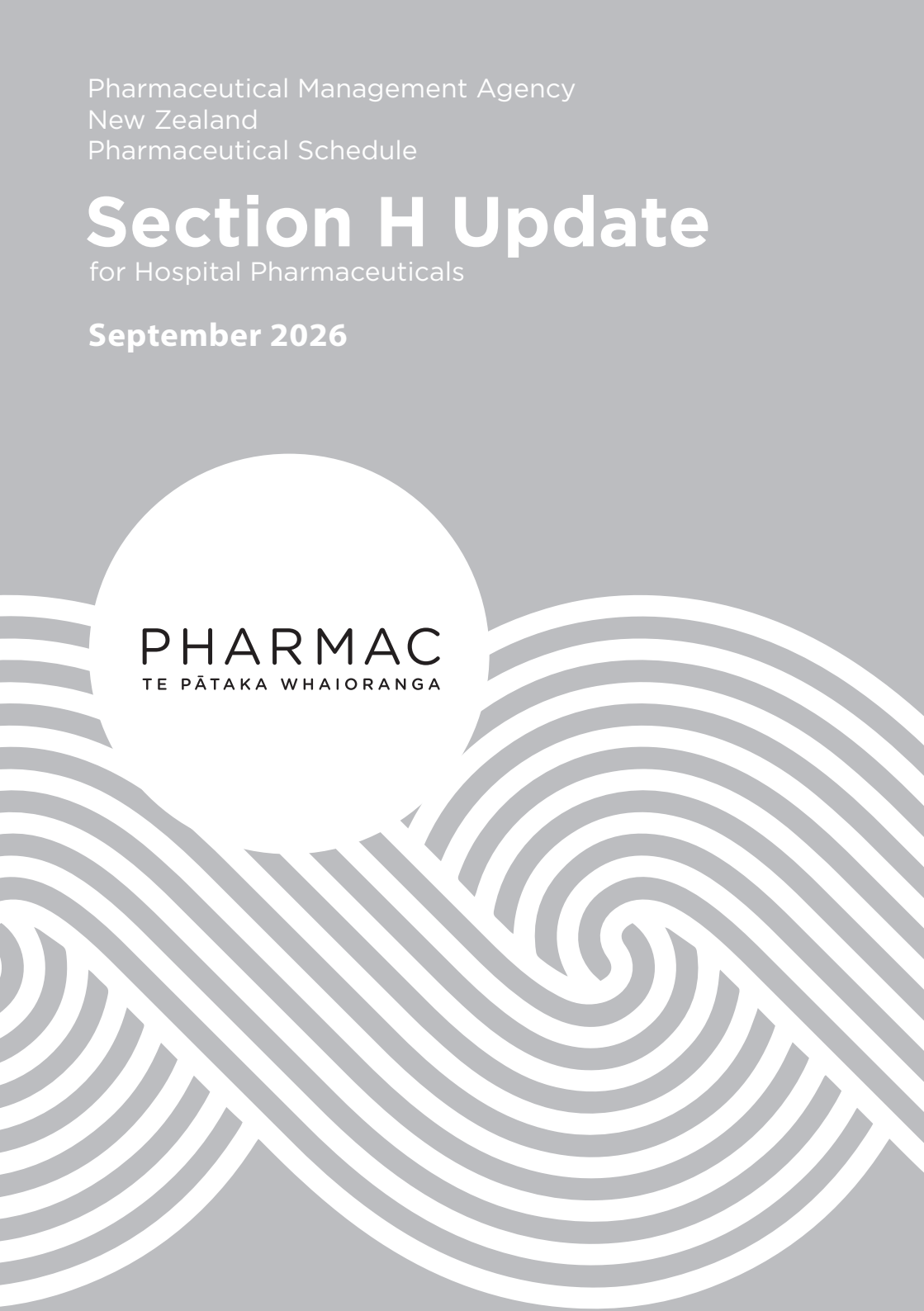


Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

September 2026

The logo for PHARMAC (Te Pātaka Whaioranga) is centered within a white circle. The background of the entire page is a solid grey color. Below the circle, there are stylized, concentric, wavy lines in white and grey, resembling a stylized 'S' or a series of overlapping waves. The text 'PHARMAC' is in a large, bold, sans-serif font, and 'TE PĀTAKA WHAIORANGA' is in a smaller, bold, sans-serif font below it.

PHARMAC
TE PĀTAKA WHAIORANGA

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Summary of decisions

EFFECTIVE 1 SEPTEMBER 2026

- Acitretin (Novatrelin) cap 10 mg and cap 25 mg – price increase and addition of PSS
- Amino acid formula powder 13.3 g protein, 57 g carbohydrate and 24.6 g fat per 100 g, can, 400 g (Alfamino) and powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can, 400 g (Alfamino Junior) – price increase
- Amino acid oral feed (Vivonex TEN) powder 11 g protein, 62 g carbohydrate and 1 g fat per sachet, 80 g sachet – price increase
- Amlodipine (Vasorex) tab 2.5 mg, tab 5 mg and tab 10 mg – price increase and addition of PSS
- Amoxicillin with clavulanic acid (Curam Duo 500/125) tab 500 mg with clavulanic acid 125 mg – price increase and addition of PSS
- Anastrozole (Anatrole) tab 1 mg – price increase and addition of PSS
- Atazanavir sulphate (Atazanavir Viatris) cap 150 mg and cap 200 mg – new Pharmacode listings
- Atropine sulphate (Atropt) eye drops 1%, 15 ml – price increase and addition of PSS
- Betahistine dihydrochloride (Serc) tab 16 mg – price increase and addition of PSS
- Betamethasone dipropionate (Diprosone) crm 0.05% and oint 0.05%, 50 g – addition of PSS
- Benzylpenicillin sodium [Penicillin G] (Sandoz) inj 600 mg (1 million units) vial – price increase and addition of PSS
- Bisoprolol fumarate (Ipca-Bisoprolol) tab 2.5 mg – addition of PSS
- Bisoprolol fumarate (Ipca-Bisoprolol) tab 5 mg and tab 10 mg – price increase and addition of PSS
- Bupivacaine hydrochloride inj 2.5 mg per ml, 20 ml ampoule sterile pack (Marcain) and inj 5 mg per ml, 4 ml ampoule (Marcain Isobaric) – price increase and addition of PSS
- Calcitriol (Calcitriol Devatis) cap 0.25 mcg and cap 0.5 mcg – new listing and addition of PSS
- Calcitriol (Calcitriol XL and Calcitriol-AFT) cap 0.25 mcg and cap 0.5 mcg – to be delisted from 1 February 2027
- Calcium carbonate (Calci-Tab 500) tab 1.25 g (500 mg elemental) – price increase and addition of PSS
- Captopril (DP-Captopril) oral liq 5 mg per ml, 100 ml – price increase and addition of PSS
- Cefazolin (Cefazolin-AFT) inj 500 mg vial – price increase and addition of PSS
- Cefazolin (Cefazolin-AFT) inj 1 g vial and inj 2 g vial – addition of PSS
- Cetirizine hydrochloride (Histaclear) oral liq 1 mg per ml, 200 ml – price increase

Summary of decisions – effective 1 September 2026 (continued)

- Chlorhexidine with cetrime (LumaCina) irrigation soln 0.05% with cetrime 0.5%, 30 ml ampoule – new listing
 - Clarithromycin (Klacid IV) inj 500 mg vial – price increase and addition of PSS
 - Clonidine (Mylan) patch 2.5 mg, 100 mcg per day, patch 5 mg, 200 mcg per day and patch 7.5 mg, 300 mcg per day – price increase and addition of PSS
 - Cyclizine lactate (Cyclizine lactate Medsurge) inj 50 mg per ml, 1 ml ampoule – new listing and addition of PSS
 - Cyclizine lactate (Hameln) inj 50 mg per ml, 1 ml ampoule – to be delisted 1 February 2027
 - Dapsone (Dapsone (Rising)) tab 25 mg – new listing
 - Dexmedetomidine (Dexmedetomidine Medsurge) inj 100 mcg per ml, 2 ml ampoule – new listing and addition of PSS
 - Dexmedetomidine (Dexmedetomidine Viatrix) inj 100 mcg per ml, 2 ml vial – to be delisted 1 April 2027
 - Docusate sodium (Coloxyl) tab 50 mg and tab 120 mg – price increase and addition of PSS
 - Donepezil hydrochloride (Ipca-Donepezil) tab 5 mg and tab 10 mg – price increase and addition of PSS
 - Droperidol (Droperidol Panpharma) inj 2.5 mg per ml, 1 ml ampoule – to be delisted 1 December 2026
 - Dulaglutide (Trulicity) inj 1.5 mg per 0.5 ml prefilled pen – amended restriction criteria
 - Enoxaparin sodium – new Pharmacode listings
 - Inj 20 mg in 0.2 ml syringe (Clexane)
 - Inj 40 mg in 0.4 ml syringe (Clexane)
 - Inj 60 mg in 0.6 ml syringe (Clexane)
 - Inj 80 mg in 0.8 ml syringe (Clexane)
 - Inj 100 mg in 1 ml syringe (Clexane)
 - Inj 120 mg in 0.8 ml syringe (Clexane Forte)
 - Inj 150 mg in 1 ml syringe (Clexane Forte)
 - Escitalopram (Ipca-Escitalopram) tab 10 mg and tab 20 mg – price increase and addition of PSS
 - Fentanyl (Biomed) inj 10 mcg per ml, 100 ml bag – price increase and addition of PSS
 - Finasteride (Ricit) tab 5 mg – price increase and addition of PSS
 - Glucose [Dextrose] (Biomed) inj 50%, 10 ml ampoule and inj 50%, 90 ml bottle – price increase and addition of PSS
 - Indapamide (Dapa-Tabs) tab 2.5 mg – price increase and addition of PSS
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Summary of decisions – effective 1 September 2026 (continued)

- Isosorbide mononitrate (Duride) tab long-acting 60 mg – price increase and addition of PSS
- Haemophilus influenzae type B vaccine (Act-HIB) inj 10 mcg vial with diluent syringe – amended restriction criteria
- High arginine oral feed 1.4 kcal/ml (Impact Advanced Recovery) liquid 10.4 g protein, 8 g carbohydrate, 4.4 g fat and 0 g fibre per 100 ml, 250 ml carton – price increase
- Hydrocortisone and paraffin liquid and lanolin (DP Lotn HC) lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml – price increase and addition of PSS
- Hydroxyurea [Hydroxycarbamide] (Devatis) cap 500 mg – price increase and addition of PSS
- Hyoscine butylbromide (Spazmol) inj 20 mg, 1 ml ampoule – price increase and addition of PSS
- Ketamine (Ketalar) inj 100 mg per ml, 2 ml vial – delisted 1 September 2026
- Lamivudine (Lamivudine Viatris) tab 150 mg – price increase and addition of PSS
- Lamivudine (Zetlam) tab 100 mg – price increase and addition of PSS
- Lidocaine [lignocaine] hydrochloride with adrenaline and tetracaine hydrochloride (Laceraine) gel 4% with 0.18% adrenaline and 0.5% tetracaine, 4 ml vial – new listing
- Liraglutide (Victoza) inj 6 mg per ml, 3 ml prefilled pen – amended restriction criteria
- Low electrolyte oral feed 2 kcal/ml (Novasource Renal (Vanilla)) liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, 200 ml bottle – price increase
- Low-GI oral feed 1 kcal/ml (Nutren Diabetes (vanilla)) liquid 7 g protein, 10.9 g carbohydrate, 2.7 g fat and 2 g fibre per 100 ml, 200 ml bottle – price increase
- Montelukast (Montelukast (Sandoz)) tab 4 mg – new listing
- Morphine sulphate (Biomed) inj 1 mg per ml, 100 ml bag, inj 1 mg per ml, 10 ml syringe and inj 1 mg per ml, 50 ml syringe – price increase and addition of PSS
- Naltrexone hydrochloride (Naltrexone-GH) tab 50 mg – new listing
- Nystatin (Nilstat) oral liquid 100,000 u per ml, 24 ml – price increase and addition of PSS
- Nystatin (Nilstat) vaginal crm 100,000 u per 5 g with applicator(s), 75 g – price increase and addition of PSS
- Olanzapine (APO-Olanzapine) tab 2.5 mg, tab 5 mg and tab 10 mg – new listing
- Oral feed (Sustagen Hospital Formula (Chocolate) and Sustagen Hospital Formula (Vanilla)) powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can, 840 g – price increase
- Paracetamol (Gacet) suppos 125 mg, suppos 250 mg and suppos 500 mg – price increase and addition of PSS
- Paraffin (EVARA White Soft Paraffin) white soft, 450 g – price decrease and addition of PSS

Summary of decisions – effective 1 September 2026 (continued)

- Perindopril tab 2.5 mg (Coversyl 2.5), tab 5 mg (Coversyl 5) and tab 10 mg (Coversyl 10) – new listing
- Pine tar with trolamine laurilsulfate and fluorescein (Pinetarsol) soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml – price increase and addition of PSS
- Poloxamer (Coloxyl) oral drops 10%, 30 ml – price increase and addition of PSS
- Potassium iodate (NeuroTabs) tab 253 mcg (150 mcg elemental iodine) – price increase and addition of PSS
- Propranolol (Cardinol LA) cap long-acting 160 mg – to be delisted 1 January 2027
- Protein supplement (Resource Beneprotein) powder 6 g protein per 7 g, can, 227 g – price increase
- Remifentanyl (Remifentanyl-AFT) inj 1 mg vial and inj 2 mg vial – price increase and addition of PSS
- Ropivacaine hydrochloride (Ropivacaine Kabi) – price increase and addition of PSS
 - Inj 2 mg per ml, 10 ml ampoule
 - Inj 2 mg per ml, 20 ml ampoule
 - Inj 2 mg per ml, 100 ml bag
 - Inj 2 mg per ml, 200 ml bag
 - Inj 7.5 mg per ml, 10 ml ampoule
 - Inj 7.5 mg per ml, 20 ml ampoule
 - Inj 10 mg per ml, 10 ml ampoule
 - Inj 10 mg per ml, 20 ml ampoule
- SGLT2 Inhibitors – amended restriction criteria
- Sildenafil (Sildenafil (Amarox)) tab 50 mg – new listing
- Tamsulosin hydrochloride (Aurobindo Tamsulosin) cap 400 mcg – new listing
- Temazepam (Normison) tab 10 mg – price increase and addition of PSS
- Terbinafine (Deolate) tab 250 mg – price increase and addition of PSS
- Teriparatide (Teriparatide Teva S29) inj 250 mcg per ml, 2.4 ml – new listing
- Ursodeoxycholic acid (Ursosan) cap 250 mg – price decrease and addition of PSS
- Water (Multichem) inj 20 ml ampoule – new listing and addition of PSS
- Water (Fresenius Kabi) inj 20 ml ampoule – to be delisted 1 February 2027
- Vitamin B complex (Bplex) tab strong, BPC – price increase
- Zidovudine with lamivudine (Lamivudine/Zidovudine Viatris) tab 300 mg with lamivudine 150 mg – Pharmacode 2645300 to be delisted 1 February 2027

Section H changes to Part II

Effective 1 September 2026

ALIMENTARY TRACT AND METABOLISM

- | | | | | |
|---|--|------|---|----------------|
| 7 | HYOSCINE BUTYLBROMIDE (↑ price and addition of PSS)
Inj 20 mg, 1 ml ampoule – 5% DV Feb-27 to 2029 | 5.54 | 5 | Spazmol |
|---|--|------|---|----------------|
-
- | | | | | |
|----|--|--------|---|-----------|
| 11 | DULAGLUTIDE (amended restriction criteria)
Note: Not to be given in combination with another funded GLP-1 agonist or empagliflozin / empagliflozin with metformin hydrochloride unless receiving empagliflozin / empagliflozin with metformin hydrochloride for the treatment of heart failure.
→ Inj 1.5 mg per 0.5 ml prefilled pen..... | 115.23 | 4 | Trulicity |
|----|--|--------|---|-----------|
- Restricted
Initiation
Either:
- For continuation use; or
 - All of the following:
 - Patient has type 2 diabetes; and
 - Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of all of the following blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin; and
 - Funded dulaglutide is not to be prescribed in combination with funded empagliflozin / empagliflozin with metformin unless receiving funded empagliflozin / empagliflozin with metformin hydrochloride for the treatment of heart failure.**
- ~~2.3 Any of the following:~~
- ~~2.3.1 Patient is Māori or any Pacific ethnicity*²; or~~
 - ~~2.3.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*²; or~~
 - ~~2.3.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*²; or~~
 - ~~2.3.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*²; or~~
 - ~~2.3.5 Patient has diabetic kidney disease (see note b)*².~~
- Notes: * Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes:
a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.
b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m² in the presence of diabetes, without alternative cause identified.
c) Funded GLP-1a treatment is not to be given in combination with funded (empagliflozin / empagliflozin with metformin hydrochloride) unless receiving funded (empagliflozin or empagliflozin in combination with metformin hydrochloride) for the treatment of heart failure.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2026 (continued)

- 12 LIRAGLUTIDE (amended restriction criteria)
 Note: Not to be given in combination with another funded GLP-1 agonist or empagliflozin / empagliflozin with metformin hydrochloride unless receiving empagliflozin / empagliflozin with metformin hydrochloride for the treatment of heart failure.
 → Inj 6 mg per ml, 3 ml prefilled pen 383.72 3 Victoza
- Restricted
 Initiation
 Either:
 1 For continuation use; or
 2 All of the following:
 2.1 Patient has type 2 diabetes; and
 2.2 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of all of the following blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin; and
2.3 Funded liraglutide is not to be prescribed in combination with funded empagliflozin/ empagliflozin with metformin unless receiving funded empagliflozin / empagliflozin with metformin hydrochloride for the treatment of heart failure.
 2.3 Any of the following:
 2.3.1 Patient is Māori or any Pacific ethnicity*; or
 2.3.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or
 2.3.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or
 2.3.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or
 2.3.5 Patient has diabetic kidney disease (see note b)*.
- Notes: * Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes.
 a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.
 b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m² in the presence of diabetes, without alternative cause identified.
 c) Funded GLP-1a treatment is not to be given in combination with funded (empagliflozin / empagliflozin with metformin hydrochloride) unless receiving funded (empagliflozin or empagliflozin in combination with metformin hydrochloride) for the treatment of heart failure:

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2026 (continued)

12	SGLT2 Inhibitors (amended restriction criteria – affected criteria shown only)		
	Restricted		
	Initiation – Type 2 Diabetes		
	Any of the following Either :		
	1 For continuation use; or		
	2 Patient has previously had an initial approval for a GLP-1 agonist; or		
	2-3 All of the following Both :		
	2.1 Either :		
	2.1.1 Both		
	2.1.1.1-3-1 Patient has type 2 diabetes; and		
	3-2 Any of the following:		
	3-2.1 Patient is Māori or any Pacific ethnicity*; or		
	3-2.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or		
	3-2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or		
	3-2.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or		
	3-2.5 Patient has diabetic kidney disease (see note b)*; and		
	2.1.1.2-3-3 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of at least one blood-glucose lowering agent (e.g. metformin, vildagliptin, or insulin) for at least 3 months; or		
	2.1.2 Patient has previously had an initial approval for a GLP-1 agonist and is changing funded treatment to an SGLT2i; and		
	2.2 Funded empagliflozin or empagliflozin with metformin hydrochloride is not to be prescribed in combination with a funded GLP-1 agonist unless for the treatment of heart failure.		
	Notes: * Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes:		
	a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.		
	b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m ² in the presence of diabetes, without alternative cause.		
	c) Funded [empagliflozin / empagliflozin with metformin hydrochloride] treatment is not to be given in combination with a funded GLP-1 unless receiving [empagliflozin / empagliflozin with metformin hydrochloride] for the treatment of heart failure.		
14	URSODEOXYCHOLIC ACID (↓ price and addition of PSS)		
	→ Cap 250 mg – 5% DV Feb-27 to 2029.....	33.45	100 Ursosan

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2026 (continued)

15	DOCUSATE SODIUM (↑ price and addition of PSS)			
	Tab 50 mg – 5% DV Feb-27 to 2029	3.53	100	Coloxyl
	Tab 120 mg – 5% DV Feb-27 to 2029	5.65	100	Coloxyl
15	POLOXAMER (↑ price and addition of PSS)			
	Oral drops 10% – 5% DV Feb-27 to 2029	4.38	30 ml	Coloxyl
23	CALCIUM CARBONATE (↑ price and addition of PSS)			
	Tab 1.25 g (500 mg elemental) – 5% DV Feb-27 to 2029	7.48	250	Calci-Tab 500
24	POTASSIUM IODATE (↑ price and addition of PSS)			
	Tab 253 mcg (150 mcg elemental iodine) – 5% DV Feb-27 to 2029	6.94	90	NeuroTabs
26	NYSTATIN (↑ price and addition of PSS)			
	Oral liquid 100,000 u per ml – 5% DV Feb-27 to 2029	2.73	24 ml	Nilstat
28	VITAMIN B COMPLEX (↑ price)			
	Tab strong, BPC.....	14.30	500	Bplex
28	CALCITRIOL (brand change and addition of PSS)			
	Cap 0.25 mcg – 5% DV Feb-27 to 2028	6.31	100	Calcitriol Devatis
	Cap 0.5 mcg – 5% DV Feb-27 to 2028	10.94	100	Calcitriol Devatis
	Note – Calcitriol XL and Calcitriol-AFT cap 0.25 mcg and 0.5 mcg to be delisted from 1 February 2027.			

BLOOD AND BLOOD FORMING ORGANS

36	ENOXAPARIN SODIUM (new listings)			
	Inj 20 mg in 0.2 ml syringe – 5% DV Feb-25 to 2027	21.90	10	Clexane
	Inj 40 mg in 0.4 ml syringe – 5% DV Feb-25 to 2027	29.74	10	Clexane
	Inj 60 mg in 0.6 ml syringe – 5% DV Feb-25 to 2027	42.47	10	Clexane
	Inj 80 mg in 0.8 ml syringe – 5% DV Feb-25 to 2027	56.62	10	Clexane
	Inj 100 mg in 1 ml syringe – 5% DV Feb-25 to 2027	70.91	10	Clexane
	Inj 120 mg in 0.8 ml syringe – 5% DV Feb-25 to 2027	88.11	10	Clexane Forte
	Inj 150 mg in 1 ml syringe – 5% DV Feb-25 to 2027	100.70	10	Clexane Forte
	Note – these are new Pharmacode listings; 2732955, 2732963, 2732971, 2732998, 2733005, 2733013 and 2733021, respectively.			
41	GLUCOSE [DEXTROSE] (↑ price and addition of PSS)			
	Inj 50%, 10 ml ampoule – 5% DV Feb-27 to 2029	37.25	5	Biomed
	Inj 50%, 90 ml bottle – 5% DV Feb-27 to 2029	19.20	1	Biomed
43	WATER (brand change and addition of PSS)			
	Inj 20 ml ampoule – 5% DV Feb-27 to 2028	8.40	20	Multichem
	Note – Fresenius Kabi inj 20 ml ampoule to be delisted from 1 February 2027.			

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2026 (continued)

CARDIOVASCULAR SYSTEM

44	CAPTOPRIL (↑ price and addition of PSS) → Oral liq 5 mg per ml – 5% DV Feb-27 to 2029	98.90	100 ml	DP-Captopril
44	PERINDOPRIL (new listing) Tab 2.5 mg.....	1.79	30	Coversyl 2.5
	Tab 5 mg.....	2.44	30	Coversyl 5
	Tab 10 mg.....	3.94	30	Coversyl 10
47	BISOPROLOL FUMARATE (addition of PSS) Tab 2.5 mg – 5% DV Feb-27 to 2029	1.36	90	Ipca-Bisoprolol
47	BISOPROLOL FUMARATE (↑ price and addition of PSS) Tab 5 mg – 5% DV Feb-27 to 2029	2.00	90	Ipca-Bisoprolol
	Tab 10 mg – 5% DV Feb-27 to 2029	2.95	90	Ipca-Bisoprolol
48	AMLODIPINE (↑ price and addition of PSS) Tab 2.5 mg – 5% DV Feb-27 to 2029	2.11	90	Vasorex
	Tab 5 mg – 5% DV Feb-27 to 2029	1.54	90	Vasorex
	Tab 10 mg – 5% DV Feb-27 to 2029	1.74	90	Vasorex
48	PROPRANOLOL (delisting) Cap long-acting 160 mg	18.17	100	Cardinol LA
	Note – Cardinol LA cap long-acting 160 mg to be delisted from 1 January 2027.			
50	CLONIDINE (↑ price and addition of PSS) Patch 2.5 mg, 100 mcg per day – 5% DV Feb-27 to 2029	17.64	4	Mylan
	Patch 5 mg, 200 mcg per day – 5% DV Feb-27 to 2029	20.26	4	Mylan
	Patch 7.5 mg, 300 mcg per day – 5% DV Feb-27 to 2029	26.49	4	Mylan
51	INDAPAMIDE (↑ price and addition of PSS) Tab 2.5 mg – 5% DV Feb-27 to 2029	20.85	90	Dapa-Tabs
54	ISOSORBIDE MONONITRATE (↑ price and addition of PSS) Tab long-acting 60 mg – 5% DV Feb-27 to 2029	16.25	90	Duride
61	SILDENAFIL (new listing) → Tab 50 mg.....	1.45	4	Sildenafil (Amarox)

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2026 (continued)

DERMATOLOGICALS

69	PARAFFIN (↓ price and addition of PSS) White soft – 5% DV Feb-27 to 2029 4.70	450 g		EVARA White Soft Paraffin
	Note: DV limit applies to the pack sizes of 500 g or less and greater than 30 g.			
70	BETAMETHASONE DIPROPIONATE (addition of PSS) Crm 0.05% – 5% DV Feb-27 to 2029 36.00	50 g		Diprosone
	Note: DV limit applies to the pack sizes of greater than 30 g.			
	Oint 0.05% – 5% DV Feb-27 to 2029 36.00	50 g		Diprosone
	Note: DV limit applies to the pack sizes of greater than 30 g.			
70	HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN (↑ price and addition of PSS) Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – 5% DV Feb-27 to 2029 14.75	250 ml		DP Lotn HC
71	ACITRETIN (↑ price and addition of PSS) Cap 10 mg – 5% DV Feb-27 to 2029 30.13	60		Novatretin
	Cap 25 mg – 5% DV Feb-27 to 2029 65.98	60		Novatretin
71	PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESC EIN (↑ price and addition of PSS) Soln 2.3% with trolamine laurilsulfate and fluorescein sodium – 5% DV Feb-27 to 2029 8.99	500 ml		Pinetarsol

GENITO-URINARY SYSTEM

74	NYSTATIN (↑ price and addition of PSS) Vaginal crm 100,000 u per 5 g with applicator(s) – 5% DV Feb-27 to 2029 5.87	75 g		Nilstat
76	FINASTERIDE (↑ price and addition of PSS) → Tab 5 mg – 5% DV Feb-27 to 2029 5.11	100		Ricit
76	TAMSULOSIN HYDROCHLORIDE (new listing) → Cap 400 mcg 28.56	100		Aurobindo Tamsulosin

INFECTIONS

90	CEFAZOLIN (↑ price and addition of PSS) Inj 500 mg vial – 5% DV Feb-27 to 2029 3.48	5		Cefazolin-AFT
90	CEFAZOLIN (addition of PSS) Inj 1 g vial – 5% DV Feb-27 to 2029 3.59	5		Cefazolin-AFT
	Inj 2 g vial – 5% DV Feb-27 to 2029 7.09	5		Cefazolin-AFT
92	CLARITHROMYCIN (↑ price and addition of PSS) → Inj 500 mg vial – 5% DV Feb-27 to 2029 16.95	1		Klacid IV

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2026 (continued)

93	AMOXICILLIN WITH CLAVULANIC ACID (↑ price and addition of PSS) Tab 500 mg with clavulanic acid 125 mg – 5% DV Feb-27 to 2029	1.66	10	Curam Duo 500/125
93	BENZYLPENICILLIN SODIUM [PENICILLIN G] (↑ price and addition of PSS) Inj 600 mg (1 million units) vial – 5% DV Apr-27 to 2029	27.43	10	Sandoz
101	TERBINAFINE (↑ price and addition of PSS) Tab 250 mg – 5% DV Feb-27 to 2029	12.53	84	Deolate
101	DAPSONE (new listing) → Tab 25 mg.....	227.00	100	Dapsone (Rising)
106	LAMIVUDINE (↑ price and addition of PSS) → Tab 150 mg – 5% DV Feb-27 to 2029	150.00	60	Lamivudine Viatris
106	ZIDOVUDINE WITH LAMIVUDINE (delisting) → Tab 300 mg with lamivudine 150 mg Note – Lamivudine/Zidovudine Viatris tab 300 mg with lamivudine 150 mg to be delisted from 1 February 2027. This delist applies to Pharmacode 2645300.	92.40	60	Lamivudine/Zidovudine Viatris
106	ATAZANAVIR SULPHATE (new listing) → Cap 150 mg – 5% DV Feb-26 to 2028..... → Cap 200 mg – 5% DV Feb-26 to 2028..... Note – these are new Pharmacode listings; 2736306 and 2736314, respectively.	102.50 152.30	60 60	Atazanavir Viatris Atazanavir Viatris
107	LAMIVUDINE (↑ price and addition of PSS) Tab 100 mg – 5% DV Feb-27 to 2029	15.00	28	Zetlam

MUSCULOSKELETAL SYSTEM

116	TERIPARATIDE (new listing) → Inj 250 mcg per ml, 2.4 ml.....	200.27	1	Teriparatide Teva S29
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NERVOUS SYSTEM

122	DEXMEDETOMIDINE (brand change and addition of PSS) Inj 100 mcg per ml, 2 ml ampoule – 5% DV Apr-27 to 2029 ... Note – Dexmedetomidine Viatris inj 100 mcg per ml, 2 ml vial to be delisted 1 April 2027. This delist applies to Pharmacodes 2660008 and 2696258.	10.28	5	Dexmedetomidine Medsurge
123	KETAMINE (delisted) Inj 100 mg per ml, 2 ml vial – 5% DV Jan-27 to 2029	36.23	5	Ketalar
123	BUPIVACAINE HYDROCHLORIDE (↑ price and addition of PSS) Inj 5 mg per ml, 4 ml ampoule – 5% DV Feb-27 to 2029..... Inj 2.5 mg per ml, 20 ml ampoule sterile pack – 5% DV Feb-27 to 2029	65.63 30.80	5 5	Marcaïn Isobaric Marcaïn

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2026 (continued)

124	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE (new listing) Gel 4% with 0.18% adrenaline and 0.5% tetracaine, 4 ml vial...	102.50	5	Laceraine
125	ROPIVACAINE HYDROCHLORIDE (↑ price and addition of PSS)			
	Inj 2 mg per ml, 10 ml ampoule – 5% DV Feb-27 to 2029.....	10.10	5	Ropivacaine Kabi
	Inj 2 mg per ml, 20 ml ampoule – 5% DV Feb-27 to 2029.....	10.55	5	Ropivacaine Kabi
	Inj 2 mg per ml, 100 ml bag – 5% DV Feb-27 to 2029.....	33.85	5	Ropivacaine Kabi
	Inj 2 mg per ml, 200 ml bag – 5% DV Feb-27 to 2029.....	44.70	5	Ropivacaine Kabi
	Inj 7.5 mg per ml, 10 ml ampoule – 5% DV Feb-27 to 2029.....	11.35	5	Ropivacaine Kabi
	Inj 7.5 mg per ml, 20 ml ampoule – 5% DV Feb-27 to 2029.....	13.90	5	Ropivacaine Kabi
	Inj 10 mg per ml, 10 ml ampoule – 5% DV Feb-27 to 2029.....	12.00	5	Ropivacaine Kabi
	Inj 10 mg per ml, 20 ml ampoule – 5% DV Feb-27 to 2029.....	18.15	5	Ropivacaine Kabi
126	PARACETAMOL (↑ price and addition of PSS)			
	Suppos 125 mg – 5% DV Feb-27 to 2029.....	4.93	10	Gacet
	Suppos 250 mg – 5% DV Feb-27 to 2029.....	6.20	10	Gacet
	Suppos 500 mg – 5% DV Feb-27 to 2029.....	18.00	50	Gacet
127	FENTANYL (↑ price and addition of PSS)			
	Inj 10 mcg per ml, 100 ml bag – 5% DV Apr-27 to 2029.....	119.25	5	Biomed
127	MORPHINE SULPHATE (↑ price and addition of PSS)			
	Inj 1 mg per ml, 100 ml bag – 5% DV Feb-27 to 2029.....	119.25	5	Biomed
	Inj 1 mg per ml, 10 ml syringe – 5% DV Feb-27 to 2029.....	30.00	5	Biomed
	Inj 1 mg per ml, 50 ml syringe – 5% DV Feb-27 to 2029.....	74.75	5	Biomed
128	REMIFENTANIL (↑ price and addition of PSS)			
	Inj 1 mg vial – 5% DV Feb-27 to 2029.....	15.80	5	Remifentanil-AFT
	Inj 2 mg vial – 5% DV Feb-27 to 2029.....	21.22	5	Remifentanil-AFT
129	ESCITALOPRAM (↑ price and addition of PSS)			
	Tab 10 mg – 5% DV Feb-27 to 2029.....	0.95	28	Ipca-Escitalopram
	Tab 20 mg – 5% DV Feb-27 to 2029.....	1.80	28	Ipca-Escitalopram
134	BETAHISTINE DIHYDROCHLORIDE (↑ price and addition of PSS)			
	Tab 16 mg – 5% DV Feb-27 to 2029.....	6.55	100	Serc
134	CYCLIZINE LACTATE (brand change and addition of PSS)			
	Inj 50 mg per ml, 1 ml ampoule – 5% DV Feb-27 to 2028.....	6.98	5	Cyclizine lactate Medsurge
	Note – Hameln inj 50 mg per ml, 1 ml ampoule to be delisted 1 February 2027.			
134	DROPERIDOL (delisting)			
	Inj 2.5 mg per ml, 1 ml ampoule.....	43.85	10	Droperidol Panpharma
	Note – Droperidol Panpharma inj 2.5 mg per ml, 1 ml ampoule to be delisted from 1 December 2026.			
136	OLANZAPINE (new listing)			
	Tab 2.5 mg.....	1.96	28	AP0-Olanzapine
	Tab 5 mg.....	2.90	28	AP0-Olanzapine
	Tab 10 mg.....	2.97	28	AP0-Olanzapine

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2026 (continued)

143	TEMAZEPAM († price and addition of PSS) Tab 10 mg – 5% DV Feb-27 to 2029	1.47	25	Normison
147	DONEPEZIL HYDROCHLORIDE († price and addition of PSS) Tab 5 mg – 5% DV Feb-27 to 2029	3.85	84	Ipca-Donepezil
	Tab 10 mg – 5% DV Feb-27 to 2029	5.90	84	Ipca-Donepezil
148	NALTREXONE HYDROCHLORIDE (new listing) → Tab 50 mg.....	106.45	30	Naltrexone-GH

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

154	HYDROXYUREA [HYDROXYCARBAMIDE] († price and addition of PSS) Cap 500 mg – 5% DV Feb-27 to 2029	25.98	100	Devatis
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RESPIRATORY SYSTEM AND ALLERGIES

175	ANASTROZOLE († price and addition of PSS) Tab 1 mg – 5% DV Feb-27 to 2029	6.25	30	Anatrole
264	CETIRIZINE HYDROCHLORIDE († price) Oral liq 1 mg per ml	5.75	200 ml	Histaclear
269	MONTELUKAST (new listing) Tab 4 mg.....	3.10	28	Montelukast (Sandoz)

SENSORY ORGANS

279	ATROPINE SULPHATE († price and addition of PSS) Eye drops 1% – 5% DV Feb-27 to 2029	19.18	15 ml	Atropt
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VARIOUS

286	CHLORHEXIDINE WITH CETRIMIDE (new listing) Irrigation soln 0.05% with cetrimide 0.5%, 30 ml ampoule	29.70	30	LumaCina
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SPECIAL FOODS

292	PROTEIN SUPPLEMENT († price) → Powder 6 g protein per 7 g, can	17.90	227 g	Resource Beneprotein
298	LOW-GI ORAL FEED 1 KCAL/ML († price) → Liquid 7 g protein, 10.9 g carbohydrate, 2.7 g fat and 2 g fibre per 100 ml, 200 ml bottle	8.99	4	Nutren Diabetes (vanilla)
299	AMINO ACID ORAL FEED († price) → Powder 11 g protein, 62 g carbohydrate and 1 g fat per sachet, 80 g sachet.....	48.15	10	Vivonex TEN

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2026 (continued)

301	AMINO ACID FORMULA (↑ price) → Powder 13.3 g protein, 57 g carbohydrate and 24.6 g fat per 100 g, can 46.65	400 g	Alfamino
	→ Powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can 46.65	400 g	Alfamino Junior
306	LOW ELECTROLYTE ORAL FEED 2 KCAL/ML (↑ price) → Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, 200 ml bottle 14.17	4	Novasource Renal (Vanilla)
306	HIGH ARGININE ORAL FEED 1.4 KCAL/ML (↑ price) → Liquid 10.4 g protein, 8 g carbohydrate, 4.4 g fat and 0 g fibre per 100 ml, 250 ml carton 59.90	10	Impact Advanced Recovery
307	ORAL FEED (↑ price) → Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can 19.08	840 g	Sustagen Hospital Formula (Chocolate) Sustagen Hospital Formula (Vanilla)

VACCINES

311	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (amended restriction criteria) → Inj 10 mcg vial with diluent syringe – 5% DV Dec-24 to 2027 ... 0.00	1	Act-HIB
	Restricted Initiation <i>Therapy limited to 1 dose</i> Any of the following: 1 For primary vaccination in children; or 2 An additional dose (as appropriate) is funded for (re-) immunisation for patients post haematopoietic stem cell transplantation , or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or 3 An additional 3 doses (as appropriate) funded for (re-) immunisation for people post haematopoietic stem cell transplantation; or 4-3 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.		

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