

Pharmaceutical Management Agency  
New Zealand  
Pharmaceutical Schedule

# Section H Update

for Hospital Pharmaceuticals

March 2025

The logo for PHARMAC, featuring the word "PHARMAC" in a bold, uppercase, sans-serif font, with "TE PĀTAKA WHAIORANGA" in a smaller, uppercase, sans-serif font below it. The logo is centered within a white circle that overlaps a large, stylized graphic of white and grey wavy lines on a grey background.

PHARMAC  
TE PĀTAKA WHAIORANGA

# Contents

Summary of decisions effective 1 March 2025 .....	3
Section H changes to Part II .....	6
Index .....	15

## Summary of decisions

EFFECTIVE 1 MARCH 2025

- Acetylcysteine (Martindale Pharma) inj 200 mg per ml, 10 ml ampoule – delisting delayed to 1 November 2025
- Amino acid formula (without phenylalanine) (PKU Anamix Junior LQ (Unflavoured)) liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, bottle, 125 ml – delisted 1 March 2025
- Antithymocyte globulin (Equine) (ATGAM) inj 50 mg per ml, 5 ml ampoule – price increase
- Atazanavir sulphate (Atazanavir Viatris) cap 150 mg – new listing
- Atezolizumab (Tecentriq) inj 60 mg per ml, 20 ml vial – amended restriction criteria
- Atorvastatin (Lipitor) tab 20 mg – new listing
- Benzathine benzylpenicillin (Bicllin LA) inj 900 mg (1.2 million units) in 2.3 ml syringe – price increase
- Bevacizumab (Ocular) inj 25 mg per ml, 4 ml vial and inj 25 mg per ml, 16 ml vial – amended chemical name
- Bevacizumab (Vegzelma) inj 25 mg per ml, 4 ml vial and inj 25 mg per ml, 16 ml vial – new listing
- Clarithromycin (Klaricid) tab 250 mg – new listing
- Clozapine (Versacloz) oral liq 50 mg per ml, 100 ml – price increase
- Cilazapril (Zapril) tab 0.5 mg, tab 2.5 mg and tab 5 mg – to be delisted 1 April 2025
- Codeine phosphate (Aspen) tab 30 mg – delisted 1 March 2025
- Colistin Sulphomethate [Colestimethate] (Colomycin) inj 2 million iu, 10 ml vial – new listing
- Dantrolene (Dantrium) cap 25 mg and (Dantrium IV) inj 20 mg vial – price increase
- Denosumab (Prolia) inj 60 mg prefilled syringe – price decrease and amended presentation description
- Denosumab (Xgeva) inj 120 mg per 1.7 ml vial and (Prolia) inj 60 mg prefilled syringe – amended restriction criteria
- Desferrioxamine mesilate (DBL Desferrioxamine Mesylate for Inj BP) inj 500 mg vial – price increase
- Dulaglutide (Trulicity) inj 1.5 mg per ml, 0.5 ml prefilled pen – amended note
- Emtricitabine with tenofovir disoproxil (Teva) tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) – to be delisted 1 August 2025
- Entacapone (Entacapone Viatris) tab 200 mg – brand name change
- Flucloxacillin (Staphlex) cap 250 mg and cap 500 mg – new listing and addition of PSS
- Flucloxacillin (Flucloxacillin-AFT) cap 250 mg and 500 mg – to be delisted 1 August 2025

## Summary of decisions – effective 1 March 2025 (continued)

- Gentamicin sulphate (Gentamicin Andipharm) inj 40 mg per ml, 2 ml ampoule – new listing
- Influenza vaccine (Influvac Tetra (2025 formulation)) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – new listing
- Influenza vaccine (Influvac Tetra (2024 formulation)) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – delisted 1 March 2025
- Interferon beta-1-alpha (Avonex Pen) injection 6 million iu per 0.5 ml pen injector – to be delisted 1 September 2025
- Ketamine (Ketamine-Baxter) inj 100 mg per ml, 2 ml vial – new listing
- Lanreotide (Mylolac) inj 60 mg and 120 mg per 0.5 ml, 0.5 ml syringe – new listing and addition of PSS
- Lenvatinib (Lenvima) cap 4 mg and 10 mg – amended restriction criteria
- Letrozole (Accord) tab 2.5 mg – new listing
- Levonorgestrel (Microlut) tab 30 mcg, 112 tab pack – new listing
- Levonorgestrel (Microlut) tab 30 mcg, 84 tab pack – to be delisted 1 December 2025
- Liraglutide (Victoza) inj 6 mg per ml, 3 ml prefilled pen – amended restriction criteria and note
- Long-acting Somatostatin Analogues – new therapeutic subgroup with restriction criteria
- Medroxyprogesterone acetate (Depo-Provera) inj 150 mg per ml, 1 ml syringe – price increase
- Methylprednisolone (as sodium succinate) (Solu-Medrol Act-O-Vial) inj 500 mg vial and (Solu-Medrol) inj 1 g vial – price increase
- Mirtazapine (Noumed) tab 30 mg and tab 45 mg – delisted 1 March 2025
- Molnupiravir (Lagevrio) cap 200 mg – delisted 1 March 2025
- Naltrexone hydrochloride (Revia) tab 50 mg – to be delisted 1 July 2025
- Octreotide (Sandostatin LAR) inj depot 10 mg prefilled syringe, inj depot 20 mg prefilled syringe and inj 30 mg prefilled syringe – depot injections moved to new therapeutic group
- Phenylephrine hydrochloride (Neosynephrine HCL) inj 10 mg per ml, 1 ml ampoule – price increase
- Sulfadiazine silver (Ascend) crm 1%, 50 g – to be delisted 1 July 2025
- Sulfasalazine (Salazopyrin) tab 500 mg and (Salazopyrin EN) tab EC 500 mg – price increase
- Theophylline (Nuelin-SR) tab long-acting 250 mg and (Nuelin) oral liq 80 mg per 15 ml, 500 ml – price increase

## Summary of decisions – effective 1 March 2025 (continued)

- Tixagevimab with cilgavimab (Evusheld) inj 100 mg per ml, 1.5 ml vial and cilgavimab 100 mg per ml, 1.5 ml vial – delisted 1 March 2025
- Trimethoprim with sulphamethoxazole [co-trimoxazole] (Deprim) oral liq 8 mg with sulphamethoxazole 40 mg per ml, 100 ml – price decrease and addition of PSS
- Venlafaxine (Enlifax XR) cap 75 mg and cap 150 mg, 28 pack – new listing
- Voriconazole (Vttack) tab 50 mg and tab 200 mg – price decrease and addition of PSS

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

## Section H changes to Part II

Effective 1 March 2025

### ALIMENTARY TRACT AND METABOLISM

7	SULFASALAZINE († price)			
	Tab 500 mg.....	19.49	100	Salazopyrin
	Tab EC 500 mg .....	20.54	100	Salazopyrin EN

11	DULAGLUTIDE (amended note)			
	Note: <b>Not to be given in combination with another funded GLP-1 agonist or empagliflozin / empagliflozin with metformin hydrochloride unless receiving empagliflozin / empagliflozin with metformin hydrochloride for the treatment of heart failure</b> Not to be given in combination with a funded SGLT-2 inhibitor or other GLP-1 agonist.			
	→ Inj 1.5 mg per 0.5 ml prefilled pen.....	115.23	4	Trulicity

Restricted: For continuation only

11	LIRAGLUTIDE (amended restriction criteria and note)			
	Note: <b>Not to be given in combination with another funded GLP-1 agonist or empagliflozin / empagliflozin with metformin hydrochloride unless receiving empagliflozin / empagliflozin with metformin hydrochloride for the treatment of heart failure</b> Not to be given in combination with a funded SGLT-2 inhibitor or other GLP-1 agonist.			
	→ Inj 6 mg per ml, 3 ml prefilled pen .....	383.72	3	Victoza

Restricted

#### Initiation

Either:

1. For continuation use; or

2. All of the following:

- 2.1. Patient has type 2 diabetes; and
- 2.2. Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of all of the following funded blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin; and;
- 2.3. Any of the following:
  - 2.3.1. Patient is Māori or any Pacific ethnicity\*; or
  - 2.3.2. Patient has pre-existing cardiovascular disease or risk equivalent (see note a)\*; or
  - 2.3.3. Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator\*; or
  - 2.3.4. Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult\*; or
  - 2.3.5. Patient has diabetic kidney disease (see note b)\*.

Notes: \* Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes.

- a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.
- b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m<sup>2</sup> in the presence of diabetes, without alternative cause identified.
- c) Funded GLP-1a treatment is not to be given in combination with (empagliflozin / empagliflozin with metformin hydrochloride) unless receiving (empagliflozin or empagliflozin in combination with metformin hydrochloride) for the treatment of heart failure.

→ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

## Changes to Section H Part II – effective 1 March 2025 (continued)

### CARDIOVASCULAR SYSTEM

43	CILAZAPRIL – Restricted: For continuation only (delisting)			
	→ Tab 0.5 mg.....	2.69	90	Zapril
	→ Tab 2.5 mg.....	5.79	90	Zapril
	→ Tab 5 mg.....	10.05	90	Zapril
	Note – Zapril tab 0.5 mg, 2.5 mg and 5 mg to be delisted on 1 April 2025.			
50	ATORVASTATIN (new listing)			
	Tab 20 mg.....	0.45	28	Lipitor
53	PHENYLEPHRINE HYDROCHLORIDE (↑ price)			
	Inj 10 mg per ml, 1 ml ampoule .....	310.42	25	Neosynephrine HCL

### DERMATOLOGICALS

66	SULFADIAZINE SILVER (delisting)			
	Crn 1%.....	15.44	50 g	Ascend
	Note – Ascend crn 1% to be delisted 1 July 2025.			

### GENITO-URINARY SYSTEM

74	LEVONORGESTREL (new pack size listing)			
	Tab 30 mcg.....	22.00	112	Microlut
	Note – Microlut tab 30 mcg, 84 tab pack to be delisted 1 December 2025.			
74	MEDROXYPROGESTERONE ACETATE (↑ price)			
	Inj 150 mg per ml, 1 ml syringe .....	10.56	1	Depo-Provera

### HORMONE PREPARATIONS

79	METHYLPREDNISOLONE (AS SODIUM SUCCINATE) (↑ price)			
	Inj 500 mg vial.....	43.01	1	Solu-Medrol Act-O-Vial
	Inj 1 g vial.....	52.54	1	Solu-Medrol

### INFECTIONS

87	GENTAMICIN SULPHATE (new listing)			
	Inj 40 mg per ml, 2 ml ampoule .....	18.38	10	Gentamicin Amdipharm
90	CLARITHROMYCIN (new listing)			
	→ Tab 250 mg.....	7.31	12	Klaricid
91	BENZATHINE BENZYL PENICILLIN (↑ price)			
	Inj 900 mg (1.2 million units) in 2.3 ml syringe .....	432.37	10	Bicillin LA
91	FLUCLOXACILLIN (new listing and addition of PSS)			
	Cap 250 mg – <b>5% DV Aug-25 to 2027</b> .....	22.58	250	<b>Staphlex</b>
	Cap 500 mg – <b>5% DV Aug-25 to 2027</b> .....	72.71	500	<b>Staphlex</b>
	Note – Flucloxacillin-AFT cap 250 mg and cap 500 mg to be delisted from 1 August 2025.			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### Changes to Section H Part II – effective 1 March 2025 (continued)

93	COLISTIN SULPHOMETHATE [COLESTIMETHATE] (new listing) → Inj 2 million iu, 10 ml vial .....	216.67	10	Colomycin
94	TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE] (↓ price and addition of PSS) Oral liq 8 mg with sulphamethoxazole 40 mg per ml – 5% DV Aug-25 to 2028 .....	4.95	100 ml	Deprim
96	VORICONAZOLE (↓ price and addition of PSS) → Tab 50 mg – 5% DV Aug-25 to 2028 .....	71.00	56	Vttack
	→ Tab 200 mg – 5% DV Aug-25 to 2028 .....	263.00	56	Vttack
103	ATAZANAVIR SULPHATE (new listing) → Cap 150 mg .....	85.00	60	Atazanavir Viatrix
106	EMTRICITABINE WITH TENOFOVIR DISOPROXIL (delisting) → Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) .....	15.45	30	Teva
	Note – Teva tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) to be delisted on 1 August 2025.			
107	MOLNUPIRAVIR (delisted) → Cap 200 mg .....	0.00	40	Lagevrio
	Note – Lagevrio cap 200 mg delisted 1 March 2025.			

### MUSCULOSKELETAL SYSTEM

112	DENOSUMAB (↓ price and amended restriction criteria and presentation description) 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 .....	500.00	1	Xgeva
	→ Inj 60 mg per 1 ml prefilled syringe .....	250.00	1	Prolia
	Restricted Initiation – Osteoporosis All of the following: 1 The patient has severe, established osteoporosis, and 2. Either: 2.1 The patient is female and postmenopausal; or 2.2 The patient is male or non-binary 2.3 Any of the following: 2.1 History of one significant osteoporotic fracture demonstrated radiologically, with a documented bone mineral density (BMD) and documented bone mineral density (BMD) greater than or equal to -2.5 standard deviations below the mean normal value in young adults (i.e.) (T-Score less than or equal to -2.5), that incorporates BMD measured using dual-energy x-ray absorptiometry (DEXA); (see Note); or 2.2 History of one significant osteoporotic fracture, demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons; or 2.3 History of two significant osteoporotic fractures demonstrated radiologically; or 2.4 Documented T-Score less than or equal to -3.0 (see Note); or 2.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which that incorporates BMD measurements measured using DEXA (see Note); or and 2.6 Patient has had a Special Authority approval for alendronate (Underlying cause – Osteoporosis) prior to 1 February 2019 or has had a Special Authority approval for raloxifene; and			

continued...

→ Restriction

(Brand) indicates a brand example only. It is not a contracted product.



Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

## Changes to Section H Part II – effective 1 March 2025 (continued)

continued...

### 3 Any of the following:

3.1 ~~Zoledronic acid is~~ **Bisphosphonates are** contraindicated because the patient's creatinine clearance **or eGFR** is less than 35 mL/min; ~~and or~~

3.2 The patient has experienced at least ~~one~~ **two** symptomatic new fractures **or a BMD loss greater than 2% per year**, after at least 12 months' continuous therapy with a funded antiresorptive agent ~~at adequate doses (see Notes); and; or~~

**3.3 Bisphosphonates result in intolerable side effects; or**

**3.4 Intravenous bisphosphonates cannot be administered due to logistical or technical reasons.**

3.3 ~~The patient must not receive concomitant treatment with any other funded antiresorptive agent for this condition or teriparatide~~

Initiation – Hypercalcaemia

Both:

1. Patient has hypercalcaemia of malignancy; and

2. Patient has severe renal impairment.

Note:

a) BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable

b) Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score less than or equal to -2.5 and, therefore, do not require BMD measurement for treatment with denosumab

c) Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less

d) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body

e) Antiresorptive agents and their adequate doses for the purposes of this Special Authority are defined as: risedronate sodium tab 35 mg once weekly; alendronate sodium tab 70 mg or tab 70 mg with cholecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months' continuous therapy.

115	DANTROLENE (t price)			
	Cap 25 mg .....	145.77	100	Dantrium
	Inj 20 mg vial .....	1,143.74	6	Dantrium IV

## NERVOUS SYSTEM

119	ENTACAPONE (brand name change)			
	Tab 200 mg – <b>5% DV Jul-25 to 2027</b> .....	13.73	100	Entapone <b>Entacapone Viatrix</b>
120	KETAMINE (new listing)			
	Inj 100 mg per ml, 2 ml vial .....	36.23	5	Ketamine-Baxter
123	CODEINE PHOSPHATE (delisted)			
	Tab 30 mg .....	6.98	100	Aspen
	Note – Aspen tab 30 mg delisted 1 March 2025.			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

### Changes to Section H Part II – effective 1 March 2025 (continued)

126	MIRTAZAPINE (delisted)			
	Tab 30 mg.....	2.60	28	Noumed
	Tab 45 mg.....	3.45	28	Noumed
	Note – Noumed tab 30 mg and 45 mg, 28 tab pack delisted 1 March 2025.			
126	VENLAFAXINE (new listing)			
	Cap 75 mg.....	3.44	28	Enlafax XR
	Cap 150 mg.....	4.65	28	Enlafax XR
132	CLOZAPINE (↑ price)			
	Oral liq 50 mg per ml.....	147.30	100 ml	Versacloz
140	INTERFERON BETA-1-ALPHA (delisting)			
	→ Injection 6 million iu per 0.5 ml pen injector.....	1,170.00	4	Avonex Pen
	Note – Avonex Pen injection 6 million iu per 0.5 ml pen injector is to be delisted on 1 September 2025.			
145	NALTREXONE HYDROCHLORIDE (delisting)			
	→ Tab 50 mg.....	138.88	50	Revia
	Note – Revia tab 50 mg to be delisted 1 July 2025.			

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

159	LENVATINIB (amended restriction criteria – affected criteria shown only)			
	→ Cap 4 mg.....	3,407.40	30	Lenvima
	→ Cap 10 mg.....	3,407.40	30	Lenvima
	Restricted			
	Initiation – unresectable hepatocellular carcinoma			
	<i>Re-assessment required after 6 months</i>			
	All of the following:			
	1. Patient has unresectable hepatocellular carcinoma; and			
	2. Patient has preserved liver function (Childs-Pugh A); and			
	3. Transarterial chemoembolisation (TACE) is unsuitable; and			
	4. Patient has an ECOG performance status of 0-2; and			
	<b>5. Either:</b>			
	<b>5.1.</b> Patient has not received prior systemic therapy for their disease in the palliative setting; <b>or</b>			
	<b>5.2. Both:</b>			
	<b>5.2.1. Patient has experienced treatment-limiting toxicity from treatment with atezolizumab with bevacizumab; and</b>			
	<b>5.2.2. No disease progression since initiation of atezolizumab with bevacizumab.</b>			
	Continuation – unresectable hepatocellular carcinoma			
	<i>Re-assessment required after 6 months</i>			
	There is no evidence of disease progression			

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

## Changes to Section H Part II – effective 1 March 2025 (continued)

167 Long-acting Somatostatin Analogues (new therapeutic subgroup with restriction criteria)

Restricted

**Initiation – malignant bowel obstruction**

All of the following:

1. The patient has nausea\* and vomiting\* due to malignant bowel obstruction\*; and
2. Treatment with antiemetics, rehydration, antimuscarinic agents, corticosteroids and analgesics for at least 48 hours has not been successful; and
3. Treatment to be given for up to 4 weeks.

**Note:** Indications marked with \* are unapproved indications

**Initiation – acromegaly**

*Re-assessment required after 3 months*

All of the following:

1. The patient has acromegaly; and
2. Either:
  - 2.1. Treatment with surgery and radiotherapy is not suitable or was unsuccessful; or
  - 2.2. Treatment is for an interim period while awaiting the beneficial effects of radiotherapy; and
3. Treatment with a dopamine agonist has been unsuccessful.

**Continuation – acromegaly**

Without reassessment for applications where IGF1 levels have decreased since starting treatment.

**Note:** In patients with acromegaly, treatment should be discontinued if IGF1 levels have not decreased 3 months after treatment. In patients treated with radiotherapy treatment should be withdrawn every 2 years, for 1 month, for assessment of remission. Treatment should be stopped where there is biochemical evidence of remission (normal IGF1 levels) following treatment withdrawal for at least 4 weeks.

**Initiation – Other indications**

Any of the following:

1. VIPomas and glucagonomas – for patients who are seriously ill in order to improve their clinical state prior to definitive surgery; or
2. Both:
  - 2.1. Gastrinoma; and
  - 2.2. Either:
    - 2.2.1. Surgery has been unsuccessful; or
    - 2.2.2. Patient has metastatic disease after treatment with H2 antagonist or proton pump inhibitors has been unsuccessful; or
3. Both:
  - 3.1. Insulinomas; and
  - 3.2. Surgery is contraindicated or has not been successful; or
4. For pre-operative control of hypoglycaemia and for maintenance therapy; or
5. Both:
  - 5.1. Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis); and
  - 5.2. Disabling symptoms not controlled by maximal medical therapy.

**Initiation – pre-operative acromegaly**

*Limited to 12 months treatment*

All of the following:

1. Patient has acromegaly; and
2. Patient has a large pituitary tumour, greater than 10 mm at its widest; and
3. Patient is scheduled to undergo pituitary surgery in the next six months.

**Note:** Indications marked with \* are unapproved indications

**Note:** The use of a long-acting somatostatin analogue in patients with fistulae, oesophageal varices, miscellaneous diarrhoea and hypotension will not be funded under Special Authority.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

**Changes to Section H Part II – effective 1 March 2025 (continued)**

167	LANREOTIDE (new listing and addition of PSS) → Inj 60 mg per 0.5 ml, 0.5 ml syringe – 5% DV Aug-25 to 2027.....	382.77	1	<b>Mytolac</b>
	→ Inj 120 mg per 0.5 ml, 0.5 ml syringe – 5% DV Aug-25 to 2027.....	646.70	1	<b>Mytolac</b>
168	OCTREOTIDE LONG-ACTING (depot injections moved to new therapeutic subgroup) → Inj depot 10 mg prefilled syringe – 5% DV Dec-24 to 2027.....	438.40	1	<b>Sandostatin LAR</b>
	→ Inj depot 20 mg prefilled syringe – 5% DV Dec-24 to 2027.....	583.70	1	<b>Sandostatin LAR</b>
	→ Inj depot 30 mg prefilled syringe – 5% DV Dec-24 to 2027.....	670.80	1	<b>Sandostatin LAR</b>
	Restricted Restrictions move to Somatostatin analogues therapeutic group.			
169	LETROZOLE (new listing) Tab 2.5 mg.....	4.36	28	Accord
196	BEVACIZUMAB ( <b>OCULAR</b> ) (amended chemical name) → Inj 25 mg per ml, 4 ml vial → Inj 25 mg per ml, 16 ml vial			
196	BEVACIZUMAB (new listing) → Inj 25 mg per ml, 4 ml vial – 10% DV Aug 25 to 31 Aug 2028.....	69.00	1	Vegzelma
	→ Inj 25 mg per ml, 16 ml vial – 10% DV Aug 25 to 31 Aug 2028.....	276.00	1	Vegzelma
	Restricted Initiation – Unresectable hepatocellular carcinoma <i>Re-assessment required after 6 months</i> Either: 1. Patient is currently on treatment with bevacizumab and met all remaining criteria prior to commencing treatment; or 2. All of the following: 2.1. Patient has locally advanced or metastatic, unresectable hepatocellular carcinoma; and 2.2. Patient has preserved liver function (Child-Pugh A); and 2.3. Transarterial chemoembolisation (TACE) is unsuitable; and 2.4. Any of the following: 2.4.1. Patient has not received prior systemic therapy for the treatment of hepatocellular carcinoma; or 2.4.2. Patient received funded lenvatinib before 1 March 2025; or 2.4.3. Both: 2.4.3.1. Patient has experienced treatment-limiting toxicity from treatment with lenvatinib; and 2.4.3.2. No disease progression since initiation of lenvatinib; and 2.5. Patient has an ECOG performance status of 0-2; and 2.6. To be given in combination with atezolizumab. Continuation – Unresectable hepatocellular carcinoma <i>Re-assessment required after 6 months</i> No evidence of disease progression Initiation – advanced or metastatic ovarian cancer <i>Re-assessment required after 4 months</i>			

*continued...*

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

## Changes to Section H Part II – effective 1 March 2025 (continued)

continued...

All of the following

1. Either:

1.1. The patient has FIGO Stage IV epithelial ovarian, fallopian tube, or primary peritoneal cancer; or

1.2. Both:

1.2.1. The patient has previously untreated advanced (FIGO Stage IIIB or IIIC) epithelial ovarian, fallopian tube, or primary peritoneal cancer; and

1.2.2. Either:

1.2.2.1. Debulking surgery is inappropriate; or

1.2.2.2. The cancer is sub-optimally debulked (maximum diameter of any gross residual disease greater than 1cm); and

2. Bevacizumab to be administered at a maximum dose of 7.5 mg/kg every three weeks; and

3. 18 weeks concurrent treatment with chemotherapy is planned.

Continuation – advanced or metastatic ovarian cancer

*Re-assessment required after 4 months*

No evidence of disease progression

Initiation – Recurrent Respiratory Papillomatosis

*Re-assessment required after 12 months*

All of the following:

1. Maximum of 6 doses; and

2. The patient has recurrent respiratory papillomatosis; and

3. The treatment is for intra-lesional administration.

Continuation – Recurrent Respiratory Papillomatosis

*Re-assessment required after 12 months*

All of the following:

1. Maximum of 6 doses; and

2. The treatment is for intra-lesional administration; and

3. There has been a reduction in surgical treatments or disease regrowth as a result of treatment.

Initiation – ocular conditions

Either:

1. Ocular neovascularisation; or

2. Exudative ocular angiopathy.

230 TIXAGEVIMAB WITH CILGAVIMAB (delisted)

Inj 100 mg per ml, 1.5 ml vial with cilgavimab

100 mg per ml, 1.5 ml vial ..... 0.00 1 Evusheld

Note – Evusheld inj 100 mg per ml, 1.5 ml vial with cilgavimab 100 mg per ml, 1.5 ml vial delisted 1 March 2025.

240 ATEZOLIZUMAB (amended restriction criteria – new criteria shown only)

→ Inj 60 mg per ml, 20 ml vial ..... 9,503.00 1 Tecentriq

Restricted

**Initiation – Unresectable hepatocellular carcinoma**

*Re-assessment required after 6 months*

Either:

**1. Patient is currently on treatment with atezolizumab and met all remaining criteria prior to commencing treatment;**  
or

**2. All of the following:**

**2.1. Patient has locally advanced or metastatic, unresectable hepatocellular carcinoma; and**

**2.2. Patient has preserved liver function (Child-Pugh A); and**

**2.3. Transarterial chemoembolisation (TACE) is unsuitable; and**

continued...

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

## Changes to Section H Part II – effective 1 March 2025 (continued)

continued...

### 2.4. Any of the following:

2.4.1. Patient has not received prior systemic therapy for the treatment of hepatocellular carcinoma; or

2.4.2. Patient received funded lenvatinib before 1 March 2025; or

2.4.3. Both:

2.4.3.1. Patient has experienced treatment-limiting toxicity from treatment with lenvatinib; and

2.4.3.2. No disease progression since initiation of lenvatinib; and

2.5. Patient has an ECOG performance status of 0-2; and

2.6. To be given in combination with bevacizumab.

**Continuation – Unresectable hepatocellular carcinoma**

**Re-assessment required after 6 months**

**No evidence of disease progression**

248	ANTITHYMOCYTE GLOBULIN (EQUINE) († price) Inj 50 mg per ml, 5 ml ampoule .....	4,439.17	5	ATGAM
-----	---	----------	---	-------

## RESPIRATORY SYSTEM AND ALLERGIES

260	THEOPHYLLINE († price) Tab long-acting 250 mg.....	25.65	100	Nuelin-SR
	Oral liq 80 mg per 15 ml .....	18.49	500 ml	Nuelin

## VARIOUS

270	ACETYLCYSTEINE (delisted delayed) Inj 200 mg per ml, 10 ml ampoule .....	52.88	10	Martindale Pharma
	Note – Martindale Pharma inj 200 mg per ml, 10 ml ampoule delisting delayed to 1 November 2025.			
272	DEFERRIOXAMINE MESILATE († price) Inj 500 mg vial.....	332.88	10	DBL Desferrioxamine Mesylate for Inj BP

## SPECIAL FOODS

285	AMINO ACID FORMULA (WITHOUT PHENYLALANINE) (delisted) → Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, bottle.....	13.10	125 ml	PKU Anamix Junior LQ (Unflavoured)
-----	--	-------	--------	---------------------------------------

Note – PKU Anamix Junior LQ (Unflavoured) delisted 1 March 2025.

## VACCINES

306	INFLUENZA VACCINE (new listing and delisted) Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).....	120.00	10	Influvac Tetra (2025 formulation)
	Note – Influvac Tetra (2024 formulation) inj 60 mg in 0.5 ml syringe (quadrivalent vaccine) delisted 1 March 2025.			

→ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

# Index

Pharmaceuticals and brands

<b>A</b>		
ACETYLCYSTEINE.....	14	
AMINO ACID FORMULA (WITHOUT PHENYLALANINE) ...	14	
ANTITHYMOCYTE GLOBULIN (EQUINE).....	14	
ATAZANAVIR SULPHATE .....	8	
Atazanavir Viatrix.....	8	
ATEZOLIZUMAB .....	13	
ATGAM.....	14	
ATORVASTATIN.....	7	
Avonex Pen.....	10	
<b>B</b>		
BENZATHINE BENZYL PENICILLIN .....	7	
BEVACIZUMAB.....	12	
BEVACIZUMAB (OCULAR).....	12	
Bicillin LA.....	7	
<b>C</b>		
CILAZAPRIL .....	7	
CLARITHROMYCIN.....	7	
CLOZAPINE.....	10	
CODEINE PHOSPHATE .....	9	
COLESTIMETHATE.....	8	
COLISTIN SULPHOMETHATE [COLESTIMETHATE] .....	8	
Colomycin .....	8	
CO-TRIMOXAZOLE .....	8	
<b>D</b>		
Dantrium.....	9	
Dantrium IV.....	9	
DANTROLENE.....	9	
DBL Desferrioxamine Mesylate for Inj BP.....	14	
DENOSUMAB.....	8	
Depo-Provera.....	7	
Deprim.....	8	
DESFERRIOXAMINE MESILATE .....	14	
DULAGLUTIDE .....	6	
<b>E</b>		
EMTRICITABINE WITH TENOFOVIR DISOPROXIL .....	8	
Enlifax XR .....	10	
ENTACAPONE.....	9	
Entacapone Viatrix .....	9	
Entapone .....	9	
Evusheld.....	13	
<b>F</b>		
FLUCLOXACILLIN.....	7	
<b>G</b>		
Gentamicin Amdipharm.....	7	
GENTAMICIN SULPHATE.....	7	
<b>I</b>		
INFLUENZA VACCINE .....	14	
Influvac Tetra (2025 formulation) .....	14	
INTERFERON BETA-1-ALPHA.....	10	
<b>K</b>		
KETAMINE.....	9	
Ketamine-Baxter.....	9	
Klaricid .....	7	
<b>L</b>		
Lagevrio.....	8	
LANREOTIDE .....	12	
LENVATINIB .....	10	
Lenvima.....	10	
LETROZOLE .....	12	
LEVONORGESTREL.....	7	
Lipitor.....	7	
LIRAGLUTIDE.....	6	
<b>M</b>		
MEDROXYPROGESTERONE ACETATE.....	7	
METHYLPREDNISOLONE (AS SODIUM SUCCINATE) .....	7	
Microlut .....	7	
MIRTAZAPINE.....	10	
MOLNUPIRAVIR.....	8	
Mytolac.....	12	
<b>N</b>		
NALTREXONE HYDROCHLORIDE.....	10	
Neosynephrine HCL .....	7	
Nuelin .....	14	
Nuelin-SR .....	14	
<b>O</b>		
OCTREOTIDE LONG-ACTING .....	12	
<b>P</b>		
PHENYLEPHRINE HYDROCHLORIDE .....	7	
PKU Anamix Junior LQ (Unflavoured) .....	14	
Prolia .....	8	
<b>R</b>		
Revia .....	10	
<b>S</b>		
Salazopyrin .....	6	
Salazopyrin EN.....	6	
Sandostatn LAR .....	12	
Solu-Medrol.....	7	
Solu-Medrol Act-O-Vial.....	7	
Staphlex.....	7	
SULFADIAZINE SILVER.....	7	
SULFASALAZINE .....	6	
<b>T</b>		
Tecentriq.....	13	
THEOPHYLLINE.....	14	
TIXAGEVIMAB WITH CILGAVIMAB.....	13	
TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE].....	8	
Trulicity.....	6	

# Index

## Pharmaceuticals and brands

---

<b>V</b>		
Vegzelma.....	12	Vttack..... 8
VENLAFAXINE.....	10	<b>X</b>
Versacloz.....	10	Xgeva..... 8
Victoza.....	6	<b>Z</b>
VORICONAZOLE.....	8	Zapril..... 7



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

ISSN 1179-3708 (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.

