

The logo for PHARMAC (Te Pātaka Whaioranga) is a white circle containing the text 'PHARMAC' in a 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 field with a large, intricate white pattern of concentric, overlapping lines that form a complex, organic shape resembling a stylized 'P' or a series of interlocking curves.

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

July 2026

Contents

Summary of Pharmac decisions effective 1 July 2026.....	3
Changes to General Rules.....	6
Tender News	8
Looking Forward	8
Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to July 2026	9
New Listings.....	20
Changes to Restrictions, Chemical Names and Presentations	23
Changes to Subsidy and Manufacturer’s Price.....	26
Delisted Items	28
Items to be Delisted	29
Index.....	30

Summary of Pharmac decisions

EFFECTIVE 1 JULY 2026

New listings (pages 20-21)

- Insulin syringes, disposable with attached needle (Embecta Ultra Fine) syringe 0.5 ml with 31 g × 8 mm needle and syringe 1 ml with 31 g × 8 mm needle – Maximum of 200 dev per three months
- Ursodeoxycholic acid (APO-Ursodeoxycholic Acid) cap 250 mg – Special Authority – Retail pharmacy – s29 and wastage claimable
- Thiamine hydrochloride (Thiamine-REX) tab 50 mg – Only on a prescription
- Tenecteplase (Metalyse) inj 50 mg per vial with diluent – Subsidy by endorsement, up to 1 inj available on a PSO and only on a PSO
- Glucose [dextrose] (HypoPak Glucose) oral soln 15 g per 80 ml sachet
- Rosuvastatin (Rosuvastatin Mylan) tab 5 mg, 10 mg, 20 mg and 40 mg – Special Authority – Retail pharmacy
- Testosterone undecanoate (Gonadron) inj 250 mg per ml, 4 ml vial
- Moxifloxacin (Moximed) tab 400 mg – Special Authority – Retail pharmacy – No patient co-payment payable
- Vancomycin (Vancomycin Viatrix) inj 500 mg vial – Subsidy by endorsement
- Valaciclovir (Valaciclovir Viatrix) tab 500 mg – s29 and wastage claimable
- Colchicine (Colchicine Indoco) tab 500 mcg
- Teriflunomide (Teriflunomide Aurobindo) tab 14 mg – Special Authority – Retail pharmacy – s29 and wastage claimable and treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted
- Methotrexate (Methotrexate Pharmascience) inj 7.5 mg prefilled syringe – s29
- Temozolomide (Temozolomide (Devatis)) cap 5 mg – Special Authority – Retail pharmacy – s29 and wastage claimable
- Promethazine hydrochloride (XGen) inj 25 mg per ml, 1 ml ampoule – s29 and wastage claimable
- Budesonide with glycopyrronium and eformoterol (Breztri Aerosphere) aerosol inhaler budesonide 160 mcg with glycopyrronium 7.2 mcg and formoterol 5 mcg per dose, 120 dose OP – Special Authority – Retail pharmacy
- Paraffin liquid with wool fat (Poly-Visc) eye oint 3% with wool fat 3%, 3.5 g OP
- Pharmacy services (BSF AutoSoft 90) brand switch fee – may only be claimed once per patient
- Paediatric oral feed 1kcal/ml (Pediasure) liquid (chocolate), 200 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (pages 23-25)

- Insulin pump infusion set (teflon cannula, straight insertion with insertion device) (AutoSoft 90) – addition of brand switch fee
 - 6 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles
 - 6 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles
 - 9 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles
 - 9 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles
- Ticagrelor (Ticagrelor Sandoz, Ticagrelor Sandoz S29 and Ticagrelor Mylan) tab 90 mg – addition of subsidy by endorsement waived by Special Authority
- Potassium chloride (LumaCina) inj 75 mg per ml, 10 ml – addition of s29 and wastage claimable
- Perindopril (Coversyl) tab 2 mg, 4 mg and 8 mg – removal of stat dispensing
- Progesterone (Utrogestan) cap 100 mg – reinstate stat dispensing
- Benzathine benzylpenicillin (Benzetacil) inj 900 mg (1.2 million units) vial – removal of S29 rule and addition of PSO
- Tetracycline (Accord) tab 250 mg – removal of Special Authority and addition of subsidy by endorsement
- Pregabalin (Lyrica and Pregabalin Pfizer) cap 25 mg, 75 mg, 150 mg and 300 mg – removal of brand switch fee
- Temozolomide – amended Special Authority criteria
 - Cap 5 mg (Temaccord, TemozolomideTaro and Temozolomide (Devatis))
 - Cap 20 mg (Temaccord and Apo-Temozolomide)
 - Cap 100 mg (Temaccord and Apo-Temozolomide)
 - Cap 140 mg (Temaccord)
 - Cap 250 mg (Temaccord)
- Sunitinib (Sunitinib Rex) cap 12.5 mg, 25 mg and 50 mg – amended Special Authority criteria
- Eye preparations – amended note

Increased subsidy (pages 26-27)

- Hydrocortisone with cinchocaine (Proctosedyl) oint 5 mg with cinchocaine hydrochloride 5 mg per g, 30 g OP and suppos 5 mg with cinchocaine hydrochloride 5 mg per g
- Bacillus Calmette-Guerin (BCG) vaccine (OncoTICE) inj 2-8 x 100 million CFU
- Cyclopentolate hydrochloride (Cyclogyl) eye drops 1%
- Tropicamide (Mydriacyl) eye drops 0.5% and eye drops 1%, 15 ml OP

Decreased subsidy (pages 26-27)

- Mebeverine hydrochloride (Colofac) tab 135 mg
- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (Movicol) powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg
- Triamcinolone acetonide (Kenalog in Orabase) paste 0.1%, 5 g OP
- Vitamins (Mvite) tab (BPC cap strength)
- Magnesium sulphate (Martindale) inj 2 mmol per ml, 5 ml ampoule
- Simvastatin (Simvastatin Viatris) tab 10 mg, 20 mg, 40 mg and 80 mg
- Ezetimibe (Ezetimibe Sandoz) tab 10 mg
- Emulsifying ointment (Evara Emulsifying Ointment) oint BP, 500 g
- Paraffin (EVARA White Soft Paraffin) white soft, 2,500 g
- Sodium citro-tartrate (Ural) grans eff 4 g sachets
- Ciprofloxacin (Ipca-Ciprofloxacin) tab 500 mg
- Darunavir (Darunavir Viatris) tab 400 mg and tab 600 mg
- Febuxostat (Febuxostat (Teva)) tab 80 mg and 120 mg
- Paracetamol (Pacimol) tab 500 mg – blister pack
- Sodium valproate (Epilim IV) inj 100 mg per ml, 4 ml
- Rizatriptan (Rizamelt and Rizatriptan Viatris) tab orodispersible 10 mg
- Quetiapine (Quetapel) tab 25 mg, 100 mg, 200 mg and 300 mg
- Melphalan (Melpha) inj 50 mg

Changes to General Rules

We have made amendments to Pharmaceutical Schedule Rules to enable ambulance service providers to initiate a subsidy for community pharmaceuticals listed in Section E of the Pharmaceutical Schedule from 1 July 2026.

The changes are provided below (only relevant parts of the criteria are shown).

Part 1 – Prescribing and initiating Subsidies for Community Pharmaceuticals

- 1.1 Initiating Subsidies: Subsidies for Community Pharmaceuticals may be initiated by any of the following:
 - 1.1.1 Authorised Prescribers for Prescriptions and Practitioner’s Supply Orders (PSO). Specific limitations may apply and these are in addition to any regulatory or scope of practice limitations.
 - a Prescriptions written by a Pharmacist Prescriber or a Registered Nurse Prescriber for a Community Pharmaceutical will only be Subsidised where they are for:
 - i a Community Pharmaceutical classified as a Prescription Medicine and which a Pharmacist Prescriber or a Registered Nurse Prescriber is permitted under regulations to prescribe, or
 - ii a Community Pharmaceutical that is a Restricted Medicine (also referred to as a Pharmacist Only Medicine), a Pharmacy Only Medicine or a General Sales Medicine, or
 - iii a Community Pharmaceutical that is a therapeutic medical device or is a related product or related thing to a medicine or therapeutic medical device.
 - 1.1.2 Hospital Care Operators only for Bulk Supply Orders (BSO).
 - 1.1.3 Quitcard Providers only for nicotine patches, nicotine lozenges or nicotine gum, and when written on a Quitcard.
 - 1.1.4 Vaccinators for vaccines and medicines that are part of an approved immunisation programme and only where specifically indicated in Section B of the Schedule only for direct administration of a vaccine and provision of medicines that are part of an approved immunisation programme to a patient where indicated.
 - 1.1.5 Pharmacists, by Direct Provision, only where specifically indicated in Section B of the Schedule, unless dispensing on Prescription, Quitcard or Supply Order.
 - 1.1.6 Ambulance Service Providers for Pharmaceuticals listed in Section E of the Schedule only.**
- 1.3 Mechanisms for claiming Community Pharmaceutical Subsidies: Subsidies for Community Pharmaceuticals may be paid against a Prescription (including Health NZ Hospital charts), PSO, BSO, Quitcard and Direct Provision. Requirements to be eligible for Subsidy are set out below:
 - 1.3.5 Bulk Supply Orders (BSO): For Pharmaceuticals to be Subsidised on a BSO, the BSO must **be**:
 - a ~~be~~ for supply of Community Pharmaceuticals to:
 - i ~~either~~ Private Hospitals that employ a Registered Nurse, for the treatment of people under the care of that facility, or
 - ii ~~to a Vaccinator for medicines that are part of an approved immunisation programme and only where specifically indicated in Section B of the Schedule, or~~
 - iii **Ambulance Service Providers and only where specifically indicated for a Pharmaceutical in Section E of the Schedule.**
 - b ~~be~~ on a form supplied or approved by the Ministry of Health and signed by:
 - i ~~either~~ a Hospital Care Operator, or
 - ii a Vaccinator for medicines that are part of an approved immunisation programme and only where specifically indicated in Section B of the Schedule, **or**
 - iii **an authorised representative of an Ambulance Service Provider and only where specifically indicated for a Pharmaceutical in Section E of the Schedule.**
 - c for a Class B Controlled Drug or for buprenorphine hydrochloride, ~~be~~ written on a triplicate BSO Controlled Drug Form supplied by the Ministry of Health.
 - d ~~not exceed what is a reasonable Monthly allocation for the particular institution, Ambulance Service Provider or Vaccinator’s circumstances of use~~
 - e meet all the Subsidy requirements of Section B **or Section E** of the Schedule applicable to that Community Pharmaceutical, and

Changes to General Rules (continued)

Part 6 – Subsidies for Community Pharmaceuticals

- 6.1.1 The Subsidy amount that Contractors will be paid for a Community Pharmaceutical dispensed to Eligible People is determined by:
- a the quantities, forms and strengths of Subsidised Community Pharmaceuticals dispensed under valid Prescription by each Contractor
 - b the amount of the Subsidy on the Manufacturer's Price payable for each unit of the Community Pharmaceuticals dispensed by each Contractor, and
 - c the contractual arrangements in the relevant agreement for the payment of the Contractor's dispensing services.
- 6.1.2 A Community Pharmaceutical listed with the designation "Hospital Pharmacy" is eligible for Subsidy only if it is supplied by a hospital or pharmacy contracted by Health NZ to dispense as a hospital pharmacy.
- 6.1.3 Where the Subsidy specified in Section E differs from the Subsidy in other sections of the Schedule for a Community Pharmaceutical, the Subsidy in Section E will apply to a Community Pharmaceutical for Ambulance Service Providers only.**

Part 10 – Definitions

Ambulance Service Provider means an organisation that is contracted by Health New Zealand to deliver emergency ambulance services

Community Pharmaceutical means a Pharmaceutical listed in Sections B to D E or I of the Schedule that is eligible for a Subsidy.

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Carvedilol	Tab 6.25 mg; 60 tab	PSS	Carvedilol Sandoz (Sandoz)
Carvedilol	Tab 12.5 mg; 60 tab	PSS	Carvedilol Sandoz (Sandoz)
Carvedilol	Tab 25 mg; 60 tab	PSS	Carvedilol Sandoz (Sandoz)
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose; 120 dose OP	PSS	Flixonase Hayfever & Allergy (Haleon)
Furosemide [Frusemide]	Inj 10 mg per ml, 2 ml ampoule; 10 inj	PSS	Furosemide-AFT (AFT)
Haloperidol	Inj 5 mg per ml, 1 ml ampoule; 10 inj	PSS	Serenace (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.

Possible decisions for future implementation 1 August 2026

- Dulaglutide (Trulicity) inj 1.5mg per 0.5 ml prefilled pen – amending Special Authority criteria
- Empagliflozin (Jardiance) tab 10 mg and 25 mg – amending Special Authority criteria
- Empagliflozin with metformin hydrochloride (Jardiamet) – amending Special Authority criteria
 - Tab 5 mg with 1,000 mg metformin hydrochloride
 - Tab 5 mg with 500 mg metformin hydrochloride
 - Tab 12.5 mg with 1,000 mg metformin hydrochloride
 - Tab 12.5 mg with 500 mg metformin hydrochloride
- Liraglutide (Victoza) inj 6 mg per ml, 3 ml prefilled pen – amending Special Authority criteria

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

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Abacavir/Lamivudine Viatris	2028
Acarbose	Tab 50 mg & 100 mg	Acccarb	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
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
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
Amoxicillin	Cap 250 mg	Miro-Amoxicillin	2028
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	Amoxiclav Devatis Forte Augmentin	2027
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
Atazanavir sulphate	Cap 150 mg & 200 mg	Atazanavir Viatris	2028
Atenolol	Tab 50 mg Tab 100 mg	Viatris Atenolol Viatris	2027
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2027
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule	Martindale	2027
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
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

*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 July 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
Bimatoprost	Eye drops 0.03%, 3 ml OP	Lumigan	2027
Bisacodyl	Tab 5 mg Suppos 10 mg	Bisacodyl-AFT Lax-Suppositories	2028 2027
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2027
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2027
Brimonidine tartrate with timolol maleate	Eye drops 0.2% with timolol maleate 0.5%, 5 ml OP	Combigan	2027
Brinzolamide	Eye drops 1%, 5 ml OP	Azopt	2027
Budesonide	Cap modified-release 3 mg Metered aqueous nasal spray, 50 mcg & 100 mcg per dose, 200 dose OP	Budesonide Te Arai SteroClear	2028 2027
Buprenorphine with naloxone	Tab 2 mg with naloxone 0.5 mg Tab 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2028
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatris	2027
Calamine	Crn, aqueous, BP	healthE Calamine Aqueous	2027
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg and 32 mg	Candestar	2027
Capecitabine	Tab 150 mg & 500 mg	Capecitabine Viatris	2028
Carbimazole	Tab 5 mg	Neo-Mercazole	2028
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2028
Cefalexin	Cap 250 mg Cap 500 mg	Cefalexin Lupin Cefalexin Sandoz	2028
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2028
Celecoxib	Cap 200 mg Cap 100 mg	Celoste Celebrex	2028
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 750 mg	Ciprofloxacin Teva Ipca-Ciprofloxacin	2027
Citalopram hydrobromide	Tab 20 mg	Celepram	2028
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2027
Clindamycin	Inj 150 mg per ml, 4 ml ampoule	Dalacin C	2028
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 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
Clotrimazole	Crn 1% Vaginal crm 1% with applicators Vaginal crm 2% with applicators	Clomazol	2028
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	Noumed	2028
Compound electrolytes	Powder for oral soln	Electral	2028
Compound electrolytes with glucose [dextrose]	Soln with electrolytes (2 x 500 ml)	Pedialyte	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
Dasatinib	Tab 20 mg, 50 mg & 70 mg	Dasatinib-Teva	2027
Dexamethasone	Tab 0.5 mg & 4 mg	Dexamethsone	2027
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Dexamethasone Medsurge	2028
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Dimethicone	Crn 5% pump bottle Lotn 4%	HydraLock healthE Dimethicone 4% Lotion	2028
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 with sennosides	Tab 50 mg with sennosides 8 mg	Solax	2028
Domperidone	Tab 10 mg	Domperidone Viatris	2028
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
Enalapril	Tab 5 mg, 10 mg and 20 mg	Ipca-Enalapril	2028
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
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Ethinylestradiol 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	
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
Flucloxacillin	Cap 250 mg & 500 mg	Staphlex AFT	2027
	Grans for oral liq 25 mg & 50 mg per ml, 100 ml		
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
Glipizide	Tab 5 mg	Minidiab	2027
Glycerol	Suppos 2.8/4.0 g	Lax-suppositories Glycerol	2028
Glycopyrronium bromide	Inj 200 mcg per ml, 1 ml ampoule	Glycopyrronium-AFT	2028
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	Havrix 1440	2027
	Inj 720 ELISA units in 0.5 ml syringe		
Hepatitis B recombinant vaccine	Inj 10 mcg per 0.5 ml prefilled syringe	Engerix-B	2027
	Inj 20 mcg per 1 ml prefilled syringe		

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

Generic Name	Presentation	Brand Name	Expiry Date*
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mcg in 0.5 ml syringe	Gardasil 9	2027
Hydrocortisone	Crn 1% Crn 1%, 500 g Inj 100 mg vial	Ethics Noumed Solu-Cortef	2028 2027
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
Hyoscine Butylbromide	Tab 10 mg	Hyoscine Butylbromide (Adiramedita)	2027
Ibuprofen	Oral liq 20 mg per ml Tab long-acting 800 mg	Ethics Ibuprofen SR BNM	2027
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Vebulis	2028
Isoniazid	Tab 100 mg	Noumed Isoniazid	2027
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	Rifinah	2027
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2027
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2028
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
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

*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 July 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2028
Levonorgestrel	Tab 1.5 mg	Levonorgestrel-1 (Lupin)	2028
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
Loratadine	Tab 10 mg	Loratadine Noumed	2028
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2027
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Losartan & Hydrochlorothiazide - Ipca	2028
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
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
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml ampoule	Medsurge	2028
Metoprolol tartrate	Tab 50 mg & 100 mg	IPCA-Metoprolol	2027
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2027
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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	Cap long-acting 10 mg, 30 mg, 60 mg and 100mg Inj 5 mg, 10 mg, 15 mg & 30 mg per ml, 1 ml ampoule	m-Eslon 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
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
Nitisinone	Cap 2 mg, 5 mg and 10 mg	Nitisinone LogixX Pharma	2028
Nitrofurantoin	Tab 50 mg	Nifuran	2027
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
Oil in Water Emulsion	Crn	Fatty Emulsion Cream (Evara)	2027
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2028
Ondansetron	Tab 4 mg & 8 mg	Periset	2028
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
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

**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 July 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Paracetamol	Oral liq 250 mg per 5 ml	Pamol	2028
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%	EVARA Paraffin Ointment 50/50	2028
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
Pethidine hydrochloride	Tab 50 mg	Noumed Pethidine	2028
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg & 250 mg per 5 ml Cap 250 mg & 500 mg	AFT Cilicaine VK	2028 2027
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
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
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2028
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
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2028
Propranolol	Tab 10 mg Tab 40 mg	Drofate IPCA-Propranolol	2027
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
Rifaximin	Tab 550 mg	Xifaxan	2027
Riluzole	Tab 50 mg	Rilutek	2027
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2028
Rivastigmine	Patch 4.6 mg per 24 hour Patch 9.5 mg per 24 hour	Rivastigmine Patch BNM 5 Rivastigmine Patch BNM 10	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2027
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
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 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
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2028
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Viatris	2028
Tenoxicam	Tab 20 mg	Tilcotil	2028
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
Tobramycin	Inj 40 mg per ml, 2 ml vial	Viatris	2027
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
Trimethoprim	Tab 300 mg	TMP	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2027
Valganciclovir	Tab 450 mg	Valganciclovir Viatris	2027
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

July 2026 changes are in bold type

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 July 2026

17	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE Maximum of 200 dev per three months * Syringe 0.5 ml with 31 g × 8 mm needle..... 13.56 100 * Syringe 1 ml with 31 g × 8 mm needle..... 13.56 100		✓ Embecta Ultra Fine ✓ Embecta Ultra Fine
23	URSODEOXYCHOLIC ACID – Special Authority see SA2448 – Retail pharmacy Cap 250 mg 62.00 100 Wastage claimable		✓ APO-Ursodeoxycholic Acid ^{S29}
33	THIAMINE HYDROCHLORIDE – Only on a prescription * Tab 50 mg..... 3.89 100		✓ Thiamine-REX
42	TENECTEPLASE – Subsidy by endorsement a) Up to 1 inj available on a PSO b) Only on a PSO c) Only for use within a Primary Response in Medical Emergencies (PRIME) service and the PSO is endorsed accordingly. Inj 50 mg per vial with diluent..... 2,390.00 1		✓ Metalyse
46	GLUCOSE [DEXTROSE] Oral soln 15 g per 80 ml sachet 75.00 50		✓ HypoPak Glucose
55	ROSUVASTATIN – Special Authority see SA2093 – Retail pharmacy * Tab 5 mg..... 1.29 30 * Tab 10 mg..... 1.69 30 * Tab 20 mg..... 2.71 30 * Tab 40 mg..... 4.55 30		✓ Rosuvastatin Mylan ✓ Rosuvastatin Mylan ✓ Rosuvastatin Mylan ✓ Rosuvastatin Mylan
86	TESTOSTERONE UNDECANOATE Inj 250 mg per ml, 4 ml vial 27.50 1		✓ Gonadron
100	MOXIFLOXACIN – Special Authority see SA1740 – Retail pharmacy No patient co-payment payable Tab 400 mg..... 25.98 5		✓ Moximed
101	VANCOMYCIN – Subsidy by endorsement Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis or for treatment of Clostridium difficile following metronidazole failure and the prescription is endorsed accordingly. Inj 500 mg vial..... 28.50 10 Note – this is a new Pharmacode and pack size listing.		✓ Vancomycin Viatris
109	VALACICLOVIR Tab 500 mg..... 13.50 42 Wastage claimable		✓ Valaciclovir Viatris ^{S29}
121	COLCHICINE * Tab 500 mcg..... 3.15 100		✓ Colchicine Indoco

^{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
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New Listings – effective 1 July 2026 (continued)

144	TERIFLUNOMIDE – Special Authority see SA2274 – Retail pharmacy a) Wastage claimable b) Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted. Tab 14 mg.....	282.81	30	✓ Teriflunomide Aurobindo S29
160	METHOTREXATE * Inj 7.5 mg prefilled syringe.....	29.17	1	✓ Methotrexate Pharmascience S29
166	TEMOZOLOMIDE – Special Authority see SA2686 – Retail pharmacy Cap 5 mg Wastage claimable	12.70	5	✓ Temozolomide (Devatis) S29
267	PROMETHAZINE HYDROCHLORIDE * Inj 25 mg per ml, 1 ml ampoule Wastage claimable	52.73	25	✓ XGen S29
271	BUDESONIDE WITH GLYCOPYRRONIUM AND EFORMOTEROL – Special Authority see SA2421 – Retail pharmacy Aerosol inhaler budesonide 160 mcg with glycopyrronium 7.2 mcg and formoterol 5 mcg per dose..... Note – this is a new Pharmacode listing, 2730936.	79.15	120 dose OP	✓ Breztri Aerosphere
281	PARAFFIN LIQUID WITH WOOL FAT * Eye oint 3% with wool fat 3% Note – this is a new Pharmacode listing, 2718626.	3.63	3.5 g OP	✓ Poly-Visc
283	PHARMACY SERVICES * Brand switch fee..... a) May only be claimed once per patient. b) The Pharmacode for BSF Autosoft 90 is 2733498	4.50	1 fee	✓ BSF AutoSoft 90
292	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid (chocolate), 200 ml bottle..... Note – this is a new Pharmacode listing, 2731592.	1.33	1 OP	✓ Pediasure

▲ 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

New Listings – effective 12 June 2026

9	LANSOPRAZOLE Tab orodispersible 30 mg 5.43 Wastage claimable	100	✓ Lansoprazole (Viatris) S29
95	CEFALEXIN Grans for oral liq 50 mg per ml – Wastage claimable 7.54 Note – this is a new Pharmacode listing, 2714086.	100 ml	✓ Cefalexin Sandoz
115	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	30	✓ Tenofovir Efavirenz Emtricitabine (Mylan) S29
136	RIZATRIPTAN Tab orodispersible 10 mg 2.46 Wastage claimable	18	✓ Rizatriptan Rising S29
206	BENRALIZUMAB – Special Authority see SA2151 – Retail pharmacy Inj 30 mg per ml, 1 ml prefilled pen 3,539.00 Note – this is a new Pharmacode listing, 2731843.	1	✓ Fasenna

Effective 1 June 2026

305	AMINO ACID FORMULA – Special Authority see SA2092 – Hospital pharmacy [HP3] Powder (unflavoured) 55.61 Note – this is a new Pharmacode listing, 2732513.	400 g OP	✓ Neocate Gold
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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions, Chemical Names and Presentations Effective 1 July 2026

22	INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) – Special Authority see SA2536 – Retail pharmacy (addition of brand switch fee)			
	a) Brand switch fee payable (Pharmacode 2733492)			
	b) Only on a prescription			
	c) Maximum of 19 infusion sets will be funded per year.			
	d) Maximum of 5 sets per three months			
	* 6 mm teflon cannula; straight insertion; insertion device;			
	110 cm line × 10 with 10 needles	182.00	1 OP	✓ AutoSoft 90
	* 6 mm teflon cannula; straight insertion; insertion device;			
	60 cm line × 10 with 10 needles	182.00	1 OP	✓ AutoSoft 90
	* 9 mm teflon cannula; straight insertion; insertion device;			
	110 cm line × 10 with 10 needles	182.00	1 OP	✓ AutoSoft 90
	* 9 mm teflon cannula; straight insertion; insertion device;			
	60 cm line × 10 with 10 needles	182.00	1 OP	✓ AutoSoft 90
41	TICAGRELOR – Subsidy by endorsement; can be waived by Special Authority see SA2683 (addition of subsidy by endorsement)			
	Subsidy by endorsement - May be supplied on BSO to Ambulance Service Providers under the provisions in Section E of the Pharmaceutical Schedule and the BSO is endorsed accordingly.			
	* Tab 90 mg.....	20.35	56	✓ Ticagrelor Sandoz ✓ Ticagrelor Sandoz S29 S29 ✓ Ticagrelor Mylan S29
		23.85		
45	POTASSIUM CHLORIDE (addition of S29 and wastage claimable)			
	* Inj 75 mg per ml, 10 ml	65.00	50	✓ LumaCina S29
	Wastage claimable			
48	PERINDOPRIL (removal of stat dispensing)			
	* Tab 2 mg.....	1.79	30	✓ Coversyl
	* Tab 4 mg.....	2.44	30	✓ Coversyl
	* Tab 8 mg.....	3.94	30	✓ Coversyl
89	PROGESTERONE (reinstate stat dispensing)			
	* Cap 100 mg	14.85	30	✓ Utrogestan
98	BENZATHINE BENZYL PENICILLIN (removal of S29 rule and addition of PSO)			
	Inj 900 mg (1.2 million units) vial			
	– up to 5 inj available on a PSO	43.24	1	✓ Benzetacil 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 July 2026 (continued)

99 TETRACYCLINE – **Subsidy by endorsement** Special Authority see SA2513 – Retail pharmacy (removal of Special Authority criteria and addition of subsidy by endorsement)

Subsidised only if prescribed for helicobacter pylori eradication and prescription is endorsed accordingly.

Note: the prescription is considered endorsed if tetracycline is prescribed in conjunction with a proton pump inhibitor, bismuth and metronidazole.

Tab 250 mg 68.44 28 ✓ **Accord** **\$29**

► SA2513 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:
Both:

- 1 For the eradication of helicobacter pylori following unsuccessful treatment with appropriate first-line therapy; and
- 2 For use only in combination with bismuth as part of a quadruple therapy regimen.

Renewal from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 For the eradication of helicobacter pylori following unsuccessful treatment with, or noncompletion of second-line therapy; and
- 2 For use only in combination with bismuth as part of a quadruple therapy regimen.

134 PREGABALIN – Brand switch fee payable (Pharmacode 2723727) – see page 283 for details (removed brand switch fee)
Note: Not subsidised in combination with subsidised gabapentin

* Cap 25 mg	2.25	56	✓ Lyrica ✓ Pregabalin Pfizer
* Cap 75 mg	2.65	56	✓ Lyrica ✓ Pregabalin Pfizer
* Cap 150 mg	4.01	56	✓ Lyrica ✓ Pregabalin Pfizer
* Cap 300 mg	7.38	56	✓ Lyrica ✓ Pregabalin Pfizer

166 TEMOZOLOMIDE – Special Authority see SA2686 2594 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Cap 5 mg	9.13	5	✓ Temaccord ✓ TemozolomideTaro \$29 ✓ Temozolomide (Devatis) \$29
	12.70		
Cap 20 mg	16.38	5	✓ Temaccord ✓ Apo-Temozolomide
	18.30		
Cap 100 mg	35.98	5	✓ Temaccord ✓ Apo-Temozolomide
	40.20		
Cap 140 mg	50.12	5	✓ Temaccord
Cap 250 mg	86.34	5	✓ Temaccord

► SA2686 2594 Special Authority for Subsidy

Initial application - (neuroendocrine tumours) only from a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

- 1 Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*; and
- 2 Temozolomide is to be given in combination with capecitabine; and
- 3 Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m² per day; and
- 4 Temozolomide to be discontinued at disease progression

Renewal (neuroendocrine tumours) only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

continued...

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 July 2026 (continued)

continued...

Both:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefitting from treatment

Note: Indication marked with a * is an unapproved indication. Temozolomide is not subsidised for the treatment of relapsed high-grade glioma.

179 SUNITINIB – Special Authority see **SA2687 2452** – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Cap 12.5 mg	103.11	28	✓ Sunitinib Rex
Cap 25 mg	203.15	28	✓ Sunitinib Rex
Cap 50 mg	343.19	28	✓ Sunitinib Rex

► **SA2687 2452** Special Authority for Subsidy

Renewal – (GIST) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

The patient has responded to treatment or has stable disease as determined by Choi's modified CT response evaluation criteria as follows:

1 Any of the following:

- 1.1 The patient has had a complete response (disappearance of all lesions and no new lesions) or;
- 1.2 The patient has had a partial response (a decrease in size of 10% or more or decrease in tumour density in Hounsfield Units (HU) of 15% or more on CT and no new lesions and no obvious progression of non-measurable disease) or;
- 1.3 The patient has stable disease (does not meet criteria the two above) and does not have progressive disease and no symptomatic deterioration attributed to tumour progression and;

2 The treatment remains appropriate and the patient is benefitting from treatment

Note: It is recommended that response to treatment be assessed using Choi's modified CT response evaluation criteria (J Clin Oncol, 2007, 25:1753-1759). Progressive disease is defined as either: an increase in tumour size of 10% or more and not meeting criteria of partial response (PR) by tumour density (HU) on CT; or: new lesions, or new intratumoral nodules, or increase in the size of the existing intratumoral nodules.

Renewal – (GIST pandemic circumstances) from any relevant practitioner: **only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist.** Approvals valid for 6 months for applications meeting the following criteria:

Both All of the following:

- 1 The patient has unresectable or metastatic malignant gastrointestinal stromal (GIST); and
- 2 The patient is clinically benefitting from treatment and continued treatment remains appropriate; and
- 3 Sunitinib is to be discontinued at **disease** progression; and
- 4 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector.

Note: It is recommended that response to treatment be assessed using Choi's modified CT response evaluation criteria (J Clin Oncol, 2007, 25:1753-1759). Progressive disease is defined as either: an increase in tumour size of 10% or more and not meeting criteria of partial response (PR) by tumour density (HU) on CT; or: new lesions, or new intratumoral nodules, or increase in the size of the existing intratumoral nodules.

278 EYE PREPARATIONS (amended note)

"Eye preparations are only funded for use in the eye, unless explicitly stated otherwise in the **Pharmaceutical Schedule**."

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 July 2026

8	HYDROCORTISONE WITH CINCHOCAINE (↑ subsidy) Oint 5 mg with cinchocaine hydrochloride 5 mg per g 17.03 30 g OP Suppos 5 mg with cinchocaine hydrochloride 5 mg per g 11.24 12	✓ Proctosedyl ✓ Proctosedyl
9	MEBEVERINE HYDROCHLORIDE (↓ subsidy) * Tab 135 mg 8.00 90	✓ Colofac
25	MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE (↓ subsidy) Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg 10.15 30	✓ Movicol
32	TRIAMCINOLONE ACETONIDE (↓ subsidy) Paste 0.1% 3.57 5 g OP	✓ Kenalog in Orabase
34	VITAMINS (↓ subsidy) * Tab (BPC cap strength) 21.65 1,000	✓ Mvite
35	MAGNESIUM SULPHATE (↓ subsidy) * Inj 2 mmol per ml, 5 ml ampoule 26.27 10	✓ Martindale
56	SIMVASTATIN (↓ subsidy) * Tab 10 mg 1.67 90 * Tab 20 mg 2.35 90 * Tab 40 mg 3.85 90 * Tab 80 mg 8.75 90	✓ Simvastatin Viatris ✓ Simvastatin Viatris ✓ Simvastatin Viatris ✓ Simvastatin Viatris
56	EZETIMIBE (↓ subsidy) * Tab 10 mg 1.44 30	✓ Ezetimibe Sandoz
73	EMULSIFYING OINTMENT (↓ subsidy) * Oint BP 2.95 500 g	✓ Evara Emulsifying Ointment
74	PARAFFIN (↓ subsidy) White soft – Only in combination 18.00 2,500 g Only in combination with a dermatological galenical or as a diluent for a proprietary Topical Corticosteroid – Plain.	✓ EVARA White Soft Paraffin
84	SODIUM CITRO-TARTRATE (↓ subsidy) * Grans eff 4 g sachets 3.33 28	✓ Ural
100	CIPROFLOXACIN (↓ subsidy) Recommended for patients with any of the following: i) microbiologically confirmed and clinically significant pseudomonas infection; or ii) prostatitis; or iii) pyelonephritis; or iv) gonorrhoea. Tab 500 mg – Up to 5 tab available on a PSO 2.70 28	✓ Ipca-Ciprofloxacin

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price – effective 1 July 2026 (continued)

115	DARUNAVIR – Special Authority see SA2139 – Retail pharmacy (↓ subsidy)			
	* Tab 400 mg.....	115.00	60	✓ Darunavir Viatris
	* Tab 600 mg.....	130.00	60	✓ Darunavir Viatris
122	FEBUXOSTAT – Special Authority see SA2555 – Retail pharmacy (↓ subsidy)			
	Tab 80 mg.....	4.66	28	✓ Febuxostat (Teva)
	Tab 120 mg.....	11.67	28	✓ Febuxostat (Teva)
128	PARACETAMOL (↓ subsidy)			
	Tab 500 mg - blister pack.....	12.06	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.			
134	SODIUM VALPROATE (↓ subsidy)			
	* Inj 100 mg per ml, 4 ml.....	9.98	1	✓ Epilim IV
136	RIZATRIPTAN (↓ subsidy)			
	Tab orodispersible 10 mg.....	4.10	30	✓ Rizamelt ✓ Rizatriptan Viatris ^{S29}
139	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 25 mg.....	2.14	90	✓ Quetapel
	Tab 100 mg.....	5.91	90	✓ Quetapel
	Tab 200 mg.....	9.93	90	✓ Quetapel
	Tab 300 mg.....	14.48	90	✓ Quetapel
158	MELPHALAN (↓ subsidy)			
	Inj 50 mg – PCT only – Specialist.....	46.80	1	✓ Melpha
189	BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist († subsidy)			
	Subsidised only for bladder cancer.			
	Inj 2-8 x 100 million CFU.....	182.45	1	✓ OncoTICE
281	CYCLOPENTOLATE HYDROCHLORIDE († subsidy)			
	* Eye drops 1%.....	68.52	15 ml OP	✓ Cyclogyl
281	TROPICAMIDE († subsidy)			
	* Eye drops 0.5%.....	33.89	15 ml OP	✓ Mydriacyl
	* Eye drops 1%.....	54.71	15 ml OP	✓ Mydriacyl

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 July 2026

8	GLYCOPYRRONIUM BROMIDE Inj 200 mcg per ml, 1 ml ampoule – Up to 10 inj available on a PSO.....	19.00	5	✓ Robinul
26	BISACODYL – Only on a prescription * Tab 5 mg.....	10.00	200	✓ Bisacodyl Viatrix
46	COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] Soln with electrolytes.....	6.53	1 OP	✓ Hydralyte - Lemonade
47	ENALAPRIL MALEATE * Tab 5 mg..... * Tab 10 mg..... * Tab 20 mg.....	4.25 5.50 6.50	90 90 90	✓ Acetec ✓ Acetec ✓ Acetec
49	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE * Tab 50 mg with hydrochlorothiazide 12.5 mg.....	4.31	30	✓ Arrow-Losartan & Hydrochlorothiazide
95	CEFALEXIN Cap 250 mg Cap 500 mg	3.85 5.85	20 20	✓ Cephalexin ABM ✓ Cephalexin ABM
120	CELECOXIB Cap 200 mg	3.20	30	✓ Celebrex ✓ Celecoxib Pfizer
140	ARIPRAZOLE – Special Authority see SA2395 – Retail pharmacy Safety medicine; prescriber may determine dispensing frequency Inj 300 mg vial..... Inj 400 mg vial..... Note – this delist applies to Pharmacode 2680394 (inj 300 mg vial) and 2680408 (inj 400 mg vial).	273.56 341.96	1 1	✓ Abilify Maintena ✓ Abilify Maintena
184	LETROZOLE * Tab 2.5 mg.....	4.36	28	✓ Accord S29
283	PHARMACY SERVICES * Brand switch fee..... a) May only be claimed once per patient. b) The Pharmacode for BSF Lyrica is 2723727	4.50	1 fee	✓ BSF Lyrica
297	ORAL FEED 1.5KCAL/ML – Special Authority see SA1859 on page 288 – Hospital pharmacy [HP3] Liquid (vanilla), 237 ml can – Higher subsidy of \$1.65 per 1 can with Endorsement	0.85 (1.65)	1 OP	Ensure Plus

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 August 2026

292	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid (chocolate), 200 ml bottle.....	1.33	1	OP	✓ Pediasure
	Note – this delist applies to Pharmacode 2702754.				

Effective 1 October 2026

85	CALCITONIN * Inj 100 iu per ml, 1 ml ampoule.....	121.00	5		✓ Miacalcic S29 S29
163	NIRAPARIB – Special Authority see SA2325 – Retail pharmacy Wastage claimable Cap 100 mg	8,929.84	56		✓ Zejula
283	PHARMACY SERVICES * Brand switch fee..... a) May only be claimed once per patient. b) The Pharmacode for BSF AutoSoft 90 is 2733498	4.50	1	fee	✓ BSF AutoSoft 90

Effective 1 November 2026

72	CLOBETASONE BUTYRATE Crm 0.05%.....	5.38 (10.00)	30	g OP	Eumovate
	Note – this delist applies to Pharmacode 2401096.				

Effective 1 December 2026

33	THIAMINE HYDROCHLORIDE – Only on a prescription * Tab 50 mg.....	4.65	100		✓ Thiamine multichem
87	TESTOSTERONE UNDECANOATE Inj 250 mg per ml, 4 ml vial	86.00	1		✓ Reandron 1000
100	MOXIFLOXACIN – Special Authority see SA1740 – Retail pharmacy No patient co-payment payable Tab 400 mg.....	42.00	5		✓ Avelox
122	COLCHICINE * Tab 500 mcg.....	6.30	100		✓ Colgout

Effective 1 February 2027

102	VANCOMYCIN – Subsidy by endorsement Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis or for treatment of Clostridium difficile following metronidazole failure and the prescription is endorsed accordingly. Inj 500 mg vial.....	3.38	1		✓ Vancomycin Viatris
	Note – this delist applies to Pharmacode 2696282.				

▲ 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

Index

Pharmaceuticals and brands

A			
Abilify Maintena	28	Eumovate	29
Acetec	28	Evara Emulsifying Ointment	26
AMINO ACID FORMULA	22	EVARA White Soft Paraffin	26
Apo-Temozolomide	24	EYE PREPARATIONS	25
APO-Ursodeoxycholic Acid	20	EZETIMIBE	26
ARIPIPRAZOLE	28	Ezetimibe Sandoz	26
Arrow-Losartan & Hydrochlorothiazide	28	F	
AutoSoft 90	23	Fasenra	22
Avelox	29	FEBUXOSTAT	27
B		Febuxostat (Teva)	27
BACILLUS CALMETTE-GUERIN (BCG) VACCINE	27	G	
BENRALIZUMAB	22	GLUCOSE [DEXTROSE]	20
BENZATHINE BENZYL PENICILLIN	23	GLYCOPYRRONIUM BROMIDE	28
Benzetacil	23	Gonadron	20
BISACODYL	28	H	
Bisacodyl Viatris	28	Hydralyte - Lemonade	28
Breztri Aerosphere	21	HYDROCORTISONE WITH CINCHOCAINE	26
BSF AutoSoft 90	21, 29	HypoPak Glucose	20
BSF Lyrica	28	I	
BUDESONIDE WITH GLYCOPYRRONIUM AND EFOMOTEROL	21	INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE)	23
C		INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE	20
CALCITONIN	29	Ipca-Ciprofloxacin	26
CEFALEXIN	22, 28	K	
Cefalexin Sandoz	22	Kenalog in Orabase	26
Celebrex	28	L	
CELECOXIB	28	LANSOPRAZOLE	22
Celecoxib Pfizer	28	Lansoprazole (Viatris)	22
Cephalexin ABM	28	LETROZOLE	28
CIPROFLOXACIN	26	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE	28
CLOBETASONE BUTYRATE	29	LumaCina	23
COLCHICINE	20, 29	Lyrica	24
Colchicine Indoco	20	M	
Colgout	29	MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE	26
Colofac	26	MAGNESIUM SULPHATE	26
COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]	28	MEBEVERINE HYDROCHLORIDE	26
Coversyl	23	Melpha	27
Cyclogyl	27	MELPHALAN	27
CYCLOPENTOLATE HYDROCHLORIDE	27	Metalyse	20
D		METHOTREXATE	21
DARUNAVIR	27	Methotrexate Pharmascience	21
Darunavir Viatris	27	Miacalcic S29	29
DEXTROSE	20, 28	Movicol	26
E		MOXIFLOXACIN	20, 29
EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL	22	Moximed	20
Embecta Ultra Fine	20	Mvite	26
EMULSIFYING OINTMENT	26	Mydriacyl	27
ENALAPRIL MALEATE	28	N	
Ensure Plus	28	Neocate Gold	22
Epilim IV	27	NIRAPARIB	29

Index

Pharmaceuticals and brands

O	
OncoTICE.....	27
ORAL FEED 1.5KCAL/ML	28
P	
Pacimol	27
PAEDIATRIC ORAL FEED 1KCAL/ML	21, 29
PARACETAMOL	27
PARAFFIN	26
PARAFFIN LIQUID WITH WOOL FAT	21
Pediasure.....	21, 29
PERINDOPRIL	23
PHARMACY SERVICES	21, 28, 29
Poly-Visc	21
POTASSIUM CHLORIDE	23
PREGABALIN	24
Pregabalin Pfizer	24
Proctosedyl.....	26
PROGESTERONE	23
PROMETHAZINE HYDROCHLORIDE.....	21
Q	
Quetapel	27
QUETIAPINE.....	27
R	
Reandron 1000	29
Rizamelt.....	27
RIZATRIPTAN.....	22, 27
Rizatriptan Rising	22
Rizatriptan Viatrix	27
Robinul	28
ROSUVASTATIN.....	20
Rosuvastatin Mylan.....	20
S	
SIMVASTATIN.....	26
Simvastatin Viatrix.....	26
SODIUM CITRO-TARTRATE.....	26
SODIUM VALPROATE	27
SUNITINIB.....	25
Sunitinib Rex.....	25
T	
Temaccord	24
TEMOZOLOMIDE	21, 24
Temozolomide (Devatis).....	21, 24
TemozolomideTaro	24
TENECTEPLASE.....	20
Tenofovir Efavirenz Emtricitabine (Mylan)	22
TERIFLUNOMIDE.....	21
Teriflunomide Aurobindo	21
TESTOSTERONE UNDECANOATE	20, 29
TETRACYCLINE.....	24
THIAMINE HYDROCHLORIDE	20, 29
Thiamine multichem	29
Thiamine-REX	20
TICAGRELOR	23
Ticagrelor Mylan	23
Ticagrelor Sandoz	23
Ticagrelor Sandoz S29	23
TRIAMCINOLONE ACETONIDE.....	26
TROPICAMIDE	27
U	
Ural 26	
URSODEOXYCHOLIC ACID	20
Urogestan	23
V	
VALACICLOVIR	20
Valaciclovir Viatrix	20
VANCOMYCIN	20, 29
Vancomycin Viatrix	20, 29
VITAMINS	26
X	
XGen.....	21
Z	
Zejula.....	29

