PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

November 2026

Contents

Summary of Pharmac decisions effective 1 November 2026 3
Changes to General Rules 6
Tender News 7
Looking Forward 8
Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to November 2026 9
New Listings 20
Changes to Restrictions, Chemical Names and Presentations 21
Changes to Subsidy and Manufacturer's Price 32
Delisted Items 33
Items to be Delisted 35
Index 37

Summary of Pharmac decisions
EFFECTIVE 1 NOVEMBER 2026

New listings (page 20)

- Pioglitazone (Rising) tab 15 mg and tab 30 mg – s29 and wastage claimable
- Taurine (Solgar) cap 500 mg – Special Authority – Retail pharmacy
- Fluconazole (APO Fluconazole) cap 200 mg – s29 and wastage claimable
- Naltrexone hydrochloride (Naltrexone Lupin) tab 50 mg – Special Authority – Retail pharmacy
- Cetirizine hydrochloride (Noumed Cetirizine Hayfever & Allergy Relief) oral liq 1 mg per ml, 200 ml

Changes to restrictions (pages 21-31)

- Blood ketone diagnostic test strip (KetoSens) test strips, 10 strip OP – amended subsidy by endorsement
- Captopril (DP-Captopril) oral liq 5 mg per ml, 100 ml OP – amended note
- Tamsulosin hydrochloride (Tamsulosin-Rex) cap 400 mcg – reinstate stat dispensing
- Fluconazole (Diflucan) powder for oral suspension 10 mg per ml, 35 ml – amended Special Authority criteria
- Itraconazole (Itraconazole Kent) oral liq 10 mg per ml, 150 ml OP – amended Special Authority criteria
- Bedaquiline (Sirturo) tab 100mg, 24 OP – amended Special Authority criteria
- Linezolid (Zyvox) tab 600 mg and oral liq 20 mg per ml, 150 ml – amended Special Authority criteria
- Tenofovir disoproxil tab 245 mg (300 mg as a maleate) (Tenofovir Disoproxil Viatris) and tab 245 mg (300 mg as a fumarate) (Ricovir) – removal of note
- Emtricitabine with tenofovir disoproxil tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a fumarate) (Tenofovir Disoproxil Emtricitabine Mylan) and tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate) (Tenofovir Disoproxil Emtricitabine Viatr) – amended subsidy by endorsement, addition of PSO and note and removal of Special Authority criteria
- Antiretrovirals – addition of note and removal of Special Authority criteria
- Etravirine (Intelence) tab 200 mg – removal of Special Authority criteria
- Nevirapine tab 200 mg (Nevirapine Viatris) and oral suspension 10 mg per ml, 240 ml OP (Viramune Suspension) – removal of Special Authority criteria
- Abacavir sulphate (Ziagen) tab 300 mg – removal of Special Authority criteria
- Abacavir sulphate with lamivudine (Abacavir/Lamivudine Viatris) tab 600 mg with lamivudine 300 mg – removal of Special Authority criteria

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

- Efavirenz with emtricitabine and tenofovir disoproxil tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate) (TEEVIR, TEEVIR (India), Tenofovir Efavirenz Emtricitabine (Mylan)) and tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) (Viatris) – removal of Special Authority criteria and note
- Emtricitabine (Emtriva) cap 200 mg – removal of Special Authority criteria
- Lamivudine tab 150 mg (Lamivudine Viatris) and oral liq 10 mg per ml (3TC), 240 ml OP – removal of Special Authority criteria
- Zidovudine (Retrovir) cap 100 mg and oral liq 10 mg per ml, 200 ml OP – removal of Special Authority criteria
- Zidovudine with lamivudine (Lamivudine/Zidovudine Viatris) tab 300 mg with lamivudine 150 mg – removal of Special Authority criteria
- Atazanavir sulphate (Atazanavir Viatris) cap 150 mg and 200 mg – removal of Special Authority criteria
- Darunavir (Darunavir Viatris) tab 400 mg and 600 mg – removal of Special Authority criteria
- Lopinavir with ritonavir (Lopinavir/Ritonavir Mylan) tab 200 mg with ritonavir 50 mg – removal of Special Authority criteria
- Ritonavir (Norvir) tab 100 mg – removal of Special Authority criteria
- Dolutegravir (Tivicay) tab 50 mg – addition of subsidy by endorsement, PSO and note and removal of Special Authority criteria
- Dolutegravir with lamivudine (Dovato) tab 50 mg with lamivudine 300 mg – removal of Special Authority criteria
- Raltegravir potassium tab 400 mg (Isentress) and tab 600 mg (Isentress HD) – removal of Special Authority criteria
- Teriparatide (Teriparatide Teva) inj 250 mcg per ml, 2.4 ml – amended brand name, removal of s29
- Ibrutinib (Imbruvica) tab 140 mg and tab 420 mg – amended Special Authority criteria
- Venetoclax (Venclexta) – amended Special Authority criteria
  - Tab 14 × 10 mg, 7 × 50 mg, 21 × 100 mg, 42 OP
  - Tab 10 mg, 2 OP
  - Tab 50 mg, 7 OP
  - Tab 100 mg
- Adalimumab (Amgevita) inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled pen and inj 40 mg per 0.8 ml prefilled syringe – amended Special Authority criteria

- Adalimumab (Humira - Alternative Brand) inj 20 mg per 0.2 ml prefilled syringe and inj 40 mg per 0.4 ml prefilled syringe (Humira) and inj 40 mg per 0.4 ml prefilled pen (HumiraPen) – amended Special Authority criteria
- Ipilimumab inj 5 mg per ml, 10 ml vial and inj 5 mg per ml, 40 ml vial (Yervoy), and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Nivolumab inj 10 mg per ml, 4 ml vial and inj 10 mg per ml, 10 ml vial (Opdivo), and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV] (Gardasil 9) inj 270 mcg in 0.5 ml syringe – amended eligibility criteria

Increased subsidy (page 32)

- Aspirin (Ethics Aspirin) tab dispersible 300 mg
- Morphine hydrochloride (RA-Morph) oral liq 2 mg per ml, 200 ml and oral liq 5 mg per ml, 200 ml
- Methotrexate inj 100 mg per ml, 50 ml vial (Methotrexate Ebewe) and inj 1 mg for ECP (Baxter)

Decreased subsidy (page 32)

- Imatinib mesilate (Imatinib-Rex) cap 100 mg and cap 400 mg

Changes to General Rules

We have made amendments to Pharmaceutical Schedule Rules to give effect to the Paediatric Oncology Funding Policy from 1 November 2026.

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

Part 8 – Funding Exceptions

8.1 General Exceptions

a Named Patient Pharmaceutical Assessment (NPPA): An Unlisted pharmaceutical or a Hospital Pharmaceutical outside of any relevant Restrictions may be Given in accordance with the NPPA Policy, or

b Paediatric Oncology: Health NZ Hospitals may Give (and will be eligible to receive a Subsidy for) any pharmaceutical ~~for use within a paediatric oncology/haematology service for the treatment of cancer.~~ **in accordance with the Paediatric Oncology Funding Policy.**

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Cefalexin	Grans for oral liq 25 mg per ml; 100 ml	PSS	Cefalexin Sandoz (Sandoz)
Cefalexin	Grans for oral liq 50 mg per ml; 100 ml	PSS	Cefalexin Sandoz (Sandoz)
Ciprofloxacin	Tab 250 mg; 28 tab	PSS	Ipca-Ciprofloxacin (Miro)
Ciprofloxacin	Tab 500 mg; 28 tab	PSS	Ipca-Ciprofloxacin (Miro)
Ciprofloxacin	Tab 750 mg; 28 tab	PSS	Ipca-Ciprofloxacin (Miro)
Colchicine	Tab 500 mcg; 100 tab	PSS	Colchicine Indoco (Miro)
Darunavir	Tab 400 mg; 60 tab	PSS	Darunavir Viatris (Viatris)
Darunavir	Tab 600 mg; 60 tab	PSS	Darunavir Viatris (Viatris)
Emulsifying ointment	Oint BP; 500 g	PSS	Evara Emulsifying Ointment (Evara)
Ezetimibe	Tab 10 mg; 30 tab	PSS	Ezetimibe Sandoz (Sandoz)
Febuxostat	Tab 80 mg; 28 tab	PSS	Febuxostat (Teva) (Teva)
Febuxostat	Tab 120 mg; 28 tab	PSS	Febuxostat (Teva) (Teva)
Mebeverine hydrochloride	Tab 135 mg; 90 tab	PSS	Colofac (Viatris)
Methylprednisolone aceponate	Crm 0.1%; 15 g OP	PSS	Advantan (LEO Pharma)
Methylprednisolone aceponate	Oint 0.1%; 15 g OP	PSS	Advantan (LEO Pharma)
Moxifloxacin	Tab 400 mg; 5 tab	PSS	Moximed (Medsurge)
Oxybutynin	Tab 5 mg; 100 tab	PSS	Alchemy Oxybutynin (Alchemy)
Paracetamol	Tab 500 mg - blister pack; 1000 tab	PSS	Pacimol (Miro)
Paraffin	White soft; 2,500 g	PSS	Evara White Soft Paraffin (Evara)
Quetiapine	Tab 25 mg; 90 tab	PSS	Quetapel (Viatris)
Quetiapine	Tab 100 mg; 90 tab	PSS	Quetapel (Viatris)
Quetiapine	Tab 200 mg; 90 tab	PSS	Quetapel (Viatris)
Quetiapine	Tab 300 mg; 90 tab	PSS	Quetapel (Viatris)
Rizatriptan	Tab orodispersible 10 mg; 30 tab	PSS	Rizamelt (Viatris)
Simvastatin	Tab 10 mg; 90 tab	PSS	Simvastatin Viatris (Viatris)
Simvastatin	Tab 20 mg; 90 tab	PSS	Simvastatin Viatris (Viatris)
Simvastatin	Tab 40 mg; 90 tab	PSS	Simvastatin Viatris (Viatris)
Simvastatin	Tab 80 mg; 90 tab	PSS	Simvastatin Viatris (Viatris)
Sodium citro-tartrate	Grans eff 4 g sachets; 28 sachet	PSS	Ural (Aspen)
Tamoxifen citrate	Tab 10 mg; 60 tab	PSS	Tamoxifen Sandoz (Sandoz)

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Tamoxifen citrate	Tab 20 mg; 60 tab	PSS	Tamoxifen Sandoz (Sandoz)
Testosterone undecanoate	Inj 250 mg per ml, 4 ml vial; 1 inj	PSS	Gonadron (Max Health)
Thiamine hydrochloride	Tab 50 mg; 100 tab	PSS	Thiamine-REX (Rex Medical)
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule; 5 inj	PSS	Kenacort-A 10 (Aspen)
Triamcinolone acetonide	Inj 40 mg per ml, 1 ml ampoule; 5 inj	PSS	Kenacort-A 40 (Aspen)
Triamcinolone acetonide	Paste 0.1%; 5 g OP	PSS	Kenalog in Orabase (Aspen)
Vitamins	Tab (BPC cap strength); 1000 tab	PSS	Mvite (Evara)

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 December 2026

- Denosumab (Prolia) inj 60 mg per 1 ml prefilled syringe – subsidy decrease
- Denosumab (Xgeva) inj 120 mg per 1.7 ml vial – subsidy decrease
- Letermovir (Prevymis) tab 240 mg – amend Special Authority criteria
- Pharmacy services (BSF Colchicine Indoco) brand switch fee – new listing

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to November 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 500 mg** Cap 250 mg	**Amoxycillin Sandoz** 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

**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 November 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2027
Bimatoprost	Eye drops 0.03%, 3 ml OP	Lumigan	2027
Bisacodyl	Tab 5 mg Suppos 10 mg	Bisacodyl-AFT Lax-Suppositories	2028 2027
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2027
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2027
Brimonidine tartrate with timolol maleate	Eye drops 0.2% with timolol maleate 0.5%, 5 ml OP	Combigan	2027
Brinzolamide	Eye drops 1%, 5 ml OP	Azopt	2027
Budesonide	Cap modified-release 3 mg Metered aqueous nasal spray, 50 mcg & 100 mcg per dose, 200 dose OP	Budesonide Te Arai SteroClear	2028 2027
Buprenorphine with naloxone	Tab 2 mg with naloxone 0.5 mg Tab 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2028
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatris	2027
Calamine	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

**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 November 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2027
Clindamycin	Inj 150 mg per ml, 4 ml ampoule	Dalacin C	2028
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

**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 November 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Dimethicone	Crm 5% pump bottle Lotn 4%	HydraLock healthE Dimethicone 4% Lotion	2028
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml prefilled syringe	Boostrix	2027
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe;	Infanrix IPV	2027
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria with 40IU tetanus and 25mcg pertussis toxoids, 25mcg pertussis filamentous haemagglutinin, 8mcg pertactin, 80D-AgU polio virus, 10mcg hepatitis B antigen, 10mcg H. influenzae type b with tetanus toxoid 20-40mcg in 0.5ml syringe	Infanrix-hexa	2027
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Solax	2028
Domperidone	Tab 10 mg	Domperidone Viatris	2028
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2027
Econazole nitrate	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

**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 November 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

**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 November 2026

Generic Name	Presentation	Brand Name	Expiry Date*
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mcg in 0.5 ml syringe	Gardasil 9	2027
Hydrocortisone	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
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 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

**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 November 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

**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 November 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

**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 November 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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 120 mg per 5 ml** Oral liq 250 mg per 5 ml	**Noumed** Pamol	**2028**
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2028
Paraffin	Oint liquid paraffin 50% with white soft paraffin 50%	EVARA Paraffin Ointment 50/50	2028
Paroxetine	Tab 20 mg	Loxamine	2028
Pazopanib	Tab 200 mg & 400 mg	Pazopanib Teva	2027
Pegfilgrastim	Inj 6 mg per 0.6 ml syringe	Ziextenzo	2028
Perindopril	Tab 2 mg, 4 mg & 8 mg	Coversyl	2027
Pethidine hydrochloride	Tab 50 mg	Noumed Pethidine	2028
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg & 250 mg per 5 ml Cap 250 mg & 500 mg	AFT Cilicaine VK	2028 2027
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2027
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

**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 November 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

**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 November 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Water	**Inj 10 ml ampoule**	**Multichem**	**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

November 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 November 2026

12 PIOGLITAZONE

✳ Tab 15 mg Wastage claimable	6.15	90	✔**Rising** S29
✳ Tab 30 mg Wastage claimable	7.25	90	✔**Rising** S29

28 TAURINE – Special Authority see SA2043 – Retail pharmacy

Cap 500 mg	CBS	50	✔**Solgar**

Note – this is a new Pharmacode listing, 2563193.

102 FLUCONAZOLE

Cap 200 mg Wastage claimable	8.90	28	✔**APO Fluconazole** S29

155 NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy

Tab 50 mg	69.03	30	✔**Naltrexone Lupin**

268 CETIRIZINE HYDROCHLORIDE

✳ Oral liq 1 mg per ml	2.64	200 ml	✔**Noumed Cetirizine Hayfever & Allergy Relief**

Effective 8 October 2026

7 HYDROCORTISONE ACETATE

Rectal foam 10%, CFC-Free (14 applications)	57.09	15 g OP	✔**Cortifoam** S29

62 SILDENAFIL – Special Authority see SA2558 – Retail pharmacy

Tab 50 mg Wastage claimable	1.45	4	✔**Sildenafil (Umedica)** S29

133 VENLAFAXINE

✳ Cap 75 mg Wastage claimable	3.44	28	✔**Venlofex** S29

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

Changes to Restrictions, Chemical Names and Presentations

Effective 1 November 2026

14 BLOOD KETONE DIAGNOSTIC TEST STRIP – Subsidy by endorsement (amended subsidy by endorsement)

a) Not on a BSO
b) Maximum of 20 strip per prescription**; can be waived by endorsement**
c) Up to 10 strip available on a PSO
d) Patient has any of the following:
1) type 1 diabetes; or
2) permanent neonatal diabetes; or
3) undergone a pancreatectomy; or
4) cystic fibrosis-related diabetes; or
5) metabolic disease or epilepsy under the care of a paediatrician, neurologist or metabolic specialist

Subsidy by endorsement for more than 20 strips per prescription is available for patients with metabolic disease or epilepsy under the care of a paediatrician, neurologist or metabolic specialist.

The prescription must be endorsed accordingly.

Test strips ..... 15.50 10 strip OP ✔**KetoSens**

45 CAPTOPRIL (amended note)

✳ Oral liq 5 mg per ml ..... 98.90 100 ml OP ✔**DP-Captopril**

~~Oral liquid r~~**R**estricted to children under 12 years of age **(any condition) or for treatment of acute autonomic dysreflexia in any person with spinal cord injury where glyceryl trinitrate is not tolerated, not clinically suitable or cannot be self-administered.**

82 TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy (reinstate stat dispensing)

❋ Cap 400 mcg..... 28.56 100 ✔**Tamsulosin-Rex**

102 FLUCONAZOLE (amended Special Authority criteria – new criteria shown only)

Powder for oral suspension 10 mg per ml

– Special Authority see **SA2731** ~~1359~~ – Retail pharmacy... 129.02 35 ml ✔**Diflucan**

Wastage claimable

SA2731 ~~1359~~ Special Authority for Subsidy

Initial application – (cutaneous dermatophyte infection) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Any of the following:

1.1 The patient has tinea capitis or extensive cutaneous dermatophyte infection not sensitive to terbinafine confirmed on mycological culture, or by an equivalent validated molecular method; or

1.2 The patient has tinea capitis or extensive cutaneous dermatophyte infection confirmed with ectothrix hair invasion on microscopy; or

1.3 The patient has tinea capitis or extensive cutaneous dermatophyte infection which has not responded to 3 months of oral terbinafine; and

2 The patient is unable to swallow capsules.

Renewal – (cutaneous dermatophyte infection) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Any of the following:

1.1 The patient has tinea capitis or extensive cutaneous dermatophyte infection not sensitive to terbinafine confirmed on mycological culture, or by an equivalent validated molecular method; or

1.2 The patient has tinea capitis or extensive cutaneous dermatophyte infection confirmed with ectothrix hair invasion on microscopy; or

continued...

Changes to Restrictions – effective 1 November 2026 (continued)

continued...

1.3 The patient has tinea capitis or extensive cutaneous dermatophyte infection which has not responded to 3 months of oral terbinafine; and

2 The patient is unable to swallow capsules.

103 ITRACONAZOLE (amended Special Authority criteria)

Oral liq 10 mg per ml – Special Authority see **SA2732** ~~1322~~

– Retail pharmacy ..... 141.80 150 ml OP ✔**Itraconazole Kent** S29

➽ **SA2732** ~~1322~~ Special Authority for Subsidy

Initial application only from an infectious disease specialist, clinical microbiologist, clinical immunologist, **dermatologist** or any relevant practitioner on the recommendation of a infectious disease physician, clinical microbiologist, ~~or~~ clinical immunologist **or dermatologist**. Approvals valid for 6 months ~~where the patient has a congenital immune deficiency~~ **for applications meeting the following criteria:**

Either:

1 The patient has a congenital immune deficiency; or

2 Both:

2.1 Any of the following:

2.1.1 The patient has tinea capitis or extensive cutaneous dermatophyte infection not sensitive to terbinafine confirmed on mycological culture, or by an equivalent validated molecular method; or

2.1.2 The patient has tinea capitis or extensive cutaneous dermatophyte infection confirmed with ectothrix hair invasion on microscopy; or

2.1.3 The patient has tinea capitis or extensive cutaneous dermatophyte infection which has not responded to 3 months of oral terbinafine; and

2.2 The patient is unable to swallow capsules.

Renewal from any relevant practitioner. ~~Approvals valid for 6 months where the treatment remains appropriate and the patient is benefitting from the treatment~~. **Approvals valid for 6 months for applications meeting the following criteria:**

Either:

1 The patient has a congenital immune deficiency; or

2 Both:

2.1 Any of the following:

2.1.1 The patient has tinea capitis or extensive cutaneous dermatophyte infection not sensitive to terbinafine confirmed on mycological culture, or by an equivalent validated molecular method; or

2.1.2 The patient has tinea capitis or extensive cutaneous dermatophyte infection confirmed with ectothrix hair invasion on microscopy; or

2.1.3 The patient has tinea capitis or extensive cutaneous dermatophyte infection which has not responded to 3 months of oral terbinafine; and

2.2 The patient is unable to swallow capsules.

Changes to Restrictions – effective 1 November 2026 (continued)

106 BEDAQUILINE – Special Authority see **SA2733** ~~2244~~ – Retail pharmacy (amended Special Authority criteria – new criteria shown only)

No patient co-payment payable

Tab 100mg	3,084.51	24 OP	✔**Sirturo**

➽ **SA2733** ~~2244~~ Special Authority for Subsidy

Initial application – (Non-tuberculosis mycobacteria) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 The person has non-tuberculosis mycobacteria (NTM) infection; and

2 Ministry of Health's Tuberculosis Clinical Network has reviewed the individual case and recommends bedaquiline as part of the treatment regimen.

Renewal – (Non-tuberculosis mycobacteria) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 The person has non-tuberculosis mycobacteria (NTM) infection; and

2 Ministry of Health's Tuberculosis Clinical Network has reviewed the individual case and continues to recommend bedaquiline as part of the treatment regimen.

107 LINEZOLID – Special Authority see **SA2734** ~~2234~~ – Retail pharmacy (amended Special Authority criteria – new criteria shown only)

No patient co-payment payable

Tab 600 mg	194.60	10	✔**Zyvox**
Oral liq 20 mg per ml	1,879.00	150 ml	✔**Zyvox**

➽ **SA2734** ~~2234~~ Special Authority for Subsidy

Initial application – (Non-tuberculosis mycobacteria) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 The person has non-tuberculosis mycobacteria (NTM) infection; and

2 Ministry of Health's Tuberculosis Clinical Network has reviewed the individual case and recommends linezolid as part of the treatment regimen.

Renewal – (Non-tuberculosis mycobacteria) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 The person has non-tuberculosis mycobacteria (NTM) infection; and

2 Ministry of Health's Tuberculosis Clinical Network has reviewed the individual case and continues to recommend linezolid as part of the treatment regimen.

108 TENOFOVIR DISOPROXIL (removal of note)

~~Tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals for the purposes of Special Authority SA2139.~~

✳ Tab 245 mg (300 mg as a maleate)	13.80	30	✔**Tenofovir Disoproxil Viatris**
✳ Tab 245 mg (300 mg as a fumarate)	13.80	30	✔**Ricovir** S29

Changes to Restrictions – effective 1 November 2026 (continued)

112 EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; ~~can be waived by Special Authority see SA2520~~ (amended subsidy by endorsement, addition of PSO and removal of Special Authority criteria)

a) Up to 30 tab available on a PSO

b) Note: Post-Exposure Prophylaxis (PEP) is not a registered indication for emtricitabine with tenofovir disoproxil and it cannot be supplied for this use under a standing order.

c) Funded on PSO for Post-Exposure Prophylaxis (PEP) only, supplied only by an authorised practitioner, and the PSO is endorsed accordingly.

~~a) Funding for emtricitabine with tenofovir disoproxil for use as PrEP or PEP, should be applied using Special Authority SA2520.~~

~~b) Endorsement for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV (when co-prescribed with other antiretrovirals) and percutaneous exposure): Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA2139 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.~~

~~Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement, for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV and percutaneous exposure), is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA2139, page 111~~

~~There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the Pharmac website.~~

✻ Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a fumarate) ..... 13.45 30 ✔ **Tenofovir Disoproxil Emtricitabine Mylan** S29

✻ Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate) ..... 13.45 30 ✔ **Tenofovir Disoproxil Emtricitabine Viatr**

~~SA2520~~ ~~Special Authority for Subsidy~~

~~Initial application — (Pre-exposure prophylaxis) from any relevant practitioner. Approvals valid for 24 months for applications meeting the following criteria:~~

~~Both:~~

~~1 Patient has tested HIV negative, does not have signs or symptoms of acute HIV infection and has been assessed for HIV seroconversion; and~~

~~2 The Practitioner considers the patient is at elevated risk of HIV exposure and use of PrEP is clinically appropriate.~~

~~Notes: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines:~~

~~https://ashm.org.au/HIV/PrEP/~~

~~Renewal — (Pre-exposure prophylaxis) from any relevant practitioner. Approvals valid for 24 months for applications meeting the following criteria:~~

~~Both:~~

~~1 Patient has tested HIV negative, does not have signs or symptoms of acute HIV infection and has been assessed for HIV seroconversion; and~~

~~2 The Practitioner considers the patient is at elevated risk of HIV exposure and use of PrEP is clinically appropriate.~~

~~Notes: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines:~~

~~https://ashm.org.au/HIV/PrEP/~~

~~Initial application — (post-exposure prophylaxis following exposure to HIV) from any relevant practitioner. Approvals valid for 4 weeks for applications meeting the following criteria:~~

~~Both:~~

~~1 Treatment course to be initiated within 72 hours post exposure; and~~

~~2 Any of the following:~~

continued...

Changes to Restrictions – effective 1 November 2026 (continued)

continued...

~~2.1 Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; or~~
~~2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or~~
~~2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is appropriate; or~~
~~2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.~~

~~Notes: Tenofovir disoproxil prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals.~~
~~Subsidies apply for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.~~
~~Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (https://www.ashm.org.au/hiv/hiv-management/pep/).~~

~~Renewal — (second or subsequent post-exposure prophylaxis) from any relevant practitioner. Approvals valid for 4 weeks for applications meeting the following criteria:~~
~~Both:~~
~~1 Treatment course to be initiated within 72 hours post exposure; and~~
~~2 Any of the following:~~
~~2.1 Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; or~~
~~2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or~~
~~2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is appropriate; or~~
~~2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.~~

113 Antiretrovirals (addition of note)

Note: HIV treatment with antiretroviral medicines should only be initiated under the guidance of a clinician experienced in the management of HIV. Practitioners should refer to local health pathways and guidelines.

113 Antiretrovirals (removal of Special Authority criteria)

~~SA2139 Special Authority for Subsidy~~
~~Initial application – (Confirmed HIV) only from a named specialist. Approvals valid without further renewal unless notified where the patient has confirmed HIV infection.~~
~~Notes: Tenofovir disoproxil prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals. Subsidies apply for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.~~

~~Renewal – (Confirmed HIV) only from a named specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.~~
~~Initial application – (Prevention of maternal transmission) only from a named specialist. Approvals valid for 1 year for applications meeting the following criteria:~~
~~Either:~~
~~1 Prevention of maternal foetal transmission; or~~
~~2 Treatment of the newborn for up to eight weeks.~~
~~Notes: Tenofovir disoproxil prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals. Subsidies apply for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals. Some antiretrovirals are unapproved or~~

continued...

Changes to Restrictions – effective 1 November 2026 (continued)

continued...

~~contraindicated for this indication. Practitioners prescribing these medications should exercise their own skill, judgement, expertise and discretion, and make their own prescribing decisions with respect to the use of a Pharmaceutical for an indication for which it is not approved or contraindicated.~~

~~Initial application – (post-exposure prophylaxis following exposure to HIV) from any relevant practitioner. Approvals valid for 4 weeks for applications meeting the following criteria:~~
~~Both:~~
~~1 Treatment course to be initiated within 72 hours post exposure; and~~
~~2 Any of the following:~~
~~2.1 Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; or~~
~~2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or~~
~~2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required; or~~
~~2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.~~
~~Notes: Tenofovir disoproxil prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals. Subsidies apply for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals. Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (https://www.ashm.org.au/hiv/hiv-management/pep/).~~

~~Renewal – (second or subsequent post-exposure prophylaxis) from any relevant practitioner. Approvals valid for 4 weeks for applications meeting the following criteria:~~
~~Both:~~
~~1 Treatment course to be initiated within 72 hours post exposure; and~~
~~2 Any of the following:~~
~~2.1 Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; or~~
~~2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or~~
~~2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required; or~~
~~2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.~~

~~Initial application – (Percutaneous exposure) only from a named specialist. Approvals valid for 6 weeks where the patient has percutaneous exposure to blood known to be HIV positive.~~
~~Notes: Tenofovir disoproxil prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals. Subsidies apply for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.~~

~~Renewal – (Second or subsequent percutaneous exposure) only from a named specialist. Approvals valid for 6 weeks where the patient has percutaneous exposure to blood known to be HIV positive.~~

Changes to Restrictions – effective 1 November 2026 (continued)

115 ETRAVIRINE ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria)
✳ Tab 200 mg ... 770.00 60 ✔**Intelence**

115 NEVIRAPINE ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria)
✳ Tab 200 mg ... 198.25 60 ✔**Nevirapine Viatris**
✳ Oral suspension 10 mg per ml ... 203.55 240 ml OP ✔**Viramune Suspension**

115 ABACAVIR SULPHATE ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria)
✳ Tab 300 mg ... 180.00 60 ✔**Ziagen**

115 ABACAVIR SULPHATE WITH LAMIVUDINE ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria and note)
~~Note: abacavir with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority.~~
✳ Tab 600 mg with lamivudine 300 mg ... 35.00 30 ✔**Abacavir/Lamivudine Viatris**

115 EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria and note)
~~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 30 ✔**TEEVIR**
✔**TEEVIR (India)** S29
✔**Tenofovir Efavirenz Emtricitabine(Mylan)** S29
✳ Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) ... 106.88 30 ✔**Viatris**

115 EMTRICITABINE ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria)
✳ Cap 200 mg ... 307.20 30 ✔**Emtriva**

115 LAMIVUDINE ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria)
✳ Tab 150 mg ... 150.00 60 ✔**Lamivudine Viatris**
✳ Oral liq 10 mg per ml ... 102.50 240 ml OP ✔**3TC**

115 ZIDOVUDINE ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria)
✳ Cap 100 mg ... 152.25 100 ✔**Retrovir**
✳ Oral liq 10 mg per ml ... 30.45 200 ml OP ✔**Retrovir**

116 ZIDOVUDINE WITH LAMIVUDINE ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria and note)
~~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**

116 ATAZANAVIR SULPHATE ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria)
✳ Cap 150 mg ... 102.50 60 ✔**Atazanavir Viatris**
✳ Cap 200 mg ... 152.30 60 ✔**Atazanavir Viatris**

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Restrictions – effective 1 November 2026 (continued)

116 DARUNAVIR ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria)

✳ Tab 400 mg	115.00	60	✔**Darunavir Viatris**
✳ Tab 600 mg	130.00	60	✔**Darunavir Viatris**

116 LOPINAVIR WITH RITONAVIR ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria)

✳ Tab 200 mg with ritonavir 50 mg	875.00	120	✔**Lopinavir/Ritonavir Mylan**

116 RITONAVIR ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria)

✳ Tab 100 mg	43.31	30	✔**Norvir**

116 DOLUTEGRAVIR ~~– Special Authority see SA2139 – Retail pharmacy~~ – **Subsidy by endorsement** (addition of subsidy by endorsement, addition of PSO and removal of Special Authority criteria)

a) Up to 30 tab available on a PSO
b) Note: Post-Exposure Prophylaxis (PEP) is not a registered indication for dolutegravir and it cannot be supplied for this use under a standing order.
c) Funded on PSO for Post-Exposure Prophylaxis (PEP) only, supplied only by an authorised practitioner, and the PSO is endorsed accordingly.

✳ Tab 50 mg	1,090.00	30	✔**Tivicay**

116 DOLUTEGRAVIR WITH LAMIVUDINE ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria)

✳ Tab 50 mg with lamivudine 300 mg	1,090.00	30	✔**Dovato**

116 RALTEGRAVIR POTASSIUM ~~– Special Authority see SA2139 – Retail pharmacy~~ (removal of Special Authority criteria)

✳ Tab 400 mg	1,090.00	60	✔**Isentress**
✳ Tab 600 mg	1,090.00	60	✔**Isentress HD**

122 TERIPARATIDE – Special Authority see SA1139 – Retail pharmacy (amended brand name and removal of s29)

Inj 250 mcg per ml, 2.4 ml	200.27	1	✔**Teriparatide Teva** ~~S29~~ ~~S29~~

163 IBRUTINIB – Special Authority see **SA2748** ~~2637~~ – Retail pharmacy (amended Special Authority criteria – only affected criteria shown)

Tab 140 mg	3,217.00	30	✔**Imbruvica**
Tab 420 mg	9,652.00	30	✔**Imbruvica**

SA2748 ~~2637~~ Special Authority for Subsidy
Initial application – (previously untreated chronic lymphocytic leukaemia in combination with venetoclax) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:
~~Either:~~
~~1. Individual is currently on treatment with ibrutinib and/or venetoclax and met all of the following criteria prior to commencing treatment; or~~
~~2.~~ Both:
~~2.1~~ **1** Individual has previously untreated CLL; and
~~2.2~~ **2** Ibrutinib is to be administered at a maximum dose of 420 mg daily for 3 (28 day) cycles as monotherapy, followed by a maximum of 12 (28 day) cycles in combination with venetoclax.

Changes to Restrictions – effective 1 November 2026 (continued)

168 VENETOCLAX – Retail pharmacy-Specialist – Special Authority see **SA2740** ~~2678~~ (amended Special Authority criteria – only affected criteria shown)

Tab 14 × 10 mg, 7 × 50 mg, 21 × 100 mg	1,771.86	42 OP	✔**Venclexta**
Tab 10 mg	13.68	2 OP	✔**Venclexta**
Tab 50 mg	239.44	7 OP	✔**Venclexta**
Tab 100 mg – Wastage claimable	8,209.41	120	✔**Venclexta**

➽ **SA2740** ~~2678~~ Special Authority for Subsidy

Initial application – (previously untreated chronic lymphocytic leukaemia in combination with ibrutinib) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

~~Either:~~

~~1 Individual is currently on treatment with venetoclax and/or ibrutinib and met all of the following criteria prior to commencing treatment; or~~

~~2~~ All of the following:

~~2.1~~ **1** Individual has previously untreated chronic lymphocytic leukaemia; and

~~2.2~~ **2** Venetoclax is to be administered in combination with ibrutinib; and

~~2.3~~ **3** Venetoclax is to be used to a maximum dose of 400 mg and for a total of 12 (28 day) cycles.

191 ADALIMUMAB (AMGEVITA) – Special Authority see **SA2741** ~~2525~~ – Retail pharmacy (amended Special Authority criteria – only affected criteria shown)

Inj 20 mg per 0.4 ml prefilled syringe	190.00	1	✔**Amgevita**
Inj 40 mg per 0.8 ml prefilled pen	375.00	2	✔**Amgevita**
Inj 40 mg per 0.8 ml prefilled syringe	375.00	2	✔**Amgevita**

➽ **SA2741** ~~2525~~ Special Authority for Subsidy

Renewal – (Hidradenitis suppurativa) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

~~Both~~ **Either**:

1 The patient has a reduction in active lesions (e.g. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline; ~~and~~ **or**

2 The patient has a DLQI improvement of 4 or more from baseline.

200 ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) – Special Authority see **SA2742** ~~2157~~ – Retail pharmacy (amended Special Authority criteria – only affected criteria shown)

Inj 20 mg per 0.2 ml prefilled syringe	595.50	2	✔**Humira**
Inj 40 mg per 0.4 ml prefilled pen	595.50	2	✔**HumiraPen**
Inj 40 mg per 0.4 ml prefilled syringe	595.50	2	✔**Humira**

➽ **SA2742** ~~2157~~ Special Authority for Subsidy

Renewal – (Hidradenitis suppurativa) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Either ~~All of the following~~:

1.1 ~~1~~ The patient has a reduction in active lesions (e.g. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline; ~~and~~ **or**

1.2 ~~2~~ The patient has a **DLQI** ~~Dermatology Quality of Life Index~~ improvement of 4 or more from baseline; and

2 ~~3~~ Adalimumab is to be administered at doses no greater than 40mg every 7 days. Fortnightly dosing has been considered

Changes to Restrictions – effective 1 November 2026 (continued)

251 IPILIMUMAB – PCT only – Specialist – Special Authority see **SA2743** ~~2642~~ (amended Special Authority criteria – only affected criteria shown)

Inj 5 mg per ml, 10 ml vial	5,000.00	1	✔**Yervoy**
Inj 5 mg per ml, 40 ml vial	20,000.00	1	✔**Yervoy**
Inj 1 mg for ECP	106.00	1 mg	✔**Baxter**

➽ **SA2743** ~~2642~~ Special Authority for Subsidy

Initial application – (stage III or IV resectable melanoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:

~~Either:~~

~~1 The individual is currently on treatment with ipilimumab for neoadjuvant treatment of resectable stage IIIB, IIIC, IIID or IV melanoma and met all remaining criteria prior to commencing treatment; or~~

~~2~~ All of the following:

1 ~~2.1~~ The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note); and

2 ~~2.2~~ The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma; and

3 ~~2.3~~ The individual has ECOG performance score 0-2; and

4 ~~2.4~~ Treatment must be prior to complete surgical resection; and

5 ~~2.5~~ Neoadjuvant ipilimumab must be administered in combination with nivolumab; and

6 ~~2.6~~ Ipilimumab to be administered for maximum of two cycles prior to surgical resection.

Note:

a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition.

b) Disease must be completely resectable and amenable to curative intent surgery, including stage IV disease.

251 NIVOLUMAB – PCT only – Specialist – Special Authority see **SA2744** ~~2643~~ (amended Special Authority criteria – only affected criteria shown)

Inj 10 mg per ml, 4 ml vial	1,051.98	1	✔**Opdivo**
Inj 10 mg per ml, 10 ml vial	2,629.96	1	✔**Opdivo**
Inj 1 mg for ECP	27.22	1 mg	✔**Baxter**

➽ **SA2744** ~~2643~~ Special Authority for Subsidy

Initial application – (stage III or IV resectable melanoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria

~~Either:~~

~~1 The individual is currently on treatment with nivolumab for neoadjuvant treatment of resectable stage IIIB, IIIC, IIID or IV melanoma and met all remaining criteria prior to commencing treatment; or~~

~~2~~ All of the following:

1 ~~2.1~~ The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note); and

2 ~~2.2~~ The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma; and

3 ~~2.3~~ The individual has ECOG performance score 0-2; and

4 ~~2.4~~ Treatment must be initiated prior to complete surgical resection; and

5 ~~2.5~~ Neoadjuvant nivolumab must be administered in combination with ipilimumab; and

6 ~~2.6~~ Nivolumab to be administered for maximum of two cycles prior to surgical resection.

Changes to Restrictions – effective 1 November 2026 (continued)

317 HUMAN PAPILLOMAVIRUS (6, 11, 16, 18, 31, 33, 45, 52 AND 58) VACCINE [HPV] (amended eligibility criteria)

a) Maximum of 1 inj per prescription
b) Only on a prescription
c) No patient co-payment payable
d)
~~a)~~ A) Any of the following:
1) Maximum of two doses for children aged 14 years and under; or
2) Maximum of three doses for people meeting any of the following criteria:
1) People aged 15 to 26 years inclusive; or
2) **Any of the following** ~~Either~~:
People aged 9 to 26 years inclusive who have
1) Confirmed HIV infection; or
2) Received a transplant (including stem cell): or
3) severe immunosuppressive conditions or receiving severely immunosuppressive therapy; or
3) Maximum of four doses for people aged 9 to 26 years inclusive post chemotherapy

B) Contractors will be entitled to claim payment from the Funder for the supply of Human papillomavirus 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 Human papillomavirus 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 paragraphs A above.

Inj 270 mcg in 0.5 ml syringe ..... 0.00 10 ✔**Gardasil 9**

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 November 2026

127	ASPIRIN (↑ subsidy)			
	✻ Tab dispersible 300 mg – Up to 30 tab available on a PSO	6.20	100	✔ **Ethics Aspirin**
131	MORPHINE HYDROCHLORIDE (↑ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Oral liq 2 mg per ml	27.55	200 ml	✔ **RA-Morph**
	Oral liq 5 mg per ml	33.00	200 ml	✔ **RA-Morph**
161	METHOTREXATE (↑ subsidy)			
	✻ Inj 100 mg per ml, 50 ml vial – PCT	159.77	1	✔ **Methotrexate Ebewe**
	✻ Inj 1 mg for ECP – PCT only – Specialist	0.14	1 mg	✔ **Baxter**
174	IMATINIB MESILATE (↓ subsidy)			
	✻ Cap 100 mg	41.00	60	✔ **Imatinib-Rex**
	✻ Cap 400 mg	63.00	30	✔ **Imatinib-Rex**

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

Delisted Items

Effective 1 November 2026

11	INSULIN NEUTRAL			
	▲ Inj human 100 u per ml, 10 ml vial	25.26	1 OP	✔Humulin R
11	INSULIN ISOPHANE WITH INSULIN NEUTRAL			
	▲ Inj human with neutral insulin 100 u per ml, 10 ml vial	25.26	1 OP	✔Humulin 30/70
48	FLECAINIDE ACETATE			
	Inj 10 mg per ml, 15 ml ampoule	102.79	5	✔Almarytm S29
		108.16		✔Tambocor German S29
71	CLOBETASONE BUTYRATE			
	Crm 0.05%	5.38	30 g OP	
		(10.00)		Eumovate
	Note – this delist applies to Pharmacode 2401096.			
82	TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy			
	Cap 400 mcg	28.56	100	✔Aurobindo Tamsulosin S29
85	ZOLEDRONIC ACID			
	Inj 4 mg per 5 ml, vial	15.65	1	✔Zoledronic acid Injection Mylan S29
98	AMOXICILLIN			
	Cap 500 mg	41.00	500	✔Miro-Amoxicillin
	a) Up to 30 cap available on a PSO			
	b) Up to 10 x the maximum PSO quantity for RFPP			
115	EFAVIRENZ			
	Note: No new patients to be initiated on efavirenz.			
	✳ Tab 600 mg	65.38	30	✔Efavirenz Milpharm S29
119	NITROFURANTOIN			
	✳ Tab 50 mg – Up to 30 tab available on a PSO	22.20	100	✔Nifuran
	✳ Tab 100 mg	37.50	100	✔Nifuran

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

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

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

Delisted Items – effective 1 November 2026 (continued)

128 PARACETAMOL

Oral liq 120 mg per 5 ml ..... 3.98 200 ml ✔Paracetamol (Ethics)

a) Maximum of 600 ml per prescription; can be waived by endorsement
b) Up to 200 ml available on a PSO
c) Not in combination
d)
   1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing.
   2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.
   3) Note: 200 ml presentations of paracetamol oral liquid may be supplied on BSO to a Vaccinator (other than a Pharmacist) under the provisions in Part I of Section A 4) Note: Direct Provision by a pharmacist of up to 200 ml permitted under the provisions in Part I of Section A in conjunction with immunisation of a child under 2 years of age with meningococcal B multicomponent vaccine, and otherwise in accordance with the Integrated Community Pharmacy Services Agreement (ICPSA) – Extended Pharmacy Services.

282 POLYETHYLENE GLYCOL 400 AND PROPYLENE GLYCOL – Special Authority see SA2431 – Retail pharmacy

Eye drops 0.4% and propylene glycol 0.3%, 0.8 ml ..... 10.78 30 ✔Systane Unit Dose

Note – this delist applies to the 30 pack size, Pharmacode 2640120

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

11 INSULIN ISOPHANE
▲ Inj human 100 u per ml, 10 ml vial ..... 17.68 — 1 OP — ✔**Humulin NPH**

Effective 1 February 2027

12 INSULIN LISPRO
▲ Inj 100 u per ml, 10 ml vial ..... 34.92 — 1 OP — ✔**Humalog**

~~31 CALCITRIOL~~
~~✳ Cap 0.25 mcg ..... 7.89 — 100 — ✔**Calcitriol XL** S29~~
~~✔**Calcitriol-AFT**~~

Note – delisting delayed until 1 March 2027.
~~✳ Cap 0.5 mcg ..... 13.68 — 100 — ✔**Calcitriol XL** S29~~
~~✔**Calcitriol-AFT**~~

Note – delisting delayed until 1 April 2027.

Effective 1 March 2027

31 CALCITRIOL
✳ Cap 0.25 mcg ..... 7.89 — 100 — ✔**Calcitriol XL** S29
✔**Calcitriol-AFT**

Effective 1 April 2027

28 TAURINE – Special Authority see SA2043 – Retail pharmacy
Cap 500 mg ..... CBS — 50 — ✔**Solgar**
Note – this delist applies to Pharmacode 2557797.

31 CALCITRIOL
✳ Cap 0.5 mcg ..... 13.68 — 100 — ✔**Calcitriol XL** S29
✔**Calcitriol-AFT**

155 NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy
Tab 50 mg ..... 83.33 — 30 — ✔**Naltraccord**

268 CETIRIZINE HYDROCHLORIDE
✳ Oral liq 1 mg per ml ..... 5.75 — 200 ml — ✔**Histaclear**

Effective 1 May 2027

115 NEVIRAPINE
✳ Oral suspension 10 mg per ml ..... 203.55 — 240 ml OP — ✔**Viramune Suspension**

▲ 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 July 2027

~~6~~	~~SODIUM ALGINATE~~			
	~~✳ Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg - peppermint flavour~~	~~1.80~~ ~~(19.05)~~	~~60~~	~~Gaviscon Extra Strength~~
	Note – delisting delayed until 1 August 2027.			
11	INSULIN NEUTRAL			
	▲ Inj human 100 u per ml, 3 ml	42.66	5	✔**Actrapid Penfill**
11	INSULIN ASPART WITH INSULIN ASPART PROTAMINE			
	▲ Inj 100 iu per ml, 3 ml prefilled pen	52.15	5	✔**NovoMix 30 FlexPen**
11	INSULIN ISOPHANE			
	▲ Inj human 100 u per ml, 3 ml	29.86	5	✔**Protaphane Penfill**

Effective 1 August 2027

6	SODIUM ALGINATE			
	✳ Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg - peppermint flavour	1.80 (19.05)	60	Gaviscon Extra Strength

Index
Pharmaceuticals and brands

Symbols
3TC 27
A
Abacavir/Lamivudine Viatris 27
ABACAVIR SULPHATE 27
ABACAVIR SULPHATE WITH LAMIVUDINE 27
Actrapid Penfill 36
ADALIMUMAB (AMGEVITA) 29
ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) 29
Almarytm 33
Amgevita 29
AMOXICILLIN 33
APO Fluconazole 20
ASPIRIN 32
ATAZANAVIR SULPHATE 27
Atazanavir Viatris 27
Aurobindo Tamsulosin 33
B
BEDAQUILINE 23
BLOOD KETONE DIAGNOSTIC TEST STRIP 21
C
CALCITRIOL 35
Calcitriol-AFT 35
Calcitriol XL 35
CAPTOPRIL 21
CETIRIZINE HYDROCHLORIDE 20, 35
CLOBETASONE BUTYRATE 33
Cortifoam 20
D
DARUNAVIR 28
Darunavir Viatris 28
Diflucan 21
DOLUTEGRAVIR 28
DOLUTEGRAVIR WITH LAMIVUDINE 28
Dovato 28
DP-Captopril 21
E
EFAVIRENZ 33
Efavirenz Milpharm 33
EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL 27
EMTRICITABINE 27
EMTRICITABINE WITH TENOFOVIR DISOPROXIL 24
Emtriva 27
Ethics Aspirin 32
ETRAVIRINE 27
Eumovate 33
F
FLECAINIDE ACETATE 33
FLUCONAZOLE 20, 21
G
Gardasil 9 31
Gaviscon Extra Strength 36
H
Histaclear 35
HPV 31
Humalog 35
HUMAN PAPILLOMAVIRUS (6, 11, 16, 18, 31, 33, 45, 52 AND 58) VACCINE [HPV] 31
Humira 29
HumiraPen 29
Humulin 30/70 33
Humulin NPH 35
Humulin R 33
HYDROCORTISONE ACETATE 20
I
IBRUTINIB 28
IMATINIB MESILATE 32
Imatinib-Rex 32
Imbruvica 28
INSULIN ASPART WITH INSULIN ASPART PROTAMINE 36
INSULIN ISOPHANE 35, 36
INSULIN ISOPHANE WITH INSULIN NEUTRAL 33
INSULIN LISPRO 35
INSULIN NEUTRAL 33, 36
Intelence 27
IPILIMUMAB 30
Isentress 28
Isentress HD 28
ITRACONAZOLE 22
Itraconazole Kent 22
K
KetoSens 21
L
LAMIVUDINE 27
Lamivudine Viatris 27
Lamivudine/Zidovudine Viatris 27
LINEZOLID 23
Lopinavir/Ritonavir Mylan 28
LOPINAVIR WITH RITONAVIR 28
M
METHOTREXATE 32
Methotrexate Ebewe 32
Miro-Amoxicillin 33
MORPHINE HYDROCHLORIDE 32
N
Naltraccord 35
NALTREXONE HYDROCHLORIDE 20, 35
Naltrexone Lupin 20
NEVIRAPINE 27, 35
Nevirapine Viatris 27
Nifuran 33
NITROFURANTOIN 33
NIVOLUMAB 30
Norvir 28
Noumed Cetirizine Hayfever & Allergy Relief 20

NovoMix 30 FlexPen 36
O
Opdivo 30
P
PARACETAMOL 34
Paracetamol (Ethics) 34
PIOGLITAZONE 20
POLYETHYLENE GLYCOL 400 AND PROPYLENE GLYCOL 34
Protaphane Penfill 36
R
RALTEGRAVIR POTASSIUM 28
RA-Morph 32
Retrovir 27
Ricovir 23
Rising 20
RITONAVIR 28
S
SILDENAFIL 20
Sildenafil (Umedica) 20
Sirturo 23
SODIUM ALGINATE 36
Systane Unit Dose 34
T
Tambocor German 33
TAMSULOSIN HYDROCHLORIDE 21, 33
Tamsulosin-Rex 21
TAURINE 20, 35
TEEVIR 27
TEEVIR (India) 27
TENOFOVIR DISOPROXIL 23
Tenofovir Disoproxil Emtricitabine Mylan 24
Tenofovir Disoproxil Emtricitabine Viatr 24
Tenofovir Disoproxil Viatris 23
Tenofovir Efavirenz Emtricitabine(Mylan) 27
TERIPARATIDE 28
Teriparatide Teva 28
Teriparatide Teva S29 28
Tivicay 28
V
Venclexta 29
VENETOCLAX 29
VENLAFAXINE 20
Venlofex 20
Viramune Suspension 27, 35
Y
Yervoy 30
Z
Ziagen 27
ZIDOVUDINE 27
ZIDOVUDINE WITH LAMIVUDINE 27
ZOLEDRONIC ACID 33
Zoledronic acid Injection Mylan 33
Zyvox 23

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - www.pharmac.govt.nz
Email: enquiry@pharmac.govt.nz

ISSN 1179-3686 (Online)

Te Kāwanatanga o Aotearoa New Zealand Government

While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the update.