Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

July 2025

PHARMAC
TE PĀTAKA WHAIORANGA

Contents

Summary of decisions
EFFECTIVE 1 JULY 2025

- Adrenaline (Hameln) inj 1 inj 1,000, 1 ml ampoule – to be delisted 1 October 2025
- Adrenaline inj 0.15 mg per 0.3 ml auto-injector (Epipen Jr) and inj 0.3 mg per 0.3 ml auto-injector (Epipen) – price decrease and addition of PSS
- Amikacin (Biomed) inj 5 mg per ml, 5 ml syringe – brand only delisted 1 July 2025
- Atropine sulphate (Juno) inj 600 mcg per ml, 1 ml ampoule – to be delisted 1 October 2025
- Budesonide (Budesonide Te Arai) cap modified-release 3 mg – price decrease and addition of PSS
- Bupivacaine hydrochloride with glucose (Marcain Heavy) inj 0.5% with glucose 8%, 4 ml ampoule – price decrease and addition of PSS
- Calcitonin (Miacalcic) inj 100 iu per ml, 1 ml ampoule – new Pharmacode listing
- Carbimazole (Neo-Mercazole) tab 5 mg – addition of PSS
- Cetomacrogol with glycerol (Evara) crm 90% with glycerol 10%, 460 g and 920 g – price decrease and addition of PSS
- Clomipramine hydrochloride (Clomipramine Teva) cap 10 mg – delist delayed to 1 April 2026
- Clopidogrel (Arrow-Clopid) tab 75 mg – addition of PSS
- Clozapine (Versacloz) oral liq 50 mg per ml, 100 ml – price increase
- Codeine phosphate (Noumed) tab 15 mg and 30 mg – price decrease and addition of PSS
- Codeine phosphate (Noumed) tab 60 mg – addition of PSS
- Compound electrolytes (Electral) powder for oral soln – price decrease and addition of PSS
- Dabrafenib (Tafinlar) cap 50 mg and 75 mg – amended restriction criteria
- Diltiazem hydrochloride (Diltiazem CD Clinect) cap long-acting 120 mg – addition of PSS
- Domperidone (Domperidone Viatris) tab 10 mg – price decrease and addition of PSS
- Dulaglutide (Trucility) inj 1.5 mg per 0.5 ml prefilled pen – amended restriction criteria
- Efavirenz (Efavirenz Milpharm) tab 600 mg – addition of restriction and to be delisted 1 November 2026
- Efavirenz with emtricitabine and tenofovir disoproxil (TEEVIR) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate) – new listing
- Emtricitabine with tenofovir disoproxil (Tenofovir Disoproxil Emtricitabine Viatris) tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate) – price decrease and addition of PSS

Summary of decisions – effective 1 July 2025 (continued)

- Erythromycin (as lactobionate) (Erythrocin IV) inj 1 g vial – addition of PSS
- Fludrocortisone acetate (Florinef) tab 100 mcg – price decrease and addition of PSS
- Hydrocortisone with natamycin and neomycin (Pimafucort) oint 1% with natamycin 1% and neomycin sulphate 0.5%, 15 g – price increase
- Hypromellose ophthalmic gel 0.3% – new listing
- Iloprost (Vebulis) nebuliser soln 10 mcg per ml, 2 ml – price decrease and addition of PSS
- Labetalol (Biocon) tab 100 mg – new listing
- Lanreotide (Mytolac) inj 60 mg 0.5 ml, 0.5 ml syringe – new listing
- Levomepromazine hydrochloride (Wockhardt) inj 25 mg per ml, 1 ml ampoule – price decrease and addition of PSS
- Lidocaine [lignocaine] hydrochloride with adrenaline (Xylocaine) inj 1% with adrenaline 1:100,000, 5 ml ampoule – addition of PSS
- Lisinopril (Ethics Lisinopril) tab 5 mg, 10 mg and 20 mg – to be delisted 1 August 2025
- Mafenide acetate powder 5% – amended presentation
- Mafenide acetate crm 8.5% – new listing
- Mercaptopurine (Puri-nethol) tab 50 mg – price decrease and addition of PSS
- Mesalazine (Asacol) tab 1,600 mg – new listing
- Midodrine (MAR-Midodrine) tab 2.5 mg and 5 mg – to be delisted 1 October 2025
- Montelukast (Montelukast Viatris) tab 4 mg and 5 mg – addition of PSS
- Montelukast (Montelukast Viatris) tab 10 mg – price decrease and addition of PSS
- Moxifloxacin tab 400 mg (Avelox) and inj 1.6 mg per ml, 250 ml bottle (Moxifloxacin Kabi) – amended restriction criteria
- Naltrexone hydrochloride (Naltrexone AOP and Naltrexone Max Health) tab 50 mg – to be delisted 1 September 2025
- Nicotine soln for inhalation 15 mg cartridge – removal of example brand
- Oestradiol (Estradiol TDP Mylan) patch 25 mcg per day, 50 mcg per day, 75 mcg per day and 100 mcg per day – new listing and addition of PSS
- Oestradiol (Estradot) patch 25 mcg per day, 50 mcg per day, 75 mcg per day and 100 mcg per day – price increase
- Oestradiol (Lyllana) patch 25 mcg per day, 50 mcg per day, 75 mcg per day and 100 mcg per day – to be delisted 1 December 2025
- Oestradiol valerate (Progynova) tab 1 mg and 2 mg – addition of PSS
- Ondansetron (Periset) tab 4 mg and 8 mg – price decrease and addition of PSS
- Palbociclib (Palbociclib Pfizer) tab 75 mg, 100 mg and 125 mg – new listing

Summary of decisions – effective 1 July 2025 (continued)

- Palbociclib (Ibrance) tab 75 mg, 100 mg and 125 mg – to be delisted 1 December 2025
- Piperacillin with tazobactam (PipTaz-AFT) inj 4 g with tazobactam 0.5 g vial – price decrease and addition of PSS
- Pegfilgrastim (Ziextenzo AU) inj 6 mg per 0.6 ml syringe – to be delisted 1 August 2025
- Pegylated interferon alfa-2a (Pegasys) inj 180 mcg prefilled syringe – new Pharmacode listing
- Pembrolizumab (Keytruda) inj 25 mg per ml, 4 ml vial – amended restriction criteria
- Posaconazole tab modified-release 100 mg (Posaconazole Juno) and oral liq 40 mg per ml, 105 ml (Devatis) – price decrease and addition of PSS
- Pramipexole hydrochloride (Ramipex) tab 0.25 mg and 1 mg – price decrease and addition of PSS
- Pregabalin (Lyrica) cap 25 mg, 75 mg, 150 mg and 300 mg – new listing
- Promethazine hydrochloride (Allersoothe) tab 10 mg and 25 mg, 100 pack – new listing and addition of PSS
- Promethazine hydrochloride (Allersoothe) tab 10 mg and 25 mg, 50 pack – to be delisted 1 December 2025
- Ribociclib (Kisqali) tab 200 mg – amended restriction criteria
- Risperidone (Risperdal and Risperidone Sandoz) tab 0.5 mg, 1 mg, 2 mg and 3 mg – to be delisted 1 September 2025
- Rituximab (Riximyo) inj 10 mg per ml, 10 ml vial and 50 vial – amended restriction criteria
- Sumatriptan (Clustran) inj 12 mg per ml, 0.5 ml prefilled pen – addition of PSS
- Sodium chloride (B Braun) irrigation soln 0.9%, 3,000 ml bag – price increase
- Sodium fusidate [Fusidic acid] (Fucithalmic) eye drops 1%, 5 g – new listing
- Tenofovir disoproxil (Ricovir) tab 245 mg (300 mg as a fumarate) – price decrease
- Tenofovir disoproxil (Tenofovir Disoproxil Viatris) tab 245 mg (300 mg as a maleate) – price decrease and addition of PSS
- Tetracycline (Accord) tab 250 mg – price increase
- Trametinib (Mekinist) tab 0.5 mg and 2 mg – amended restriction criteria
- Venlafaxine (Enlafax XR) cap 75 mg and 150 mg, 28 pack – to be delisted 1 September 2025
- Voriconazole (AFT) inj 200 mg vial – price decrease and addition of PSS
- Water (B Braun) irrigation soln, 3,000 ml bag – price increase
- Water (Fresenius Kabi) irrigation soln, 250 ml bottle (p'code 2544652) – new listing

Summary of decisions – effective 1 July 2025 (continued)

- Water (Fresenius Kabi) irrigation soln, 250 ml bottle (p'code 2510804) – delisted 1 July 2025
- Zoledronic acid (Zoledronic Acid Injection Mylan) inj 4 mg per 5 ml, vial – amended brand name

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

Section H changes to Part II

Effective 1 July 2025

ALIMENTARY TRACT AND METABOLISM

5 BUDESONIDE (↓ price and addition of PSS)
➔ Cap modified-release 3 mg – **5% DV Dec-25 to 2028** ..... 33.38 90 **Budesonide Te Arai**

6 MESALAZINE (new listing)
Tab 1,600 mg ..... 85.50 60 Asacol

11 DULAGLUTIDE (amended restriction criteria)
Note: 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.
➔ Inj 1.5 mg per 0.5 ml prefilled pen ..... 115.23 4 Trulicity

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/1.73m² 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

BLOOD AND BLOOD FORMING ORGANS

36 CLOPIDOGREL (addition of PSS)
Tab 75 mg – **5% DV Dec-25 to 2028** ..... 5.07 84 **Arrow - Clopid**

38 PEGFILGRASTIM (delisting)
➔ Inj 6 mg per 0.6 ml syringe ..... 65.00 1 Ziextenzo AU
Note – Ziextenzo AU inj 6 mg per 0.6 ml syringe to be delisted 1 August 2025.

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer
Changes to Section H Part II – effective 1 July 2025 (continued)				
41	COMPOUND ELECTROLYTES (↓ price and addition of PSS)			
	Powder for oral soln – **5% DV Dec-25 to 2028**	9.50	50	**Electral**
CARDIOVASCULAR SYSTEM				
42	DILTIAZEM HYDROCHLORIDE (addition of PSS)			
	Cap long-acting 120 mg – **5% DV Dec-25 to 2028**	65.35	500	**Diltiazem CD Clinect**
43	LISINOPRIL (delisting)			
	Tab 5 mg	11.07	90	Ethics Lisinopril
	Tab 10 mg	11.67	90	Ethics Lisinopril
	Tab 20 mg	14.69	90	Ethics Lisinopril
	Note – Ethics Lisinopril tab 5 mg, 10 mg and 20 mg to be delisted 1 August 2025.			
45	ATROPINE SULPHATE (delisting)			
	Inj 600 mcg per ml, 1 ml ampoule	16.10	10	Juno
	Note – Juno inj 600 mcg per ml, 1 ml ampoule to be delisted 1 October 2025.			
46	MIDODRINE (delisting)			
	➔ Tab 2.5 mg	36.68	100	MAR-Midodrine
	➔ Tab 5 mg	58.88	100	MAR-Midodrine
	Note – MAR-Midodrine tab 2.5 mg and 5 mg to be delisted 1 October 2025.			
46	LABETALOL (new listing)			
	Tab 100 mg	49.54	100	Biocon
53	ADRENALINE (delisting)			
	Inj 1 in 1,000, 1 ml ampoule	25.30	10	Hameln
	Note – Hameln inj 1 in 1,000, 1 ml ampoule to be delisted 1 October 2025.			
62	ILOPROST (↓ price and addition of PSS)			
	➔ Nebuliser soln 10 mcg per ml, 2 ml			
	– **5% DV Dec-25 to 2028**	166.53	30	**Vebulis**
DERMATOLOGICALS				
66	MAFENIDE ACETATE (amended presentation)			
	Powder **5%** ~~50 g sachet~~			
66	MAFENIDE ACETATE (new listing)			
	Crm 8.5%			
68	CETOMACROGOL WITH GLYCEROL (↓ price and addition of PSS)			
	Crm 90% with glycerol 10% – **5% DV Dec-25 to 2028**	1.92	460 g	**Evara**
		3.25	920 g	**Evara**
70	HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN (↑ price)			
	Oint 1% with natamycin 1% and neomycin sulphate 0.5%	4.34	15 g	Pimafucort

➔ 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 July 2025 (continued)

HORMONE PREPARATIONS

77 CALCITONIN (new listing)

Inj 100 iu per ml, 1 ml ampoule	121.00	5	Miacalcic

Note – this is a new Pharmacode listing 2709317.

78 ZOLEDRONIC ACID (amended brand name)

Inj 4 mg per 5 ml, vial	15.65	1	Zoledronic Acid **Injection Mylan** ~~Viatris~~

Note – this brand name change only applies to Pharmacode 2706032.

79 FLUDROCORTISONE ACETATE (↓ price and addition of PSS)

Tab 100 mcg – **5% DV Dec-25 to 2028**	8.05	100	**Florinef**

79 OESTRADIOL (new listing and addition of PSS)

Patch 25 mcg per day – **5% DV Dec-25 to 2027**	8.89	8	**Estradiol TDP Mylan**
Patch 50 mcg per day – **5% DV Dec-25 to 2027**	9.26	8	**Estradiol TDP Mylan**
Patch 75 mcg per day – **5% DV Dec-25 to 2027**	10.33	8	**Estradiol TDP Mylan**
Patch 100 mcg per day – **5% DV Dec-25 to 2027**	10.59	8	**Estradiol TDP Mylan**

79 OESTRADIOL (↑ price)

Patch 25 mcg per day	16.23	8	Estradot
Patch 50 mcg per day	15.79	8	Estradot
Patch 75 mcg per day	16.53	8	Estradot
Patch 100 mcg per day	16.18	8	Estradot

79 OESTRADIOL (delisting)

Patch 25 mcg per day	21.35	8	Lyllana
Patch 50 mcg per day	21.55	8	Lyllana
Patch 75 mcg per day	22.37	8	Lyllana
Patch 100 mcg per day	22.77	8	Lyllana

Note – Lyllana patch 25 mcg per day, 50 mcg per day, 75 mcg per day and 100 mcg per day to be delisted 1 December 2025.

80 OESTRADIOL VALERATE (addition of PSS)

Tab 1 mg – **5% DV Dec-25 to 2028**	12.36	84	**Progynova**
Tab 2 mg – **5% DV Dec-25 to 2028**	12.36	84	**Progynova**

85 CARBIMAZOLE (addition of PSS)

Tab 5 mg – **5% DV Dec-25 to 2028**	7.56	100	**Neo-Mercazole**

INFECTIONS

87 AMIKACIN (brand delisted)

➔ Inj 5 mg per ml, 5 ml syringe	22.93	1	Biomed

Note – Biomed inj 5 mg per ml, 5 ml syringe brand only delisted 1 July 2025.

91 ERYTHROMYCIN (AS LACTOBIONATE) (addition of PSS)

Inj 1 g vial – **5% DV Dec-25 to 2028**	10.00	1	**Erythrocin IV**

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

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

92	PIPERACILLIN WITH TAZOBACTAM (↓ price and addition of PSS)			
	Inj 4 g with tazobactam 0.5 g vial – **5% DV Dec-25 to 2028**	3.15	1	**PipTaz-AFT**
92	MOXIFLOXACIN (amended restriction criteria – new criteria shown only)			
	➔ Tab 400 mg	42.00	5	Avelox
	➔ Inj 1.6 mg per ml, 250 ml bottle – **5% DV Feb-24 to 2026**	413.40	10	**Moxifloxacin Kabi**
	Restricted **Initiation – severe delayed beta-lactam allergy** **Infectious disease specialist or clinical microbiologist** **Individual has a history of severe delayed beta-lactam allergy**			
93	TETRACYCLINE (↑ price)			
	Tab 250 mg	68.44	28	Accord
96	POSACONAZOLE (↓ price and addition of PSS)			
	➔ Tab modified-release 100 mg – **5% DV Dec-25 to 2028**	123.60	24	**Posaconazole Juno**
	➔ Oral liq 40 mg per ml – **5% DV Dec-25 to 2028**	308.26	105 ml	**Devatis**
97	VORICONAZOLE (↓ price and addition of PSS)			
	➔ Inj 200 mg vial – **5% DV Dec-25 to 2028**	16.89	1	**AFT**
102	EFAVIRENZ (addition of restriction and delisting)			
	➔ Tab 600 mg – **Restricted: For continuation only**	65.38	30	Efavirenz Milpharm
	Note – Efavirenz Milpharm tab 600 mg to be delisted 1 November 2026.			
103	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL (new listing)			
	➔ Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate)	106.88	30	TEEVIR
105	TENOFOVIR DISOPROXIL (↓ price and addition of PSS)			
	Tab 245 mg (300 mg as a maleate) – **5% DV Dec-25 to 2028**	13.80	30	**Tenofovir Disoproxil Viatris**
105	TENOFOVIR DISOPROXIL (↓ price)			
	Tab 245 mg (300 mg as a fumarate)	13.80	30	Ricovir
106	EMTRICITABINE WITH TENOFOVIR DISOPROXIL (↓ price and addition of PSS)			
	➔ Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate) – **5% DV Dec-25 to 2028**	13.45	30	**Tenofovir Disoproxil Emtricitabine Viatris**
109	PEGYLATED INTERFERON ALFA-2A (new Pharmacode listing)			
	➔ Inj 180 mcg prefilled syringe	1,355.71	4	Pegasys
	Note – this listing is for Pharmacode 2706768.			

➔ Restriction

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

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

NERVOUS SYSTEM

120	PRAMIPEXOLE HYDROCHLORIDE (↓ price and addition of PSS)			
	Tab 0.25 mg – **5% DV Dec-25 to 2028**	5.23	100	**Ramipex**
	Tab 1 mg – **5% DV Dec-25 to 2028**	17.73	100	**Ramipex**
122	BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE (↓ price and addition of PSS)			
	Inj 0.5% with glucose 8%, 4 ml ampoule			
	– **5% DV Dec-25 to 2028**	21.40	5	**Marcain Heavy**
122	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE (addition of PSS)			
	Inj 1% with adrenaline 1:100,000, 5 ml ampoule			
	– **5% DV Dec-25 to 2028**	32.00	10	**Xylocaine**
124	CODEINE PHOSPHATE (addition of PSS)			
	Tab 15 mg – **5% DV Dec-25 to 2028** (↓ price)	5.82	100	**Noumed**
	Tab 30 mg – **5% DV Dec-25 to 2028** (↓ price)	6.88	100	**Noumed**
	Tab 60 mg – **5% DV Dec-25 to 2028**	13.89	100	**Noumed**
125	CLOMIPRAMINE HYDROCHLORIDE (delist delayed)			
	Cap 10 mg	35.50	28	Clomipramine Teva
	Note – delist delayed to 1 April 2026.			
126	VENLAFAXINE (delisting)			
	Cap 75 mg	3.44	28	Enlafax XR
	Cap 150 mg	4.65	28	Enlafax XR
	Note – Enlafax XR cap 75 mg and 150 mg, 28 pack to be delisted 1 September 2025.			
128	PREGABALIN			
	Note: Pregabalin not to be given in combination with gabapentin			
	Cap 25 mg	2.25	56	Lyrica
	Cap 75 mg	2.65	56	Lyrica
	Cap 150 mg	4.01	56	Lyrica
	Cap 300 mg	7.38	56	Lyrica
131	SUMATRIPTAN (addition of PSS)			
	Inj 12 mg per ml, 0.5 ml prefilled pen			
	– **5% DV Dec-25 to 2028**	29.80	2	**Clustran**
132	DOMPERIDONE (↓ price and addition of PSS)			
	Tab 10 mg – **5% DV Dec-25 to 2028**	3.80	100	**Domperidone Viatris**
132	ONDANSETRON (↓ price and addition of PSS)			
	Tab 4 mg – **5% DV Dec-25 to 2028**	1.95	50	**Periset**
	Tab 8 mg – **5% DV Dec-25 to 2028**	3.50	50	**Periset**
132	CLOZAPINE (↑ price)			
	Oral liq 50 mg per ml	173.30	100 ml	Versacloz
133	LEVOMEPROMAZINE HYDROCHLORIDE (↓ price and addition of PSS)			
	Inj 25 mg per ml, 1 ml ampoule – **5% DV Dec-25 to 2028**	23.26	10	**Wockhardt**

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

133 RISPERIDONE (delisting)

Tab 0.5 mg	0.72	20	Risperdal
	4.01	60	Risperidone Sandoz
Tab 1 mg	2.44	60	Risperdal
	3.68		Risperidone Sandoz
Tab 2 mg	2.72	60	Risperdal
	5.38		Risperidone Sandoz
Tab 3 mg	4.50	60	Risperdal
	8.57		Risperidone Sandoz

Note – Risperdal and Risperidone Sandoz tab 0.5 mg, 1 mg, 2 mg and 3 mg to be delisted 1 September 2025.

144 NALTREXONE HYDROCHLORIDE (delisting)

➔Tab 50 mg	77.77	28	Naltrexone AOP
	102.60	30	Naltrexone Max Health

Note – Naltrexone AOP and Naltrexone Max Health tab 50 mg to be delisted 1 September 2025.

144 NICOTINE (removal of example brand)

➔Soln for inhalation 15 mg cartridge ~~*e.g. Nicorette Inhalator*~~

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

150 MERCAPTOPURINE (↓ price and addition of PSS)

Tab 50 mg – **5% DV Dec-25 to 2028**	19.50	25	**Puri-nethol**

157 DABRAFENIB (amended restriction criteria – affected criteria shown only)

➔Cap 50 mg	6,320.86	120	Tafinlar
➔Cap 75 mg	9,481.29	120	Tafinlar

Restricted
Initiation — stage III or IV resected melanoma – adjuvant
Any relevant practitioner
Re-assessment required after 4 months
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

continued...

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

continued...

b) Initiating treatment within 13 weeks of complete surgical resection means 13 weeks after resection (primary or lymphadenectomy)

Continuation — stage III or IV resected melanoma – adjuvant
Any relevant practitioner
Re-assessment required after 4 months
Any of the following:
1 All of the following:
1.1 ~~1~~ No evidence of disease recurrence; and
1.2 ~~2~~ Dabrafenib must be administered in combination with trametinib; and
1.3 ~~3~~ Treatment to be discontinued at signs of disease recurrence or at completion of 12 months' total treatment course, including any systemic neoadjuvant treatment**; or**
2 All of the following:
2.1 The individual has received adjuvant treatment with a BRAF/MEK inhibitor; and
2.2 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
2.3 The individual meets initiation criteria for dabrafenib for unresectable or metastatic melanoma; or
3 All of the following:
3.1 The individual has received adjuvant treatment with a BRAF/MEK inhibitor; and
3.2 The individual has received a BRAF/MEK inhibitor for unresectable or metastatic melanoma; and
3.3 The individual meets continuation criteria for dabrafenib for unresectable or metastatic melanoma.

162	PALBOCICLIB (brand change)			
	➔Tab 75 mg	1,200.00	21	Palbociclib Pfizer
	➔Tab 100 mg	1,200.00	21	Palbociclib Pfizer
	➔Tab 125 mg	1,200.00	21	Palbociclib Pfizer
	Note – Ibrance tab 75 mg, 100 mg and 125 mg to be delisted 1 December 2025.			
163	RIBOCICLIB (amended restriction criteria)			
	➔Tab 200 mg	1,883.00	21	Kisqali
		3,767.00	42	Kisqali
		5,650.00	63	Kisqali

Restricted
Initiation
Re-assessment required after 6 months
Either:
1 All of the following:
1.1 Patient has unresectable locally advanced or metastatic breast cancer; and
1.2 There is documentation confirming disease is hormone-receptor positive and HER2-negative; and
1.3 Patient has an ECOG performance score of 0-2; and
1.4 **Either:** ~~Any of the following~~:
1.4.1 Disease has relapsed or progressed during prior endocrine therapy; or
1.4.2 Both:
1.4.2.1 Patient is amenorrhoeic, either naturally or induced, with endocrine levels consistent with a postmenopausal or without menstrual-potential state; and
1.4.2.2 Patient has not received prior systemic endocrine treatment for metastatic disease; ~~or~~ **and**
~~1.4.3 Both~~
~~1.4.3.1 Patient commenced treatment with ribociclib in combination with an endocrine partner prior to 1 July 2024; and~~
~~1.4.3.2 There is no evidence of progressive disease; and~~
1.5 Treatment must be used in combination with an endocrine partner; and
1.6 Patient has not received prior funded treatment with a CDK4/6 inhibitor; or

continued...

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

continued...

2 All of the following:
- 2.1 Patient has an active Special Authority approval for palbociclib; and
- 2.2 Patient has experienced a grade 3 or 4 adverse reaction to palbociclib that cannot be managed by dose reductions and requires treatment discontinuation; and
- 2.3 Treatment must be used in combination with an endocrine partner; and
- 2.4 There is no evidence of progressive disease since initiation of palbociclib.

Continuation
Re-assessment required after 12 months
Both:
1 Treatment to be used in combination with an endocrine partner; and
2 There is no evidence of progressive disease since initiation of ribociclib.

166 TRAMETINIB (amended restriction criteria – affected criteria shown only)

➔Tab 0.5 mg	2,370.32	30	Mekinist
➔Tab 2 mg	9,481.29	30	Mekinist

Restricted
Initiation — stage III or IV resected melanoma – adjuvant
Any relevant practitioner
Re-assessment required after 4 months
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
- 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)

Continuation — stage III or IV resected melanoma – adjuvant
Any relevant practitioner
Re-assessment required after 4 months
Any of the following:
1 All of the following:
- **1.1** ~~1~~ No evidence of disease recurrence; and
- **1.2** ~~2~~ Trametinib must be administered in combination with dabrafenib; and
- **1.3** ~~3~~ Treatment to be discontinued at signs of disease recurrence or at completion of 12 months' total treatment course, including any systemic neoadjuvant treatment**; or**

2 All of the following:
- **2.1 The individual has received adjuvant treatment with a BRAF/MEK inhibitor; and**

continued...

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

continued...

2.2 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
2.3 The individual meets initiation criteria for trametinib for unresectable or metastatic melanoma; or
3 All of the following:
3.1 The individual has received adjuvant treatment with a BRAF/MEK inhibitor; and
3.2 The individual has received a BRAF/MEK inhibitor for unresectable or metastatic melanoma; or
3.3 The individual meets continuation criteria for trametinib for unresectable or metastatic melanoma.

171 LANREOTIDE (new listing)
➔ Inj 60 mg per 0.5 ml, 0.5 ml syringe
– **5% DV Aug-25 to 2027** ..... 382.77 1 **Mytolac**
Note – this listing is for Pharmacode 2709597.

218 RITUXIMAB (RIXIMYO) (amended restriction criteria – affected criteria shown only)
➔ Inj 10 mg per ml, 10 ml vial ..... 275.33 2 Riximyo
➔ Inj 10 mg per ml, 50 ml vial ..... 688.20 1 Riximyo

Restricted
Initiation — Chronic lymphocytic leukaemia
Re-assessment required after 12 months
All of the following:
1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
2 Any of the following:
2.1 The patient is rituximab treatment naive; or
2.2 Either:
2.2.1 The patient is chemotherapy treatment naive; or
2.2.2 Both:
2.2.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
2.2.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; or
2.3 The patient's disease has relapsed ~~within 36 months of previous treatment~~ and rituximab treatment is to be used in combination with funded venetoclax; and
3 The patient has good performance status; and
4 Either:
4.1 The patient does not have chromosome 17p deletion CLL; or
4.2 Rituximab treatment is to be used in combination with funded venetoclax for relapsed/refractory chronic lymphocytic leukaemia; and
5 Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of 6 treatment cycles; and
6 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration), bendamustine or venetoclax.
Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with rituximab is expected to improve symptoms and improve ECOG score to < 2.

Continuation — Chronic lymphocytic leukaemia
Re-assessment required after 12 months
Both:
1 Either:
1.1 The patient's disease has relapsed ~~within 36 months of previous treatment~~ and rituximab treatment is to be used in combination with funded venetoclax; or

continued...

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

continued...

1.2 All of the following:
- 1.2.1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
- 1.2.2 The patient has had an interval of 36 months or more since commencement of initial rituximab treatment; and
- 1.2.3 The patient does not have chromosome 17p deletion CLL; and
- 1.2.4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine; and

2 Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of 6 treatment cycles.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

247 PEMBROLIZUMAB (amended restriction criteria – affected criteria shown only)
➔ Inj 25 mg per ml, 4 ml vial ..... 4,680.00 1 Keytruda

Restricted
Initiation — stage III or IV ~~resected~~ **resectable** melanoma – neoadjuvant
Relevant specialist or from any relevant practitioner on the recommendation of a relevant specialist
Re-assessment required after 4 months
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 ~~resected~~ **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~~

Continuation — stage III or IV resectable melanoma – neoadjuvant
Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist
Re-assessment required after 4 months
Any of the following:
1 Both:
- **1.1 The individual has received neoadjuvant treatment with an immune checkpoint inhibitor; and**
- **1.2 The individual meets initiation criteria for pembrolizumab for stage III or IV resected melanoma – adjuvant; or**

2 Both:
- **2.1 The Individual has received neoadjuvant and adjuvant treatment with an immune checkpoint inhibitor; and**
- **2.2 The individual meets continuation criteria for pembrolizumab for stage III or IV resected melanoma – adjuvant; or**

3 All of the following:
- **3.1 The individual has received neoadjuvant and adjuvant treatment with an immune checkpoint inhibitor; and**
- **3.2 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and**
- **3.3 The individual meets initiation criteria for pembrolizumab for unresectable or metastatic melanoma; or**

4 All of the following:
- **4.1 The individual has received neoadjuvant and adjuvant treatment with an immune checkpoint inhibitor; and**
- **4.2 The individual has received treatment with an immune checkpoint inhibitor for unresectable or metastatic melanoma; and**
- **4.3 The individual meets continuation criteria for pembrolizumab for unresectable or metastatic melanoma.**

continued...

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

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

continued...

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)

Initiation — stage III or IV resected melanoma – adjuvant
Relevant specialist or from any relevant practitioner on the recommendation of a relevant specialist
Re-assessment required after 4 months
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~~ The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a); ~~or~~ **and**
    ~~2.1.1 Both~~
      ~~2.1.1.1 The individual has received neoadjuvant treatment with pembrolizumab; and~~
  2.2 ~~2.1.2.2.~~ Adjuvant treatment with pembrolizumab is required; and
  2.3 The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma; and
  2.4 Treatment must be in addition to complete surgical resection; and
  2.5 Treatment must be initiated within 13 weeks of complete surgical resection, unless delay is necessary due to post-surgery recovery (see note b); and
  2.6 Pembrolizumab must be administered as monotherapy; and
  2.7 The individual has ECOG performance 0-2; and
  2.8 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)~~

Continuation — stage III or IV resected melanoma – adjuvant
Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist
Re-assessment required after 4 months
~~Either:~~ **Any of the following:**

1 All of the following
  1.1 No evidence of disease recurrence; and
  1.2 Pembrolizumab must be administered as monotherapy; and
  1.3 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
  1.4 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; **or**

2 All of the following:
  2.1 The individual has received adjuvant treatment with an immune checkpoint inhibitor; and
  2.2 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
  2.3 The individual meets initiation criteria for pembrolizumab for unresectable or metastatic melanoma; or

3 All of the following:
  3.1 The individual has received adjuvant treatment with an immune checkpoint inhibitor; and
  3.2 The individual has received treatment with an immune checkpoint inhibitor for unresectable or metastatic melanoma; and
  3.3 The individual meets continuation criteria for pembrolizumab for unresectable or metastatic melanoma.

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

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

RESPIRATORY SYSTEM AND ALLERGIES

256 ADRENALINE (↓ price and addition of PSS)

➔Inj 0.15 mg per 0.3 ml auto-injector

– **5% DV Dec-25 to 2028** 85.50 1 **Epipen Jr**

➔Inj 0.3 mg per 0.3 ml auto-injector

– **5% DV Dec-25 to 2028** 85.50 1 **Epipen**

257 PROMETHAZINE HYDROCHLORIDE (pack size change and addition of PSS)

Tab 10 mg – **5% DV Dec-25 to 2028** 2.19 100 **Allersoothe**

Tab 25 mg – **5% DV Dec-25 to 2028** 2.69 100 **Allersoothe**

Note – Allersoothe tab 10 mg and 25 mg, 50 pack to be delisted 1 December 2025.

262 MONTELUKAST (addition of PSS)

Tab 4 mg – **5% DV Dec-25 to 2028** 3.10 28 **Montelukast Viatris**

Tab 5 mg – **5% DV Dec-25 to 2028** 3.10 28 **Montelukast Viatris**

Tab 10 mg – **5% DV Dec-25 to 2028** (↓ price) 2.45 28 **Montelukast Viatris**

SENSORY ORGANS

270 SODIUM FUSIDATE [FUSIDIC ACID] (new listing)

Eye drops 1% 5.29 5 g Fucithalmic

276 HYPROMELLOSE (new listing)

Ophthalmic gel 0.3%

VARIOUS

283 SODIUM CHLORIDE (↑ price)

Irrigation soln 0.9%, 3,000 ml bag 80.00 4 B Braun

283 WATER (↑ price)

Irrigation soln, 3,000 ml bag 84.52 4 B Braun

283 WATER (Pharmacode change)

Irrigation soln, 250 ml bottle 21.60 12 Fresenius Kabi

Note – Pharmacode 2510804 delisted 1 July 2025 and new Pharmacode listing, 2544652.

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