

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

June 2026

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Summary of Pharmac decisions

EFFECTIVE 1 JUNE 2026

New listings (pages 22-23)

- Ramipril (Ramipril Viatris) tab 2.5 mg – s29 and wastage claimable
- Colestyramine (Questran Light (Neon)) powder for oral suspension 4 g sachet – s29 and wastage claimable
- Ezetimibe with simvastatin (Vytorin) tab 10 mg with simvastatin 80 mg – s29 and wastage claimable
- Oestradiol valerate (Progynova) tab 2 mg
- Trimethoprim with sulphamethoxazole [Co-trimoxazole] (Deprim) oral liq 8 mg sulphamethoxazole 40 mg per ml – up to 200 ml available on a PSO
- Efavirenz with emtricitabine and tenofovir disoproxil (TEEVIR (India)) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate) – Special Authority – Retail pharmacy – s29 and wastage claimable
- Paracetamol (Noumed) oral liq 120 mg per 5 ml, 200 ml – maximum of 600 ml per prescription; can be waived by endorsement, up to 200 ml available on a PSO, not in combination and access criteria apply
- Rizatriptan (Rizatriptan Viatris) tab orodispersible 10 mg – s29 and wastage claimable
- Droperidol (Droperidol Panpharma) inj 2.5 mg per ml, 1 ml ampoule – subsidy by endorsement, up to 10 inj available on a PSO and only on a PSO
- Risperidone (Risperidone Sandoz) tab 0.5 mg and 2 mg – Safety medicine; prescriber may determine dispensing frequency, s29 and wastage claimable
- Ribociclib (Kisqali) tab 200 mg, 21, 42 and 63 tab pack – Special Authority – Retail pharmacy – Wastage claimable

Changes to restrictions (pages 25-29)

- Insulin pump infusion set (steel cannula, straight insertion) (TruSteel) 6 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles, 8 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles, 6 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles and 8 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles – removal of stat dispensing
- Compound electrolytes (Electral) powder for oral soln – addition of note
- Compound electrolytes with glucose [Dextrose] soln with electrolytes, 1 OP (Hydralyte – Lemonade) and soln with electrolytes (2 × 500 ml), 1 OP (Pedialyte) – addition of note
- Furosemide [Frusemide] (IPCA-Frusemide) tab 40 mg – reinstate stat dispensing
- Dimethicone (healthE Dimethicone 4% Lotion) lotn 4%, 200 ml OP – addition of note
- Permethrin (A-Scabies) lotn 5%, 30 ml OP – addition of note
- Trimethoprim (TMP) tab 300 mg – addition of note

Summary of Pharmac decisions – effective 1 June 2026 (continued)

- Nitrofurantoin (Macrobid) cap modified-release 100 mg – addition of note
- Ibuprofen (Ethics) oral liq 20 mg per ml, 200 ml – addition of note
- Naproxen (Inza) tab 250 mg and 500 mg – removal of section 29 and wastage claimable
- Paracetamol tab 500 mg – blister pack (Pacimol), oral liq 120mg per 5 ml, 200 ml (Paracetamol (Ethics) and Noumed) and oral liq 250 mg per 5 ml, 200 ml (Pamol) – addition of note
- Venetoclax (Venclexta) tab 14 × 10 mg, 7 × 50 mg, 21 × 100 mg, 42 OP, tab 10 mg, 2OP, tab 50 mg, 7 OP and tab 100 mg – amended Special Authority criteria
- Montelukast (Montelukast Paediatric (Relonchem)) tab 5 mg – amended brand name
- 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
- 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 – amended Special Authority criteria
- Chloramphenicol eye oint 1%, 5 g OP (Devatis) and eye drops 0.5%, 10 ml OP (Chlorafast) – addition of note

Summary of Pharmac decisions – effective 1 June 2026 (continued)

Increased subsidy (page 30)

- Water (Multichem) inj 10 ml ampoule
- Beta-HCG low sensitivity urine test kit (CheckTop) midstream, 1 test OP
- Mifepristone (Mifegyne) tab 200mg, 1 and 3 tab pack
- Primaquine (Sanofi Primaquine) tab 15 mg
- Cyclizine lactate (Hameln) inj 50 mg per ml, 1 ml ampoule

Tender News

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

| Chemical Name | Presentation; Pack size | PSS/SSS | PSS/SSS brand (and supplier) |
|---|--|---------|---|
| Bisacodyl | Tab 5 mg; 200 tab | PSS | Bisacodyl-AFT (AFT) |
| Cefalexin | Cap 250 mg; 20 cap | PSS | Cefalexin Lupin (Lupin) |
| Cefalexin | Cap 500 mg; 20 cap | PSS | Cefalexin Sandoz (Sandoz) |
| Celecoxib | Cap 200 mg; 30 cap | PSS | Celosteia (Viatris) |
| Clotrimazole | Crn 1%; 20 g OP | PSS | Clomazol (Multichem) |
| Clotrimazole | Vaginal crn 1% with applicators; 35 g OP | PSS | Clomazol (Multichem) |
| Clotrimazole | Vaginal crn 2% with applicators; 20 g OP | PSS | Clomazol (Multichem) |
| Compound electrolytes with glucose [dextrose] | Soln with electrolytes (2 × 500 ml); 1 OP | PSS | Pedialyte (Abbott) |
| Enalapril | Tab 5 mg; 90 tab | PSS | Ipca-Enalapril (Miro) |
| Enalapril | Tab 10 mg; 90 tab | PSS | Ipca-Enalapril (Miro) |
| Enalapril | Tab 20 mg; 90 tab | PSS | Ipca-Enalapril (Miro) |
| Glycopyrronium bromide | Inj 200 mcg per ml, 1 ml ampoule; 10 inj | PSS | Glycopyrronium-AFT (AFT) |
| Hydrocortisone | Crn 1%; 30 g OP | PSS | Ethics (Multichem) |
| Losartan potassium with hydrochlorothiazide | Tab 50 mg with hydrochlorothiazide; 90 tab | PSS | I-Losartan & Hydrochlorothiazide – Ipca (Miro) |
| Morphine sulphate | Cap long-acting 10 mg; 10 cap | PSS | m-Eslon (Multichem) |
| Morphine sulphate | Cap long-acting 30 mg; 10 cap | PSS | m-Eslon (Multichem) |
| Morphine sulphate | Cap long-acting 60 mg; 10 cap | PSS | m-Eslon (Multichem) |
| Morphine sulphate | Cap long-acting 100 mg; 10 cap | PSS | m-Eslon (Multichem) |
| Nitisinone | Cap 2 mg; 60 cap | PSS | Nitisinone LogixX Pharma (Te Arai BioFarma Limited) |
| Nitisinone | Cap 5 mg; 60 cap | PSS | Nitisinone LogixX Pharma (Te Arai BioFarma Limited) |
| Nitisinone | Cap 10 mg; 60 cap | PSS | Nitisinone LogixX Pharma (Te Arai BioFarma Limited) |
| Paracetamol | Oral liq 250 mg per 5 ml; 200 ml | PSS | Pamol (Aspen) |

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 July 2026

- Vancomycin (Vancomycin Viatrix) inj 500 mg vial – new pack size listing
- Pregabalin (Lyrica) cap 25 mg, 75 mg, 150 mg and 300 mg – removal of brand switch fee

Possible decisions for future implementation 1 July 2026

- Glucose [Dextrose] (HypoPak Glucose) oral soln 15 g per 80 ml sachet – new listing
- Ticagrelor (Ticagrelor Sandoz, Ticagrelor Sandoz S29 and Ticagrelor Mylan) tab 90 mg – addition of subsidy by endorsement restriction
- Tenecteplase (Metalyse) inj 50 mg vial with diluent – new listing

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to June 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 | 2027 |
| 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 June 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 June 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 |
| Buprenorphine with naloxone | Tab 2 mg with naloxone 0.5 mg Tab 8 mg with naloxone 2 mg | Buprenorphine Naloxone BNM | 2028 |
| 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 |
| Citalopram hydrobromide | Tab 20 mg | Celepram | 2028 |
| 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 June 2026

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|--|--------------|
| Clonidine hydrochloride | Tab 25 mcg | Clonidine Teva Catapres | 2028 |
| | Tab 150 mcg | | 2027 |
| | Inj 150 mcg per ml, 1 ml ampoule | | |
| 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 | Comirnaty (LP.8.1) | 30/09/2027 |
| | 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 | | |
| 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 | Voltaren SR | 2028 |
| | Eye drops 0.1%, single dose; 10 dose OP & 30 dose OP | Diclofenac Devatis | 2027 |
| | Tab EC 25 mg & 50 mg | Diclofenac Sandoz | |
| Digoxin | Tab 62.5 mcg | Lanoxin PG Lanoxin | 2028 |
| | Tab 250 mcg | | |
| Dihydrocodeine tartrate | Tab long-acting 60 mg | DHC Continus | 2028 |
| Diltiazem hydrochloride | Cap long-acting 120 mg | Diltazem CD Clinect Cardizem CD | 2028 |
| | Cap long-acting 180 mg & 240 mg | | 2027 |
| Dimethicone | Crn 5% pump bottle Lotn 4% | HydraLock healthE Dimethicone 4% Lotion | 2028 |

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to June 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 |
| Docusate sodium with sennosides | Tab 50 mg with sennosides 8 mg | Solax | 2028 |
| 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 Emticitabine 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 June 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 |
| Fulvestrant | Inj 50 mg per ml, 5 ml prefilled syringe | Fulvestrant EVER Pharma | 2028 |
| Furosemide [Frusemide] | Tab 40 mg | IPCA-Frusemide | 2027 |
| Gabapentin | Cap 100 mg, 300 mg & 400 mg | Nupentin | 2027 |
| Gliclazide | Tab 80 mg | Glizide | 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 June 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 |
| Heparin sodium | Inj 5,000 iu per ml, 5 ml ampoule | Pfizer | 2028 |
| 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 June 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 Viatris | 2026 |
| Lanreotide | Inj 90 mg per 0.5 ml, 0.5 ml syringe Inj 60 mg per 0.5 ml, 0.5 ml syringe Inj 120 mg per 0.5 ml, 0.5 ml syringe | Mytolac | 2027 |
| Lansoprazole | Cap 15 mg & 30 mg | Lanzol Relief | 2027 |
| Latanoprost | Eye drops 0.005%, 2.5 ml OP | Teva | 2027 |
| Latanoprost with timolol | Eye drops 0.005% with timolol 0.5%, 2.5 ml OP | Arrow - Lattim | 2026 |
| Leflunomide | Tab 10 mg & 20 mg | Arava | 2026 |
| Lenalidomide | Cap 5 mg, 10 mg, 15 mg & 25 mg | Lenalidomide Viatris | 31/01/2028 |
| Letrozole | Tab 2.5 mg | Letrole | 2027 |
| 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 | Tab 1.5 mg Subdermal implant (2 × 75 mg rods) | Levonorgestrel-1 (Lupin) Jadelle | 2028 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/Ritonavir Mylan | 2027 |

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

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

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

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---------------------------|--|---|--------------------|
| Montelukast | Tab 4 mg, 5 mg & 10 mg | Montelukast Viatrix | 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 |
| 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 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 |

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

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|--|--|--------------|
| 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 |
| Pantoprazole | Tab EC 20 mg & 40 mg | Panzop Relief | 2028 |
| 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 | Oint liquid paraffin 50% with white soft paraffin 50% White soft, 450 g White soft, 2,500 g | EVARA Paraffin Ointment 50/50 | 2028 |
| | | 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 | 2028 |
| | | Cilicaine VK | 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 |

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

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|---|--------------|
| Pramipexole hydrochloride | Tab 0.25 mg & 1 mg | Ramipex | 2028 |
| Pravastatin | Tab 20 mg and 40 mg | Clinect | 2026 |
| Prednisolone | Oral liq 5 mg per ml, 30 ml OP | Redipred | 2027 |
| Pregnancy tests – HCG urine | Cassette, 40 test OP | David One Step Cassette Pregnancy Test | 2027 |
| Prochlorperazine | Tab 5 mg | Nausafix | 2026 |
| Promethazine hydrochloride | Tab 10 mg & 25 mg | Allersoothe | 2028 |
| Propranolol | Tab 10 mg Tab 40 mg | Drofate IPCA-Propranolol | 2027 |
| Pyridoxine hydrochloride | Tab 25 mg | Vitamin B6 25 | 2026 |
| Quetiapine | Tab 25 mg, 100 mg, 200 mg & 300 mg | Quetapel | 2026 |
| Quinapril | Tab 5 mg Tab 10 mg Tab 20 mg | Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20 | 2027 |
| Ramipril | Cap 1.25 mg, 2.5 mg, 5 mg & 10 mg | Tryzan | 2027 |
| Rifampicin | Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml | Rifadin | 2026 |
| Rifaximin | Tab 550 mg | Xifaxan | 2027 |
| Riluzole | Tab 50 mg | Rilutek | 2027 |
| 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 |
| 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 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 |

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

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|--------------|
| 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 |
| Sumatriptan | Inj 12 mg per ml, 0.5 ml prefilled pen Tab 50 mg & 100 mg | Clustran Sumagran | 2028 2027 |
| Sunitinib | Cap 50 mg 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 Viatris | 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 | Viatris Tobramycin BNM | 2027 2026 |
| Tramadol hydrochloride | Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg Cap 50 mg | Tramal SR 100 Tramal SR 150 Tramal SR 200 Arrow-Tramadol | 2026 |
| Tranexamic acid | Tab 500 mg | Mercury Pharma | 2028 |
| 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 |

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

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|--|--------------|
| Triamcinolone acetonide | Paste 0.1%, 5 g OP | Kenalog in Orabase | 2026 |
| | 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 | Aristocort Kenacort-A 10 Kenacort-A 40 | |
| 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 |

June 2026 changes are in bold type

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 June 2026

| | | | |
|-----|---|--------|------------------------------------|
| 48 | RAMIPRIL * Tab 2.5 mg..... 5.50 Wastage claimable | 30 | ✓ Ramipril Viatris S29 |
| 55 | COLESTYRAMINE Powder for oral suspension 4 g sachet..... 61.50 Wastage claimable | 50 | ✓ Questran Light (Neon) S29 |
| 56 | EZETIMIBE WITH SIMVASTATIN Tab 10 mg with simvastatin 80 mg 14.27 Wastage claimable | 30 | ✓ Vytorin S29 |
| 87 | OESTRADIOL VALERATE * Tab 2 mg..... 8.24 | 56 | ✓ Progynova |
| 101 | TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE] * Oral liq 8 mg sulphamethoxazole 40 mg per ml – Up to 200 ml available on a PSO 4.95 Note – this is a new Pharmacode listing, 2730847. | 100 ml | ✓ <u>Deprim</u> |
| 113 | EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA2139 –Retail pharmacy Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority * Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate)..... 106.88 Wastage claimable Note – this is a new Pharmacode listing, 2727994. | 30 | ✓ TEEVIR (India) S29 |
| 127 | PARACETAMOL Oral liq 120 mg per 5 ml 3.18 a) Maximum of 600 ml per prescription; can be waived by endorsement b) Up to 200 ml available on a PSO c) Not in combination d) 1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing. 2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition. 3) Note: 200 ml presentations of paracetamol oral liquid may be supplied on BSO to a Vaccinator (other than a Pharmacist) under the provisions in Part I of Section A 4) Note: Direct Provision by a pharmacist of up to 200 ml permitted under the provisions in Part I of Section A in conjunction with immunisation of a child under 2 years of age with meningococcal B multicomponent vaccine, and otherwise in accordance with accordance with the Integrated Community Pharmaceuticals Agreement (ICPSA) – Extended Pharmacy Services. | 200 ml | ✓ Noured |

S29 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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 June 2026 (continued)

| | | | |
|-----|--|----------------|--|
| 133 | RIZATRIPTAN Tab orodispersible 10 mg 4.84 Wastage claimable | 30 | ✓ Rizatriptan Viatris \$29 |
| 135 | DROPERIDOL – Subsidy by endorsement a) Up to 10 inj available on a PSO b) Only on a PSO c) Subsidised only for use within a Primary Response in Medical Emergencies (PRIME) service and the PSO is endorsed accordingly. Inj 2.5 mg per ml, 1 ml ampoule 43.85 | 10 | ✓ Droperidol Panpharma |
| 138 | RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Tab 0.5 mg 4.01 Wastage claimable Tab 2 mg 5.38 Wastage claimable | 60 | ✓ Risperidone Sandoz \$29 ✓ Risperidone Sandoz \$29 |
| 176 | RIBOCICLIB – Special Authority see SA2495 – Retail pharmacy Wastage claimable Tab 200 mg 1,883.00 3,767.00 5,650.00 | 21 42 63 | ✓ Kisqali ✓ Kisqali ✓ Kisqali |

Note – These are new Pharmacode listings for 21 tabs pack, 2728133; 42 tabs pack, 2728141 and 63 tabs pack, 2728168.

▲ 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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New Listings – effective 8 May 2026

| | | | | |
|----|--|-------|----|---------------------|
| 88 | PROGESTERONE Cap 100 mg | 14.85 | 30 | ✓ Utrogestan |
| | Note – This is a new Pharmacode listing, 2730340 | | | |

Effective 1 May 2026

| | | | | |
|-----|---|---------|----|---|
| 57 | HYDRALAZINE HYDROCHLORIDE * Inj 20 mg per ml, 1 ml vial | 283.00 | 25 | ✓ Eugia S29 Wastage claimable |
| 118 | NAPROXEN * Tab 250 mg..... | 3.92 | 50 | ✓ Inza S29 Wastage claimable |
| | * Tab 500 mg..... | 6.89 | 50 | ✓ Inza S29 Wastage claimable |
| 138 | OLANZAPINE Tab orodispersible 5 mg | 3.93 | 28 | ✓ APO-Olanzapine S29 Wastage claimable |
| | Tab orodispersible 10 mg | 4.49 | 28 | ✓ APO-Olanzapine S29 Wastage claimable |
| 156 | THIOTEPA – PCT only – Specialist Inj 100 mg vial..... | 1800.00 | 1 | ✓ Thiotepa-Reach |
| 159 | DOXORUBICIN HYDROCHLORIDE – PCT only – Specialist Inj 2 mg per ml, 100 ml vial | 164.50 | 1 | ✓ Adriamycin |

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\$ Per

Brand or
Generic Mnfr
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Changes to Restrictions, Chemical Names and Presentations Effective 1 June 2026

| | | | | |
|-----|---|--------|-----------|--|
| 19 | INSULIN PUMP INFUSION SET (STEEL CANNULA, STRAIGHT INSERTION) – Special Authority see SA2536 – Retail pharmacy (removal of stat dispensing) | | | |
| | a) Only on a prescription | | | |
| | b) Maximum of 19 infusion sets will be funded per year. | | | |
| | c) Maximum of 5 sets per three months | | | |
| | * 6 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles | 182.00 | 1 OP | ✓ TruSteel |
| | * 8 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles | 182.00 | 1 OP | ✓ TruSteel |
| | * 6 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles | 182.00 | 1 OP | ✓ TruSteel |
| | * 8 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles | 182.00 | 1 OP | ✓ TruSteel |
| 46 | COMPOUND ELECTROLYTES (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmaceuticals Agreement (ICPSA) – Extended Pharmacy Services. Powder for oral soln – Up to 5 sach available on a PSO | 9.50 | 50 | ✓ <u>Electral</u> |
| 46 | COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmaceuticals Agreement (ICPSA) – Extended Pharmacy Services. Soln with electrolytes | 6.53 | 1 OP | ✓ Hydralyte - Lemonade |
| | Soln with electrolytes (2 × 500 ml) | 8.45 | 1 OP | ✓ Pedialyte |
| 53 | FUROSEMIDE [FRUSEMIDE] (reinstate stat dispensing) * Tab 40 mg – Up to 30 tab available on a PSO | 12.80 | 1,000 | ✓ <u>IPCA-Frusemide</u> |
| 73 | DIMETHICONE (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmaceuticals Agreement (ICPSA) – Extended Pharmacy Services. * Lotn 4% | 4.60 | 200 ml OP | ✓ <u>healthE Dimethicone 4% Lotion</u> |
| 74 | PERMETHRIN (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmaceuticals Agreement (ICPSA) – Extended Pharmacy Services. Lotn 5% | 4.28 | 30 ml OP | ✓ <u>A-Scabies</u> |
| 101 | TRIMETHOPRIM (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmaceuticals Agreement (ICPSA) – Extended Pharmacy Services. * Tab 300 mg – Up to 30 tab available on a PSO | 27.83 | 50 | ✓ <u>TMP</u> |
| 117 | NITROFURANTOIN (addition of note) * Cap modified-release 100 mg – Up to 15 cap available on a PSO | 81.20 | 100 | ✓ <u>Macrobid</u> Note: Direct Provision of Nitrofurantoin cap modified-release 100 mg by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmaceuticals Agreement (ICPSA) – Extended Pharmacy Services. |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 June 2026 (continued)

| | | | | |
|-----|--|-------|--------|-------------------------------|
| 118 | IBUPROFEN (addition of note) * Oral liq 20 mg per ml | 2.85 | 200 ml | ✓ Ethics |
| | Note: Direct Provision of Ibuprofen oral liq 20 mg per ml by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmaceuticals Agreement (ICPSA) – Extended Pharmacy Services. | | | |
| 118 | NAPROXEN (removal of section 29 and wastage claimable) * Tab 250 mg..... Wastage claimable | 3.92 | 50 | ✓ Inza S29 |
| | * Tab 500 mg..... Wastage claimable | 6.89 | 50 | ✓ Inza S29 |
| 127 | PARACETAMOL (addition of note) Tab 500 mg - blister pack..... | 19.75 | 1,000 | ✓ Pacimol |
| | a) Maximum of 300 tab per prescription; can be waived by endorsement b) Up to 30 tab available on a PSO c) | | | |
| | 1) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater, and the prescription is annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition. 2) Maximum of 100 tab per dispensing for non-endorsed patients. If quantities prescribed for more than 100 tabs (for non-endorsed patients), then dispense in repeat dispensings not exceeding 100 tab per dispensing. 3) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmaceuticals Agreement (ICPSA) – Extended Pharmacy Services. | | | |
| | Oral liq 120 mg per 5 ml | 3.98 | 200 ml | ✓ Paracetamol (Ethics) |
| | | 3.18 | 200 ml | ✓ Noumed |
| | a) Maximum of 600 ml per prescription; can be waived by endorsement b) Up to 200 ml available on a PSO c) Not in combination d) | | | |
| | 1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing. 2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition. 3) Note: 200 ml presentations of paracetamol oral liquid may be supplied on BSO to a Vaccinator (other than a Pharmacist) under the provisions in Part I of Section A 4) Note: Direct Provision by a pharmacist of up to 200 ml permitted under the provisions in Part I of Section A in conjunction with immunisation of a child under 2 years of age with meningococcal B multicomponent vaccine, and otherwise in accordance with the Integrated Community Pharmaceuticals Agreement (ICPSA) – Extended Pharmacy Services. | | | |
| | Oral liq 250 mg per 5 ml | 3.18 | 200 ml | ✓ Pamol |
| | a) Maximum of 600 ml per prescription; can be waived by endorsement b) Up to 200 ml available on a PSO c) Not in combination d) | | | |
| | 1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing. | | | |

continued...

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Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 June 2026 (continued)

continued...

- 2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.
- 3) Note: 200 ml presentations of paracetamol oral liquid may be supplied on BSO to a Vaccinator (other than a Pharmacist) under the provisions in Part I of Section A
- 4) Note: Direct Provision by a pharmacist of up to 200 ml permitted under the provisions in Part I of Section A in conjunction with immunisation of a child under 2 years of age with meningococcal B multicomponent vaccine, **and otherwise in accordance with the Integrated Community Pharmaceuticals Agreement (ICPSA) – Extended Pharmacy Services.**

165 VENETOCLAX – Retail pharmacy – Specialist – Special Authority see **SA2678 2638** (amended Special Authority criteria – 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 |

➔ **SA2678 2638** 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.

273 MONTELUKAST (amend brand name)

| | | | |
|-----------------|------|----|---|
| * Tab 5 mg..... | 3.10 | 28 | ✓ Montelukast Paediatric (Relonchem) S29 |
|-----------------|------|----|---|

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 June 2026 (continued)

273 ELEXACAFTOR WITH TEZACAFTOR, IVACAFTOR AND IVACAFTOR – PCT only – Special Authority see **SA2652 2632** (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 |

► **SA2652 2632** 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 elexacaftor/tezacaftor/ivacaftor (see note); and

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

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

Note: 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/2026/212273s014lbl.pdf

274 IVACAFTOR – PCT only – Specialist – Special Authority see **SA2650 2633** (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 |

► **SA2650 2633** 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 Patients must have a sweat chloride value of at least 60 mmol/L; 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^{**}; and Patient has a mutation responsive to ivacaftor (see note); and

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

5 The dose of ivacaftor will not exceed one tablet or one sachet twice daily.

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

https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/203188s038lbl.pdf

Check your Schedule for full details
Schedule page ref

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Changes to Restrictions – effective 1 June 2026 (continued)

274 VANZACAFTOR WITH TEZACAFTOR AND DEUTIVACAFTOR – PCT only – Special Authority see **SA2648 2634** (amended Special Authority criteria)

| | | | |
|---|-----------|-------|-------------------|
| 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 |

► **SA2648 2634** 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

https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/218730s002lbl.pdf

https://www.accessdata.fda.gov/drugsatfda_docs/label/2026/218730s001lbl.pdf

277 CHLORAMPHENICOL (addition of note)

Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmaceuticals Agreement (ICPSA) – Extended Pharmacy Services.

| | | | |
|----------------------|------|----------|---------------------|
| Eye oint 1% | 1.55 | 5 g OP | ✓ Devatis |
| Eye drops 0.5% | 1.84 | 10 ml OP | ✓ Chlorafast |

Funded for use in the ear*. Indications marked with * are unapproved indications.

▲ 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 Subsidy and Manufacturer's Price

Effective 1 June 2026

| | | | | |
|-----|---|-----------------|-----------|--|
| 46 | WATER († subsidy) Inj 10 ml ampoule – Up to 5 inj available on a PSO..... | 9.50 | 50 | ✓ Multichem |
| 82 | BETA-HCG LOW SENSITIVITY URINE TEST KIT – Up to 15 test available on a PSO († subsidy) Note: For use in abortion services only. Midstream | 17.47 | 1 test OP | ✓ CheckTop |
| 83 | MIFEPRISTONE († subsidy) Tab 200 mg – Up to 15 tab available on a PSO..... | 90.02 270.06 | 1 3 | ✓ Mifegyne ✓ Mifegyne |
| 104 | PRIMAQUINE – Special Authority see SA1684 – Retail pharmacy († subsidy) Tab 15 mg..... | 550.00 | 100 | ✓ Sanofi Primaquine S29 |
| 135 | CYCLIZINE LACTATE († subsidy) Inj 50 mg per ml, 1 ml ampoule – Up to 10 inj available on a PSO..... | 17.86 | 10 | ✓ Hameln |

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\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 June 2026

| | | | | |
|-----|--|-------|----------|----------------------------------|
| 44 | WATER Inj 10 ml ampoule – Up to 5 inj available on a PSO..... | 7.60 | 50 | ✓ Fresenius Kabi |
| 46 | SODIUM BICARBONATE Cap 840 mg Note – this delist applies to Pharmacode 2085992. | 8.52 | 100 | ✓ Sodibic |
| 72 | DIMETHICONE * Crm 5% pump bottle..... | 4.30 | 460 g OP | ✓ healthE Dimethicone 5% |
| 73 | PARAFFIN Oint liquid paraffin 50% with white soft paraffin 50%..... | 4.94 | 500 g OP | ✓ White Soft Liquid Paraffin AFT |
| 81 | LEVONORGESTREL * Tab 1.5 mg..... a) Maximum of 2 tab per prescription b) Up to 5 tab available on a PSO c) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A. | 1.75 | 1 | ✓ Levonorgestrel BNM |
| 129 | OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Oral liq 1 mg per ml..... | 37.08 | 250 ml | ✓ Oxycodone Lucis |
| 263 | LORATADINE * Tab 10 mg..... | 6.02 | 100 | ✓ Lorafix |
| 309 | COVID-19 VACCINE – [Xpharm] Inj 3 mcg bretovameran per 0.3 ml, 0.48 ml vial; infant vaccine, yellow cap Any of the following: 1) Up to three doses for previously unvaccinated children aged 6 months - 4 years at high risk of severe illness or highly immunocompromised; or 2) One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 6 months to 4 years; or 3) One additional dose with the most current variant-matched vaccine every 12 months for children aged 6 months to 4 years old at high risk of severe illness. | 0.00 | 10 | ✓ Comirnaty Omicron (JN.1) |
| | Inj 10 mcg bretovameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap..... Any of the following: 1) One dose for previously unvaccinated children aged 5–11 years old; or 2) Up to three doses for immunocompromised children aged 5-11 years old; or 3) One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 5 to 11 years; or 4) One additional dose with the most current variant-matched vaccine up to every 12 months for children aged 5 to 11 years old at high risk of severe illness. | 0.00 | 10 | ✓ Comirnaty Omicron (JN.1) |

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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Brand or
Generic Mnfr
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Delisted Items – effective 1 June 2026 (continued)

continued...

- | | | | |
|--|------|----|----------------------------|
| Inj 30 mcg bretovameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap | 0.00 | 10 | ✓ Comirnaty Omicron (JN.1) |
|--|------|----|----------------------------|
- Any of the following:
- 1) One dose for previously unvaccinated people aged 12-15 years and over 30 years old; or
 - 2) Two doses for previously unvaccinated people aged 16-29 years old; or
 - 3) Up to three doses for previously unvaccinated immunocompromised people from 12 years old; or
 - 4) Up to four doses for people at risk of severe illness aged from 12-29 years; or
 - 5) One additional dose with the most current variant-matched vaccine every 6 months, any of the following criteria:
 - i) Previously vaccinated people aged 30 years and over; or
 - ii) Previously vaccinated immunocompromised people from 12 years; or
 - iii) Previously vaccinated people at high-risk from 12 years.

323 ROTAVIRUS ORAL VACCINE

- a) Only on a prescription
 - b) No patient co-payment payable
 - c)
 - A) Maximum of two doses for people meeting the following:
 - 1) first dose to be administered in infants aged under 14 weeks of age; and
 - 2) no vaccination being administered to children aged 24 weeks or over.
 - B) Contractors will be entitled to claim payment from the Funder for the supply of Rotavirus oral vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand (Health NZ) for subsidised immunisation, and they may only do so in respect of the Rotavirus oral vaccine listed in the Pharmaceutical Schedule.
 - C) Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.
- | | | | |
|---|------|----|-----------|
| Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, squeezable tube | 0.00 | 10 | ✓ Rotarix |
|---|------|----|-----------|

Items to be Delisted

Effective 1 November 2026

| | | | | | |
|-----|-------------|---|------|--------|------------------------|
| 127 | PARACETAMOL | Oral liq 120 mg per 5 ml | 3.98 | 200 ml | ✓ Paracetamol (Ethics) |
| | | <ul style="list-style-type: none"> a) Maximum of 600 ml per prescription; can be waived by endorsement b) Up to 200 ml available on a PSO c) Not in combination d) <ul style="list-style-type: none"> 1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing. 2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition. 3) Note: 200 ml presentations of paracetamol oral liquid may be supplied on BSO to a Vaccinator (other than a Pharmacist) under the provisions in Part I of Section A 4) Note: Direct Provision by a pharmacist of up to 200 ml permitted under the provisions in Part I of Section A in conjunction with immunisation of a child under 2 years of age with meningococcal B multicomponent vaccine, and otherwise in accordance with the Integrated Community Pharmaceuticals Agreement (ICPSA) – Extended Pharmacy Services. | | | |

▲ 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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