PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

September 2026

Contents

Summary of Pharmac decisions
EFFECTIVE 1 SEPTEMBER 2026

New listings (pages 19-20)

- Calcitriol (Calcitriol Devatis) cap 0.25 mcg and cap 0.5 mcg
- Enoxaparin sodium – Subsidy by endorsement; can be waived by Special Authority – Subsidy by Endorsement
  - 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) – Up to 2 inj available on a PSO
  - Inj 120 mg in 0.8 ml syringe (Clexane Forte)
  - Inj 150 mg in 1 ml syringe (Clexane Forte)
- Water (Multichem) inj 20 ml ampoule – Up to 5 inj available on a PSO
- Perindopril tab 2.5 mg (Coversyl 2.5), tab 5 mg (Coversyl 5) and tab 10 mg (Coversyl 10)
- Tamsulosin hydrochloride (Aurobindo Tamsulosin) cap 400 mcg – Special Authority – Retail pharmacy – s29 and wastage claimable
- Dapsone (Dapsone (Rising)) tab 25 mg – Retail pharmacy – Specialist – No patient co-payment payable – s29 and wastage claimable
- Atazanavir sulphate (Atazanavir Viatris) cap 150 mg and cap 200 mg – Special Authority – Retail pharmacy
- Cyclizine lactate (Cyclizine lactate Medsurge) inj 50 mg per ml, 1 ml ampoule – Up to 10 inj available on a PSO
- Olanzapine (APO-Olanzapine) tab 2.5 mg, tab 5 mg and tab 10 mg – Safety medicine; prescriber may determine dispensing frequency – s29 and wastage claimable
- Naltrexone hydrochloride (Naltrexone-GH) tab 50 mg – Special Authority – Retail pharmacy – s29 and wastage claimable
- Montelukast (Montelukast (Sandoz)) tab 4 mg – s29 and wastage claimable

Changes to restrictions (pages 21-24)

- Hyoscine butylbromide (Spazmol) inj 20 mg, 1 ml ampoule – amended presentation description
- Dulaglutide (Trulicity) inj 1.5mg per 0.5 ml prefilled pen – amended Special Authority criteria
- Liraglutide (Victoza) inj 6 mg per ml, 3 ml prefilled pen – amended Special Authority criteria
- SGLT2 Inhibitors – amended Special Authority criteria
- Perindopril – reinstate stat dispensing
  - Tab 2 mg (Coversyl)
  - Tab 2.5 mg (Coversyl 2.5)
  - Tab 4 mg (Coversyl)
  - Tab 5 mg (Coversyl 5)
  - Tab 8 mg (Coversyl)
  - Tab 10 mg (Coversyl 10)
- Oestradiol (Estradiol TDP Mylan) patch 25 mcg, 50 mcg, 75 mcg and 100 mg per 24 hours – amended presentation description, addition of stat dispensing and 'Only on a prescription' rule
- Haemophilus influenzae type B vaccine (Act-HIB) inj 10 mcg vial with diluent syringe – amended eligibility criteria

Increased subsidy (pages 25-28)

- Hyoscine butylbromide (Spazmol) inj 20 mg, 1 ml ampoule
- Docusate sodium (Coloxyl) tab 50 mg and tab 120 mg
- Poloxamer (Coloxyl) oral drops 10%, 30 ml OP
- Nystatin (Nilstat) oral liq 100,000 u per ml, 24 ml OP
- Vitamin B complex (Bplex) tab, strong, BPC
- Calcium carbonate (Calci-Tab 500) tab 1.25 g (500mg elemental)
- Potassium iodate (NeuroTabs) tab 253 mcg (150 mcg elemental iodine)
- Glucose [Dextrose] (Biomed) inj 50%, 10 ml ampoule and inj 50%, 90 ml bottle
- Captopril (DP-Captopril) oral liq 5 mg per ml, 100 ml OP
- Bisoprolol fumarate (Ipca-Bisoprolol) tab 5 mg and 10 mg
- Amlodipine (Vasorex) tab 2.5 mg, 5 mg and 10 mg
- 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
- Indapamide (Dapa-Tabs) tab 2.5 mg
- Isosorbide mononitrate (Duride) tab long-acting 60 mg

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

- Hydrocortisone and paraffin liquid and lanolin (DP Lotn HC) lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml
- Acitretin (Novatretin) cap 10 mg and 25 mg
- Pine tar with trolamine laurilsulfate and fluorescein (Pinetarsol) soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml
- Nystatin (Nilstat) vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP
- Finasteride (Ricit) tab 5 mg
- Testosterone undecanoate (Steril-Gene) cap 40 mg
- Cefazolin (Cefazolin-AFT) inj 500 mg vial
- Amoxicillin with clavulanic acid (Curam Duo 500/125) tab 500 mg with clavulanic acid 125 mg
- Benzylpenicillin sodium [Penicillin G] (Sandoz) inj 600 mg (1 million units) vial
- Terbinafine (Deolate) tab 250 mg
- Lamivudine (Zetlam) tab 100 mg
- Lamivudine (Lamivudine Viatris) tab 150 mg
- Paracetamol (Gacet) suppos 125 mg, 250 mg and 500 mg
- Escitalopram (Ipca-Escitalopram) tab 10 mg and 20 mg
- Betahistine dihydrochloride (Serc) tab 16 mg
- Temazepam (Normison) tab 10 mg
- Donepezil hydrochloride (Ipca-Donepezil) tab 5 mg and 10 mg
- Hydroxyurea [Hydroxycarbamide] (Devatis) cap 500 mg
- Anastrozole (Anatrole) tab 1 mg
- Cetirizine hydrochloride (Histaclear) oral liq 1 mg per ml, 200 ml
- Atropine sulphate (Atropt) eye drops 1%, 15 ml OP
- Protein supplement (Resource Beneprotein) powder, 227 g OP
- Diabetic oral feed 1kcal/ml (Nutren Diabetes) liquid (vanilla), 200 ml bottle
- Peptide-based oral feed (Peptamen Junior) powder, 400 g OP
- Renal oral feed 2 kcal/ml (NovaSource Renal) liquid, 200 ml bottle, 4 OP
- Oral elemental feed 1kcal/ml (Vivonex TEN) powder (unflavoured), 80 g sachet
- Oral feed (powder) (Sustagen Hospital Formula) powder (chocolate) and powder (vanilla), 840 g OP
- Amino acid formula (Alfamino) and (Alfamino Junior) powder, 400 g OP

Decreased subsidy (pages 25-27)

- Ursodeoxycholic acid (Ursosan) cap 250 mg
- Paraffin (EVARA White Soft Paraffin) white soft, 450 g
- Bortezomib (Baxter) inj 1 mg for ECP

Increased Price But Not subsidy (page 25)

- Sodium tetradecyl sulphate (Fibro-vein) inj 3% 2 ml

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Icatibant	Inj 10 mg per ml, 3 ml prefilled syringe; 1 inj	PSS	Icatibant Lupin (Lupin)
Pirfenidone	Tab 267 mg; 90 tab	PSS	Pirfenidone Sandoz (Sandoz)
Pirfenidone	Tab 801 mg; 90 tab	PSS	Pirfenidone Sandoz (Sandoz)

Looking Forward

This section is designed to alert both pharmacists and prescribers to possible future changes to the Pharmaceutical Schedule. It may also assist pharmacists, distributors and wholesalers to manage stock levels.

Decisions for implementation 1 October 2026

- Methylphenidate hydrochloride (Rubifen LA) cap modified-release 10 mg, 20 mg, 30 mg, 40 mg and 60 mg – new listings
- Rosuvastatin (Rosuvastatin Mylan, Rosuvastatin Viatris and Rosuvastatin – Sandoz) tab 5 mg, 10 mg, 20 mg and 40 mg – removal of Special Authority criteria

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to September 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	Accarb	2027
Acetazolamide	Tab 250 mg	Medsurge	2027
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2027
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg Eye oint 3%, 4.5 g OP	Lovir ViruPOS	2028 2027
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	Crm, 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
Betamethasone valerate	Lotn 0.1% Crm 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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	Crm, 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
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Carvedilol Sandoz	2029
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	Celostea Celebrex	2028
Cetomacrogol	Crm BP, 500 g	Cetomacrogol-AFT	2027
Cetomacrogol with glycerol	Crm 90% with glycerol 10%, 460 g OP & 920 g OP	Evara	2028
Chloramphenicol	Eye drops 0.5%, 10 ml OP Eye oint 1%, 5 g OP	Chlorafast Devatis	2028
Chlortalidone [Chlorthalidone]	Tab 25 mg	Hygroton	2028
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2027
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 750 mg	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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Clobetasol propionate	Crm & 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	Crm 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) LP.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) LP.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	Crm 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	Dexmethsone	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
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	Crm 5% pump bottle Lotn 4%	HydraLock healthE Dimethicone 4% Lotion	2028

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

Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml prefilled syringe	Boostrix	2027
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe;	Infanrix IPV	2027
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria with 40IU tetanus and 25mcg pertussis toxoids, 25mcg pertussis filamentous haemagglutinin, 8mcg pertactin, 80D-AgU polio virus, 10mcg hepatitis B antigen, 10mcg H. influenzae type b with tetanus toxoid 20-40mcg in 0.5ml syringe	Infanrix-hexa	2027
Docusate sodium 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	Crm 1%	Pevaryl	2027
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate)	Tenofovir Disproxil Emitractabine 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
Ethinyloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tabs Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tabs	Lo-Oralcon 20 ED Oralcon 30 ED	2028
Felodipine	Tab long-acting 2.5 mg Tab long-acting 5 mg Tab long-acting 10 mg	Plendil ER Felo 5 ER Felo 10 ER	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
Fentanyl	Inj 50 mcg per ml, 2 ml ampoule and 10 ml ampoule Patches 12.5 mcg, 25 mcg, 50 mcg, 75 mcg & 100 mcg per hour	Boucher and Muir Fentanyl Sandoz	2027
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2027
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2027
Ferrous sulfate	Oral liq 30 mg (6 mg elemental) per 1 ml	Ferro-Liquid	2028
Fexofenadine hydrochloride	Tab 120 mg & 180 mg	Fexaclear	2027
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	2027
Flucloxacillin	Cap 250 mg & 500 mg Grans for oral liq 25 mg & 50 mg per ml, 100 ml	Staphlex AFT	2027
Fludrocortisone acetate	Tab 100 mcg	Florinef	2028
Fluorouracil	Crm 5%, 20 g OP	Efudix	2027
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow – Fluoxetine Fluox	2028
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP	Flixonase Hayfever & Allergy	2028
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]	Inj 10 mg per ml, 2 ml ampoule Tab 40 mg	Furosemide-AFT IPCA-Frusemide	2028 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
Haloperidol	Inj 5 mg per ml, 1 ml ampoule	Serenace	2029
Heparin sodium	Inj 5,000 iu per ml, 5 ml ampoule	Pfizer	2028
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 0.5 ml syringe	Havrix 1440	2027
Hepatitis B recombinant vaccine	Inj 10 mcg per 0.5 ml prefilled syringe Inj 20 mcg per 1 ml prefilled syringe	Engerix-B	2027
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mcg in 0.5 ml syringe	Gardasil 9	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone	Crm 1% Crm 1%, 500 g Inj 100 mg vial	Ethics Noumed Solu-Cortef	2028 2027
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2027
Hydrogen peroxide	Crm 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 (Adiramedica)	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 Viatris	31/01/2028
Letrozole	Tab 2.5 mg	Letrole	2027
Levodopa with carbidopa	Tab 100 mg with carbidopa 25 mg Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2027
Levodopa with carbidopa and entacapone	Tab 50 mg with carbidopa 12.5 mg and entacapone 200 mg Tab 100 mg with carbidopa 25 mg and entacapone 200 mg Tab 150 mg with carbidopa 37.5 mg and entacapone 200 mg Tab 200 mg with carbidopa 50 mg and entacapone 200 mg	Stalevo	2027
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2028
Levonorgestrel	Tab 1.5 mg	Levonorgestrel-1 (Lupin)	2028
Lidocaine [lignocaine]	Gel 2%, 11 ml urethral syringe	Instillagel Lido	2028

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Generic Name	Presentation	Brand Name	Expiry Date*
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	**Tab 5 mg** Oral liq 2 mg per ml, 200 ml Oral liq 5 mg per ml, 200 ml Oral liq 10 mg per ml, 200 ml	**Methadone BNM** Biodone Biodone Forte Biodone Extra Forte	**2028** 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
Modafinil	Tab 100 mg	Modafinil Max Health	2027
Mometasone furoate	Lotn 0.1%, 30 ml OP Oint 0.1%; 15 g & 50 g OP Crm 0.1%, 15 g & 50 g OP	Elocon Elocon Alcohol Free	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 September 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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	Crm	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
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

**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 September 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	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 September 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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]	Crm 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
Spironolactone	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	Crm 0.5 mg per g, 50 g OP	ReTrieve	2027
Trimethoprim	Tab 300 mg	TMP	2027
Trimethoprim with sulphamethoxazole [co-trimoxazole]	Oral liq 8 mg sulphamethoxazole 40 mg per ml Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Deprim Trisul	2028 2027

**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 September 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
Varenicline tartrate	**Tab 0.5 mg x 11 and 1 mg x 42** **Tab 1 mg**	**Pharmacor Varenicline**	**2028**
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2027
Vinorelbine	Cap 20 mg, 30 mg & 80 mg	Vinorelbine Te Arai	2028
Voriconazole	Tab 50 mg & 200 mg	Vttack	2028
Zoledronic acid	Inj 0.05 mg per ml, 100 ml, bag Inj 4 mg per 5 ml, vial	Zoledronic Acid Viatris Zoledronic Acid Viatris	2028 2027
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2027

September 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 September 2026

33 CALCITRIOL

✳ Cap 0.25 mcg	6.31	100	✔**Calcitriol Devatis**
✳ Cap 0.5 mcg	10.94	100	✔**Calcitriol Devatis**

43 ENOXAPARIN SODIUM – Subsidy by endorsement; can be waived by Special Authority see SA2628

Subsidy by Endorsement - enoxaparin 100 mg syringe available on PSO for use within a Primary Response in Medical Emergencies (PRIME) service and the PSO is endorsed accordingly.

Inj 20 mg in 0.2 ml syringe	21.90	10	✔**Clexane**
Inj 40 mg in 0.4 ml syringe	29.74	10	✔**Clexane**
Inj 60 mg in 0.6 ml syringe	42.47	10	✔**Clexane**
Inj 80 mg in 0.8 ml syringe	56.62	10	✔**Clexane**
Inj 100 mg in 1 ml syringe – Up to 2 inj available on a PSO	70.91	10	✔**Clexane**
Inj 120 mg in 0.8 ml syringe	88.11	10	✔**Clexane Forte**
Inj 150 mg in 1 ml syringe	100.70	10	✔**Clexane Forte**

Note – these are new Pharmacode listings; 2732955, 2732963, 2732971, 2732998, 2733005, 2733013 and 2733021, respectively.

46 WATER

1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or
2) On a bulk supply order; or
3) When used in the extemporaneous compounding of eye drops; or
4) When used for the dilution of sodium chloride soln 7% for cystic fibrosis patients only.

Inj 20 ml ampoule – Up to 5 inj available on a PSO	8.40	20	✔**Multichem**

47 PERINDOPRIL

✳ 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**

82 TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy

Cap 400 mcg	28.56	100	✔**Aurobindo Tamsulosin** S29

Wastage claimable

106 DAPSONE – Retail pharmacy – Specialist

a) No patient co-payment payable
b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or dermatologist

Tab 25 mg	227.00	100	✔**Dapsone (Rising)** S29

Wastage claimable

116 ATAZANAVIR SULPHATE – Special Authority see SA2139 – Retail pharmacy

✳ Cap 150 mg	102.50	60	✔**Atazanavir Viatris**
✳ Cap 200 mg	152.30	60	✔**Atazanavir Viatris**

Note – these are new Pharmacode listings; 2736306 and 2736314, respectively.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

New Listings – effective 1 September 2026 (continued)

137 CYCLIZINE LACTATE
Inj 50 mg per ml, 1 ml ampoule
– Up to 10 inj available on a PSO — 6.98 — 5 — ✔**Cyclizine lactate Medsurge**

140 OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency
Tab 2.5 mg — 1.96 — 28 — ✔**APO-Olanzapine** S29
Wastage claimable
Tab 5 mg — 2.90 — 28 — ✔**APO-Olanzapine** S29
Wastage claimable
Tab 10 mg — 2.97 — 28 — ✔**APO-Olanzapine** S29
Wastage claimable

155 NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy
Tab 50 mg — 106.45 — 30 — ✔**Naltrexone-GH** S29
Wastage claimable

275 MONTELUKAST
✻ Tab 4 mg — 3.10 — 28 — ✔**Montelukast (Sandoz)** S29
Wastage claimable

Effective 10 August 2026

62 SILDENAFIL – Special Authority see SA2558 – Retail pharmacy
Tab 50 mg — 1.45 — 4 — ✔**Sildenafil (Amarox)** S29
Wastage claimable

122 TERIPARATIDE – Special Authority see SA1139 – Retail pharmacy
Inj 250 mcg per ml, 2.4 ml — 200.27 — 1 — ✔**Teriparatide Teva S29** S29

Changes to Restrictions, Chemical Names and Presentations

Effective 1 September 2026

9 HYOSCINE BUTYLBROMIDE (amended presentation description)
✻ Inj 20 mg, 1 ml **ampoule** – Up to 5 inj available on a PSO ..... 5.54 5 ✔**Spazmol**

12 DULAGLUTIDE – Special Authority see **SA2690** ~~2509~~ – Retail pharmacy (amended Special Authority 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 1.5mg per 0.5 ml prefilled pen..... 115.23 4 ✔**Trulicity**

➽ **SA2690** ~~2509~~ Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
All of the following:
1 Patient has type 2 diabetes; and
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
3 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.
~~3 Any of the following:~~
~~3.1 Patient is Māori or any Pacific ethnicity*; or~~
~~3.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or~~
~~3.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or~~
~~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~~
~~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/1.73m^2 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.~~

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 September 2026 (continued)

13 LIRAGLUTIDE – Special Authority see **SA2691** ~~2510~~ – Retail pharmacy (amended Special Authority criteria)

a) No more than 0.1 inj per day

b) 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**

➽ **SA2691** ~~2510~~ Special Authority for Subsidy

Initial application – (Type 2 Diabetes) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

1 Patient has type 2 diabetes; and

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

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.

~~3 Any of the following:~~

~~3.1 Patient is Māori or any Pacific ethnicity*; or~~

~~3.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or~~

~~3.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or~~

~~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~~

~~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/1.73m^2 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.~~

Changes to Restrictions – effective 1 September 2026 (continued)

14 SGLT2 Inhibitors (amended Special Authority criteria – affected criteria shown only)

SA2692 ~~2408~~ Special Authority for Subsidy

Initial application – (Type 2 Diabetes) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

~~Either~~ **Both**:

~~1 Patient has previously received an initial approval for a GLP-1 agonist; or~~

1 ~~2 All of the following~~ **Either**:

1.1 Both

1.1.1 ~~2.1~~ Patient has type 2 diabetes; and

~~2.2 Any of the following:~~

~~2.2.1 Patient is Māori or any Pacific ethnicity*; or~~

~~2.2.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or~~

~~2.2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or~~

~~2.2.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or~~

~~2.2.5 Patient has diabetic kidney disease (see note b)*; and~~

1.1.2 ~~2.3~~ 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**

1.2 Patient has previously had an initial approval for a GLP-1 agonist and is changing funded treatment to an SGLT2i, and

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/1.73m² 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.~~

47 PERINDOPRIL (reinstate stat dispensing)

❋ Tab 2 mg	1.79	30	✔**Coversyl**
❋ Tab 2.5 mg	1.79	30	✔**Coversyl 2.5**
❋ Tab 4 mg	2.44	30	✔**Coversyl**
❋ Tab 5 mg	2.44	30	✔**Coversyl 5**
❋ Tab 8 mg	3.94	30	✔**Coversyl**
❋ Tab 10 mg	3.94	30	✔**Coversyl 10**

87 OESTRADIOL (amended presentation description, addition of stat dispensing and 'Only on a prescription' rule)

❋ Patch 25 mcg per **24 hours** ~~day~~ – **Only on a prescription**	8.89	8	✔**Estradiol TDP Mylan**
❋ Patch 50 mcg per **24 hours** ~~day~~ – **Only on a prescription**	9.26	8	✔**Estradiol TDP Mylan**
❋ Patch 75 mcg per **24 hours** ~~day~~ – **Only on a prescription**	10.33	8	✔**Estradiol TDP Mylan**
❋ Patch 100 mcg per **24 hours** ~~day~~ – **Only on a prescription**	10.59	8	✔**Estradiol TDP Mylan**

Note – these changes only apply to Estradiol TDP Mylan patches.

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 September 2026 (continued)

315 HAEMOPHILUS INFLUENZAE TYPE B VACCINE (amended eligibility criteria)

a) Only on a prescription

b) No patient co-payment payable

c)

A) One dose for people meeting any of the following:

1) For primary vaccination in children; or

2) An additional dose (as appropriate) is funded for (re-) immunisation for people 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.

B) Contractors will be entitled to claim payment from the Funder for the supply of Haemophilus influenzae type b vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand (Health NZ) for subsidised immunisation, and they may only do so in respect of the Haemophilus influenzae type b vaccine listed in the Pharmaceutical Schedule.

C) Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

Inj 10 mcg vial with diluent syringe ..... 0.00 1 ✔**Act-HIB**

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 September 2026

9	HYOSCINE BUTYLBROMIDE (↑ subsidy)			
	✳ Inj 20 mg, 1 ml ampoule – Up to 5 inj available on a PSO	5.54	5	✔ **Spazmol**
24	URSODEOXYCHOLIC ACID – Special Authority see SA2448 – Retail pharmacy (↓ subsidy)			
	Cap 250 mg	33.45	100	✔ **Ursosan**
25	DOCUSATE SODIUM – Only on a prescription (↑ subsidy)			
	✳ Tab 50 mg	3.53	100	✔ **Coloxyl**
	✳ Tab 120 mg	5.65	100	✔ **Coloxyl**
25	POLOXAMER – Only on a prescription (↑ subsidy)			
	Not funded for use in the ear.			
	✳ Oral drops 10%	4.38	30 ml OP	✔ **Coloxyl**
32	NYSTATIN (↑ subsidy)			
	Oral liq 100,000 u per ml	2.73	24 ml OP	✔ **Nilstat**
33	VITAMIN B COMPLEX (↑ subsidy)			
	✳ Tab, strong, BPC	14.30	500	✔ **Bplex**
34	CALCIUM CARBONATE (↑ subsidy)			
	✳ Tab 1.25 g (500 mg elemental)	7.48	250	✔ **Calci-Tab 500**
34	POTASSIUM IODATE (↑ subsidy)			
	✳ Tab 253 mcg (150 mcg elemental iodine)	6.94	90	✔ **NeuroTabs**
40	SODIUM TETRADECYL SULPHATE (↑ price but not subsidy)			
	✳ Inj 3% 2 ml	28.50 (144.20)	5	Fibro-vein
45	GLUCOSE [DEXTROSE] (↑ subsidy)			
	✳ Inj 50%, 10 ml ampoule – Up to 5 inj available on a PSO	37.25	5	✔ **Biomed**
	✳ Inj 50%, 90 ml bottle – Up to 5 inj available on a PSO	19.20	1	✔ **Biomed**
47	CAPTOPRIL (↑ subsidy)			
	✳ Oral liq 5 mg per ml	98.90	100 ml OP	✔ **DP-Captopril**
	Oral liquid restricted to children under 12 years of age.			
50	BISOPROLOL FUMARATE (↑ subsidy)			
	✳ Tab 5 mg	2.00	90	✔ **Ipca-Bisoprolol**
	✳ Tab 10 mg	2.95	90	✔ **Ipca-Bisoprolol**
52	AMLODIPINE (↑ subsidy)			
	✳ Tab 2.5 mg	2.11	90	✔ **Vasorex**
	✳ Tab 5 mg	1.54	90	✔ **Vasorex**
	✳ Tab 10 mg	1.74	90	✔ **Vasorex**

▲ 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 September 2026 (continued)

52 CLONIDINE (↑ subsidy)

✳ Patch 2.5 mg, 100 mcg per day – Only on a prescription	17.64	4	✔ **Mylan**
✳ Patch 5 mg, 200 mcg per day – Only on a prescription	20.26	4	✔ **Mylan**
✳ Patch 7.5 mg, 300 mcg per day – Only on a prescription	26.49	4	✔ **Mylan**

54 INDAPAMIDE (↑ subsidy)

✳ Tab 2.5 mg	20.85	90	✔ **Dapa-Tabs**

57 ISOSORBIDE MONONITRATE (↑ subsidy)

✳ Tab long-acting 60 mg	16.25	90	✔ **Duride**

71 HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN (↑ subsidy)

Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%			
– Only on a prescription	14.75	250 ml	✔ **DP Lotn HC**

73 PARAFFIN (↓ subsidy)

White soft – Only in combination	4.70	450 g	✔ **EVARA White Soft Paraffin**

74 ACITRETIN – Special Authority see SA2024 – Retail pharmacy (↑ subsidy)

Cap 10 mg	30.13	60	✔ **Novatretin**
Cap 25 mg	65.98	60	✔ **Novatretin**

75 PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCEIN – Only on a prescription (↑ subsidy)

✳ Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	8.99	500 ml	✔ **Pinetarsol**

81 NYSTATIN (↑ subsidy)

Vaginal crm 100,000 u per 5 g with applicator(s)	5.87	75 g OP	✔ **Nilstat**

82 FINASTERIDE – Special Authority see SA0928 – Retail pharmacy (↑ subsidy)

✳ Tab 5 mg	5.11	100	✔ **Ricit**

87 TESTOSTERONE UNDECANOATE (↑ subsidy)

Cap 40 mg – Subsidy by endorsement	40.80	100	✔ **Steril-Gene** S29

Subsidy by endorsement – subsidised for patients who were taking testosterone undecanoate cap 40 mg prior to 1 November 2021 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of testosterone undecanoate cap 40 mg in the preceding 12 months.

95 CEFAZOLIN – Subsidy by endorsement (↑ subsidy)

Only if prescribed for dialysis or cellulitis in accordance with a Health NZ Hospital approved protocol and the prescription is endorsed accordingly.

Inj 500 mg vial	3.48	5	✔ **Cefazolin-AFT**

98 AMOXICILLIN WITH CLAVULANIC ACID (↑ subsidy)

Tab 500 mg with clavulanic acid 125 mg			
– Up to 30 tab available on a PSO	1.66	10	✔ **Curam Duo 500/125**

98 BENZYLPENICILLIN SODIUM [PENICILLIN G] (↑ subsidy)

Inj 600 mg (1 million units) vial			
– Up to 5 inj available on a PSO	27.43	10	✔ **Sandoz**

S29 Unapproved medicine supplied under Section 29

Principal Supply Status/Sole Subsidised Supply

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

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

104	TERBINAFINE (↑ subsidy)			
	✳ Tab 250 mg	12.53	84	✔ **Deolate**
108	LAMIVUDINE – Special Authority see SA1685 – Retail pharmacy (↑ subsidy)			
	✳ Tab 100 mg	15.00	28	✔ **Zetlam**
115	LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy (↑ subsidy)			
	✳ Tab 150 mg	150.00	60	✔ **Lamivudine Viatris**
130	PARACETAMOL (↑ subsidy)			
	✳ Suppos 125 mg	4.93	10	✔ **Gacet**
	✳ Suppos 250 mg	6.20	10	✔ **Gacet**
	✳ Suppos 500 mg	18.00	50	✔ **Gacet**
133	ESCITALOPRAM (↑ subsidy)			
	✳ Tab 10 mg	0.95	28	✔ **Ipca-Escitalopram**
	✳ Tab 20 mg	1.80	28	✔ **Ipca-Escitalopram**
137	BETAHISTINE DIHYDROCHLORIDE (↑ subsidy)			
	✳ Tab 16 mg	6.55	100	✔ **Serc**
147	TEMAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
	Tab 10 mg	1.47	25	✔ **Normison**
153	DONEPEZIL HYDROCHLORIDE (↑ subsidy)			
	✳ Tab 5 mg	3.85	84	✔ **Ipca-Donepezil**
	✳ Tab 10 mg	5.90	84	✔ **Ipca-Donepezil**
162	BORTEZOMIB – PCT only – Specialist – Special Authority see SA2593 (↓ subsidy)			
	Inj 1 mg for ECP	7.13	1 mg	✔ **Baxter**
163	HYDROXYUREA [HYDROXYCARBAMIDE] – PCT – Retail pharmacy – Specialist (↑ subsidy)			
	Cap 500 mg	25.98	100	✔ **Devatis**
185	ANASTROZOLE (↑ subsidy)			
	✳ Tab 1 mg	6.25	30	✔ **Anatrole**
268	CETIRIZINE HYDROCHLORIDE (↑ subsidy)			
	✳ Oral liq 1 mg per ml	5.75	200 ml	✔ **Histaclear**
282	ATROPINE SULPHATE (↑ subsidy)			
	✳ Eye drops 1%	19.18	15 ml OP	✔ **Atropt**
290	PROTEIN SUPPLEMENT – Special Authority see SA1524 – Hospital pharmacy [HP3] (↑ subsidy)			
	Powder	17.90	227 g OP	✔ **Resource Beneprotein**
291	DIABETIC ORAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] (↑ subsidy)			
	Liquid (vanilla), 200 ml bottle	8.99	4	✔ **Nutren Diabetes**
291	PEPTIDE-BASED ORAL FEED – Special Authority see SA1379 – Hospital pharmacy [HP3] (↑ subsidy)			
	Powder	46.65	400 g OP	✔ **Peptamen Junior**

▲ 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 September 2026 (continued)

294 RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] (↑ subsidy)

Liquid, 200 ml bottle	14.17	4 OP	✔ **NovaSource Renal**

292 ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] (↑ subsidy)

Powder (unflavoured), 80 g sachet	48.15	10	✔ **Vivonex TEN**

298 ORAL FEED (POWDER) – Special Authority see SA1859 – Hospital pharmacy [HP3] (↑ subsidy)

Powder (chocolate)	19.08	840 g OP	✔ **Sustagen Hospital Formula**
Powder (vanilla)	19.08	840 g OP	✔ **Sustagen Hospital Formula**

306 AMINO ACID FORMULA – Special Authority see SA2092 – Hospital pharmacy [HP3] (↑ subsidy)

Powder	46.65	400 g OP	✔ **Alfamino** ✔ **Alfamino Junior**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Delisted Items

Effective 1 September 2026

156 VARENICLINE TARTRATE – Special Authority see SA1845 – Retail pharmacy

a) A maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval, including the starter pack

b) Varenicline will not be funded in amounts less than 4 weeks of treatment.

c) The 6-month time period in which a patient can receive a funded 12-week course of varenicline tartrate starts from the date the Special Authority is approved.

Tab 0.5 mg × 11 and 1 mg × 42	16.67	53 OP	✔Champix
Tab 1 mg	17.62	56	✔Champix

▲ 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**

Items to be Delisted

Effective 1 December 2026

138 DROPERIDOL – Subsidy by endorsement
a) Up to 10 inj available on a PSO
b) Only on a PSO
c) Subsidised only for use within a Primary Response in Medical Emergencies (PRIME) service and the PSO is endorse accordingly.

Inj 2.5 mg per ml, 1 ml ampoule	43.85	10	✔ **Droperidol Panpharma**

Effective 1 January 2027

51 PROPRANOLOL

Cap long-acting 160 mg	18.17	100	✔ **Cardinol LA**

Effective 1 February 2027

33 CALCITRIOL

✻ Cap 0.25 mcg	7.89	100	✔ **Calcitriol XL** S29 ✔ **Calcitriol-AFT**
✻ Cap 0.5 mcg	13.68	100	✔ **Calcitriol XL** S29 ✔ **Calcitriol-AFT**

46 WATER
1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or
2) On a bulk supply order; or
3) When used in the extemporaneous compounding of eye drops; or
4) When used for the dilution of sodium chloride soln 7% for cystic fibrosis patients only.

Inj 20 ml ampoule – Up to 5 inj available on a PSO	5.00	20	✔ **Fresenius Kabi**

116 ZIDOVUDINE WITH LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy
Note: zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority.

✻ Tab 300 mg with lamivudine 150 mg	92.40	60	✔ **Lamivudine/Zidovudine Viatris**

Note – this delist applies to Pharmacode 2645300.

133 ESCITALOPRAM

✻ Tab 10 mg	1.07	28	✔ **Escitalopram (Ethics)**

137 CYCLIZINE LACTATE

Inj 50 mg per ml, 1 ml ampoule – Up to 10 inj available on a PSO	17.86	10	✔ **Hameln**

Index
Pharmaceuticals and brands

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