forte	2027
Methotrexate	Inj 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg & 30 mg prefilled syringe Tab 2.5 mg & 10 mg	Methotrexate Sandoz Trexate	2027
Methylprednisolone aceponate	Crn 0.1%, 15 g OP Oint 0.1%, 15 g OP	Advantan	2026
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml ampoule Tab 10 mg	Medsurge Metoclopramide Actavis 10	2028 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

\*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 May 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
Nicorandil	Tab 10 mg & 20 mg	Max Health	2028
Nitrofurantoin	Tab 50 mg Cap modified-release 100 mg	Nifuran Macrobid	2027 2026
Nystatin	Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2026
Octreotide long-acting	Inj depot 10 mg, 20 mg & 30 mg prefilled syringe	Sandostatin LAR	2027
Oestradiol	Patch 25 mcg, 50 mcg, 75 mcg & 100 mcg per day Gel (transdermal) 0.06% (750 mcg/actuation), 80 g OP	Estradiol TDP Mylan Estrogel	2027 31/10/2027
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2028
Oestriol	Crn 1 mg per g with applicator, 15 g OP Tab 2 mg Pessaries 500 mcg	Ovestin	2026
Oil in Water Emulsion	Crn	Fatty Emulsion Cream (Evara)	2027
Olanzapine	Tab 2.5 mg, 5 mg and 10 mg Tab orodispersible 5 mg and 10 mg	Zypine Zypine ODT	2026
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2028
Omeprazole	Cap 10 mg Cap 20 mg Cap 40 mg	Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40	2026
Ondansetron	Tab 4 mg & 8 mg Tab disp 4 mg and 8 mg	Periset Periset ODT	2028 2026
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2027
Orphenadrine citrate	Tab 100 mg	Norflex	2027
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule	Hameln	2027
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Sandoz	2027
Oxytocin	Inj 5 iu & 10 iu per ml, 1 ml ampoule	Oxytocin BNM	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 May 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2028
<b>Pantoprazole</b>	<b>Tab EC 20 mg &amp; 40 mg</b>	<b>Panzop Relief</b>	<b>2028</b>
Paracetamol	Suppos 125 mg, 250 mg and 500 mg Tab 500 mg-bottle pack Tab 500 mg-blister pack	Gacet Noumed Paracetamol Pacimol	2026
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2028
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	Crn 1%, 15 g OP	Elidel	2026
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2026
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2027
Pneumococcal (PCV13) conjugate vaccine	Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5ml syringe	Prevenar 13	2027
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2027
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2027
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2026
Pomalidomide	Cap 1 mg, 2 mg, 3 mg and 4 mg	Pomolide	31/07/2027
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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 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
Sertraline	Tab 50 mg & 100 mg	Setrona	2028
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2027
Simvastatin	Tab 20 mg, 40 mg and 80 mg Tab 10 mg	Simvastatin Viatris Simvastatin Mylan	2026
Sodium 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Sumatriptan	Inj 12 mg per ml, 0.5 ml prefilled pen Tab 50 mg & 100 mg	Clustran Sumagran	2028 2027
<b>Sunitinib</b>	<b>Cap 50 mg</b> Tab 12.5 mg & 25 mg	<b>Sunitinib Rex</b>	<b>2027</b>
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 Viatrix	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	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
<b>Tranexamic acid</b>	<b>Tab 500 mg</b>	<b>Mercury Pharma</b>	<b>2028</b>
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Trimethoprim	Tab 300 mg	TMP	2027
Trimethoprim with sulphamethoxazole [co-trimoxazole]	Oral liq 8 mg sulphamethoxazole 40 mg per ml	Deprim	2028
	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2027
Tuberculin PPD [mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2027
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2026
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2027
Valganciclovir	Tab 450 mg	Valganciclovir Viatris	2027
Vancomycin	Inj 500 mg vial	Vancomycin Viatris	2026
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	Zoledronic Acid Viatris	2028
	Inj 4 mg per 5 ml, vial	Zoledronic Acid Viatris	2027
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2027

**May 2026 changes are in bold type**

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## New Listings

Effective 1 May 2026

48	RAMIPRIL				
	* Tab 1.25 mg.....	5.75	30	✓ Ramipril Viatris	S29
	Wastage claimable				
	* Tab 5 mg.....	5.25	28	✓ Ramipril Mylan Generics	S29
	Wastage claimable				
	* Tab 10 mg.....	5.48	28	✓ Ramipril Mylan Generics	S29
	Wastage claimable				
48	CANDESARTAN CILEXETIL				
	* Tab 4 mg.....	2.68	90	✓ Candesartan Viatris	
	* Tab 8 mg.....	2.67	90	✓ Candesartan Viatris	
	* Tab 16 mg.....	4.22	90	✓ Candesartan Viatris	
	* Tab 32 mg.....	5.24	90	✓ Candesartan Viatris	
56	EZETIMIBE WITH SIMVASTATIN				
	Tab 10 mg with simvastatin 40 mg.....	11.55	30	✓ Vytorin	S29
	Wastage claimable				
57	HYDRALAZINE HYDROCHLORIDE				
	* Inj 20 mg ampoule.....	25.90	5	✓ Hydrapres	S29
	Wastage claimable				
94	CEFALEXIN				
	Grans for oral liq 25 mg per ml – Wastage claimable.....	5.41	100 ml	✓ Cefalexin Sandoz	
107	LETERMOVIR – Special Authority see SA2635 – Retail pharmacy				
	Wastage claimable				
	Tab 240 mg.....	6,664.00	28	✓ Prevymis	

► SA2635 Special Authority for Subsidy

Initial application – (CMV prophylaxis - post HSCT) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has undergone an allogeneic haematopoietic stem cell transplant; and
- 2 The patient has confirmed presence of cytomegalovirus-specific antibodies; and
- 3 Treatment to commence within 28 days of an allogeneic haematopoietic stem cell transplant; and
- 4 Maximum treatment duration of 100 days post-transplant.

Renewal – (CMV prophylaxis – second or subsequent HSCT) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has undergone an allogeneic haematopoietic stem cell transplant; and
- 2 The patient has confirmed presence of cytomegalovirus-specific antibodies; and
- 3 Treatment to commence within 28 days of an allogeneic haematopoietic stem cell transplant; and
- 4 Maximum treatment duration of 100 days post-transplant.

Initial application – (CMV prophylaxis - severe immunosuppression\*) only from an infectious disease specialist or clinical microbiologist or any relevant practitioner on the recommendation of an infectious disease specialist or clinical microbiologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 Patient has severe immunosuppression requiring prophylaxis of CMV; and

continued...

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## New Listings – effective 1 May 2026 (continued)

continued...

2 Either:

2.1 Patient is contraindicated to all other funded CMV active oral antiviral agents; or

2.2 Patient's CMV is resistant to all other funded CMV active oral antiviral agents.

Renewal – (CMV prophylaxis - severe immunosuppression\*) only from an infectious disease specialist or clinical microbiologist or any relevant practitioner on the recommendation of an infectious disease specialist or clinical microbiologist. Approvals valid for 6 months for renewals meeting the following criteria:

Both:

1 Patient has severe immunosuppression requiring prophylaxis of CMV; and

2 Either:

2.1 Patient is contraindicated to all other funded CMV active oral antiviral agents; or

2.2 Patient's CMV is resistant to all other funded CMV active oral antiviral agents.

Note: Indications marked with \* are unapproved indications

116	NITROFURANTOIN * Tab 50 mg – Up to 30 tab available on a PSO.....	22.20	100	✓ Nitrofurantoin Clinect
117	MEFENAMIC ACID * Cap 250 mg .....	0.50 (7.50)	20	Ponstan
Note – this is a new Pharmacode listing, 2720523.				
136	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency Tab orodispersible 5 mg .....	8.64	100	✓ Olanzapine ODT Viatris <b>\$29</b>
	Wastage claimable Tab orodispersible 10 mg .....	10.32	100	✓ Olanzapine ODT Viatris <b>\$29</b>
	Wastage claimable			
164	VENETOCLAX – Retail pharmacy – Specialist – Special Authority see SA2638 Tab 50 mg.....	239.44	7 OP	✓ Venclexta
Note – this is a new Pharmacode listing, 2696754.				
262	ICATIBANT – Special Authority see SA1558 – Retail pharmacy Inj 10 mg per ml, 3 ml prefilled syringe .....	479.00	1	✓ Icatibant Lupin
265	SALBUTAMOL WITH IPRATROPIUM BROMIDE Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule – Up to 20 neb available on a PSO .....	96.50	60	✓ Combiprasal <b>\$29</b>
	Wastage claimable			
268	PIRFENIDONE – Retail pharmacy – Specialist – Special Authority see SA2013 Note: Pirfenidone is not subsidised in combination with subsidised nintedanib. Tab 267 mg.....	145.80	90	✓ Pirfenidone Sandoz
	Tab 801 mg.....	437.40	90	✓ Pirfenidone Sandoz
269	MONTELUKAST Tab 5 mg.....	3.10	28	✓ Relonchem <b>\$29</b>
	Wastage claimable			
276	POLYETHYLENE GLYCOL 400 AND PROPYLENE GLYCOL – Special Authority see SA2431 – Retail pharmacy Eye drops 0.4% and propylene glycol 0.3%, 0.8 ml .....	10.06	28	✓ Systane Unit Dose

▲ 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)  
\$ Per

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Generic Mnfr  
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## New Listings – effective 13 April 2026

77	IMIQUIMOD Crm 5%, 250 mg sachet ..... 34.50 Wastage claimable	12	✓ Aldara <b>S29</b>
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## Effective 1 April 2026

74	IVERMECTIN – Special Authority see SA2511 – Retail pharmacy Tab 3 mg – Up to 100 tab available on a PSO ..... 17.20 1) PSO for institutional use only. Must be endorsed with the name of the institution for which the PSO is required and a valid Special Authority for patient of that institution. 2) Ivermectin available on BSO provided the BSO includes a valid Special Authority for a patient of the institution. 3) For the purposes of subsidy of ivermectin, institution means age related residential care facilities, disability care facilities or prisons. Note – this is a new Pharmacode listing, 2726424	4	✓ Stromectol
173	PAZOPANIB – Special Authority see SA2596 – Retail pharmacy Tab 200 mg ..... 172.88 Wastage claimable	30	✓ Pazopanib ADVZ <b>S29</b>
283	FAT SUPPLEMENT – Special Authority see SA2204 – Hospital pharmacy [HP3] Oil ..... 37.50 Note – this is a new Pharmacode listing, 2711508	500 ml OP	✓ MCT oil (Nutricia)
296	LOW PROTEIN BAKING MIX – Special Authority see SA2357 – Hospital pharmacy [HP3] Powder ..... 8.55 Note – this is a new Pharmacode listing, 2718138	500 g OP	✓ Loprofin Mix

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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

43	ENOXAPARIN SODIUM – Subsidy by endorsement; can be waived by Special Authority see SA2628 (amended subsidy by endorsement) Subsidy by Endorsement – <b>enoxaparin 100 mg syringe</b> Available on PSO for use within a Primary Response in Medical Emergencies (PRIME) service and the PSO is endorsed accordingly.			
	Inj 20 mg in 0.2 ml syringe .....	21.90	10	✓ <b>Clexane</b>
	Inj 40 mg in 0.4 ml syringe .....	29.74	10	✓ <b>Clexane</b>
	Inj 60 mg in 0.6 ml syringe .....	42.47	10	✓ <b>Clexane</b>
	Inj 80 mg in 0.8 ml syringe .....	56.62	10	✓ <b>Clexane</b>
	Inj 100 mg in 1 ml syringe – Up to 2 inj available on a PSO .....	70.91	10	✓ <b>Clexane</b>
	Inj 120 mg in 0.8 ml syringe .....	88.11	10	✓ <b>Clexane Forte</b>
	Inj 150 mg in 1 ml syringe .....	100.70	10	✓ <b>Clexane Forte</b>
56	ADRENALINE (amended brand name) Inj 1 in 10,000, 10 ml ampoule – Up to 5 inj available on a PSO .....	36.18	5	✓ <b>DBL Adrenaline Hospira</b>
88	PROGESTERONE (remove stat dispensing) * Cap 100 mg .....	14.85	30	✓ <b>Utrogestan</b>
159	IBRUTINIB – Special Authority see <b>SA2637 2480</b> – Retail pharmacy (amended Special Authority criteria – new criteria and affected criteria shown only) Tab 140 mg .....	3,217.00	30	✓ <b>Imbruvica</b>
	Tab 420 mg .....	9,652.00	30	✓ <b>Imbruvica</b>

► **SA2637 2480** Special Authority for Subsidy

**Initial application - (previously untreated chronic lymphocytic leukaemia in combination with venetoclax) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:**

**Either:**

**1 Individual is currently on treatment with ibrutinib and/or venetoclax and met all of the following criteria prior to commencing treatment; or**

**2 Both:**

**2.1 Individual has previously untreated CLL; and**

**2.2 Ibrutinib is to be administered at a maximum dose of 420 mg daily for 3 (28 day) cycles as monotherapy, followed by a maximum of 12 (28 day) cycles in combination with venetoclax.**

**Initial application - (chronic lymphocytic leukaemia (CLL)) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

All of the following:

**1 Individual has chronic lymphocytic leukaemia (CLL) requiring therapy; and**

**2 Individual has not previously received funded ibrutinib; and**

**2 3-Ibrutinib is to be used as monotherapy; and**

**3 4-Any of the following Individual has experienced intolerable side effects, or their disease has relapsed or is refractory following at least one prior line of therapy; and**

**4.1 – Both:**

**4.1.1 There is documentation confirming that the individual has 17p deletion or TP53 mutation; and**

**4.1.2 Individual has experienced intolerable side effects with venetoclax monotherapy; or**

**4.2 – All of the following:**

**4.2.1 Individual has received at least one prior immunochemotherapy for CLL; and**

**4.2.2 Individual's CLL has relapsed; and**

**4.2.3 Individual has experienced intolerable side effects with venetoclax in combination with rituximab regimen; or**

**4.3 – Individual's CLL is refractory to or has relapsed following a venetoclax regimen.**

*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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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

continued...

### 4 Individual has not received ibrutinib monotherapy previously.

Renewal - (chronic lymphocytic leukaemia (CLL)) from any relevant practitioner. Approvals valid for 12 months where there is no evidence of disease progression.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL) and B-cell prolymphocytic leukaemia (B-PLL)\*. Indications marked with \* are Unapproved indications.

164 VENETOCLAX – Retail pharmacy – Specialist – Special Authority see **SA2638 2595** (amended Special Authority criteria – new criteria and 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

► **SA2638 2595** Special Authority for Subsidy

**Initial application - (previously untreated chronic lymphocytic leukaemia in combination with obinutuzumab) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:**

Either:

**1 Individual is currently on treatment with venetoclax and obinutuzumab and met all of the following criteria prior to commencing treatment; or**

**2 All of the following:**

**2.1 Individual has previously untreated chronic lymphocytic leukaemia; and**

**2.2 Venetoclax is to be administered with obinutuzumab; and**

**2.3 Venetoclax is to be used to a maximum dose of 400 mg and for a total of 12 (28 day) cycles\*.**

**Note: \*maximum number of cycles refers to 12 cycles of full dose venetoclax, in addition to the initial 5-week dose ramp-up period.**

**Initial application - (previously untreated chronic lymphocytic leukaemia in combination with ibrutinib) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:**

Either:

**1 Individual is currently on treatment with venetoclax and/or ibrutinib and met all of the following criteria prior to commencing treatment; or**

**2 All of the following:**

**2.1 Individual has previously untreated chronic lymphocytic leukaemia; and**

**2.2 Venetoclax is to be administered in combination with ibrutinib; and**

**2.3 Venetoclax is to be used to a maximum dose of 400 mg and for a total of 12 (28 day) cycles\*.**

**Note: \*maximum number of cycles refers to 12 cycles of full dose venetoclax, in addition to the initial 5-week dose ramp-up period.**

Initial application - (relapsed/refractory chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 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**

**3 4 The individual's disease has relapsed; and**

**4 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**

**5 6 Individual has an ECOG performance status of 0-2.**

Renewal - (relapsed/refractory chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

**1 Treatment remains clinically appropriate and the individual is benefitting from and tolerating treatment; and**

continued...

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

continued...

2 Venetoclax is to be discontinued after a maximum of 24 months of treatment following the titration schedule unless earlier discontinuation is required due to disease progression or unacceptable toxicity.

**Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL) and B-cell prolymphocytic leukaemia (B-PLL)\*. Indications marked with \* are Unapproved indications.**

216 OBINUTUZUMAB – PCT only – Specialist – Special Authority see **SA2639 255+** (amended Special Authority criteria – new criteria shown only)

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

➔ **SA2639 255+** Special Authority for Subsidy

**Initial application - (previously untreated chronic lymphocytic leukaemia in combination with venetoclax) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:**

**Either:**

**1 Individual is currently on treatment with obinutuzumab and venetoclax and met all of the following criteria prior to commencing treatment; or**

**2 Both:**

**2.1 Individual has previously untreated chronic lymphocytic leukaemia; and**

**2.2 Obinutuzumab is to be administered at a maximum cumulative dose of 8,000 mg and in combination with venetoclax for a maximum of 6 (28-day) cycles of treatment.**

219 PALIVIZUMAB – PCT only – Special Authority see **SA2640 262+** (amended Special Authority criteria – affected criteria shown only)

Inj 100 mg per ml, 1 ml vial .....	1,700.00	1	✓ Synagis
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➔ **SA2640 262+** Special Authority for Subsidy

**Initial application from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:**

**Both:**

**1 Palivizumab to be administered during the annual RSV season; and**

**2 Either:**

**2.1 All of the following-Both:**

**2.1.1 Infant was born in the last 12 months; and**

**2.1.2 Infant was born at less than 32 weeks zero days' gestation; and ~~or~~**

**2.1.3 Infant is to be administered palivizumab within a single calendar year; or**

**2.2 Both:**

**2.2.1 Child was born in the last 24 months; and**

**2.2.2 Any of the following:**

**2.2.2.1 Child has severe lung, airway, neurological or neuromuscular disease that requires ongoing ventilatory/respiratory support (see Note A) in the community; or**

**2.2.2.2 Both:**

**2.2.2.2.1 Child has haemodynamically significant heart disease; and**

**2.2.2.2.2 Any of the following:**

**2.2.2.2.2.1 Child has unoperated simple congenital heart disease with significant left to right shunt (see Note B); or**

**2.2.2.2.2.2 Child has unoperated or surgically palliated complex congenital heart disease; or**

**2.2.2.2.2.3 Child has severe pulmonary hypertension (see Note C); or**

**2.2.2.2.2.4 Child has moderate or severe left ventricular (LV) failure (see Note D); or**

**2.2.2.3 Child has severe combined immune deficiency, confirmed by an immunologist, but has not received a stem cell transplant; or**

**2.2.2.4 Child has inborn errors of immunity (see Note E) that increase susceptibility to life-threatening viral respiratory infections, confirmed by an immunologist.**

▲ 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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## Changes to Restrictions – effective 1 May 2026 (continued)

223	RITUXIMAB (RIXIMYO) – PCT only – Specialist – Special Authority see <b>SA2641 2623</b> (amended Special Authority criteria – affected criteria shown only)			
	Inj 100 mg per 10 ml vial .....	275.33	2	✓ Riximyo
	Inj 500 mg per 50 ml vial .....	688.20	1	✓ Riximyo
	Inj 1 mg for ECP .....	1.38	1 mg	✓ Baxter (Riximyo)

➔ **SA2641 2623** Special Authority for Subsidy

Initial application — (Chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
- 2 Any of the following:
  - 2.1 The patient is rituximab treatment naive; or
  - 2.2 Either:
    - 2.2.1 The patient is chemotherapy treatment naive; or
    - 2.2.2 Both:
      - 2.2.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
      - 2.2.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; or
  - 2.3 The patient's disease has relapsed and rituximab treatment is to be used in combination with funded venetoclax; and
- 3 The patient has good performance status; and
- 4 ~~Either:~~
  - 4.1 ~~The patient does not have chromosome 17p deletion CLL; or~~
  - 4.2 ~~Rituximab treatment is to be used in combination with funded venetoclax for relapsed/refractory chronic lymphocytic leukaemia; and~~
- 5 ~~4~~ Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of 6 treatment cycles; and
- 6 ~~5~~ It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration), bendamustine or venetoclax.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with rituximab is expected to improve symptoms and improve ECOG score to < 2.

Renewal — (Chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 Either:
  - 1.1 The patient's disease has relapsed and rituximab treatment is to be used in combination with funded venetoclax; or
  - 1.2 All of the following:
    - 1.2.1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
    - 1.2.2 The patient has had an interval of 36 months or more since commencement of initial rituximab treatment; and
    - ~~1.2.3 The patient does not have chromosome 17p deletion CLL; and~~
    - ~~1.2.4~~ **1.2.3** It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine; and
- 2 Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of 6 treatment cycles.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

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

246 IPILIMUMAB – PCT only – Specialist – Special Authority see **SA2642 246†** (amended Special Authority criteria – new criteria shown only)

Inj 5 mg per ml, 10 ml vial .....	5,000.00	1	✓Yervoy
Inj 5 mg per ml, 40 ml vial .....	20,000.00	1	✓Yervoy
Inj 1 mg for ECP .....	106.00	1 mg	✓Baxter

➔ **SA2642 246†** Special Authority for Subsidy

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

**Either:**

- 1 The individual is currently on treatment with ipilimumab for neoadjuvant treatment of resectable stage IIIB, IIIC, IIID or IV melanoma and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
  - 2.1 The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note); and
  - 2.2 The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma; and
  - 2.3 The individual has ECOG performance score 0-2; and
  - 2.4 Treatment must be prior to complete surgical resection; and
  - 2.5 Neoadjuvant ipilimumab must be administered in combination with nivolumab; and
  - 2.6 Ipilimumab to be administered for maximum of two cycles prior to surgical resection.

**Note:**

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition.
- b) Disease must be completely resectable and amenable to curative intent surgery, including stage IV disease.

247 NIVOLUMAB – PCT only – Specialist – Special Authority see **SA2643 2490** (amended Special Authority criteria – new criteria shown only)

Inj 10 mg per ml, 4 ml vial .....	1,051.98	1	✓Opdivo
Inj 10 mg per ml, 10 ml vial .....	2,629.96	1	✓Opdivo
Inj 1 mg for ECP .....	27.22	1 mg	✓Baxter

➔ **SA2643 2490** Special Authority for Subsidy

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

**Either:**

- 1 The individual is currently on treatment with nivolumab for neoadjuvant treatment of resectable stage IIIB, IIIC, IIID or IV melanoma and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
  - 2.1 The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note); and
  - 2.2 The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma; and
  - 2.3 The individual has ECOG performance score 0-2; and
  - 2.4 Treatment must be initiated prior to complete surgical resection; and
  - 2.5 Neoadjuvant nivolumab must be administered in combination with ipilimumab; and
  - 2.6 Nivolumab to be administered for maximum of two cycles prior to surgical resection.

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

**Any of the following:**

- 1 All of the following:
  - 1.1 The individual has received funded neoadjuvant treatment with nivolumab in combination with ipilimumab; 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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## Changes to Restrictions – effective 1 May 2026 (continued)

continued...

- 1.2 Adjuvant treatment with nivolumab is required; and
- 1.3 Treatment must be initiated within 13 weeks of complete surgical resection, unless delay is necessary due to post-surgery recovery; and
- 1.4 Nivolumab must be administered as monotherapy; and
- 1.5 Nivolumab to be discontinued at signs of disease recurrence or at completion of 12 months total treatment duration including any systemic neoadjuvant treatment (equivalent to 11 adjuvant cycles at 480 mg every 4 weeks plus initial 2 neoadjuvant treatment cycles); or

### 2 All of the following:

- 2.1 The individual has received neoadjuvant treatment with nivolumab and ipilimumab; and
- 2.2 The individual has unresectable or metastatic melanoma (excluding uveal) stage III or IV; and
- 2.3 The individual meets initial application criteria for nivolumab for unresectable or metastatic melanoma; or

### 3 All of the following:

- 3.1 The individual has received neoadjuvant treatment with nivolumab and ipilimumab; and
- 3.2 The individual has received treatment with nivolumab for unresectable or metastatic melanoma; and
- 3.3 The individual meets the renewal criteria for nivolumab for unresectable or metastatic melanoma.

#### Note:

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition.
- b) Disease must be completely resectable and amenable to curative intent surgery, including stage IV disease.

276 PILOCARPINE NITRATE (amended Special Authority criteria – affected criteria shown only)

\* Eye drops 2% single dose – Special Authority see

**SA2644 0895** – Retail pharmacy.....35.90 20 dose ✓ **Minims Pilocarpine**

▶ **SA2644 0895** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:  
Either:

- 1 Patient has to use an unpreserved solution due to an allergy to the preservative; or
- 2 Patient wears soft contact lenses.

Note: Minims for a general practice are considered to be “tools of trade” and are not approved as special authority items.

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## Changes to Subsidy and Manufacturer's Price

Effective 1 May 2026

94	CEFALEXIN (↓ subsidy) Grans for oral liq 50 mg per ml – Wastage claimable.....	7.54	100 ml	✓ Cefalexin Sandoz
156	FLUDARABINE PHOSPHATE (↑ subsidy) Inj 50 mg vial – PCT only – Specialist .....	744.95	5	✓ Fludarabine Ebewe
	Inj 50 mg for ECP – PCT only – Specialist .....	148.99	50 mg OP	✓ Baxter
158	DOXORUBICIN HYDROCHLORIDE – PCT only – Specialist (↑ subsidy) Inj 2 mg per ml, 25 ml vial .....	75.55	1	✓ Doxorubicin Ebewe
	Inj 2 mg per ml, 100 ml vial .....	164.50	1	✓ Doxorubicin Ebewe
	Inj 1 mg for ECP .....	0.84	1 mg	✓ Baxter
159	EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist (↑ subsidy) Inj 2 mg per ml, 25 ml vial .....	284.36	1	✓ Epirubicin Ebewe
	Inj 2 mg per ml, 100 ml vial .....	284.36	1	✓ Epirubicin Ebewe
	Inj 1 mg for ECP .....	1.42	1 mg	✓ Baxter
160	MITOZANTRONE – PCT only – Specialist (↑ subsidy) Inj 2 mg per ml, 10 ml vial .....	170.63	1	✓ Mitozantrone Ebewe
	Inj 1 mg for ECP .....	9.64	1 mg	✓ Baxter

▲ 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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Generic Mnfr  
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## Delisted Items

Effective 1 May 2026

11	INSULIN ISOPHANE WITH INSULIN NEUTRAL ▲ Inj human with neutral insulin 100 u per ml, 3 ml.....	42.66	5	✓ PenMix 30
18	INSULIN PUMP CARTRIDGE – Special Authority see SA2536 – Retail pharmacy a) Only on a prescription b) Maximum of 190 cartridges will be funded per year c) Maximum of 50 cart per three months * Cartridge 300 u, t:lock × 10.....	86.00	10 OP	✓ Tandem Cartridge
Note – this delist applies to Pharmacode 2703017.				
23	CONTINUOUS GLUCOSE MONITOR (STANDALONE) – Special Authority see SA2538 – Retail pharmacy Only on a prescription * Sensor (Freestyle Libre 2).....	92.83	1	✓ Freestyle Libre 2
a) Maximum of 29 dev will be funded per year b) Maximum of 7 dev per three months				
25	DOCUSATE SODIUM WITH SENNOSIDES Tab 50 mg with sennosides 8 mg .....	3.50	200	✓ Laxsol
44	HEPARIN SODIUM Inj 5,000 iu per ml, 5 ml vial.....	83.00	10	✓ Heparin Sodium Panpharma
48	CANDESARTAN CILEXETIL * Tab 8 mg..... * Tab 16 mg..... * Tab 32 mg.....	2.67 4.22 1.75	90 90 30	✓ Candesartan Viatris Sante ✓ Candesartan Viatris Sante ✓ Candesartan Viatris Sante
133	VIGABATRIN – Special Authority see SA2088 – Retail pharmacy ▲ Powder for oral soln 500 mg per sachet.....	71.58	60	✓ Sabril <b>S29</b>
158	DOXORUBICIN HYDROCHLORIDE – PCT only – Specialist Inj 2 mg per ml, 50 ml vial .....	23.00	1	✓ Doxorubicin Ebewe
159	EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist Inj 2 mg per ml, 5 ml vial .....	25.00	1	✓ Epirubicin Ebewe
	Inj 2 mg per ml, 100 ml vial .....	284.36	1	✓ Epirubicin Ebewe
Note – Epirubicin Ebewe inj 2 mg per ml, 100 ml vial delisting revoked.				
166	VINORELBINE Inj 10 mg per ml, 1 ml vial – PCT only – Specialist.....	42.00	1	✓ Vinorelbine Ebewe
175	SUNITINIB – Special Authority see SA2452 – Retail pharmacy Cap 50 mg .....	694.62	28	✓ Sunitinib Pfizer
178	FULVESTRANT – Retail pharmacy-Specialist – Special Authority see SA1895 Inj 50 mg per ml, 5 ml prefilled syringe .....	1,068.00	2	✓ Faslodex

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## Items to be Delisted

### Effective 1 October 2026

262	ICATIBANT – Special Authority see SA1558 – Retail pharmacy Inj 10 mg per ml, 3 ml prefilled syringe .....	2,668.00	1	✓ <b>Firazyr</b>
268	PIRFENIDONE – Special Authority see SA2013 – Retail pharmacy – Specialist Note: Pirfenidone is not subsidised in combination with subsidised nintedanib.			
	Tab 267 mg.....	1,215.00	90	✓ <b>Esbriet</b>
	Tab 801 mg.....	3,645.00	90 OP	✓ <b>Esbriet</b>

### Effective 1 November 2026

85	ZOLEDRONIC ACID Inj 4 mg per 5 ml, vial.....	15.65	1	✓ <b>Zoledronic acid Injection</b> <b>Mylan</b> <b>\$29</b>
116	NITROFURANTOIN * Tab 50 mg – Up to 30 tab available on a PSO..... * Tab 100 mg.....	22.20 37.50	100 100	✓ <b>Nifuran</b> ✓ <b>Nifuran</b>
227	POLYETHYLENE GLYCOL 400 AND PROPYLENE GLYCOL – Special Authority see SA2431 – Retail pharmacy Eye drops 0.4% and propylene glycol 0.3%, 0.8 ml .....	10.78	30	✓ <b>Systane Unit Dose</b>

Note – this delist applies to the 30 dose pack.

### Effective 1 December 2026

94	CEFALEXIN Grans for oral liq 25 mg per ml – Wastage claimable..... Grans for oral liq 50 mg per ml – Wastage claimable.....	7.88 10.38	100 ml 100 ml	✓ <b>Flynn</b> ✓ <b>Flynn</b>
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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

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