



PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

October 2026

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Summary of Pharmac decisions

EFFECTIVE 1 OCTOBER 2026

New listings (pages 19-20)

- Candesartan cilexetil (Candesarten Viatris) tab 32 mg
- Nifedipine (Nifedipine Extended Release (Viatris)) tab long-acting 60 mg – s29 and wastage claimable
- Ezetimibe with simvastatin tab 10 mg with simvastatin 10 mg (Vytorin), tab 10 mg with simvastatin 20 mg (Ezetimibe Simvastatin Viatris), tab 10 mg with simvastatin 40 mg (Ascend) – s29 and wastage claimable
- Sildenafil (Sildenafil (Crescent)) tab 25 mg – Special Authority – Retail pharmacy – s29 and wastage claimable
- Dimethicone (EVARA Dimethicone 10% Cream) crm 10% pump bottle, 480 g OP
- Povidone iodine oint 10%, 65 g OP (Betadine) – maximum of 130 g per prescription and only on a prescription and skin preparation, povidone iodine 10% with 30% alcohol, 100 ml (Betadine Skin Prep)
- Fluconazole (APO Health Fluconazole One) cap 150 mg – s29
- Dapsone (Dapsomed) tab 50 mg and 100 mg – Retail pharmacy-Specialist – No patient co-payment payable
- Entecavir (Entecavir Sandoz) tab 0.5 mg
- Raltegravir potassium tab 400 mg (Isentress) and 600 mg (Isentress HD) – Special Authority – Retail pharmacy
- Sumatriptan (Sumatriptan Viatris) tab 50 mg and 100 mg – s29 and wastage claimable
- Betahistine dihydrochloride (Serc) tab 16 mg
- Risperidone (Risperidone Sandoz) tab 1 mg – s29 and wastage claimable
- Methylphenidate hydrochloride (Rubifen LA) cap modified-release 10 mg, 20 mg, 30 mg, 40 mg and 60 mg – Special Authority – Retail pharmacy – Only on a controlled drug form – Safety medicine; prescriber may determine dispensing frequency
- Aflibercept (Eylea) inj 40 mg per ml, 0.1 ml vial – Special Authority – Retail pharmacy – new Pharmacode listing
- Pirfenidone (Pirfenidone Sandoz) tab 801 mg – Retail pharmacy-Specialist – Special Authority
- Cyclopentolate hydrochloride (Minims Cyclopentolate) eye drops 1%, single dose, 20 dose
- Tropicamide (Minims Tropicamide) eye drops 0.5%, single dose and eye drops 1%, single dose, 20 dose
- Pharmacy services (BSF Icatibant Lupin) brand switch fee – May only be claimed once per patient

Changes to restrictions (pages 22-28)

- Miconazole (Decozol) oral gel 20 mg per g, 40 g OP – addition of note
- Nystatin (Nilstat) oral liq 100,000 u per ml, 24 ml OP – addition of note
- Prazosin (APO-Prazosin) tab 1 mg, 2 mg and 5 mg – amended brand name, removal of s29 and wastage rules
- Disopyramide (Rythmodan – Cheplafarm, Rythmodan Neon, Rythmodan (Cheplapharm)) cap 100 mg – amended chemical name
- Rosuvastatin (Rosuvastatin Mylan, Rosuvastatin Viatris, Rosuvastatin – Sandoz) tab 5 mg, 10 mg, 20 mg and 40 mg – removal of Special Authority criteria
- Hydrogen peroxide (Crystaderm) crm 1%, 15 g OP – addition of note
- Clotrimazole (Clomazol) crm 1%, 20 g OP – addition of note
- Miconazole nitrate (Multichem) crm 2%, 15 g OP – addition of note
- Hydrocortisone (Ethics) crm 1%, 30 g OP – addition of note
- Hydrocortisone (Noumed) crm 1%, 500g – amended presentation
- Hydrocortisone with miconazole (Micreme H) crm 1% with miconazole nitrate 2%, 15 g OP – addition of note
- Zinc and castor oil (Evara) oint, 500 g – addition of note
- Aqueous cream (Evara) crm, 500 g – addition of note
- Cetomacrogol (Cetomacrogol-AFT) crm BP, 500 g – addition of note
- Cetomacrogol with glycerol (Evara) crm 90% with glycerol 10%, 460 g OP and 920 g OP – addition of note
- Emulsifying ointment (Evara Emulsifying Ointment) oint BP, 500 g – addition of note
- Oil in water emulsion (Fatty Emulsion Cream (Evara)) crm, 500 g – addition of note
- Paraffin (EVARA Paraffin Ointment 50/50) oint liquid paraffin 50% with white soft paraffin 50%, 500 g OP – addition of note
- Povidone iodine (Riodine) antiseptic solution 10%, 100 ml – addition of note
- Ethinyloestradiol with levonorgestrel tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets (Lo-Oralcon 20 ED) and tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets (Oralcon 30 ED) – addition of note
- Ethinyloestradiol with norethisterone tab 35 mcg with norethisterone 1 mg and 7 inert tab (Brevinor 1/28) and tab 35 mcg with norethisterone 500 mcg and 7 inert tab (Norimin) – addition of note
- Desogestrel (Cerazette) tab 75 mcg – addition of note
- Levonorgestrel (Microlut) tab 30 mcg – addition of note
- Norethisterone (Noriday and Noriday 28) tab 350 mcg – addition of note

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

- Clotrimazole (Clomazol) vaginal crm 1% with applicators, 35 g OP and vaginal crm 2% with applicators, 20 g OP – addition of note
 - Miconazole nitrate (Micreme) vaginal crm 2% with applicator, 40 g OP – addition of note
 - Nystatin (Nilstat) vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP – addition of note
 - Flucloxacillin (Staphlex) cap 250 mg and 500 mg – amended PSO quantity
 - Fluconazole (Flucazole, Mylan and APO Health Fluconazole One) cap 150 mg – addition of note
 - Dapsone (Dapsomed) tab 50 mg and 100 mg – removal of note
 - Valaciclovir (Valaciclovir Viatris) tab 500 mg – removal of s29 and wastage rule
 - Efavirenz with emtricitabine and tenofovir disoproxil (TEEVIR) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate) – removal of s29 and wastage rule
 - Rizatriptan (Rizatriptan Viatris) tab orodispersible 10 mg – removal of s29 and wastage rule
 - Methylphenidate hydrochloride – amended Special Authority criteria
 - Tab modified-release 18 mg (Methylphenidate Sandoz XR)
 - Tab modified-release 27 mg (Methylphenidate Sandoz XR)
 - Tab modified-release 36 mg (Methylphenidate Sandoz XR)
 - Tab modified-release 54 mg (Methylphenidate Sandoz XR)
 - Tab immediate-release 5 mg (Rubifen)
 - Tab immediate-release 10 mg (Rubifen and Ritalin)
 - Tab extended-release 18 mg (Methylphenidate ER – Teva)
 - Tab immediate-release 20 mg (Rubifen)
 - Tab sustained-release 20 mg (Rubifen SR)
 - Tab extended-release 27 mg (Methylphenidate ER – Teva)
 - Tab extended-release 36 mg (Methylphenidate ER – Teva)
 - Tab extended-release 54 mg (Methylphenidate ER – Teva)
 - Cap modified-release 10 mg (Rubifen LA)
 - Cap modified-release 20 mg (Rubifen LA)
 - Cap modified-release 30 mg (Rubifen LA)
 - Cap modified-release 40 mg (Rubifen LA)
 - Cap modified-release 60 mg (Rubifen LA)
 - Pegaspargase (Oncaspar) inj 750 iu per ml, 5 ml vial – amended brand name
 - Icatibant (Icatibant Lupin) inj 10 mg per ml, 3 ml prefilled syringe – amended Special Authority criteria
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Summary of Pharmac decisions – effective 1 October 2026 (continued)

- Influenza vaccine (Influvac Tetra (2026 formulation)) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – amended eligibility criteria

Increased subsidy (pages 29-30)

- Omeprazole (Omeprazole Teva) cap 10 mg, 20 mg and 40 mg
- Prazosin (APO-Prazosin) tab 1 mg, 2mg and 5 mg
- Roxithromycin (Arrow-Roxithromycin) tab 150 mg and 300 mg
- Rifampicin (Rifadin) cap 150 mg and oral liq 100 mg per 5 ml, 60 ml
- Oxycodone hydrochloride (Oxycodone Amneal) tab immediate-release 5 mg, 10 mg and 20 mg
- Hyoscine hydrobromide (Martindale) inj 400 mcg per ml, 1 ml ampoule
- Diazepam (Arrow-Diazepam) tab 2 mg and 5 mg
- Exemestane (Pfizer Exemestane) tab 25 mg
- Loratadine (Haylor syrup) oral liq 1 mg per ml, 100 ml
- Latanoprost with timolol (Arrow – Lattim) eye drops 0.005% with timolol 0.5%, 2.5 ml OP

Decreased subsidy (pages 29-30)

- Rosuvastatin (Rosuvastatin Viatris) tab 5 mg, 10 mg, 20 mg and 40 mg
- Aripiprazole (Aripiprazole Sandoz) tab 5 mg, 10 mg, 15 mg, 20 mg and 30 mg
- Thiotepa (Tepadina) inj 15 mg vial and 100 mg vial

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Amoxicillin	Cap 500 mg; 20 cap	PSS	Amoxycillin Sandoz (Sandoz)
Paracetamol	Oral liq 120 mg per 5 ml; 200 ml	PSS	Noumed (Noumed)
Water	Inj 10 ml ampoule; 50 inj	PSS	Multichem (Multichem)

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 November 2026

- Venetoclax (Venclexta) tab 14 x 10 mg, 7 x 50 mg, 21 x 100 mg (42 OP), tab 10 mg (2 OP), tab 50 mg (7 OP) and tab 100 mg (120 tab) – amend Special Authority criteria
- Ibrutinib (Imbruvica) tab 140 mg and tab 420 mg – amend Special Authority criteria
- Nivolumab inj 10 mg per ml, 4 ml and 10 ml vial (Opdivo) and inj 1 mg for ECP (Baxter) – amend Special Authority criteria
- Ipilimumab inj 5 mg per ml, 10 ml and 40 ml vial (Yervoy) and inj 1 mg for ECP (Baxter) – amend Special Authority criteria

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to October 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 VirusPOS	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	Evvara	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

*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 October 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 October 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 October 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 Disoproxil Emitractable 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
Ethinylestradiol 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 October 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	Crn 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 October 2026

Generic Name	Presentation	Brand Name	Expiry Date*	
Hydrocortisone	Crm 1%	Ethics	2028	
	Crm 1%, 500 g	Noumed		
	Inj 100 mg vial	Solu-Cortef	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	Ethics	2027	
	Tab long-acting 800 mg	Ibuprofen SR BNM		
Icatibant	Inj 10 mg per ml, 3 ml prefilled syringe	Icatibant Lupin	2028	
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	Rifinah	2027	
	Tab 150 mg with rifampicin 300 mg			
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	Mytolac	2027	
	Inj 60 mg per 0.5 ml, 0.5 ml syringe			
	Inj 120 mg per 0.5 ml, 0.5 ml syringe			
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	Sinemet	2027	
	Tab 250 mg with carbidopa 25 mg	Sinemet CR		
	Tab long-acting 200 mg with carbidopa 50 mg			
Levodopa with carbidopa and entacapone	Tab 50 mg with carbidopa 12.5 mg and entacapone 200 mg	Stalevo	2027	
	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			
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2028	
Levonorgestrel	Tab 1.5 mg	Levonorgestrel-1 (Lupin)	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 October 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Lidocaine [lignocaine]	Gel 2%, 11 ml urethral syringe	Instillagel Lido	2028
Lidocaine [lignocaine] hydrochloride	Oral (gel) soln 2%, 200 ml	Xylocaine Viscous	2028
Linezolid	Tab 600 mg	Zyvox	2027
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Teva Lisinopril	2028
Lithium carbonate	Tab long-acting 400 mg	Priadel	2027
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2028
Lopinavir with ritonavir	Tab 200 mg with ritonavir 50 mg	Lopinavir/Ritonavir Mylan	2027
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

**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 October 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Mometasone furoate	Lotn 0.1%, 30 ml OP	Elocon	2027
	Oint 0.1%; 15 g & 50 g OP Crm 0.1%, 15 g & 50 g OP	Elocon Alcohol Free	
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Viatris	2028
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg and 100mg	m-Eslon	2028
	Inj 5 mg, 10 mg, 15 mg & 30 mg per ml, 1 ml ampoule	Medsurge	
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	Norflam	2027
	Tab long-acting 750 mg	Naprosyn SR 750	
	Tab long-acting 1 g	Naprosyn SR 1000	
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	Estradiol TDP Mylan	2027
	Gel (transdermal) 0.06% (750 mcg/ actuation), 80 g OP	Estrogel	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	Hameln	2027
	Inj 50 mg per ml, 1 ml ampoule		
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

**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 October 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
Phenoxyethylpenicillin (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
Pirfenidone	Tab 267 mg & 801 mg	Pirfenidone Sandoz	2028
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

**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 October 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
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	Crn 0.5 mg per g, 50 g OP	ReTrieve	2027
Trimethoprim	Tab 300 mg	TMP	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 October 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
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	Zoledronic Acid Viatris	2028
	Inj 4 mg per 5 ml, vial	Zoledronic Acid Viatris	2027
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2027

October 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
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New Listings

Effective 1 October 2026

48	CANDESARTAN CILEXETIL Tab 32 mg.....	1.75	30	✓ Candesarten Viatris
52	NIFEDIPINE * Tab long-acting 60 mg..... Wastage claimable	7.40	14	✓ Nifedipine Extended Release (Viatris) \$29
57	EZETIMIBE WITH SIMVASTATIN Tab 10 mg with simvastatin 10 mg Wastage claimable Tab 10 mg with simvastatin 20 mg	11.86 41.83	30 100	✓ Vytorin \$29 ✓ Ezetimibe Simvastatin Viatris \$29
	Wastage claimable Tab 10 mg with simvastatin 40 mg Wastage claimable	11.55	30	✓ Ascend \$29
63	SILDENAFIL – Special Authority see SA2558 – Retail pharmacy Tab 25 mg..... Wastage claimable	0.72	4	✓ Sildenafil (Crescent) \$29
73	DIMETHICONE * Crm 10% pump bottle.....	3.60	480 g OP	✓ EVARA Dimethicone 10% Cream
74	POVIDONE IODINE Oint 10% a) Maximum of 130 g per prescription b) Only on a prescription Skin preparation, povidone iodine 10% with 30% alcohol..... Note – these are new Pharmacode listings, 2730618 (Betadine) and 2737388 (Betadine Skin Prep)	7.40 1.63 (3.48)	65 g OP 100 ml	✓ Betadine Betadine Skin Prep
103	FLUCONAZOLE Cap 150 mg	0.45	1	✓ APO Health Fluconazole One \$29 Note: Direct provision of Fluconazole cap 150 mg by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.
107	DAPSONE – Retail pharmacy-Specialist No patient co-payment payable Tab 50 mg..... Tab 100 mg.....	188.28 212.98	100 100	✓ Dapsomed ✓ Dapsomed
109	ENTECAVIR * Tab 0.5 mg.....	6.73	30	✓ Entecavir Sandoz

▲ 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 1 October 2026 (continued)

117	RALTEGRAVIR POTASSIUM – Special Authority see SA2139 – Retail pharmacy			
	* Tab 400 mg.....	1,090.00	60	✓ Isentress
	* Tab 600 mg.....	1,090.00	60	✓ Isentress HD
	Note – these are new Pharmacode listings, 2736004 and 2736012, respectively.			
138	SUMATRIPTAN			
	Tab 50 mg.....	1.44	9	✓ Sumatriptan Viatris \$29
	Wastage claimable			
	Tab 100 mg.....	2.27	9	✓ Sumatriptan Viatris \$29
	Wastage claimable			
138	BETAHISTINE DIHYDROCHLORIDE			
	* Tab 16 mg.....	6.55	100	✓ Serc
	Note – this is a new Pharmacode listing, 2712393.			
142	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 1 mg.....	4.50	60	✓ Risperidone Sandoz \$29
	Wastage claimable			
152	METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA2720 – Retail pharmacy			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Cap modified-release 10 mg.....	14.82	30	✓ Rubifen LA
	Cap modified-release 20 mg.....	19.38	30	✓ Rubifen LA
	Cap modified-release 30 mg.....	24.24	30	✓ Rubifen LA
	Cap modified-release 40 mg.....	29.07	30	✓ Rubifen LA
	Cap modified-release 60 mg.....	34.68	30	✓ Rubifen LA
207	AFLIBERCEPT – Special Authority see SA2550 – Retail pharmacy			
	Inj 40 mg per ml, 0.1 ml vial.....	1,250.00	1	✓ Eylea
	Note – this is a new Pharmacode listing, 2737876.			
275	PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see SA2013			
	Note: Pifenidone is not subsidised in combination with subsidised nintedanib.			
	Tab 801 mg.....	437.40	90	✓ Pifenidone Sandoz
	Note – this is a new Pharmacode listing, 2735652.			
283	CYCLOPENTOLATE HYDROCHLORIDE			
	* Eye drops 1%, single dose.....	46.00	20 dose	✓ Minims Cyclopentolate
283	TROPICAMIDE			
	* Eye drops 0.5%, single dose.....	46.00	20 dose	✓ Minims Tropicamide
	* Eye drops 1%, single dose.....	46.00	20 dose	✓ Minims Tropicamide
285	PHARMACY SERVICES			
	* Brand switch fee.....	4.50	1 fee	✓ BSF Icatibant Lupin
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Icatibant Lupin is 2737582.			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 10 September 2026

49	DISOPYRAMIDE ▲ Cap 100 mg Wastage claimable	66.55	100	✓ Rythmodan (Cheplapharm) \$29
117	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA2034 – Retail pharmacy Note: Pharmac will consider funding ribavirin for the small group of patients who have a clinical need for ribavirin and meet Special Authority criteria. Please contact the Hepatitis C Coordinator at Pharmac on 0800-023-588 option 4. Inj 180 mcg prefilled syringe Wastage claimable	1,074.79	4	✓ Pegasys S29 (ANZ) \$29
141	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency Tab orodispersible 5 mg Wastage claimable	2.42	28	✓ Zyprexa Zydys \$29
142	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Tab 3 mg Wastage claimable	12.45	60	✓ Relonchem \$29
162	MERCAPTOPURINE Tab 50 mg – PCT – Retail pharmacy-Specialist Wastage claimable	19.50	25	✓ Mercaptopurine (Sterimax) \$29

▲ 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
1000	1000	1000	1000

Changes to Restrictions, Chemical Names and Presentations

Effective 1 October 2026

31	MICONAZOLE (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.
	Oral gel 20 mg per g 5.19 40 g OP ✓ <u>DecoZol</u>
31	NYSTATIN (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.
	Oral liq 100,000 u per ml 2.73 24 ml OP ✓Nilstat
47	PRAZOSIN (amended brand name, removal of S29 and wastage rules)
	* Tab 1 mg..... 6.17 100 ✓APO-Prazosin Arrotex-Prazosin S29 -S29-
	Wastage claimable
	* Tab 2 mg..... 7.81 100 ✓APO-Prazosin Arrotex-Prazosin S29 -S29-
	Wastage claimable
	* Tab 5 mg..... 13.05 100 ✓APO-Prazosin Arrotex-Prazosin S29 -S29-
	Wastage claimable
50	DISOPYRAMIDE PHOSPHATE (amended chemical name)
	▲ Cap 100 mg 55.90 84 ✓Rythmodan - Cheplafarm \$29
	✓Rythmodan Neon \$29
	66.55 100 ✓Rythmodan (Cheplapharm) \$29
55	ROSUVASTATIN —Special Authority see SA2093—Retail pharmacy (removal of Special Authority criteria)
	* Tab 5 mg..... 1.29 30 ✓Rosuvastatin Mylan
	0.76 ✓Rosuvastatin Viatris
	4.21 ✓Rosuvastatin - Sandoz
	* Tab 10 mg..... 1.69 30 ✓Rosuvastatin Mylan
	0.98 ✓Rosuvastatin Viatris
	4.21 ✓Rosuvastatin - Sandoz
	* Tab 20 mg..... 2.71 30 ✓Rosuvastatin Mylan
	1.37 ✓Rosuvastatin Viatris
	4.21 ✓Rosuvastatin - Sandoz
	* Tab 40 mg..... 4.55 30 ✓Rosuvastatin - Sandoz
	✓Rosuvastatin Mylan
	2.24 ✓Rosuvastatin Viatris

SA2093 Special Authority for Subsidy

Initial application — (cardiovascular disease risk) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

~~1—Both:~~

~~1.1 Patient is considered to be at risk of cardiovascular disease: and~~

~~1.2 Patient is Māori or any Pacific ethnicity: or~~

~~2-Both:~~

~~2.1 Patient has a calculated risk of cardiovascular disease of at least 15% over 5 years; and~~

2.2 LDL cholesterol has not reduced to less than 1.8 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin.

continued...

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 Restrictions – effective 1 October 2026 (continued)

continued...

Initial application — (familial hypercholesterolemia) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

- 1 Patient has familial hypercholesterolemia (defined as a Dutch Lipid Criteria score greater than or equal to 6); and
- 2 LDL cholesterol has not reduced to less than 1.8 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin.

Initial application — (established cardiovascular disease) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 Any of the following:

- 1.1 Patient has proven coronary artery disease (CAD); or
- 1.2 Patient has proven peripheral artery disease (PAD); or
- 1.3 Patient has experienced an ischaemic stroke; and

- 2 LDL cholesterol has not reduced to less than 1.4 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin.

Initial application — (recurrent major cardiovascular events) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

- 1 Patient has experienced a recurrent major cardiovascular event (defined as myocardial infarction, ischaemic stroke, coronary revascularisation, hospitalisation for unstable angina) in the last 2 years; and
- 2 LDL cholesterol has not reduced to less than 1.0 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin.

70 HYDROGEN PEROXIDE (addition of note)

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

* Crm 1% 4.89 15 g OP ✓ Crystaderm

71 CLOTRIMAZOLE (addition of note)

* Crm 1% 1.15 20 g OP ✓ Clomazol

a) Only on a prescription

b) Not in combination

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

71 MICONAZOLE NITRATE (addition of note)

* Crm 2% 0.90 15 g OP ✓ Multichem

a) Only on a prescription

b) Not in combination

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

72 HYDROCORTISONE (addition of note)

* Crm 1% – Only on a prescription 1.75 30 g OP ✓ Ethics

Note: Direct Provision of Hydrocortisone crm 1%, 30 g OP by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 October 2026 (continued)

72	HYDROCORTISONE (amended presentation) * Crm 1%, 500 g – Only on a prescription.....	20.40	500 g	✓ Noumed
73	HYDROCORTISONE WITH MICONAZOLE – Only on a prescription (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services. * Crm 1% with miconazole nitrate 2%	2.85	15 g OP	✓ Micreme H
73	ZINC AND CASTOR OIL (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services. * Oint	4.25	500 g	✓ Evvara
73	AQUEOUS CREAM (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services. * Crm	1.65	500 g	✓ Evvara
73	CETOMACROGOL (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services. * Crm BP	2.29	500 g	✓ Cetomacrogol-AFT
73	CETOMACROGOL WITH GLYCEROL (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services. Crm 90% with glycerol 10%	1.92	460 g OP	✓ Evvara
		3.25	920 g OP	✓ Evvara
73	EMULSIFYING OINTMENT (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services. * Oint BP	2.95	500 g	✓ Evvara Emulsifying Ointment
73	OIL IN WATER EMULSION (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services. * Crm	2.10	500 g	✓ Fatty Emulsion Cream (Evvara)
73	PARAFFIN (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services. Oint liquid paraffin 50% with white soft paraffin 50%	4.45	500 g OP	✓ EVARA Paraffin Ointment 50/50
74	POVIDONE IODINE (addition of note) Antiseptic Solution 10%	4.99	100 ml	✓ Riodine Note: Direct Provision of Povidone iodine antiseptic solution 10% by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 October 2026 (continued)

81	ETHINYLOESTRADIOL WITH LEVONORGESTREL (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.			
	* Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – Up to 84 tab available on a PSO.....	2.00	84	✓ <u>Lo-Oralcon 20 ED</u>
	* Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – Up to 84 tab available on a PSO.....	2.30	84	✓ <u>Oralcon 30 ED</u>
81	ETHINYLOESTRADIOL WITH NORETHISTERONE (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.			
	Tab 35 mcg with norethisterone 1 mg and 7 inert tab – Up to 84 tab available on a PSO.....	14.09	84	✓ <u>Brevinor 1/28</u>
	Tab 35 mcg with norethisterone 500 mcg and 7 inert tab – Up to 112 tab available on a PSO.....	23.75 29.32	84 112	✓ <u>Norimin</u> ✓ <u>Norimin</u>
81	DESOGESTREL (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.			
	* Tab 75 mcg – Up to 84 tab available on a PSO.....	24.50	84	✓ <u>Cerazette</u>
81	LEVONORGESTREL (addition of note) * Tab 30 mcg – Up to 112 tab available on a PSO.....	22.00	112	✓ <u>Microlut</u>
	Note: Direct Provision of Levonorgestrel tab 30 mcg by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.			
81	NORETHISTERONE (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.			
	Tab 350 mcg – Up to 84 tab available on a PSO.....	12.25 13.23	84	✓ <u>Noriday</u> ✓ <u>Noriday 28</u>
82	CLOTRIMAZOLE (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.			
	* Vaginal crm 1% with applicators	4.20	35 g OP	✓ <u>Clomazol</u>
	* Vaginal crm 2% with applicators	4.60	20 g OP	✓ <u>Clomazol</u>
82	MICONAZOLE NITRATE (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.			
	* Vaginal crm 2% with applicator	6.89	40 g OP	✓ <u>Micreme</u>
82	NYSTATIN (addition of note) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.			
	Vaginal crm 100,000 u per 5 g with applicator(s)	5.87	75 g OP	✓ <u>Nilstat</u>

▲ 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
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Changes to Restrictions – effective 1 October 2026 (continued)

100	FLUCLOXACILLIN (amended PSO quantity) Cap 250 mg – Up to 3040 cap available on a PSO 22.58 Cap 500 mg – Up to 3040 cap available on a PSO 72.71	250 500	✓ <u>Staphlex</u> ✓ <u>Staphlex</u>
103	FLUCONAZOLE (addition of note) Cap 150 mg 0.45	1	✓ <u>Flucazole</u> ✓ <u>Mylan</u> ✓ <u>AP0 Health Fluconazole</u> One \$29
Note: Direct provision of Fluconazole cap 150 mg by a pharmacist permitted under the provisions in Part I of Section A in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.			
107	DAPSONE – Retail pharmacy-Specialist (removal of note) 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 227.00 268.50 Tab 50 mg 188.28 Tab 100 mg 212.98 329.50	100 100 100	✓ <u>Dapsone (Rising)</u> \$29 ✓ <u>Dapsone</u> ✓ <u>Dapsomed</u> ✓ <u>Dapsomed</u> ✓ <u>Dapsone</u>
110	VALACICLOVIR (removal of S29 and wastage rule) Tab 500 mg 13.50 Wastage claimable	42	✓ <u>Valaciclovir Viatris</u> \$29
116	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA2139 – Retail pharmacy (removal of S29 and wastage rule) 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	✓ <u>TEEVR</u> \$29
138	RIZATRIPTAN (removal of S29 and wastage rule) Tab orodispersible 10 mg 4.10 Wastage claimable	30	✓ <u>Rizatriptan Viatris</u> \$29

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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Changes to Restrictions – effective 1 October 2026 (continued)

153	METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA2720 2590 – Retail pharmacy (amended Special Authority criteria – only affected criteria shown)			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab modified-release 18 mg	15.25	30	✓ Methylphenidate Sandoz XR
	Tab modified-release 27 mg	16.25	30	✓ Methylphenidate Sandoz XR
	Tab modified-release 36 mg	21.25	30	✓ Methylphenidate Sandoz XR
	Tab modified-release 54 mg	24.25	30	✓ Methylphenidate Sandoz XR
	Tab immediate-release 5 mg	3.20	30	✓ Rubifen
	Tab immediate-release 10 mg	3.00	30	✓ Rubifen
		4.00		✓ Ritalin
	Tab extended-release 18 mg	15.25	30	✓ Methylphenidate ER - Teva
	Tab immediate-release 20 mg	7.85	30	✓ Rubifen
	Tab sustained-release 20 mg	10.95	30	✓ Rubifen SR
	Tab extended-release 27 mg	16.25	30	✓ Methylphenidate ER - Teva
	Tab extended-release 36 mg	21.25	30	✓ Methylphenidate ER - Teva
	Tab extended-release 54 mg	24.25	30	✓ Methylphenidate ER - Teva
	Cap modified-release 10 mg	14.82	30	✓ Rubifen LA
	Cap modified-release 20 mg	19.38	30	✓ Rubifen LA
	Cap modified-release 30 mg	24.24	30	✓ Rubifen LA
	Cap modified-release 40 mg	29.07	30	✓ Rubifen LA
	Cap modified-release 60 mg	34.68	30	✓ Rubifen LA
	➡ SA2720 2590 Special Authority for Subsidy			
	Initial application — (Narcolepsy*) only from a neurologist or respiratory specialist. Approvals valid without further renewal unless notified where the patient suffers from narcolepsy.			
	Note: *narcolepsy is not a registered indication for Methylphenidate ER – Teva, or Methylphenidate Sandoz XR or Rubifen LA.			
167	PEGASPARGASE – PCT only – Special Authority see SA2618 (amended brand name)			
	Inj 750 iu per ml, 5 ml vial	3,973.25	1	✓ Oncaspar £¥0
268	ICATIBANT – Special Authority see SA2721 4558 – Retail pharmacy (addition of brand switch fee and amended Special Authority criteria)			
	Brand switch fee payable (Pharmacode 2737582)			
	Inj 10 mg per ml, 3 ml prefilled syringe	479.00	1	✓ Icatibant Lupin
	➡ SA2721 4558 Special Authority for Subsidy			
	Initial application only from a clinical immunologist or relevant specialist. Approvals valid for 12 months without further renewal unless notified for applications meeting the following criteria:			
	Both:			
	1 Supply for anticipated emergency treatment of laryngeal/oro-pharyngeal or severe abdominal attacks of acute hereditary angioedema (HAE) for patients with confirmed diagnosis of C1-esterase inhibitor deficiency; and			
	2 The patient has undergone product training and has agreed upon an action plan for self-administration.			
	Renewal from any relevant practitioner. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.			

▲ 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

Changes to Restrictions – effective 1 October 2026 (continued)

319	INFLUENZA VACCINE (amended eligibility criteria)			
	Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)	120.00	10	✓ Influvac Tetra (2026 formulation)
	a) Maximum of 1 inj per prescription			
	b) Only on a prescription			
	c) No patient co-payment payable			
	d)			
	A) INFLUENZA VACCINE is available each year for patients who meet the following criteria, as set by Pharmac:			
	a) all children aged 0 months to 59 months inclusive, or			
	b) a) all people 65 years of age and over; or			
	c) b) people under 65 years of age who:			
	i) have any of the following cardiovascular diseases:			
	a) ischaemic heart disease, or			
	b) congestive heart failure, or			
	c) rheumatic heart disease, or			
	d) congenital heart disease, or			
	e) cerebro-vascular disease; or			
	ii) have either of the following chronic respiratory diseases:			
	a) asthma, if on a regular preventative therapy, or			
	b) other chronic respiratory disease with impaired lung function; or			
	iii) have diabetes; or			
	iv) have chronic renal disease; or			
	v) have any cancer, excluding basal and squamous skin cancers if not invasive; or			
	vi) have any of the following other conditions:			
	a) autoimmune disease, or			
	b) immune suppression or immune deficiency, or			
	c) HIV, or			
	d) transplant recipients, or			
	e) neuromuscular and CNS diseases/disorders, or			
	f) haemoglobinopathies, or			
	g) are children on long term aspirin, or			
	h) have a cochlear implant, or			
	i) errors of metabolism at risk of major metabolic decompensation, or			
	j) pre and post splenectomy, or			
	k) Down syndrome, or			
	vii) are pregnant; or			
	e) children 4 years of age and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness; or			
	d) people under 65 years of age who:			
	i) have any of the following serious mental health conditions:			
	a) schizophrenia, or			
	b) major depressive disorder, or			
	c) bipolar disorder, or			
	d) schizoaffective disorder, or			
	ii) are currently accessing secondary or tertiary mental health and addiction services; or			
	Unless meeting the criteria set out above, the following conditions are excluded from funding:			
	a) asthma not requiring regular preventative therapy,			
	b) hypertension and/or dyslipidaemia without evidence of end-organ disease.			
	B) Contractors will be entitled to claim payment for the supply of influenza vaccine to patients eligible under the above criteria pursuant to their contract with Health NZ for subsidised immunisation, and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.			
	C) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.			

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 October 2026

10	OMEPRAZOLE (↑ subsidy)			
	* Cap 10 mg	2.25	90	✓ Omeprazole Teva
	* Cap 20 mg	2.20	90	✓ Omeprazole Teva
	* Cap 40 mg	3.40	90	✓ Omeprazole Teva
47	PRAZOSIN (↑ subsidy)			
	* Tab 1 mg	6.17	100	✓ APO-Prazosin
	* Tab 2 mg	7.81	100	✓ APO-Prazosin
	* Tab 5 mg	13.05	100	✓ APO-Prazosin
55	ROSUVASTATIN (↓ subsidy)			
	* Tab 5 mg	0.76	30	✓ Rosuvastatin Viatris
	* Tab 10 mg	0.98	30	✓ Rosuvastatin Viatris
	* Tab 20 mg	1.37	30	✓ Rosuvastatin Viatris
	* Tab 40 mg	2.24	30	✓ Rosuvastatin Viatris
98	ROXITHROMYCIN (↑ subsidy)			
	Tab 150 mg	18.10	50	✓ Arrow-Roxithromycin
	Tab 300 mg	35.69	50	✓ Arrow-Roxithromycin
109	RIFAMPICIN – Subsidy by endorsement (↑ subsidy)			
	a) No patient co-payment payable			
	b) For confirmed recurrent Staphylococcus aureus infection in combination with other effective anti-staphylococcal antimicrobial based on susceptibilities and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist. Specialist must be an internal medicine physician, clinical microbiologist, dermatologist, paediatrician, or public health physician.			
	* Cap 150 mg	68.40	100	✓ Rifadin
	* Oral liq 100 mg per 5 ml	14.10	60 ml	✓ Rifadin
132	OXYCODONE HYDROCHLORIDE (↑ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Tab immediate-release 5 mg	16.01	100	✓ Oxycodone Amneal
	Tab immediate-release 10 mg	21.35	100	✓ Oxycodone Amneal
	Tab immediate-release 20 mg	32.02	100	✓ Oxycodone Amneal
139	HYOSCINE HYDROBROMIDE (↑ subsidy)			
	* Inj 400 mcg per ml, 1 ml ampoule	115.83	10	✓ Martindale S29
140	ARIPIRAZOLE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 5 mg	6.90	30	✓ Aripiprazole Sandoz
	Tab 10 mg	6.90	30	✓ Aripiprazole Sandoz
	Tab 15 mg	7.41	30	✓ Aripiprazole Sandoz
	Tab 20 mg	7.41	30	✓ Aripiprazole Sandoz
	Tab 30 mg	7.41	30	✓ Aripiprazole Sandoz
145	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
	Tab 2 mg	106.40	500	✓ Arrow-Diazepam
	Tab 5 mg	128.80	500	✓ Arrow-Diazepam

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

160	THIOTEPA – PCT only – Specialist (↓ subsidy)			
	Inj 15 mg vial.....	278.60	1	✓ Tepadina
	Inj 100 mg vial.....	1,260.00	1	✓ Tepadina
186	EXEMESTANE (↑ subsidy)			
	* Tab 25 mg.....	18.97	30	✓ Pfizer Exemestane
269	LORATADINE (↑ subsidy)			
	* Oral liq 1 mg per ml.....	2.14	100 ml	✓ Haylor syrup
283	LATANOPROST WITH TIMOLOL (↑ subsidy)			
	* Eye drops 0.005% with timolol 0.5%.....	5.75	2.5 ml OP	✓ Arrow - Lattim

Check your Schedule for full details
Schedule page ref

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(Mnfr's price)
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Generic Mnfr
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Delisted Items

Effective 1 October 2026

18	INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA2536 – Retail pharmacy			
	a) Only on a prescription			
	b) Maximum of 19 infusion sets will be funded per year.			
	c) Maximum of 5 set per three months			
	* 6 mm steel needle; 60 cm tubing × 10.....	219.00	1 OP	✓MiniMed Sure-T MMT-864A
	* 6 mm steel needle; 80 cm tubing × 10.....	219.00	1 OP	✓MiniMed Sure-T MMT-866A
	* 8 mm steel needle; 60 cm tubing × 10.....	219.00	1 OP	✓MiniMed Sure-T MMT-874A
	* 8 mm steel needle; 80 cm tubing × 10.....	219.00	1 OP	✓MiniMed Sure-T MMT-876A
19	INSULIN PUMP INFUSION SET (TEFLON CANNULA) – Special Authority see SA2536 – Retail pharmacy			
	a) Only on a prescription			
	b) Maximum of 19 infusion sets will be funded per year.			
	c) Maximum of 5 set per three months			
	* 13 mm teflon needle, 60 cm tubing × 10.....	219.00	1 OP	✓MiniMed Silhouette MMT-381A
	* 17 mm teflon needle, 110 cm tubing × 10.....	219.00	1 OP	✓MiniMed Silhouette MMT-377A
	* 17 mm teflon needle, 60 cm tubing × 10.....	219.00	1 OP	✓MiniMed Silhouette MMT-378A
	* 6 mm teflon needle, 110 cm tubing × 10.....	219.00	1 OP	✓MiniMed Quick-Set MMT-398A
	* 6 mm teflon needle, 60 cm tubing × 10.....	219.00	1 OP	✓MiniMed Quick-Set MMT-399A
	* 9 mm teflon needle, 110 cm tubing × 10.....	219.00	1 OP	✓MiniMed Quick-Set MMT-396A
	* 9 mm teflon needle, 60 cm tubing × 10.....	219.00	1 OP	✓MiniMed Quick-Set MMT-397A
20	INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION WITH INSERTION DEVICE) – Special Authority see SA2536 – Retail pharmacy			
	a) Only on a prescription			
	b) Maximum of 19 infusion sets will be funded per year.			
	c) Maximum of 5 sets per three months			
	* 6 mm teflon cannula; angle insertion; insertion device; 60 cm line × 4 with 4 needles	210.00	1 OP	✓Med Adv Ext Infusion Set MDT- MMT-431AK
	* 6 mm teflon cannula; angle insertion; insertion device; 80 cm line × 4 with 4 needles	210.00	1 OP	✓Med Adv Ext Infusion Set MDT- MMT-432AK
	* 9 mm teflon cannula; angle insertion; insertion device; 60 cm line × 4 with 4 needles	210.00	1 OP	✓Med Adv Ext Infusion Set MDT- MMT-441AK
	* 9 mm teflon cannula; angle insertion; insertion device; 80 cm line × 4 with 4 needles	210.00	1 OP	✓Med Adv Ext Infusion Set MDT- MMT-442AK
21	INSULIN PUMP RESERVOIR – Special Authority see SA2536 – Retail pharmacy			
	a) Only on a prescription			
	b) Maximum of 360 reservoirs will be funded per year.			
	c) Maximum of 90 cart per three months			
	* 10 × luer lock conversion cartridges 1.8 ml for paradigm pumps	50.00	10 OP	✓ADR Cartridge 1.8
	* Cartridge for 7 series pump; 3.0 ml × 10.....	98.00	10 OP	✓MiniMed 3.0 Reservoir MMT- 332A
	* Cartridge for 7 series pump; 3.0 ml × 5.....	102.00	5 OP	✓MiniMed 3.0 Ext Reservoir MDT-MMT-342G

▲ 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
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Delisted Items – effective 1 October 2026 (continued)

44	PEGFILGRASTIM – Special Authority see SA2614 – Retail pharmacy Inj 6 mg per 0.6 ml syringe 69.50 Note – this delist applies to Pharmacode 2643340.	1	✓ Ziextenzo
85	CALCITONIN * Inj 100 iu per ml, 1 ml ampoule..... 121.00	5	✓ Miacalcic S29 S29
121	KETOPROFEN * Cap long-acting 200 mg 12.07	28	✓ Oruvail SR
165	NIRAPARIB – Special Authority see SA2325 – Retail pharmacy Wastage claimable Cap 100 mg 8,929.84	56	✓ Zejula
268	ICATIBANT – Special Authority see SA1558 – Retail pharmacy Inj 10 mg per ml, 3 ml prefilled syringe 2,668.00	1	✓ Firazyr
275	PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see SA2013 Note: Pirfenidone is not subsidised in combination with subsidised nintedanib. Tab 801 mg..... 3,645.00 Tab 267 mg..... 1,215.00	90 OP 90	✓ Esbriet ✓ Esbriet
285	PHARMACY SERVICES * Brand switch fee..... 4.50 a) May only be claimed once per patient. b) The Pharmacode for BSF AutoSoft 90 is 2733498	1 fee	✓ BSF AutoSoft 90

Check your Schedule for full details
Schedule page ref

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Generic Mnfr
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Items to be Delisted

Effective 1 December 2026

303	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2357 – Hospital pharmacy [HP3] Tabs.....	99.00	75 OP	✓ Phlexy 10
304	GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE – Special Authority see SA2357 – Hospital pharmacy [HP3] Liquid (neutral), 250 ml carton.....	280.80	18	✓ PKU GMPro LQ

Effective 1 January 2027

285	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓ BSF Icatibant Lupin
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Icatibant Lupin is 2737582.			

Effective 1 February 2027

89	LEVOTHYROXINE * Tab 50 mcg.....	64.28	1,000	✓ Eltroxin
	* Tab 100 mcg.....	66.78	1,000	✓ Eltroxin
	Note – this delist applies to Pharmacodes 250287 (tab 50 mcg) and 250295 (tab 100 mcg).			
89	PROGESTERONE * Cap 100 mg	14.85	30	✓ Utrogestan
	Note – this delist applies to Pharmacode 2730340.			

Effective 1 March 2027

10	OMEPRAZOLE * Cap 10 mg	2.06	90	✓ Omeprazole actavis 10
	* Cap 20 mg	2.02	90	✓ Omeprazole actavis 20
	* Cap 40 mg	3.18	90	✓ Omeprazole actavis 40
55	ROSUVASTATIN * Tab 5 mg.....	1.29	30	✓ Rosuvastatin Mylan
		4.21		✓ Rosuvastatin - Sandoz
	* Tab 10 mg.....	1.69	30	✓ Rosuvastatin Mylan
		4.21		✓ Rosuvastatin - Sandoz
	* Tab 20 mg.....	2.71	30	✓ Rosuvastatin Mylan
		4.21		✓ Rosuvastatin - Sandoz
	* Tab 40 mg.....	4.55	30	✓ Rosuvastatin - Sandoz
				✓ Rosuvastatin Mylan
73	DIMETHICONE * Crm 10% pump bottle.....	4.52	460 g OP	✓ health Dimethicone 10%

▲ 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
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Items to be Delisted – effective 1 March 2027 (continued)

107	DAPSONE – Retail pharmacy-Specialist No patient co-payment payable				
	Tab 25 mg.....	227.00	100	✓ Dapsone (Rising) S29	
		268.50		✓ Dapsone	
	Tab 100 mg.....	329.50	100	✓ Dapsone	
109	RIFAMPICIN – Subsidy by endorsement				
	a) No patient co-payment payable				
	b) For confirmed recurrent Staphylococcus aureus infection in combination with other effective anti-staphylococcal antimicrobial based on susceptibilities and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist. Specialist must be an internal medicine physician, clinical microbiologist, dermatologist, paediatrician, or public health physician.				
	* Cap 300 mg	122.06	100	✓ Rifadin Sanofi	
109	ENTECAVIR				
	* Tab 0.5 mg.....	12.04	30	✓ Entecavir (Rex)	
180	RIBOCICLIB – Special Authority see SA2495 – Retail pharmacy Wastage claimable				
	Tab 200 mg.....	1,883.00	21	✓ Kisqali	
		3,767.00	42	✓ Kisqali	
		5,650.00	63	✓ Kisqali	
	Note – these delists apply to Pharmacodes 2701340 (21 pack), 2701359 (42 pack) and 2701367 (63 pack)				
283	CYCLOPENTOLATE HYDROCHLORIDE				
	* Eye drops 1%	68.52	15 ml OP	✓ Cyclogyl	
283	TROPICAMIDE				
	* Eye drops 0.5%	33.89	15 ml OP	✓ Mydracyl	
	* Eye drops 1%	54.17	15 ml OP	✓ Mydracyl	
303	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2357 – Hospital pharmacy [HP3] Liquid (forest berries), 250 ml carton	540.00	18 OP	✓ Easiphen Liquid	

Effective 1 May 2027

49	DIGOXIN				
	* Oral liq 50 mcg per ml	16.60	60 ml	✓ Lanoxin	

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Pharmaceuticals and brands

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