PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

June 2025

Contents

Summary of Pharmac decisions
EFFECTIVE 1 JUNE 2025

New listings (pages 20-23)

- Famotidine (Famotidine Hovid MY) tab 40 mg – section 29 and wastage claimable
- Propranolol (Hikma-Propranolol) oral liq 4 mg per ml – Special Authority-Retail Pharmacy, section 29
- Sotalol (Sotalol Viatris) tab 80 mg – section 29 and wastage claimable
- Zoledronic acid (Zoledronic acid Viatris S29) inj 4 mg per 5 ml, vial – section 29 and wastage claimable
- Ethosuximide (Zarontin) cap 250 mg
- Dabrafenib (Tafinlar) cap 50 mg and 75 mg – Special Authority-Retail Pharmacy
- Trametinib (Mekinist) tab 0.5 mg and 2 mg – Special Authority-Retail Pharmacy
- Ipratropium bromide (Accord) nebuliser soln, 250 mcg per ml, 2 ml ampoule – up to 40 neb available on a PSO, section 29 and wastage claimable
- Haemophilus influenzae type B vaccine (Act-HIB) inj 10 mcg vial diluent syringe – only on a prescription, no patient co-payment payable and funding criteria applied

Changes to restrictions (pages 24-31)

- Phytomenadione (Konakion MM Paediatric) inj 2 mg per 0.2 ml – amended brand name
- Ambrisentan (Ambrisentan Viatris) tab 5 mg and 10 mg – amended Special Authority criteria
- Prochlorperazine (Prochlorperazine maleate (Brown & Burk)) tab 3 mg buccal – amended brand name
- Dasatinib (Dasatinib Teva) tab 20 mg, 50 mg and 70 mg – removal of brand switch fee
- Infliximab inj 100 mg (Remicade) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Secukinumab (Cosentyx) inj 150 mg per ml, 1 ml prefilled syringe – amended Special Authority criteria
- Tocilizumab inj 20 mg per ml, 4 ml vial, 10 ml vial and 20 ml vial (Actemra) and inj 1 mg ECP (Baxter) – amended Special Authority criteria
- Nivolumab inj 10 mg per ml, 4 ml and 10 ml vial (Opdivo) and inj 1 mg for ECP (Baxter)
  – amended Special Authority criteria
- Pembrolizumab inj 25 mg per ml, 4 ml vial (Keytruda) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Glycerin with sodium saccharin (Ora-Sweet SF) suspension, 437 ml – removal of note
- Glycerin with sucrose (Ora-Sweet) suspension, 437 ml – removal of note

Summary of Pharmac decisions – effective 1 June 2025 (continued)

- Renal oral feed 1.8 kcal/ml (Nepro HP (strawberry) and Nepro HP (vanilla)) liquid, 220 ml bottle – amended presentation description

Increased subsidy (page 32)

- Lithium carbonate (Douglas) cap 250 mg

Tender News

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) changes – effective 1 July 2025

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Clomipramine hydrochloride	Tab 25 mg; 50 tab	PSS	APO Clomipramine (Arrotex)
Cyproterone acetate	Tab 50 mg; 50 tab	PSS	Siterone (Rex)
Cyproterone acetate	Tab 100 mg; 50 tab	PSS	Siterone (Rex)
Diclofenac sodium	Eye drops 0.1%, single dose; 10 dose OP and 30 dose OP	PSS	Diclofenac Devatis (Devatis)
Entacapone	Tab 200 mg; 100 tab	PSS	Entacapone Viatris (Viatris)
Fexofenadine hydrochloride	Tab 120 mg; 30 tab	PSS	Fexaclear (AFT)
Fexofenadine hydrochloride	Tab 180 mg; 30 tab	PSS	Fexaclear (AFT)
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	PSS	Hydroxocobalamin Panpharma (Boucher)
Levodopa with carbidopa and entacapone	Tab 50 mg with carbidopa 12.5 mg and entacapone 200 mg; 100 tab	PSS	Stalevo (Max Health)
Levodopa with carbidopa and entacapone	Tab 100 mg with carbidopa 25 mg and entacapone 200 mg; 100 tab	PSS	Stalevo (Max Health)
Levodopa with carbidopa and entacapone	Tab 150 mg with carbidopa 37.5 mg and entacapone 200 mg; 100 tab	PSS	Stalevo (Max Health)
Levodopa with carbidopa and entacapone	Tab 200 mg with carbidopa 50 mg and entacapone 200 mg; 100 tab	PSS	Stalevo (Max Health)

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 July 2025

- Oestradiol (Estradiol TDP Mylan) patch 25 mcg per day, 50 mcg per day, 75 mg per day, 100 mcg per day – subsidy decrease
- Palbociclib (Palbociclib Pfizer) tab 75 mg, 100 mg and 125 mg – new listing
- Promethazine hydrochloride (Allersoothe) tab 10 mg and 25 mg – new listing
- Ribociclib (Kisqali) tab 200 mg – amended Special Authority criteria
- Teriflunomide (Teriflunomide Sandoz) tab 14 mg – remove brand switch fee

Possible decisions for future implementation 1 July 2025

- Oestradiol (Estradot) patch 25 mcg per day, 50 mcg per day, 75 mg per day, 100 mcg per day – subsidy increase
- Oral feed 1.5 kcal/ml liquid (banana, chocolate, fruit of the forest and vanilla), 200 ml bottle (Ensure Plus), liquid (banana, chocolate, strawberry, vanilla), 200 ml bottle (Fortisip) and liquid (vanilla), 237 ml can (Ensure Plus) – amended endorsement criteria

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Abacavir/Lamivudine Viatris	2025
Acarbose	Tab 50 mg & 100 mg	Accarb	2027
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2027
Aciclovir	Eye oint 3%, 4.5 g OP Tab dispersible 400 mg & 800 mg Tab dispersible 200 mg	ViruPOS Lovir	2027 2025
Acitretin	Cap 10 mg and 25 mg	Novatretin	2026
Adalimumab (Amgevita)	Inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled syringe & inj 40 mg per 0.8 ml prefilled pen	Amgevita	31/07/2026
Adrenaline	Inj 0.15 mg per 0.3 ml auto-injector, 1 OP Inj 0.3 mg per 0.3 ml auto- injector, 1 OP	Epipen Jr Epipen	2025
Alendronate sodium	Tab 70 mg	Fosamax	2026
Alendronate sodium with colecalciferol	Tab 70 mg with colecalciferol 5,600 iu	Fosamax Plus	2026
Allopurinol	Tab 100 mg and 300 mg	Ipca-Allopurinol	2026
Ambrisentan	Tab 5 mg & 10 mg	Ambrisentan Viatris	2026
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2025
Amisulpride	Tab 100 mg, 200 mg & 400 mg	Sulprix	2027
Amitriptyline	Tab 10 mg, 25 mg and 50 mg	Arrow-Amitriptyline	2026
Amlodipine	Tab 2.5 mg, 5 mg and 10 mg	Vasorex	2026
Amorolfine	Nail soln 5%, 5 ml OP	MycoNail	2026
Amoxicillin	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg Cap 500 mg	Alphamox 125 Alphamox 250 Miro-Amoxicillin	2026 2025
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 Tab 500 mg with clavulanic acid 125 mg	**Amoxiclav Devatis Forte** Augmentin Curam Duo 500/125	**2027** 2026
Anastrazole	Tab 1 mg	Anatrole	2026
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	2025
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2026
Atazanavir sulphate	Cap 200 mg Cap 150 mg	Atazanavir Viatris Atazanavir Mylan	2025

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Atenolol	Tab 50 mg Tab 100 mg	Viatris Atenolol Viatris	2027
Atomoxetine	Cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg	APO-Atomoxetine	2026
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2027
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule Eye drops 1%, 15 ml OP	Martindale Atropt	2027 2026
Azathioprine	Tab 25 mg Tab 50 mg	Azamun	2025
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
Bendroflumethiazide [Bendrofluazide]	Tab 2.5 mg and 5 mg	Arrow-Bendrofluazide	2026
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2026
Betahistine dihydrochloride	Tab 16 mg	Serc	2026
Betamethasone dipropionate	Crm 0.05%, 15 g OP and 50 g OP Oint 0.05%, 15 g OP and 50 g OP	Diprosone	2026
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP Oint 500 mcg with calcipotriol 50 mcg per g; 30 g OP	Daivobet	2027
Betamethasone valerate	Lotn 0.1% Crm 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Cream Beta Ointment Beta Scalp	2027
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2027
Bicalutamide	Tab 50 mg	Binarex	2026
Bimatoprost	Eye drops 0.03%, 3 ml OP	Lumigan	2027
Bisacodyl	Suppos 10 mg Tab 5 mg	Lax-Suppositories Bisacodyl Viatris	2027 2025
Bisoprolol fumarate	Tab 2.5 mg, 5 mg and 10 mg	Ipca-Bisoprolol (Ipca)	2026
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Budesonide	Metered aqueous nasal spray, 50 mcg & 100 mcg per dose, 200 dose OP	SteroClear	2027
	Cap modified-release 3 mg	Budesonide Te Arai (Te Arai)	2025
Buprenorphine with naloxone	Tab sublingual 2 mg with naloxone 0.5 mg & 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2025
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2026
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatris	2027
Calamine	Crm, aqueous, BP	healthE Calamine Aqueous	2027
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2025
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Calci-Tab 500	2026
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg and 32 mg	Candestar	2027
Capecitabine	Tab 150 mg Tab 500 mg	Capecitabine Viatris	2025
Captopril	Oral liq 5 mg per ml, 100 ml OP	DP-Captopril (Douglas)	2026
Carbimazole	Tab 5 mg	Neo-Mercazole	2025
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor	2025
Cefalexin	Cap 250 mg & 500 mg	Cephalexin ABM	2025
Cefazolin	Inj 500 mg, 1 g and 2 g vial	Cefazolin-AFT	2026
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2025
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025
Cetirizine hydrochloride	Tab 10mg	Zista	2026
Cetomacrogol	Crm BP, 500 g	Cetomacrogol-AFT	2027
Cetomacrogol with glycerol	Crm 90% with glycerol 10%, 500 ml OP Crm 90% with glycerol 10%, 1,000 ml OP	Evara	2025
Chloramphenicol	Eye drops 0.5% Eye oint 1%, 5 g OP	Chlorsig Devatis	2025
Chlortalidone [Chlorthalidone]	Tab 25 mg	Hygroton	2025
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2027
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 750 mg Tab 250 mg & 500 mg	Ciprofloxacin Teva Ipca-Ciprofloxacin	2027 2026
Citalopram hydrobromide	Tab 20 mg	Celapram	2025
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2027
Clindamycin	Cap 150 mg Inj 150 mg per ml	Dalacin C Hameln	2026 2025
Clobetasol propionate	Crm & oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2025

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2026
Clonidine hydrochloride	Tab 150 mcg Inj 150 mcg per ml, 1 ml ampoule Tab 25 mcg	Catapres Clonidine Teva	2027 2025
Clopidogrel	Tab 75 mg	Arrow – Clopid	2025
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP Crm 1%, 20 g OP	Clomazol	2025
Codeine phosphate	Tab 15 mg Tab 30 mg & 60 mg	Noumed	2025
Colchicine	Tab 500 mcg	Colgout	2025
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2026
Compound electrolytes	Powder for oral soln	Electral	2025
Compound electrolytes with glucose [dextrose]	Soln with electrolytes, 1,000 ml OP	Hydralyte – Lemonade	2025
Crotamiton	Crm 10%, 20 g OP	Itch-Soothe	2027
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2027
Cyclizine lactate	Inj 50 mg per ml, 1 ml ampoule	Hameln	2025
Cyclophosphamide	Tab 50 mg	Cyclonex	2027
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets	Ginet	2026
Dabigatran	Cap 75 mg, 110 mg and 150 mg	Pradaxa	2026
Darunavir	Tab 400 mg and 600 mg	Darunavir Viatris	2026
Dasatinib	Tab 20 mg, 50 mg & 70 mg	Dasatinib-Teva	2027
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-PH&T	2026
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2027
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Hameln	2025
Dexamfetamine sulfate	Tab 5 mg	Noumed Dexamfetamine	2025
Diazepam	Tab 2 mg and 5 mg Rectal tubes 5 mg	Arrow-Diazepam Stesolid	2026 2025
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2027
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2025
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2025
Diltiazem hydrochloride	Cap long-acting 180 mg & 240 mg Cap long-acting 120 mg	Cardizem CD Diltiazem CD Clinect	2027 2025
Dimethicone	Crm 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP	healthE Dimethicone 5% healthE Dimethicone 4%	2025

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml prefilled syringe	Boostrix	2027
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe;	Infanrix IPV	2027
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria with 40IU tetanus and 25mcg pertussis toxoids, 25mcg pertussis filamentous haemagglutinin, 8mcg pertactin, 80D-AgU polio virus, 10mcg hepatitis B antigen, 10mcg H. influenzae type b with tetanus toxoid 20-40mcg in 0.5ml syringe	Infanrix-hexa	2027
Docusate sodium	Tab 50 mg and 120 mg	Coloxyl	2026
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2025
Domperidone	Tab 10 mg	Domperidone Viatris	2025
Donepezil hydrochloride	Tab 5 mg and 10 mg	Ipca-Donepezil	2026
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2027
Econazole nitrate	**Crm 1%**	**Pevaryl**	**2027**
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Emtricitabine Viatris	2025
Emulsifying ointment	Oint BP, 500 g	Emulsifying Ointment ADE	2026
Enalapril maleate	Tab 5 mg, 10 mg and 20 mg	Acetec	2026
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
Entecavir	Tab 0.5 mg	Entecavir	2026
Eplerenone	Tab 25 mg & 50 mg	Inspra	2027
Erlotinib	Tab 100 mg & 150 mg	Alchemy	2027
Erythromycin (as lactobionate)	Inj 1 g	Erythromycin IV	2025
Escitalopram	Tab 10 mg & 20 mg	Ipca-Escitalopram (Ipca)	2026
Ethinyloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Lo-Oralcon 20 ED Oralcon 30 ED	2025

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Exemestane	Tab 25 mg	Pfizer Exemestane	2026
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2026
Febuxostat	Tab 80 mg and 120 mg	Febuxostat (Teva)	2026
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	Tab long-acting 325 mg (105 mg elemental) Oral liq 30 mg (6 mg elemental) per ml	Ferrograd Ferodan	2025
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	2027
Finasteride	Tab 5 mg	Ricit	2026
Flecainide acetate	Tab 50 mg Cap long-acting 100 mg & 200 mg	Flecainide BNM Flecainide Controlled Release Teva	2026
Flucloxacillin	Grans for oral liq 25 mg & 50 mg per ml, 100 ml Inj 250 mg vial and 500 mg vial Inj 1 g vial	AFT Flucloxin Flucil	2027 2026
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2026
Fludrocortisone acetate	Tab 100 mcg	Florinef	2025
Fluorouracil	Crm 5%, 20 g OP	Efudix	2027
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow–Fluoxetine Fluox	2025
Folic acid	Tab 5 mg	Folic Acid Viatris	2027
Fosfomycin	Powder for oral solution, 3 g sachet	UroFos	2027
Furosemide [Frusemide]	Tab 40 mg Inj 10 mg per ml, 2 ml ampoule	IPCA-Frusemide Furosemide-Baxter	2027 2025
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2027
Glatiramer acetate	Inj 40 mg prefilled syringe	Copaxone	2025
Gliclazide	Tab 80 mg	Glizide	2026
Glipizide	Tab 5 mg	Minidiab	2027
Glucose [Dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2026
Glycerol	Suppos 4 g	Lax suppositories Glycerol	2025

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Glycopyrronium bromide	Inj 200 mcg per ml, 1 ml ampoule	Robinul	2025
Goserelin	Implant 3.6 mg, syringe and 10.8 mg, syringe	Zoladex (AstraZeneca)	2026
Haemophilus influenzae type B vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2027
Heparin sodium	Inj 5,000 iu per ml, 5 ml vial	Heparin Sodium Panpharma	2025
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	Inj 100 mg vial Crm 1%, 500 g Crm 1%; 30 g OP	Solu-Cortef Noumed Ethics	2027 2025
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml	DP Lotn (HC)	2026
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2027
Hydroxychloroquine sulphate	Tab 200 mg	Ipca-Hydroxychloroquine	2027
Hydroxyurea [hydroxycarbamide]	Cap 500 mg	Devatis	2026
Hyoscine Butylbromide	Tab 10 mg Inj 20 mg, 1 ml	Hyoscine Butylbromide (Adiramedica) Spazmol	2027 2026
Ibuprofen	Oral liq 20 mg per ml Tab long-acting 800 mg Tab 200 mg	Ethics Ibuprofen SR BNM Relieve	2027 2026
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Vebulis	2025
Imatinib Mesilate	Cap 100 mg & 400 mg	Imatinib-Rex	2026
Indapamide	Tab 2.5 mg	Dapa-Tabs	2026
Intra-uterine device	IUD 29.1 mm length x 23.2 mm width IUD 33.6 mm length x 29.9 mm width IUD 35.5 mm length x 19.6 mm width	Choice 380 7med Nsha Silver/copper Short TCu 380 Plus Normal Cu 375 Standard	2025
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg Tab long-acting 60 mg	Ismo 20 Ismo 40 Retard Duride	2026
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2027
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2026
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2026
Lactulose	Oral liq 10 g per 15 ml, 500 ml	Laevolac	2025
Lamivudine	Tab 100 mg Tab 150 mg	Zetlam Lamivudine Viatris	2026
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2027
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Teva	2027
Latanoprost with timolol	Eye drops 0.005% with timolol 0.5%, 2.5 ml OP	Arrow - Lattim	2026
Leflunomide	Tab 10 mg & 20 mg	Arava	2026
Lenalidomide	Cap 5 mg, 10 mg, 15 mg & 25 mg	Lenalidomide Viatris	31/01/2028
Letrozole	Tab 2.5 mg	Letrole	2027
Levodopa with carbidopa	Tab 100 mg with carbidopa 25 mg Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2027
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2025
Levonorgestrel	Subdermal implant (2 × 75 mg rods) Tab 1.5 mg	Jadelle Levonorgestrel BNM	2026 2025
Lidocaine [Lignocaine]	Gel 2%, 11 ml urethral syringe	Instillagel lido	2025
Linezolid	Tab 600 mg	Zyvox	2027
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2025
Lithium carbonate	Tab long-acting 400 mg	Priadel	2027
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2025
Lopinavir with ritonavir	Tab 200 mg with ritonavir 50 mg	Lopinavir/Rotinavir Mylan	2027
Loratadine	Tab 10 mg	Lorafix	2025
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2027
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg and 100 mg	Losartan Actavis	2026
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2025
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Molaxole	2026
Magnesium sulphate	Inj 2 mmol per ml, 5ml ampoule; 10 inj	Martindale	2026

**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 June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
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	2026
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	2025
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Metformin Viatris	2027
Methadone hydrochloride	Oral liq 2 mg per ml, 200 ml Oral liq 5 mg per ml, 200 ml Oral liq 10 mg per ml, 200 ml Tab 5 mg	Biodone Biodone Forte Biodone Extra Forte Methadone BNM	2027 2025
Methenamine (hexamine) hippurate	Tab 1 g	Hiprex	2025
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	2026
Metoclopramide	Inj 5 mg per ml, 2 ml ampoule	Baxter	2025
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2026
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg	Myloc CR (Viatris)	2026
Metoprolol tartrate	Tab 50 mg & 100 mg	IPCA-Metoprolol	2027
Metronidazole	Tab 200 mg & 400 mg	Metronidamed	2026
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2027
Miconazole nitrate	Crm 2%, 15 g OP	Multichem	2026
Midodrine	Tab 2.5 mg & 5 mg	Midodrine Medsurge	2027
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	2025

**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 June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule	m-Eslon Medsurge	2025
Multivitamins	Tab (BPC cap strength)	Mvite	2025
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2027
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2027
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2026
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 and 20 mg	Max Health	2025
Nitrofurantoin	Tab 50 mg Cap modified-release 100 mg	Nifuran Macrobid	2027 2026
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2025
Nystatin	Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2026
Octreotide long-acting	Inj depot 10 mg, 20 mg & 30 mg prefilled syringe	Sandostatin LAR	2027
Oestradiol	Gel (transdermal) 0.06% (750 mcg/actuation), 80 g OP	Estrogel	31/10/2027
Oestriol	Crm 1 mg per g with applicator, 15 g OP Tab 2 mg Pessaries 500 mcg	Ovestin	2026
Oil in Water Emulsion	Crm	Fatty Emulsion Cream (Evara)	2027
Olanzapine	Tab 2.5 mg, 5 mg and 10 mg Tab orodispersible 5 mg and 10 mg	Zypine Zypine ODT	2026
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2025
Omeprazole	Cap 10 mg Cap 20 mg Cap 40 mg Inj 40 mg ampoule with diluent	Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40 Dr Reddy's Omeprazole	2026 2025
Ondansetron	Tab disp 4 mg and 8 mg Tab 4 mg & 8 mg	Periset ODT Periset	2026 2025
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2027
Orphenadrine citrate	Tab 100 mg	Norflex	2027

**Expiry date of the SSS/PSS period is 30 June of the year indicated unless otherwise stated. Please note that SSS/PSS may have been awarded for a wider scope than just those presentation(s) listed in the above table.*

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule	Hameln	2027
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Sandoz	2027
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2025
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2025
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief Panzop Relief (Viatris)	2025
Paracetamol	Suppos 125 mg, 250 mg and 500 mg Tab 500 mg-bottle pack Tab 500 mg-blister pack Oral liq 120 mg per 5 ml Oral liq 250 mg per ml, 200 ml	Gacet Noumed Paracetamol Pacimol Paracetamol (Ethics) Pamol	2026 2025
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine	2025
Paraffin	White soft, 450 g White soft, 2,500 g Oint liquid paraffin 50% with white soft paraffin 50%, 500 g OP	EVARA White Soft Paraffin White Soft Liquid Paraffin AFT	2026 2025
Paroxetine	Tab 20 mg	Loxamine	2025
Pazopanib	Tab 200 mg & 400 mg	Pazopanib Teva	2027
Pegfilgrastim	Inj 6 mg per 0.6 ml syringe	Ziextenzo	2025
Perindopril	Tab 2 mg, 4 mg & 8 mg	Coversyl	2027
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2026
Pethidine hydrochloride	Tab 50 mg	Noumed Pethidine	2025
Phenobarbitone	Tab 15 mg Tab 30 mg	Noumed Phenobarbitone Noumed Phenobarbitone	2025
Phenoxymethylpenicillin (Penicillin V)	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cilicaine VK AFT	2027 2025
Pimecrolimus	Crm 1%, 15 g OP	Elidel	2026
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2026
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2027
Pneumococcal (PCV13) conjugate vaccine	Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5ml syringe	Prevenar 13	2027
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2027

**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 June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2027
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2026
Pomalidomide	Cap 1 mg, 2 mg, 3 mg and 4 mg	Pomolide	31/07/2027
Posaconazole	Oral liq 40 mg per ml, 105 ml OP Tab modified-release 100 mg	Devatis Posaconazole Juno	2025
Potassium iodate	Tab 253 mg (150 mcg elemental iodine)	NeuroTabs	2026
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramiprex	2025
Pravastatin	Tab 20 mg and 40 mg	Clinect	2026
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
Prochlorperazine	Tab 5 mg	Nausafix	2026
Progesterone	Cap 100 mg	Utrogestan	2025
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2025
Propranolol	Tab 10 mg Tab 40 mg	Drofate IPCA-Propranolol	2027
Pyridoxine hydrochloride	Tab 25 mg	Vitamin B6 25	2026
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2026
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
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2026
Rifaximin	Tab 550 mg	Xifaxan	2027
Riluzole	Tab 50 mg	Rilutek	2027
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2025
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg Oral liq 1 mg per ml, 30 ml	Risperidone (Teva) Risperon	2026
Rivaroxaban	Tab 10 mg, 15 mg & 20 mg	Xarelto	2026
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	2026
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2025
Rosuvastatin	Tab 5 mg, 10 mg, 20 mg & 40 mg	Rosuvastatin Viatris	2026
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2027

**Expiry date of the SSS/PSS period is 30 June of the year indicated unless otherwise stated. Please note that SSS/PSS may have been awarded for a wider scope than just those presentation(s) listed in the above table.*

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2026
Salbutamol	Oral liq 400 mcg per ml	Ventolin	2027
Sertraline	Tab 50 mg & 100 mg	Setrona	2025
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2027
Simvastatin	Tab 20 mg, 40 mg and 80 mg Tab 10 mg	Simvastatin Viatris Simvastatin Mylan	2026
Sodium chloride	Inj 0.9%, 5 ml, 10 ml & 20 ml ampoule	Fresenius Kabi	2025
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2025
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2026
Sodium cromoglicate	Eye drops 2%, 10 ml OP	Allerfix	2025
Sodium fusidate [fusidic acid]	Crm 2% & oint 2%, 5 g OP	Foban	2027
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2027
Solifenacin succinate	**Tab 5 mg & 10 mg**	**Solifenacin succinate Max Health**	**2027**
Somatropin	Inj 5 mg, 10 mg & 15 mg cartridge	Omnitrope	2027
Sotalol	Tab 80 mg & 160 mg	Mylan	2025
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2025
Sumatriptan	Inj 12 mg per ml, 0.5 ml prefilled pen Tab 50 mg & 100 mg	Clustran (Douglas) Sumagran	2025 2027
Sunscreens, proprietary	Lotn, 200 g OP	Marine Blue Lotion SPF lotn 50+	2025
Tacrolimus	Oint 1 %; 30 g OP	Zematop	2026
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2026
Tamsulosin	Cap 400 mcg	Tamsulosin-Rex	2025
Temazepam	Tab 10 mg	Normison	2026
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Viatris	2025
Tenoxicam	Tab 20 mg	Tilcotil	2025
Terbinafine	Tab 250 mg	Deolate	2026
Teriflunomide	Tab 14 mg	Teriflunomide Sandoz	2027
Teriparatide	Inj 250 mcg per ml, 2.4 ml	Teriparatide – Teva	2025
Testosterone	Gel (transdermal) 16.2 mg per g, 88 g OP	Testogel	2027
Tetrabenazine	Tab 25 mg	Motetis	2025
Thiamine hydrochloride	Tab 50 mg	Thiamine multichem	2025
Ticagrelor	Tab 90 mg	Ticagrelor Sandoz	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 June 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Timolol	Eye drops 0.25% and 0.5%, 5 ml OP	Arrow-Timolol	2026
Tobramycin	Inj 40 mg per ml, 2 ml vial Soln for inhalation 60 mg per ml, 5 ml	Viatris Tobramycin BNM	2027 2026
Tramadol hydrochloride	Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg Cap 50 mg	Tramal SR 100 Tramal SR 150 Tramal SR 200 Arrow-Tramadol	2026
Tranexamic acid	Tab 500 mg	Mercury Pharma	2025
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	Paste 0.1%, 5 g OP Crm 0.02%, 100 g OP Oint 0.02%, 100 g OP Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule	Kenalog in Orabase Aristocort Kenacort-A 10 Kenacort-A 40	2026
Trientine	Cap 250 mg; 100 cap	Trientine Waymade	2025
Trimethoprim	Tab 300 mg	TMP	2027
Trimethoprim with sulphamethoxazole [Co-trimoxazole]	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2027
Tuberculin PPD [mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2027
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2026
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2027
Valganciclovir	Tab 450 mg	Valganciclovir Viatris	2027
Vancomycin	Inj 500 mg vial	Mylan	2026
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2027
Vinorelbine	Cap 20 mg, 30 mg & 80 mg	Vinorelbine Te Arai	2025
Water	Inj 10 ml ampoule Inj 20 ml ampoule	Multichem Fresenius Kabi	2025
Zinc and castor oil	Oint; 500 g	Evara	2025
Zoledronic acid	Inj 4 mg per 5 ml, vial Inj 0.05 mg per ml, 100 ml bag	Zoledronic Acid Viatris	2027 2025
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2027

June 2025 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.*

New Listings

Effective 1 June 2025

9 FAMOTIDINE – Only on a prescription
✻ Tab 40 mg ..... 10.27 100 ✔**Famotidine Hovid MY** S29
Wastage claimable

48 PROPRANOLOL
✻ Oral liq 4 mg per ml – Special Authority see SA1327
– Retail pharmacy ..... CBS 500 ml ✔**Hikma-Propranolol** S29

48 SOTALOL
✻ Tab 80 mg ..... 22.50 300 ✔**Sotalol Viatris** S29
Wastage claimable

82 ZOLEDRONIC ACID
Inj 4 mg per 5 ml, vial ..... 15.65 1 ✔**Zoledronic acid Viatris S29** S29
Wastage claimable

129 ETHOSUXIMIDE
Cap 250 mg ..... 140.88 100 ✔**Zarontin**
Note – this listing is for Pharmacode 2705117.

165 DABRAFENIB – Special Authority see SA2484 – Retail Pharmacy
Cap 50 mg ..... 6,320.86 120 ✔**Tafinlar**
Cap 75 mg ..... 9,481.29 120 ✔**Tafinlar**

SA2484 Special Authority for Subsidy
Initial application – (stage III or IV resected melanoma - adjuvant) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:
Either:
1 The individual is currently on treatment with dabrafenib and trametinib and met all remaining criteria prior to commencing treatment; or
2 All of the following:
2.1 Either:
2.1.1 The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a); or
2.1.2 Both:
2.1.2.1 The individual has received neoadjuvant treatment with a PD-1/PD-L1 inhibitor; and
2.1.2.2 Adjuvant treatment with dabrafenib is required; and
2.2 The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma; and
2.3 Treatment must be adjuvant to complete surgical resection; and
2.4 Treatment must be initiated within 13 weeks of surgical resection, unless delay is necessary due to post-surgery recovery (see note b); and
2.5 The individual has a confirmed BRAF mutation; and
2.6 Dabrafenib must be administered in combination with trametinib; and
2.7 The individual has ECOG performance score 0-2.
Notes:
a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition
b) Initiating treatment within 13 weeks of complete surgical resection means 13 weeks after resection (primary or lymphadenectomy)

Renewal – (stage III or IV resected melanoma - adjuvant) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

continued...

New Listings – effective 1 June 2025 (continued)

continued...

All of the following:
1 No evidence of disease recurrence; and
2 Dabrafenib must be administered in combination with trametinib; and
3 Treatment to be discontinued at signs of disease recurrence or at completion of 12 months' total treatment course, including any systemic neoadjuvant treatment.

Initial application – (unresectable or metastatic melanoma) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:
Either:
1 The individual is currently on treatment with dabrafenib and trametinib and met all remaining criteria prior to commencing treatment; or
2 All of the following:
  2.1 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
  2.2 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
  2.3 The individual has ECOG performance score 0-2; and
  2.4 The individual has confirmed BRAF mutation; and
  2.5 Dabrafenib must be administered in combination with trametinib; and
  2.6 Any of the following:
    2.6.1 The individual has been diagnosed in the metastatic or unresectable stage III or IV setting; or
    2.6.2 The individual did not receive treatment in the adjuvant setting with a BRAF/MEK inhibitor; or
    2.6.3 All of the following:
      2.6.3.1 The individual received treatment in the adjuvant setting with a BRAF/MEK inhibitor; and
      2.6.3.2 The individual did not experience disease recurrence while on treatment with that BRAF/MEK inhibitor; and
      2.6.3.3 The individual did not experience disease recurrence within six months of completing adjuvant treatment with a BRAF/MEK inhibitor.

Renewal – (unresectable or metastatic melanoma) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:
Both:
1 Any of the following:
  1.1 The individual's disease has had a complete response to treatment; or
  1.2 The individual's disease has had a partial response to treatment; or
  1.3 The individual has stable disease with treatment; and
2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period.

173 TRAMETINIB – Special Authority see SA2485 – Retail Pharmacy

Tab 0.5 mg	2,370.32	30	✔**Mekinist**
Tab 2 mg	9,481.29	30	✔**Mekinist**

➽ SA2485 Special Authority for Subsidy
Initial application – (stage III or IV resected melanoma - adjuvant) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:
Either:
1 The individual is currently on treatment with dabrafenib and trametinib and met all remaining criteria prior to commencing treatment; or
2 All of the following:
  2.1 Either:
    2.1.1 The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a); or
    2.1.2 Both:
      2.1.2.1 The individual has received neoadjuvant treatment with a PD-1/PD-L1 inhibitor; and
      2.1.2.2 Adjuvant treatment with trametinib is required; and

continued...

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

New Listings – effective 1 June 2025 (continued)

continued...

2.2 The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma; and
2.3 Treatment must be adjuvant to complete surgical resection; and
2.4 Treatment must be initiated within 13 weeks of surgical resection, unless delay is necessary due to post-surgery recovery (see note b); and
2.5 The individual has a confirmed BRAF mutation; and
2.6 Trametinib must be administered in combination with dabrafenib; and
2.7 The individual has ECOG performance score 0-2.

Notes:
a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition
b) Initiating treatment within 13 weeks of complete surgical resection means 13 weeks after resection (primary or lymphadenectomy)

Renewal – (stage III or IV resected melanoma - adjuvant) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 No evidence of disease recurrence; and
2 Trametinib must be administered in combination with dabrafenib; and
3 Treatment to be discontinued at signs of disease recurrence or at completion of 12 months' total treatment course, including any systemic neoadjuvant treatment.

Initial application – (unresectable or metastatic melanoma) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:
Either:
1 The individual is currently on treatment with dabrafenib and trametinib and met all remaining criteria prior to commencing treatment; or
2 All of the following:
2.1 The individual has metastatic or unresectable melanoma (excluding uveal melanoma) stage III or IV; and
2.2 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
2.3 The individual has ECOG performance score 0-2; and
2.4 The individual has confirmed BRAF mutation; and
2.5 Trametinib must be administered in combination with dabrafenib; and
2.6 Any of the following:
2.6.1 The individual has been diagnosed in the metastatic or unresectable stage III or IV setting; or
2.6.2 The individual did not receive treatment in the adjuvant setting with a BRAF/MEK inhibitor; or
2.6.3 All of the following:
2.6.3.1 The individual received treatment in the adjuvant setting with a BRAF/MEK inhibitor; and
2.6.3.2 The individual did not experience disease recurrence while on treatment with that BRAF/MEK inhibitor; and
2.6.3.3 The individual did not experience disease recurrence within six months of completing adjuvant treatment with a BRAF/MEK inhibitor.

Renewal – (unresectable or metastatic melanoma) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:
Both:
1 Any of the following:
1.1 The individual's disease has had a complete response to treatment; or
1.2 The individual's disease has had a partial response to treatment; or
1.3 The individual has stable disease with treatment; and
2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period.

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

New Listings – effective 1 June 2025 (continued)

262 IPRATROPIUM BROMIDE

Nebuliser soln, 250 mcg per ml, 2 ml ampoule

– Up to 40 neb available on a PSO ..... 11.73 20 ✔**Accord** S29

Wastage claimable

302 HAEMOPHILUS INFLUENZAE TYPE B VACCINE

a) Only on a prescription

b) No patient co-payment payable

c)

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

1) For primary vaccination in children; or

2) An additional dose (as appropriate) is funded for (re-) immunisation for people post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or

3) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

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

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

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

Note – this listing is for Pharmacode 2697955.

Changes to Restrictions, Chemical Names and Presentations

Effective 1 June 2025

39 PHYTOMENADIONE (amended brand name)
Inj 2 mg per 0.2 ml – Up to 5 inj available on a PSO ..... 8.00 5 ✔Konakion MM **Paediatric**

54 AMBRISENTAN – Special Authority see **SA2486** ~~2253~~ – Retail pharmacy
Tab 5 mg..... 200.00 30 ✔**Ambrisentan Viatris**
Tab 10 mg..... 200.00 30 ✔**Ambrisentan Viatris**

➽ **SA2486** ~~2253~~ Special Authority for Subsidy
Initial application — (PAH dual therapy) only from a respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient has pulmonary arterial hypertension (PAH); and
2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and
4 Any of the following:
4.1 All of the following:
4.1.1 PAH has been confirmed by right heart catheterisation; and
4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and
4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
4.1.4 Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm^{-5}); and
4.1.5 Any of the following:
4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH 2022 (see note below for link to these guidelines) †; or
4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including chronic neonatal lung disease; or
4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
5 **Both:** ~~All of the following~~:
5.1 Ambrisentan is to be used as PAH dual therapy; and
~~5.2 Either:~~
~~5.2.1 Patient has tried a PAH monotherapy (sildenafil or bosentan) for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool**; or~~
~~5.2.2 Patient has tried PAH dual therapy including bosentan and has experienced intolerable side effects on bosentan; and~~
~~5.3 Both:~~
~~5.3.1 Patient is presenting in NYHA/WHO functional class III or IV, and in the opinion of the treating clinician would benefit from initial dual therapy; and~~
~~5.3.2 Patient has an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease).~~
5.2 Any of the following:
5.2.1 Patient has tried bosentan (either as PAH monotherapy, or PAH dual therapy with sildenafil) for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool; or**
5.2.2 Patient has experienced intolerable side effects on bosentan; or

continued...

Changes to Restrictions – effective 1 June 2025 (continued)

continued...

5.2.3 Patient has an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease); or

5.2.4 Patient is presenting in NYHA/WHO functional class III or IV, and would benefit from initial dual therapy in the opinion of the treating clinician and has an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease).

133 PROCHLORPERAZINE (amended brand name)

✳ Tab 3 mg buccal	5.97 (30.00)	50	Prochlorperazine maleate ~~Max Health~~ **(Brown & Burk)**

165 DASATINIB – Special Authority see SA2385 – Retail pharmacy (removal of brand switch fee)

~~a) Brand switch fee payable (Pharmacode 2700441)~~

~~b)~~ Wastage claimable

Tab 20 mg	132.88	60	✔**Dasatinib-Teva**
Tab 50 mg	304.13	60	✔**Dasatinib-Teva**
Tab 70 mg	415.75	60	✔**Dasatinib-Teva**

203 INFLIXIMAB – PCT only – Special Authority see **SA2487** ~~2402~~ (amended Special Authority criteria – new criteria shown only)

Inj 100 mg	428.00	1	✔**Remicade**
Inj 1 mg for ECP	4.40	1 mg	✔**Baxter**

➽ **SA2487** ~~2402~~ Special Authority for Subsidy

Initial application – (immune checkpoint inhibitor toxicity in malignancy*) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 The individual requires treatment for moderate to severe autoimmune toxicity following immune checkpoint inhibitor treatment for malignancy; and

2 The individual has received insufficient benefit from use of corticosteroids; and

3 Infliximab is to be administered at up to 5 mg/kg for up to four doses.

Renewal – (immune checkpoint inhibitor toxicity in malignancy*) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Both:

1 The individual has shown clinical improvement and ongoing treatment is required; and

2 Infliximab is to be administered at up to 5 mg/kg for up to a total of 8 doses.

Note: Indications marked with * are unapproved indications.

230 SECUKINUMAB – Special Authority see **SA2488** ~~2482~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 150 mg per ml, 1 ml prefilled syringe	799.50	1	✔**Cosentyx**
	1,599.00	2	✔**Cosentyx**

➽ **SA2488** ~~2482~~ Special Authority for Subsidy

Initial application — (severe chronic plaque psoriasis – second-line biologic) only from a dermatologist **or any relevant practitioner on the recommendation of a dermatologist**. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 The patient has had an initial Special Authority approval for adalimumab or etanercept, or has trialled infliximab in a Health NZ Hospital, for severe chronic plaque psoriasis; and

2 Either:

2.1 The patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or

2.2 The patient has received insufficient benefit from adalimumab, etanercept or infliximab; and

continued...

Changes to Restrictions – effective 1 June 2025 (continued)

continued...

3 A Psoriasis Area and Severity Index (PASI) assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

4 The most recent PASI or DQLI assessment is no more than 1 month old at the time of application

233 TOCILIZUMAB – PCT only – Special Authority see **SA2489** ~~2404~~ (amended Special Authority criteria – new criteria shown only)

Inj 20 mg per ml, 4 ml vial	220.00	1	✔**Actemra**
Inj 20 mg per ml, 10 ml vial	550.00	1	✔**Actemra**
Inj 20 mg per ml, 20 ml vial	1,100.00	1	✔**Actemra**
Inj 1 mg for ECP	2.85	1 mg	✔**Baxter**

➽ **SAQQQ** ~~2404~~ Special Authority for Subsidy

Initial application – (immune checkpoint inhibitor toxicity in malignancy*) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 The individual requires treatment for moderate to severe autoimmune toxicity following immune checkpoint inhibitor treatment for malignancy; and

2 The individual has received insufficient benefit from use of corticosteroids; and

3 Tocilizumab is to be administered at a maximum dose of 8 mg/kg fortnightly.

Renewal – (immune checkpoint inhibitor toxicity in malignancy*) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Both:

1 The individual has shown clinical improvement and ongoing treatment is required; and

2 Tocilizumab is to be administered at a maximum dose of 8 mg/kg fortnightly.

Note: Indications marked with * are unapproved indications.

245 NIVOLUMAB – PCT only – Specialist – Special Authority see **SA2490** ~~2454~~ (amended Special Authority criteria)

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

➽ **SA2490** ~~2454~~ Special Authority for Subsidy

Initial application – **(unresectable or metastatic melanoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist** ~~only from a medical oncologist~~. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 **The individual** ~~Patient~~ has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and

2 Baseline measurement of overall tumour burden is documented clinically and radiologically; and

3 The **individual** ~~patient~~ has ECOG performance 0-2; and

4 Either:

4.1 **The individual** ~~Patient~~ has not received funded pembrolizumab; or

4.2 Both:

4.2.1 **The individual** ~~Patient~~ has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and

4.2.2 The cancer did not progress while the **individual** ~~patient~~ was on pembrolizumab; and

5 **Any of the following:** ~~Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses~~

5.1 The individual has been diagnosed in the metastatic or unresectable stage III or IV setting; or

5.2 The individual did not receive treatment in the perioperative setting with a PD-1/PD-L1 inhibitor; or

5.3 All of the following:

5.3.1 The individual received treatment in the perioperative setting with a PD-1/PD-L1 inhibitor; and

5.3.2 The individual did not experience disease recurrence while on treatment with that PD-1/PD-L1 inhibitor; and

continued...

Changes to Restrictions – effective 1 June 2025 (continued)

continued...

5.3.3 The individual did not experience disease recurrence within six months of completing perioperative treatment with a PD-1/PD-L1 inhibitor.

Renewal – (**unresectable or metastatic melanoma,** less than 24 months on treatment) **only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist** ~~only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist~~. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1 **Both** ~~All of the following~~:
- 1.1 Any of the following:
  - 1.1.1 **The individual's** ~~Patient's~~ disease has had a complete response to treatment; or
  - 1.1.2 **The individual's** ~~Patient's~~ disease has had a partial response to treatment; or
  - 1.1.3 **The individual** ~~Patient~~ has stable disease; and
- 1.2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; **or** ~~and~~
- ~~1.3 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or~~

2 All of the following:
- 2.1 **The individual** ~~Patient~~ has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and
- 2.2 **The individual** ~~Patient~~ has signs of disease progression; and
- 2.3 Disease has not progressed during previous treatment with nivolumab.

Renewal – (**unresectable or metastatic melanoma,** more than 24 months on treatment) **only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist** ~~only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist~~. Approvals valid for 4 months for applications meeting the following criteria:

Both:

1 **The individual** ~~Patient~~ has been on treatment for more than 24 months; and

2 Either:
- 2.1 **Both** ~~All of the following~~:
  - 2.1.1 Any of the following:
    - 2.1.1.1 **The individual's** ~~Patient's~~ disease has had a complete response to treatment; or
    - 2.1.1.2 **The individual's** ~~Patient's~~ disease has had a partial response to treatment; or
    - 2.1.1.3 **The individual** ~~Patient~~ has stable disease; and
  - 2.1.2 Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period; **or** ~~and~~
  - ~~2.1.3 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or~~
- 2.2 All of the following:
  - 2.2.1 **The individual** ~~Patient~~ has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and
  - 2.2.2 **The individual** ~~Patient~~ has signs of disease progression; and
  - 2.2.3 Disease has not progressed during previous treatment with nivolumab.

247 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see **SA2491** ~~2386~~ (amended Special Authority criteria – affected criteria shown only)

Inj 25 mg per ml, 4 ml vial	4,680.00	1	✔**Keytruda**
Inj 1 mg for ECP	47.74	1 mg	✔**Baxter**

➽ **SA2491** ~~2386~~ Special Authority for Subsidy

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

continued...

Changes to Restrictions – effective 1 June 2025 (continued)

continued...

Either:

1 The individual is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or

2 All of the following:

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

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

2.3 Treatment must be prior to complete surgical resection; and

2.4 Pembrolizumab must be administered as monotherapy; and

2.5 The individual has ECOG performance 0-2; and

2.6 Pembrolizumab to be administered at a fixed dose of 200 mg every 3 weeks (or equivalent).

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

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

Either:

1 The individual is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or

2 All of the following:

2.1 Either:

2.1.1 The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a); or

2.1.2 Both:

2.1.2.1 The individual has received neoadjuvant treatment with pembrolizumab; and

2.1.2.2 Adjuvant treatment with pembrolizumab is required; and

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

2.3 Treatment must be in addition to complete surgical resection; and

2.4 Treatment must be initiated within 13 weeks of complete surgical resection, unless delay is necessary due to post-surgery recovery (see note b); and

2.5 Pembrolizumab must be administered as monotherapy; and

2.6 The individual has ECOG performance 0-2; and

2.7 Pembrolizumab to be administered at a fixed dose of 200 mg every 3 weeks (or equivalent).

Notes:

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

b) Initiating treatment within 13 weeks of complete surgical resection means either 13 weeks after resection (primary or lymphadenectomy) or 13 weeks prior to the scheduled date of the resection (primary or lymphadenectomy)

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

All of the following:

1 No evidence of disease recurrence; and

2 Pembrolizumab must be administered as monotherapy; and

3 Pembrolizumab to be administered at a fixed dose of 200 mg every three weeks (or equivalent) for a maximum of 12 months total treatment course, including any systemic neoadjuvant treatment; and

4 Treatment to be discontinued at signs of disease recurrence or at completion of 12 months total treatment course (equivalent to 18 cycles at a dose of 200 mg every 3 weeks), including any systemic neoadjuvant treatment.

Initial application – (unresectable or metastatic melanoma) **only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist** ~~only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist~~. Approvals valid for 4 months for applications meeting the following criteria:

continued...

Changes to Restrictions – effective 1 June 2025 (continued)

continued...

All of the following:

1 **The individual** ~~Patient~~ has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
2 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
3 The **individual** ~~patient~~ has ECOG performance 0-2; and
4 Either:
  4.1 **The individual** ~~Patient~~ has not received funded nivolumab; or
  4.2 Both:
    4.2.1 **The individual** ~~Patient~~ has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
    4.2.2 The cancer did not progress while the **individual** ~~patient~~ was on nivolumab; and
5 **Any of the following:** ~~Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses~~
  5.1 The individual has been diagnosed in the metastatic or unresectable stage III or IV setting; or
  5.2 The individual did not receive treatment in the perioperative setting with a PD-1/PD-L1 inhibitor; or
  5.3 All of the following:
    5.3.1 The individual received treatment in the perioperative setting with a PD-1/PD-L1 inhibitor; and
    5.3.2 The individual did not experience disease recurrence while on treatment with that PD-1/PD-L1 inhibitor; and
    5.3.3 The individual did not experience disease recurrence within six months of completing perioperative treatment with a PD-1/PD-L1 inhibitor.

Renewal – (unresectable or metastatic melanoma, less than 24 months on treatment) **only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist** ~~only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist~~. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1 **Both** ~~All of the following~~:
  1.1 Any of the following:
    1.1.1 **The individual's** ~~Patient's~~ disease has had a complete response to treatment; or
    1.1.2 **The individual's** ~~Patient's~~ disease has had a partial response to treatment; or
    1.1.3 **The individual** ~~Patient~~ has stable disease; and
  1.2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; **or** ~~and~~
  ~~1.3 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or~~
2 All of the following:
  2.1 **The individual** ~~Patient~~ has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression; and
  2.2 **The individual** ~~Patient~~ has signs of disease progression; and
  2.3 Disease has not progressed during previous treatment with pembrolizumab.

Renewal – (unresectable or metastatic melanoma, more than 24 months on treatment) **only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist** ~~only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist~~. Approvals valid for 4 months for applications meeting the following criteria:

Both:

1 **The individual** ~~Patient~~ has been on treatment for more than 24 months; and
2 Either:
  2.1 **Both** ~~All of the following~~:
    2.1.1 Any of the following:
      2.1.1.1 **The individual's** ~~Patient's~~ disease has had a complete response to treatment; or
      2.1.1.2 **The individual's** ~~Patient's~~ disease has had a partial response to treatment; or
      2.1.1.3 **The individual** ~~Patient~~ has stable disease; and

continued...

Changes to Restrictions – effective 1 June 2025 (continued)

continued...

2.1.2 Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period; **or** ~~and~~

~~2.1.3 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or~~

2.2 All of the following:

2.2.1 **The individual** ~~Patient~~ has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression; and

2.2.2 **The individual** ~~Patient~~ has signs of disease progression; and

2.2.3 Disease has not progressed during previous treatment with pembrolizumab.

Initial application – (MSI-H/dMMR advanced colorectal cancer) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:
Either:

1 **Individual** ~~Patient~~ is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or

2 All of the following:

2.1 Either:

2.1.1 **Individual** ~~Patient~~ has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) metastatic colorectal cancer; or

2.1.2 **Individual** ~~Patient~~ has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) unresectable colorectal cancer; and

2.2 **Individual** ~~Patient~~ is treated with palliative intent; and

2.3 **Individual** ~~Patient~~ has not previously received funded treatment with pembrolizumab **for MSI-H/dMMR advanced colorectal cancer;** and

2.4 **Individual** ~~Patient~~ has an ECOG performance score of 0-2; and

2.5 Baseline measurement of overall tumour burden is documented clinically and radiologically; and

2.6 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks.

Initial application – (relapsed/refractory Hodgkin lymphoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:
Either:

1 **Individual** ~~Patient~~ is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or

2 All of the following:

2.1 Either:

2.1.1 Both:

2.1.1.1 **Individual** ~~Patient~~ has relapsed/refractory Hodgkin lymphoma after two or more lines of chemotherapy; and

2.1.1.2 **Individual** ~~Patient~~ is ineligible for autologous stem cell transplant; or

2.1.2 **Individual** ~~Patient~~ has relapsed/refractory Hodgkin lymphoma and has previously undergone an autologous stem cell transplant; and

2.2 **Individual** ~~Patient~~ has not previously received funded pembrolizumab **for relapsed/refractory Hodgkin lymphoma;** and

2.3 Pembrolizumab to be administered at doses no greater than 200 mg once every 3 weeks.

277 GLYCERIN WITH SODIUM SACCHARIN – Only in combination (removal of note)
~~Only in combination with Ora-Plus or when used in the vancomycin oral liquid Standard Formulae.~~
Suspension ..... 30.95 473 ml ✔**Ora-Sweet SF**

277 GLYCERIN WITH SUCROSE – Only in combination (removal of note)
~~Only in combination with Ora-Plus or when used in the vancomycin oral liquid Standard Formulae.~~
Suspension ..... 30.95 473 ml ✔**Ora-Sweet**

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 June 2025 (continued)

283 RENAL ORAL FEED 1.8 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] (amended presentation description)

Liquid, 220 ml **bottle** ~~carton~~	3.31	1 OP	✔**Nepro HP (strawberry)** ✔**Nepro HP (vanilla)**

▲ 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 all-at-once

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 June 2025

134 LITHIUM CARBONATE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)
Cap 250 mg ..... 35.78 100 ✔**Douglas**

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

Delisted Items

Effective 1 June 2025

11	INSULIN ISOPHANE WITH INSULIN NEUTRAL			
	▲ Inj human with neutral insulin 100 u per ml, 3 ml	42.66	5	✔PenMix 50
	▲ Inj human with neutral insulin 100 u per ml, 10 ml vial	25.26	1 OP	✔Mixtard 30
80	SOLIFENACIN SUCCINATE			
	Tab 10 mg	3.72	30	✔Solifenacin Viatris
95	AMOXICILLIN WITH CLAVULANIC ACID			
	Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml – Up to 200 ml available on a PSO	4.65	100 ml OP	✔Curam
97	COLISTIN SULPHOMETHATE – Retail pharmacy-Specialist – Subsidy by endorsement			
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 150 mg	65.00	1	✔Colistin-Link
97	GENTAMICIN SULPHATE			
	Inj 10 mg per ml, 2 ml ampoule – Subsidy by endorsement	190.00	10	✔Gentamicin Hikma S29
	Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly			
129	ETHOSUXIMIDE			
	Cap 250 mg	140.88	100	✔Zarontin
	Note – this delist applies to Pharmacode 2489937.			
130	PREGABALIN			
	Note: Not subsidised in combination with subsidised gabapentin			
	✻ Cap 25 mg	7.80	56	✔Milpharm S29
	✻ Cap 75 mg	8.10	56	✔Milpharm S29
	✻ Cap 150 mg	4.01	56	✔Lyrica
136	ARIPIPRAZOLE – Special Authority see SA2395 – Retail pharmacy			
	Safety medicine; prescriber may determine dispensing frequency			
	Inj 300 mg vial	273.56	1	✔Abilify Maintena S29 S29
	Inj 400 mg vial	341.96	1	✔Abilify Maintena S29 S29
147	RIVASTIGMINE – Special Authority see SA1488 – Retail pharmacy			
	Patch 4.6 mg per 24 hour	90.00	30	✔Exelon Patch 5
	Patch 9.5 mg per 24 hour	90.00	30	✔Exelon Patch 10
274	PHARMACY SERVICES			
	✻ Brand switch fee	4.50	1 fee	✔BSF Dasatinib-Teva
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Dasatinib-Teva is 2700441			

▲ 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 all-at-once

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 September 2025

9	FAMOTIDINE – Only on a prescription			
	✻ Tab 40 mg	10.32	100	✔**Famotidine Hovid** S29
288	ENTERAL FEED WITH FIBRE 1.2KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]			
	Liquid, 1,000 ml bottle	7.87	1 OP	✔**Jevity Plus RTH**

Effective 1 November 2025

155	FLUDARABINE PHOSPHATE			
	Inj 50 mg vial – PCT only – Specialist	126.80	1	✔**Fludarabine Sagent** S29

Effective 1 December 2025

100	ITRACONAZOLE			
	Cap 100 mg	27.32	60	✔**Itracap** S29
129	ETHOSUXIMIDE			
	Cap 250 mg	78.89	56	✔**Essential Ethosuximide** S29

Effective 1 February 2026

129	PHENYTOIN SODIUM			
	✻ Inj 50 mg per ml, 2 ml ampoule			
	– Up to 5 inj available on a PSO	104.58	5	✔**Hospira**

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Pharmaceuticals and brands

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

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