PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

December 2026

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Summary of Pharmac decisions
EFFECTIVE 1 DECEMBER 2026

New listings (pages 20-21)

- Lansoprazole (Lansoprazole Viatris) tab orodispersible 15 mg and cap 30 mg – s29 and wastage claimable
- Ispaghula (Psyllium) husk (Konsyl-D) powder for oral soln, 500 g OP – Only on a prescription
- Tranexamic acid (Cyklokapron) tab 500 mg
- Ramipril tab 2.5 mg (Ramipril Mylan Generics), tab 10 mg (Ramipril Viatris) and cap 1.25 mg and 2.5 mg (Ramipril (Crescent)) – s29 and wastage claimable
- Pravastatin (Pravastatin Sandoz) tab 20 mg and 40 mg
- Sulfadiazine silver (SSD Dr Reddy's) crm 1%, 50 g OP – s29, up to 250 g available on a PSO and not in combination
- Pyrimethamine (Daraprim) tab 25 mg – Special Authority – Retail pharmacy – s29
- Fluconazole (APX Fluconazole and Fluconazole (Sandoz)) cap 50 mg – s29 and wastage claimable
- Efavirenz with emtricitabine and tenofovir disoproxil (Teva) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (291.22 mg as a phosphate)
- Valaciclovir (Valaciclovir Viatris) tab 1,000 mg – s29 and wastage claimable
- Methenamine (Hexamine) Hippurate (U-Tract) tab 1 g
- Cytarabine inj 20 mg per ml, 5 ml vial (Sagent) and inj 100 mg per ml, 20 ml vial (Pfizer) – PCT – Retail pharmacy – Specialist
- Bacillus Calmette-Guerin (BCG) vaccine (OncoTICE) inj 2-8 × 100 million CFU – PCT only – Specialist – Subsidised only for bladder cancer
- Nivolumab (Opdivo) inj 10 mg per ml, 4 ml vial – PCT only – Specialist – Special Authority
- Bee venom allergy treatment (Albey S29) treatment kit – 1 vial 550 mcg freeze dried venom, 1 diluent 9 ml, 3 diluent 1.8 ml, 1 OP – Special Authority – Retail pharmacy – s29
- Wasp venom allergy treatment (Albey S29) treatment kit (Paper wasp venom) – 1 vial 550 mcg freeze dried polistes venom, 1 diluent 9 ml, 3 diluent 1.8 ml and treatment kit (Yellow jacket venom) - 1 vial 550 mcg freeze dried vespula venom, 1 diluent 9 ml, 3 diluent 1.8 ml, 1 OP – Special Authority – Retail pharmacy – s29
- Pharmacy services (BSF Colchicine Indoco) brand switch fee – may only be claimed once per patient

Changes to restrictions (pages 23-25)

- Letermovir (Prevymis) tab 240 mg – amended Special Authority criteria
- Dolutegravir (Tivicay) tab 50 mg – removal of subsidy by endorsement and amended 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) – removal of subsidy by endorsement and amended note
- Colchicine (Colchicine Indoco) tab 500 mcg – addition of brand switch fee
- Hepatitis B recombinant vaccine (Engerix-B) inj 10 mcg per 0.5 ml prefilled syringe and inj 20 mcg per 1 ml prefilled syringe – removal of Xpharm restriction, amended restriction criteria and addition of only on a prescription and no patient co-payment payable
- Poliomyelitis vaccine (IPOL) inj 80D antigen units in 0.5 ml syringe – removal of Xpharm restriction, amended restriction criteria and addition of only on a prescription and no patient co-payment payable

Increased subsidy (pages 26-29)

- Alginic acid (Gaviscon Infant) sodium alginate 225 mg and magnesium alginate 87.5 mg per sachet
- Sodium cromoglicate (Ralicrom) cap 100 mg
- Omeprazole (Midwest) powder, 5 g
- Pyridoxine hydrochloride (Vitamin B6 25) tab 25 mg
- Miconazole nitrate (Multichem) crm 2%, 15 g OP
- Menthol (Midwest) crystals, 25 g and 100 g
- Coal tar (Midwest) soln BP, 200 ml
- Salicylic acid (Midwest) powder, 250 g
- Tobramycin (Tobramycin BNM) solution for inhalation 60 mg per ml, 5 ml
- Octreotide (Omega) inj 50 mcg per ml, 1 ml vial and inj 500 mcg per ml, 1 ml vial
- Compound hydroxybenzoate (Midwest) soln, 100 ml
- Glycerin with sodium saccharin (Ora-Sweet SF) suspension, 473 ml
- Glycerin with sucrose (Ora-Sweet) suspension, 473 ml
- Methyl hydroxybenzoate (Midwest) powder, 25 g
- Methylcellulose (Ora-Plus) suspension, 473 ml
- Methylcellulose with glycerin and sodium saccharin (Ora-Blend SF) suspension, 473 ml
- Methylcellulose with glycerin and sucrose (Ora-Blend) suspension, 473 ml
- Phenobarbitone sodium (Midwest) powder, 10 g

- Propylene glycol (Midwest) liq, 500 ml
- Sodium bicarbonate (Midwest) powder BP, 500 g
- Syrup (pharmaceutical grade) (Midwest) liq, 500 ml
- Carbohydrate supplement (Polycal) powder, 400 g OP
- Protein supplement (Protifar) powder, 225 g OP
- Diabetic oral feed 1kcal/ml (Diasip) liquid (strawberry), 200 ml bottle and liquid (vanilla), 200 ml bottle, 1 OP
- Paediatric enteral feed 1.5kcal/ml (Nutrini Energy RTH) liquid, 500 ml bottle, 1 OP
- Paediatric enteral feed 1kcal/ml (Nutrini RTH) liquid, 500 ml bottle, 1 OP
- Paediatric enteral feed with fibre 1.5kcal/ml (Nutrini Energy Multi Fibre) liquid, 500 ml bottle, 1 OP
- Paediatric oral feed 1.5kcal/ml (Fortini) liquid (strawberry), 200 ml bottle and liquid (vanilla), 200 ml bottle, 1 OP
- Paediatric oral feed with fibre 1.5kcal/ml (Fortini Multi Fibre) liquid (chocolate), 200 ml bottle, liquid (strawberry), 200 ml bottle, liquid (unflavoured), 200 ml bottle and liquid (vanilla), 200 ml bottle, 1 OP
- Semi-elemental enteral feed 1kcal/ml (Nutrison Advanced Peptisorb) liquid, 500 ml bottle, 1 OP
- Paediatric enteral feed with fibre 0.76 kcal/ml (Nutrini Low Energy Multi Fibre) liquid, 500 ml bottle, 1 OP
- Enteral feed 1.5kcal/ml (Nutrison Energy) liquid, 1,000 ml bottle, 1 OP
- Enteral feed 1kcal/ml (Nutrison RTH) liquid, 1,000 ml bottle, 1 OP
- Enteral feed with fibre 0.83 kcal/ml (Nutrison 800 Complete Multi Fibre) liquid, 1,000 ml bottle, 1 OP
- Enteral feed with fibre 1 kcal/ml (Nutrison Multi Fibre) liquid, 1,000 ml bottle, 1 OP
- Enteral feed with fibre 1.5kcal/ml (Nutrison Energy Multi Fibre) liquid, 1,000 ml bottle, 1 OP
- Enteral feed 2 kcal/ml (Nutrison Concentrated) liquid, 500 ml bottle, 1 OP
- Amino acid formula (Neocate Gold, Neocate Junior Unflavoured and Neocate SYNEO) powder (unflavoured), 400 g OP and powder (vanilla) (Neocate Junior Vanilla), 400 g OP
- Extensively hydrolysed formula powder (Pepti-Junior) 450 g OP and powder (Allerpro Syneo 1 and Allerpro Syneo 2), 900 g OP

Increased alternate subsidy (pages 26-27)

- Oral feed 1.5kcal/ml (Fortisip) liquid (banana), 200 ml bottle, liquid (chocolate), 200 ml bottle, liquid (strawberry), 200 ml bottle and liquid (vanilla), 200 ml bottle, 1 OP

- Oral feed with fibre 1.5 kcal/ml (Fortisip Multi Fibre) liquid (chocolate), 200 ml bottle, liquid (strawberry), 200 ml bottle and liquid (vanilla), 200 ml bottle, 1 OP

Decreased subsidy (page 29)

- Rosuvastatin (Rosuvastatin Mylan) tab 5 mg, 10 mg, 20 mg and 40 mg
- Denosumab inj 120 mg per 1.7 ml vial (Xgeva) and inj 60 mg per 1 ml prefilled syringe (Prolia)

Tender News

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) changes – effective 1 January 2027

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Ketamine	Inj 100 mg per ml, 2 ml vial; 5 inj	PSS	Ketalar (Pfizer)

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 January 2027

- Allopurinol (DP-Allopurinol) tab 100 mg and 300 mg – new listing
- Iron polymaltose (Ferrosig) inj 50 mg per ml, 2 ml ampoule – price increase
- Losartan potassium (Ipca-Losartan) tab 12.5 mg, 25 mg, 50 mg and 100 mg – new listing
- Potassium chloride (Potassium Chloride Aborns) inj 75 mg per ml, 10 ml – new listing
- Sodium alginate (Gaviscon Extra Strength) tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg - peppermint flavour, 48 tab – new listing
- Triamcinolone acetonide (Aristocort) crm 0.02% and oint 0.02%, 100 g OP – price increase

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 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 December 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	**Grans for oral liq 25 mg per ml** **Grans for oral liq 50 mg per ml** Cap 250 mg Cap 500 mg	**Cefalexin Sandoz** 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Ciprofloxacin	**Tab 250 mg, 500 mg & 750 mg** Eye drops 0.3%, 5 ml OP Tab 750 mg	**Ipca-Ciprofloxacin** Ciprofloxacin Teva Ipca-Ciprofloxacin	**2029** 2027
Citalopram hydrobromide	Tab 20 mg	Celepram	2028
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2027
Clindamycin	Inj 150 mg per ml, 4 ml ampoule	Dalacin C	2028
Clobetasol propionate	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
Colchicine	**Tab 500 mcg**	**Colchicine Indoco**	**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 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 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 30 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, pre-filled syringe; adult dose	**Comirnaty (XFG)** 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
Darunavir	**Tab 400 mg & 600 mg**	**Darunavir Viatris**	**2029**
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Emulsifying ointment	**Oint BP**	**Evara Emulsifying Ointment**	**2029**
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Ezetimibe	**Tab 10 mg**	**Ezetimibe Sandoz**	**2029**
Febuxostat	**Tab 80 mg & 120 mg**	**Febuxostat**	**2029**
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Levodopa with carbidopa	Tab 100 mg with carbidopa 25 mg Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2027
Levodopa with carbidopa and entacapone	Tab 50 mg with carbidopa 12.5 mg and entacapone 200 mg Tab 100 mg with carbidopa 25 mg and entacapone 200 mg Tab 150 mg with carbidopa 37.5 mg and entacapone 200 mg Tab 200 mg with carbidopa 50 mg and entacapone 200 mg	Stalevo	2027
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2028
Levonorgestrel	Tab 1.5 mg	Levonorgestrel-1 (Lupin)	2028
Lidocaine [lignocaine]	Gel 2%, 11 ml urethral syringe	Instillagel Lido	2028
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
Mebeverine hydrochloride	**Tab 135 mg**	**Colofac**	**2029**
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

**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 December 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
Methylprednisolone aceponate	**Crm 0.1%; 15 g OP** **Oint 0.1%; 15 g OP**	**Advantan**	**2029**
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
Moxifloxacin	**Tab 400 mg**	**Moximed**	**2029**
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Oxybutynin	**Tab 5 mg**	**Alchemy Oxybutynin**	**2029**
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	**Tab 500 mg - blister pack** Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	**Pacimol** Noumed Pamol	**2029** 2028
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2028
Paraffin	**White soft** Oint liquid paraffin 50% with white soft paraffin 50%	**Evara White Soft Paraffin** EVARA Paraffin Ointment 50/50	**2029** 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

**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 December 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
Quetiapine	**Tab 25 mg, 100 mg, 200 mg & 300 mg**	**Quetapel**	**2029**
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
Rizatriptan	**Tab orodispersible 10 mg**	**Rizamelt**	**2029**
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
Simvastatin	**Tab 10 mg, 20 mg, 40 mg & 80 mg**	**Simvastatin Viatris**	**2029**
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 citro-tartrate	**Grans eff 4 g sachets**	**Ural**	**2029**
Sodium cromoglicate	Eye drops 2%, 10 ml OP	Allerfix	2028
Sodium fusidate [fusidic acid]	Crm 2% & oint 2%, 5 g OP	Foban	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Tamoxifen citrate	**Tab 10 mg & 20 mg**	**Tamoxifen Sandoz**	**2029**
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
Testosterone undecanoate	**Inj 250 mg per ml, 4 ml vial**	**Gonadron**	**2028**
Tetrabenazine	Tab 25 mg	Motetis	2028
Thiamine hydrochloride	**Tab 50 mg**	**Thiamine-REX**	**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
Triamcinolone acetonide	**Inj 10 mg per ml, 1 ml ampoule** **Inj 40 mg per ml, 1 ml ampoule** **Paste 0.1%; 5 g OP**	**Kenacort-A 10** **Kenacort-A 40** **Kenalog in Orabase**	**2029**
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

**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 December 2026

Generic Name	Presentation	Brand Name	Expiry Date*
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
Vitamins	**Tab (BPC cap strength)**	**Mvite**	**2029**
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

December 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 December 2026

9 LANSOPRAZOLE

✳ Tab orodispersible 15 mg	4.04	100	✔**Lansoprazole Viatris** S29
Wastage claimable			
✳ Cap 30 mg	1.52	28	✔**Lansoprazole Viatris** S29
Wastage claimable			

22 ISPAGHULA (PSYLLIUM) HUSK – Only on a prescription

✳ Powder for oral soln	22.10	500 g OP	✔**Konsyl-D**

Note – this is a new Pharmacode listing, 2739801.

38 TRANEXAMIC ACID

Tab 500 mg	52.34	100	✔**Cyklokapron**

46 RAMIPRIL

✳ Tab 2.5 mg	5.13	28	✔**Ramipril Mylan Generics** S29
Wastage claimable			
✳ Tab 10 mg	5.90	30	✔**Ramipril Viatris** S29
Wastage claimable			
✳ Cap 1.25 mg	5.37	28	✔**Ramipril (Crescent)** S29
Wastage claimable			
✳ Cap 2.5 mg	5.13	28	✔**Ramipril (Crescent)** S29
Wastage claimable			

54 PRAVASTATIN

✳ Tab 20 mg	1.87	30	✔**Pravastatin Sandoz**
✳ Tab 40 mg	2.43	30	✔**Pravastatin Sandoz**

68 SULFADIAZINE SILVER

Crm 1%	22.55	50 g OP	✔**SSD Dr Reddy's** S29

a) Up to 250 g available on a PSO
b) Not in combination

99 PYRIMETHAMINE – Special Authority see SA2752 – Retail pharmacy

Tab 25 mg	CBS	30	✔**Daraprim** S29

SA2752 Special Authority for Subsidy

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

Any of the following:

1 Treatment of toxoplasmosis in patients with HIV for a period of 3 months; or
2 Pregnant patients for the term of the pregnancy; or
3 Infants with congenital toxoplasmosis until 12 months of age

100 FLUCONAZOLE

Cap 50 mg	4.10	28	✔**APX Fluconazole** S29
Wastage claimable			
			✔**Fluconazole (Sandoz)** S29
Wastage claimable			

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

New Listings – effective 1 December 2026 (continued)

111 EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL
✻ Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (291.22 mg as a phosphate) ..... 106.51 — 30 — ✔**Teva**

108 VALACICLOVIR
Tab 1,000 mg ..... 12.45 — 21 — ✔**Valaciclovir Viatris** S29
Wastage claimable

115 METHENAMINE (HEXAMINE) HIPPURATE
✻ Tab 1 g ..... 13.80 — 100 — ✔**U-Tract**

157 CYTARABINE
Inj 20 mg per ml, 5 ml vial – PCT
– Retail pharmacy-Specialist ..... 472.00 — 5 — ✔**Sagent**
Inj 100 mg per ml, 20 ml vial – PCT
– Retail pharmacy-Specialist ..... 48.80 — 1 — ✔**Pfizer**
Note – this is a new Pharmacode listing, 2741377 for Pfizer inj 100 mg per ml, 20 ml vial.

187 BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist
Subsidised only for bladder cancer.
Inj 2-8 × 100 million CFU ..... 182.45 — 1 — ✔**OncoTICE**
Note – this is a new Pharmacode listing, 2736373.

248 NIVOLUMAB – PCT only – Specialist – Special Authority see SA2744
Inj 10 mg per ml, 4 ml vial ..... 1,051.98 — 1 — ✔**Opdivo**
Note – this is a new Pharmacode listing, 2738473.

264 BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy
Treatment kit - 1 vial 550 mcg freeze dried venom, 1 diluent 9 ml, 3 diluent 1.8 ml ..... 334.39 — 1 OP — ✔**Albey S29** S29
Note – this is a new Pharmacode listing, 2741431.

265 WASP VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy
Treatment kit (Paper wasp venom) - 1 vial 550 mcg freeze dried polistes venom, 1 diluent 9 ml, 3 diluent 1.8 ml ..... 382.23 — 1 OP — ✔**Albey S29** S29
Treatment kit (Yellow jacket venom) - 1 vial 550 mcg freeze dried vespula venom, 1 diluent 9 ml, 3 diluent 1.8 ml ..... 431.24 — 1 OP — ✔**Albey S29** S29
Note – these are new Pharmacode listings, 2741458 and 2741202, respectively

281 PHARMACY SERVICES
✻ Brand switch fee ..... 4.50 — 1 fee — ✔**BSF Colchicine Indoco**
a) May only be claimed once per patient.
b) The Pharmacode for BSF Colchicine Indoco is 2741016.

Effective 17 November 2026

46 RAMIPRIL
Tab 5 mg ..... 5.63 — 30 — ✔**Ramipril Viatris** S29
Wastage claimable

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

309 COVID-19 VACCINE – [Xpharm]

Inj 10 mcg SARS-CoV-2 spike protein (mRNA) XFG per 0.3 ml,
0.48 ml single-dose vial; paediatric vaccine, light blue cap..... 0.00 10 ✔**Comirnaty (XFG)**

Any of the following:

1) One dose for previously unvaccinated children aged 5–11 years old; or
2) Up to three doses for immunocompromised children aged 5-11 years old; or
3) One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 5 to 11 years; or
4) One additional dose with the most current variant-matched vaccine up to every 12 months for children aged 5 to 11 years old at high risk of severe illness.

Changes to Restrictions, Chemical Names and Presentations

Effective 1 December 2026

108 LETERMOVIR – Special Authority see **SA2751** ~~2635~~ – Retail pharmacy (amended Special Authority criteria – only affected criteria shown)

Wastage claimable

Tab 240 mg ..... 6,664.00 28 ✔**Prevymis**

SA2751 ~~2635~~ Special Authority for Subsidy

Initial application – (C**ytomegalovirus**~~MV~~ prophylaxis - post HSCT) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 Patient has undergone an allogeneic haematopoietic stem cell transplant; and
2 **Patient is at high risk of cytomegalovirus disease or reactivation** ~~The patient has confirmed presence of cytomegalovirus-specific antibodies~~; and
3 Treatment to commence within 28 days of an allogeneic haematopoietic stem cell transplant; and
4 Maximum treatment duration of 100 days post-transplant.

Renewal – (C**ytomegalovirus**~~MV~~ prophylaxis – second or subsequent HSCT) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 Patient has undergone an allogeneic haematopoietic stem cell transplant; and
2 **Patient is at high risk of cytomegalovirus disease or reactivation** ~~The patient has confirmed presence of cytomegalovirus-specific antibodies~~; and
3 Treatment to commence within 28 days of an allogeneic haematopoietic stem cell transplant; and
4 Maximum treatment duration of 100 days post-transplant.

112 DOLUTEGRAVIR ~~– Subsidy by endorsement~~ (removal of subsidy by endorsement and amended note)

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~~ **prescriber**.

✳ Tab 50 mg ..... 1,090.00 30 ✔**Tivicay**

112 EMTRICITABINE WITH TENOFOVIR DISOPROXIL ~~– Subsidy by endorsement~~ (removal of subsidy by endorsement and amended note)

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~~ **prescriber**.

✳ 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**

119 COLCHICINE (addition of brand switch fee)

Brand switch fee payable (Pharmacode 2741016)

✳ Tab 500 mcg ..... 3.15 100 ✔**Colchicine Indoco**

Changes to Restrictions – effective 1 December 2026 (continued)

313 HEPATITIS B RECOMBINANT VACCINE – ~~[Xpharm]~~ (removal of Xpharm restriction, amended restriction criteria and addition of only on a prescription and no patient co-payment payable)

a) Only on a prescription

b) No patient co-payment payable

Inj 10 mcg per 0.5 ml prefilled syringe ..... 0.00 1 ✔**Engerix-B**

A) Funded for patients meeting any of the following criteria:

1) for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
2) for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3) for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
4) for HIV positive patients; or
5) for hepatitis C positive patients; or
6) for patients following non-consensual sexual intercourse; or
7) for patients prior to planned immunosuppression for greater than 28 days; or
8) for patients following immunosuppression; or
9) for solid organ transplant patients; or
10) for post-haematopoietic stem cell transplant (HSCT) patients; or
11) following needle stick injury

B) Contractors will be entitled to claim payment from the Funder for the supply of Hepatitis B recombinant vaccine Inj 10 mcg per 0.5 ml prefilled syringe 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 Hepatitis B recombinant vaccine Inj 10 mcg per 0.5 ml prefilled syringe listed in the Pharmaceutical Schedule.

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

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch-up programmes.

Inj 20 mcg per 1 ml prefilled syringe ..... 0.00 1 ✔**Engerix-B**

A) Funded for patients meeting any of the following criteria:

1) for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
2) for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3) for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
4) for HIV positive patients; or
5) for hepatitis C positive patients; or
6) for patients following non-consensual sexual intercourse; or
7) for patients prior to planned immunosuppression for greater than 28 days; or
8) for patients following immunosuppression; or
9) for solid organ transplant patients; or
10) for post-haematopoietic stem cell transplant (HSCT) patients; or
11) following needle stick injury; or
12) for chronic kidney disease (CKD) stage 4 or 5 patients; or
13) for liver or kidney transplant patients.

B) Contractors will be entitled to claim payment from the Funder for the supply of Hepatitis B recombinant vaccine Inj 20 mcg per 1 ml prefilled syringe 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 Hepatitis B recombinant vaccine Inj 20 mcg per 1 ml prefilled syringe listed in the Pharmaceutical Schedule.

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

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch-up programmes.

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 December 2026 (continued)

320 POLIOMYELITIS VACCINE – ~~[Xpharm]~~ (removal of Xpharm restriction, amended restriction criteria and addition of only on a prescription and no patient co-payment payable)

a) Only on a prescription

b) No patient co-payment payable

c)

A) Up to three doses for patients meeting either of the following:

1) For partially vaccinated or previously unvaccinated individuals; or

2) For revaccination following immunosuppression.

B) Contractors will be entitled to claim payment from the Funder for the supply of Poliomyelitis 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 Poliomyelitis vaccine listed in the Pharmaceutical Schedule.

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

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch-up programmes.

Inj 80D antigen units in 0.5 ml syringe..... 0.00 1 ✔**IPOL**

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

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

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

Changes to Subsidy and Manufacturer's Price

Effective 1 December 2026

6 ALGINIC ACID (↑ subsidy)
Sodium alginate 225 mg and magnesium alginate 87.5 mg
per sachet ..... 9.26 30 ✔**Gaviscon Infant**

8 SODIUM CROMOGLICATE (↑ subsidy)
Cap 100 mg ..... 136.02 100 ✔**Ralicrom**

10 OMEPRAZOLE (↑ subsidy)
✻ Powder – Only in combination ..... 54.10 5 g ✔**Midwest**
Only in extemporaneously compounded omeprazole suspension.

30 PYRIDOXINE HYDROCHLORIDE (↑ subsidy)
a) No more than 100 mg per dose
b) Only on a prescription
✻ Tab 25 mg – No patient co-payment payable ..... 4.18 90 ✔**Vitamin B6 25**

54 ROSUVASTATIN (↓ subsidy)
✻ Tab 5 mg ..... 0.76 30 ✔**Rosuvastatin Mylan**
✻ Tab 10 mg ..... 0.98 30 ✔**Rosuvastatin Mylan**
✻ Tab 20 mg ..... 1.37 30 ✔**Rosuvastatin Mylan**
✻ Tab 40 mg ..... 2.24 30 ✔**Rosuvastatin Mylan**

69 MICONAZOLE NITRATE (↑ subsidy)
✻ Crm 2% ..... 1.10 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.

69 MENTHOL – Only in combination (↑ subsidy)
1) Only in combination with a dermatological base or proprietary Topical Corticosteriod – Plain
2) With or without other dermatological galenicals.
Crystals ..... 13.00 25 g ✔**MidWest**
38.00 100 g ✔**MidWest**

75 COAL TAR (↑ subsidy)
Soln BP – Only in combination ..... 47.50 200 ml ✔**Midwest**
1) Up to 10% only in combination with a dermatological base or proprietary Topical Corticosteriod – Plain
2) With or without other dermatological galenicals.

75 SALICYLIC ACID (↑ subsidy)
Powder – Only in combination ..... 30.00 250 g ✔**Midwest**
1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or collodion flexible
2) With or without other dermatological galenicals.

99 TOBRAMYCIN (↑ subsidy)
Solution for inhalation 60 mg per ml, 5 ml
– Subsidy by endorsement ..... 475.00 56 dose ✔**Tobramycin BNM**
a) Wastage claimable
b) Only if prescribed for a cystic fibrosis patient and the prescription is endorsed accordingly.

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

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

117 DENOSUMAB – Special Authority see SA2441 – Retail pharmacy (↓ subsidy)
Note: Denosumab inj 60 mg per 1 ml pre-filled syringe is Medsafe approved for use in osteoporosis. Denosumab inj 120 mg per 1.7 ml vial is Medsafe approved for use in hypercalcaemia of malignancy.

Inj 120 mg per 1.7 ml vial	366.56	1	✔**Xgeva**
Inj 60 mg per 1 ml prefilled syringe	183.28	1	✔**Prolia**

180 OCTREOTIDE (↑ subsidy)

Inj 50 mcg per ml, 1 ml vial	34.75	5	✔**Omega** S29
Inj 500 mcg per ml, 1 ml vial	129.96	5	✔**Omega** S29

284 COMPOUND HYDROXYBENZOATE – Only in combination (↑ subsidy)
Only in extemporaneously compounded oral mixtures.

Soln	42.00	100 ml	✔**Midwest**

284 GLYCERIN WITH SODIUM SACCHARIN – Only in combination (↑ subsidy)

Suspension	43.75	473 ml	✔**Ora-Sweet SF**

284 GLYCERIN WITH SUCROSE – Only in combination (↑ subsidy)

Suspension	43.75	473 ml	✔**Ora-Sweet**

284 METHYL HYDROXYBENZOATE (↑ subsidy)

Powder	11.36	25 g	✔**Midwest**

284 METHYLCELLULOSE (↑ subsidy)

Suspension – Only in combination	43.75	473 ml	✔**Ora-Plus**

284 METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN – Only in combination (↑ subsidy)

Suspension	43.75	473 ml	✔**Ora-Blend SF**

284 METHYLCELLULOSE WITH GLYCERIN AND SUCROSE – Only in combination (↑ subsidy)

Suspension	43.75	473 ml	✔**Ora-Blend**

284 PHENOBARBITONE SODIUM (↑ subsidy)

Powder – Only in combination	175.00	10 g	✔**MidWest**

Only in children up to 12 years

284 PROPYLENE GLYCOL (↑ subsidy)
Only in extemporaneously compounded methyl hydroxybenzoate 10% solution.

Liq	17.30	500 ml	✔**Midwest**

284 SODIUM BICARBONATE (↑ subsidy)

Powder BP – Only in combination	14.36	500 g	✔**Midwest**

Only in extemporaneously compounded omeprazole and lansoprazole suspension.

284 SYRUP (PHARMACEUTICAL GRADE) – Only in combination (↑ subsidy)
Only in extemporaneously compounded oral liquid preparations.

Liq	40.00	500 ml	✔**Midwest**

285 CARBOHYDRATE SUPPLEMENT – Special Authority see SA1930 – Hospital pharmacy [HP3] (↑ subsidy)

Powder	7.53	400 g OP	✔**Polycal**

▲ 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 Subsidy and Manufacturer's Price – effective 1 December 2026 (continued)

287 PROTEIN SUPPLEMENT – Special Authority see SA1524 – Hospital pharmacy [HP3] (↑ subsidy)
Powder ..... 15.20 225 g OP ✔ **Protifar**

288 DIABETIC ORAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] (↑ subsidy)
Liquid (strawberry), 200 ml bottle ..... 2.48 1 OP ✔ **Diasip**
Liquid (vanilla), 200 ml bottle ..... 2.48 1 OP ✔ **Diasip**

290 PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] (↑ subsidy)
Liquid, 500 ml bottle ..... 8.21 1 OP ✔ **Nutrini Energy RTH**

290 PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] (↑ subsidy)
Liquid, 500 ml bottle ..... 5.16 1 OP ✔ **Nutrini RTH**

290 PAEDIATRIC ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] (↑ subsidy)
Liquid, 500 ml bottle ..... 7.85 1 OP ✔ **Nutrini Energy Multi Fibre**

290 PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] (↑ subsidy)
Liquid (strawberry), 200 ml bottle ..... 2.09 1 OP ✔ **Fortini**
Liquid (vanilla), 200 ml bottle ..... 2.09 1 OP ✔ **Fortini**

290 PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] (↑ subsidy)
Liquid (chocolate), 200 ml bottle ..... 2.09 1 OP ✔ **Fortini Multi Fibre**
Liquid (strawberry), 200 ml bottle ..... 2.09 1 OP ✔ **Fortini Multi Fibre**
Liquid (unflavoured), 200 ml bottle ..... 2.09 1 OP ✔ **Fortini Multi Fibre**
Liquid (vanilla), 200 ml bottle ..... 2.09 1 OP ✔ **Fortini Multi Fibre**

291 SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] (↑ subsidy)
Liquid, 500 ml bottle ..... 8.22 1 OP ✔ **Nutrison Advanced Peptisorb**

292 PAEDIATRIC ENTERAL FEED WITH FIBRE 0.76 KCAL/ML – Special Authority see SA1196 – Hospital pharmacy [HP3] (↑ subsidy)
Liquid, 500 ml bottle ..... 6.90 1 OP ✔ **Nutrini Low Energy Multi Fibre**

294 ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] (↑ subsidy)
Liquid, 1,000 ml bottle ..... 9.90 1 OP ✔ **Nutrison Energy**

294 ENTERAL FEED 1KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] (↑ subsidy)
Liquid, 1,000 ml bottle ..... 7.59 1 OP ✔ **Nutrison RTH**

295 ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] (↑ subsidy)
Liquid, 1,000 ml bottle ..... 9.96 1 OP ✔ **Nutrison 800 Complete Multi Fibre**

295 ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] (↑ subsidy)
Liquid, 1,000 ml bottle ..... 7.93 1 OP ✔ **Nutrison Multi Fibre**

295 ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] (↑ subsidy)
Liquid, 1,000 ml bottle ..... 9.55 1 OP ✔ **Nutrison Energy Multi Fibre**

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

295 ORAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] (↑ alternate subsidy)
Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, who have severe epidermolysis bullosa, or as exclusive enteral nutrition for the treatment of Crohn's disease, or for patients with COPD and hypercapnia, defined as CO2 value exceeding 55mmHg. The prescription must be endorsed accordingly.

Liquid (banana), 200 ml bottle – Higher subsidy of up to $1.94			
per 1 btl with Endorsement	0.72	1 OP	
	(1.94)		Fortisip
Liquid (chocolate), 200 ml bottle – Higher subsidy of up to $1.94			
per 1 btl with Endorsement	0.72	1 OP	
	(1.94)		Fortisip
Liquid (strawberry), 200 ml bottle – Higher subsidy of $1.94			
per 1 btl with Endorsement	0.72	1 OP	
	(1.94)		Fortisip
Liquid (vanilla), 200 ml bottle – Higher subsidy of up to $1.94			
per 1 btl with Endorsement	0.72	1 OP	
	(1.94)		Fortisip

296 ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] (↑ alternate subsidy)
Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa. The prescription must be endorsed accordingly.

Liquid (chocolate), 200 ml bottle – Higher subsidy of $1.94			
per 1 btl with Endorsement	0.72	1 OP	
	(1.94)		Fortisip Multi Fibre
Liquid (strawberry), 200 ml bottle – Higher subsidy of $1.94			
per 1 btl with Endorsement	0.72	1 OP	
	(1.94)		Fortisip Multi Fibre
Liquid (vanilla), 200 ml bottle – Higher subsidy of $1.94			
per 1 btl with Endorsement	0.72	1 OP	
	(1.94)		Fortisip Multi Fibre

297 ENTERAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3] (↑ subsidy)

Liquid, 500 ml bottle	7.50	1 OP	✔ **Nutrison Concentrated**

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

Powder (unflavoured)	59.50	400 g OP	✔ **Neocate Gold**
			✔ **Neocate Junior Unflavoured**
			✔ **Neocate SYNEO**
Powder (vanilla)	59.50	400 g OP	✔ **Neocate Junior Vanilla**

305 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1557 – Hospital pharmacy [HP3] (↑ subsidy)

Powder	19.91	450 g OP	✔ **Pepti-Junior**
	39.82	900 g OP	✔ **Allerpro Syneo 1**
			✔ **Allerpro Syneo 2**

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

Delisted Items

Effective 1 December 2026

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

30 THIAMINE HYDROCHLORIDE – Only on a prescription
✳ Tab 50 mg ..... 4.65 — 100 — ✔Thiamine multichem

85 TESTOSTERONE UNDECANOATE
Inj 250 mg per ml, 4 ml vial ..... 86.00 — 1 — ✔Reandron 1000

93 CEFALEXIN
Grans for oral liq 25 mg per ml – Wastage claimable ..... 7.88 — 100 ml — ✔Flynn
Grans for oral liq 50 mg per ml – Wastage claimable ..... 10.38 — 100 ml — ✔Flynn

98 MOXIFLOXACIN – Special Authority see SA1740 – Retail pharmacy
No patient co-payment payable
Tab 400 mg ..... 42.00 — 5 — ✔Avelox

119 COLCHICINE
✳ Tab 500 mcg ..... 6.30 — 100 — ✔Colgout

134 DROPERIDOL – Subsidy by endorsement
a) Up to 10 inj available on a PSO
b) Only on a PSO
c) Subsidised only for use within a Primary Response in Medical Emergencies (PRIME) service and the PSO is endorsed accordingly.
Inj 2.5 mg per ml, 1 ml ampoule ..... 43.85 — 10 — ✔Droperidol Panpharma

299 AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2357 – Hospital pharmacy [HP3]
Tabs ..... 99.00 — 75 OP — ✔Phlexy 10

300 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

303 AMINO ACID FORMULA – Special Authority see SA2092 – Hospital pharmacy [HP3]
Powder (unflavoured) ..... 55.61 — 400 g OP — ✔Neocate Gold
Note – this delist applies to Pharmacode 2400464.

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 March 2027

281 PHARMACY SERVICES

✻ Brand switch fee	4.50	1 fee	✔**BSF Colchicine Indoco**

a) May only be claimed once per patient.
b) The Pharmacode for BSF Colchicine Indoco is 2741016.

Effective 1 May 2027

54 PRAVASTATIN

✻ Tab 20 mg	7.16	100	✔**Clinect**
✻ Tab 40 mg	12.25	100	✔**Clinect**

106 ISONIAZID – Retail pharmacy-Specialist

a) No patient co-payment payable
b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician

✻ Tab 100 mg	94.50	100	✔**Isoniazid Teva** S29

111 EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL

✻ 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

115 METHENAMINE (HEXAMINE) HIPPURATE

✻ Tab 1 g	19.95	100	✔**Hiprex**

188 BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist

Subsidised only for bladder cancer.

Inj 2-8 × 100 million CFU	182.45	1	✔**OncoTICE**

Note – this delist applies to Pharmacode 799629.

Effective 1 February 2028

266 EFORMOTEROL FUMARATE DIHYDRATE

Powder for inhalation 4.5 mcg per dose, breath activated (equivalent to eformoterol fumarate 6 mcg metered dose)	10.32 (16.90)	60 dose OP	Oxis Turbuhaler

▲ 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

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ISSN 1179-3686 (Online)

Te Kāwanatanga o Aotearoa New Zealand Government

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