PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

July 2025

Contents

Summary of Pharmac decisions
EFFECTIVE 1 JULY 2025

New listings (pages 18-19)

- Mesalazine (Asacol) tab 1,600 mg – section 29 and wastage claimable
- Labetalol (Biocon) tab 100 mg – section 29 and wastage claimable
- Calcitonin (Miacalcic S29) inj 100 iu per ml, 1 ml ampoule – section 29 and wastage claimable
- Efavirenz with emtricitabine and tenofovir disoproxil (TEEVIR) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate) – Special Authority-Retail pharmacy, section 29 and wastage claimable
- Pegylated interferon alfa-2a (Pegasys S29) inj 180 mcg prefilled syringe – Special Authority-Retail pharmacy, section 29 and wastage claimable
- Pregabalin (Lyrica) cap 25 mg, 75 mg, 150 mg and 300 mg
- Palbociclib (Palbociclib Pfizer) tab 75 mg, 100 mg and 125 mg – Special Authority-Retail pharmacy and wastage claimable
- Lanreotide (Mytolac S29) inj 60 mg per 0.5 ml, 0.5 ml syringe – Special Authority-Retail pharmacy, section 29 and wastage claimable
- Promethazine hydrochloride (Allersoothe) tab 10 mg and 25 mg, 100 tab pack
- Sodium fusidate [Fusidic acid] (Fucithalmic S29) eye drops 1%, 5 g OP – section 29

Changes to restrictions (pages 20-27)

- Dulaglutide (Trulicity) inj 1.5 mg per 0.5 ml prefilled pen – amended Special Authority criteria
- Insulin pump infusion set (Steel cannula, straight insertion) (mylife Orbit micro) 5.5 mm steel cannula; straight insertion; 45 cm line × 10 with 10 needles and 5.5 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles – addition of stat dispensing
- Zoledronic acid (Zoledronic Acid Injection Mylan) inj 4 mg per 5 ml, vial – brand name change
- Efavirenz (Efavirenz Milpharm) tab 600 mg – addition of note
- Teriflunomide (Teriflunomide Sandoz) tab 14 mg – removal of brand switch fee payable
- Dabrafenib (Tafinlar) cap 50 mg and 75 mg – amended Special Authority criteria
- Ribociclib (Kisqali) tab 200 mg – amended Special Authority criteria
- Trametinib (Mekinist) tab 0.5 mg and 2 mg – amended Special Authority criteria
- Rituximab (Riximyo) inj 100 mg per 10 ml vial, inj 500 mg per 50 ml vial (Riximyo) and inj 1 mg for ECP (Baxter (Riximyo)) – 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

- Ipratropium bromide (Atrovent) aerosol inhaler, 20 mcg per dose CFC-free – addition of no patient co-payment payable
- Oral feed 1.5 kcal/ml liquid (banana), 200 ml bottle (Ensure Plus and Fortisip), liquid (chocolate), 200 ml bottle (Ensure Plus and Fortisip), liquid (fruit of the forest), 200 ml bottle (Ensure Plus), liquid (strawberry), 200 ml bottle (Fortisip), liquid (vanilla), 200 ml bottle (Ensure Plus and Fortisip) and liquid (vanilla), 237 ml can (Ensure Plus) – amended endorsement criteria

Increased subsidy (pages 28-29)

- Hydrocortisone with natamycin and neomycin (Pimafucort) oint 1% with natamycin 1% and neomycin 0.5%, 15 g OP
- Oestradiol (Estradot) patch 25 mcg, 50 mcg, 75 mcg and 100 mcg per day
- Tetracycline (Accord) tab 250 mg
- Clozapine (Versacloz) suspension 50 mg per ml, 100 ml

Decreased subsidy (pages 28-30)

- Budesonide (Budesonide Te Arai) cap modified-release 3 mg
- Compound electrolytes (Electral) powder for oral soln
- Iloprost (Vebulis) nebuliser soln 10 mcg per ml, 2 ml
- Cetomacrogol with glycerol (Evara) crm 90% with glycerol 10%, 460 g OP and 920 g OP
- Fludrocortisone acetate (Florinef) tab 100 mcg
- Oestradiol (Estradiol TDP Mylan) patch 25 mcg, 50 mcg, 75 mcg and 100 mcg per day
- Posaconazole tab modified-release 100 mg (Posaconazole Juno) and oral liq 40 mg per ml, 105 ml OP (Devatis)
- Tenofovir disoproxil tab 245 mg (300 mg as a maleate) (Tenofovir Disoproxil Viatris) and tab 245 mg (300 mg as a fumarate) (Ricovir)
- Emtricitabine with tenofovir disoproxil (Tenofovir Disoproxil Emtricitabine Viatris) tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate)
- Pramipexole hydrochloride (Ramipex) tab 0.25 mg and 1 mg
- Codeine phosphate (Noumed) tab 15 mg and 30 mg
- Domperidone (Domperidone Viatris) tab 10 mg
- Ondansetron (Periset) tab 4 mg and 8 mg
- Levomepromazine hydrochloride (Wockhardt) inj 25 mg per ml, 1 ml ampoule
- Mercaptopurine (Puri-nethol) tab 50 mg

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

- Adrenaline inj 0.15 mg per 0.3 ml auto-injector, 1 OP (Epipen Jr) and inj 0.3 mg per 0.3 ml auto-injector, 1 OP (Epipen)
- Montelukast (Montelukast Viatris) tab 10 mg

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Diclofenac sodium	Tab long-acting 75 mg; 100 tab	PSS	Voltaren SR (Novartis)
Flucloxacillin	Cap 250 mg; 250 cap Cap 500 mg; 500 cap	PSS	Staphlex (Viatris)
Lanreotide	Inj 60 mg per 0.5 ml, 0.5 ml syringe; 1 inj Inj 120 mg per 0.5 ml, 0.5 ml syringe; 1 inj	PSS	Mytolac (Boucher & Muir)
Trimethoprim with sulphamethoxazole [co-trimoxazole]	Oral liq 8 mg sulphamethoxazole 40 mg per ml; 100 ml	PSS	Deprim (AFT)
Voriconazole	Tab 50 mg and 200 mg; 56 tab	PSS	Vttack (Viatris)

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 August 2025

- Hydrogen peroxide (Crystaderm) crm 1%, 15 g OP – new listing
- Hydroxychloroquine sulphate (Ipca-Hydroxychloroquine) tab 200 mg – removal of brand switch fee
- Pazopanib (Pazopanib Teva) tab 200 mg and 400 mg – removal of brand switch fee

Possible decisions for future implementation 1 August 2025

- Budesonide with eformoterol (DuoResp Spiromax) powder for inhalation 60 mcg with 4.5 mcg eformoterol fumarate per dose (equivalent to 200 mcg budesonide with 6 mcg eformoterol fumarate metered dose) – addition of stat dispensing and PSO allowance
- Budesonide with eformoterol (Symbicort 100/6) powder for inhalation 100 mcg with eformoterol fumarate 6 mcg – addition of stat dispensing and PSO allowance
- Budesonide with eformoterol (Symbicort 200/6) powder for inhalation 200 mcg with eformoterol fumarate 6 mcg – addition of stat dispensing and PSO allowance
- Budesonide with eformoterol (Vannair) aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg and aerosol inhaler 200 mcg with eformoterol fumarate 6 mcg – addition of stat dispensing and PSO allowance
- Levonorgestrel subdermal implant (2 × 75 mg rods) (Jadelle), intra-uterine device 52 mg (Mirena) and intra-uterine device 13.5 mg (Jaydess) – amend PSO quantities

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

Generic Name	Presentation	Brand Name	Expiry Date*
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	ViruPOS	2027
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
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
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	Alphamox 125 Alphamox 250	2026
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
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2026
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
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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	Lax-Suppositories	2027
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
Budesonide	Metered aqueous nasal spray, 50 mcg & 100 mcg per dose, 200 dose OP	SteroClear	2027
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
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
Captopril	Oral liq 5 mg per ml, 100 ml OP	DP-Captopril (Douglas)	2026
Cefazolin	Inj 500 mg, 1 g and 2 g vial	Cefazolin-AFT	2026
Cetirizine hydrochloride	Tab 10mg	Zista	2026
Cetomacrogol	Crm BP, 500 g	Cetomacrogol-AFT	2027
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 750 mg Tab 250 mg & 500 mg	Ciprofloxacin Teva Ipca-Ciprofloxacin	2027 2026
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2027
Clindamycin	Cap 150 mg	Dalacin C	2026
Clomipramine hydrochloride	**Tab 25 mg**	**APO Clomipramine**	**2027**
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	Catapres	2027
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2026
Crotamiton	Crm 10%, 20 g OP	Itch-Soothe	2027
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2027
Cyclophosphamide	Tab 50 mg	Cyclonex	2027
Cyproterone acetate	**Tab 50 mg & 100 mg**	**Siterone**	**2027**
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
Diazepam	Tab 2 mg and 5 mg	Arrow-Diazepam	2026
Diclofenac sodium	**Eye drops 0.1%, single dose; 10 dose OP & 30 dose OP** Tab EC 25 mg & 50 mg	**Diclofenac Devatis** Diclofenac Sandoz	**2027**
Diltiazem hydrochloride	Cap long-acting 180 mg & 240 mg	Cardizem CD	2027
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
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
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
Entacapone	**Tab 200 mg**	**Entacapone Viatris**	**2027**
Entecavir	Tab 0.5 mg	Entecavir	2026
Eplerenone	Tab 25 mg & 50 mg	Inspra	2027
Erlotinib	Tab 100 mg & 150 mg	Alchemy	2027
Escitalopram	Tab 10 mg & 20 mg	Ipca-Escitalopram (Ipca)	2026
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
Fexofenadine hydrochloride	**Tab 120 mg & 180 mg**	**Fexaclear**	**2027**
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	2027

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Fluorouracil	Crm 5%, 20 g OP	Efudix	2027
Folic acid	Tab 5 mg	Folic Acid Viatris	2027
Fosfomycin	Powder for oral solution, 3 g sachet	UroFos	2027
Furosemide [Frusemide]	Tab 40 mg	IPCA-Frusemide	2027
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2027
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
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
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	Solu-Cortef	2027
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
Hydroxocobalamin	**Inj 1 mg per ml, 1 ml ampoule**	**Hydroxocobalamin Panpharma**	**2027**
Hydroxychloroquine sulphate	Tab 200 mg	Ipca-Hydroxychloroquine	2027
Hydroxyurea [hydroxycarbamide]	Cap 500 mg	Devatis	2026

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Generic Name	Presentation	Brand Name	Expiry Date*
Hyoscine Butylbromide	Tab 10 mg	Hyoscine Butylbromide (Adiramedica)	2027
	Inj 20 mg, 1 ml	Spazmol	2026
Ibuprofen	Oral liq 20 mg per ml	Ethics	2027
	Tab long-acting 800 mg	Ibuprofen SR BNM	
	Tab 200 mg	Relieve	2026
Imatinib Mesilate	Cap 100 mg & 400 mg	Imatinib-Rex	2026
Indapamide	Tab 2.5 mg	Dapa-Tabs	2026
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
Isosorbide mononitrate	Tab 20 mg	Ismo 20	2026
	Tab long-acting 40 mg	Ismo 40 Retard	
	Tab long-acting 60 mg	Duride	
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
Lamivudine	Tab 100 mg	Zetlam	2026
	Tab 150 mg	Lamivudine Viatris	
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	Sinemet	2027
	Tab 250 mg with carbidopa 25 mg		
	Tab long-acting 200 mg with carbidopa 50 mg	Sinemet CR	
Levodopa with carbidopa and entacapone	**Tab 50 mg with carbidopa 12.5 mg and entacapone 200 mg** **Tab 100 mg with carbidopa 25 mg and entacapone 200 mg** **Tab 150 mg with carbidopa 37.5 mg and entacapone 200 mg** **Tab 200 mg with carbidopa 50 mg and entacapone 200 mg**	**Stalevo**	**2027**
Levonorgestrel	Subdermal implant (2 × 75 mg rods)	Jadelle	2026
Linezolid	Tab 600 mg	Zyvox	2027
Lithium carbonate	Tab long-acting 400 mg	Priadel	2027
Lopinavir with ritonavir	Tab 200 mg with ritonavir 50 mg	Lopinavir/Rotinavir Mylan	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
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
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	Biodone Biodone Forte Biodone Extra Forte	2027
Methotrexate	Inj 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg & 30 mg prefilled syringe Tab 2.5 mg & 10 mg	Methotrexate Sandoz Trexate	2027
Methylprednisolone aceponate	Crm 0.1%, 15 g OP Oint 0.1%, 15 g OP	Advantan	2026
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
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	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 July 2025

Generic Name	Presentation	Brand Name	Expiry Date*
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
Nitrofurantoin	Tab 50 mg Cap modified-release 100 mg	Nifuran Macrobid	2027 2026
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
Omeprazole	Cap 10 mg Cap 20 mg Cap 40 mg	Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40	2026
Ondansetron	Tab disp 4 mg and 8 mg	Periset ODT	2026
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2027
Orphenadrine citrate	Tab 100 mg	Norflex	2027
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
Paracetamol	Suppos 125 mg, 250 mg and 500 mg Tab 500 mg-bottle pack Tab 500 mg-blister pack	Gacet Noumed Paracetamol Pacimol	2026
Paraffin	White soft, 450 g White soft, 2,500 g	EVARA White Soft Paraffin	2026
Pazopanib	Tab 200 mg & 400 mg	Pazopanib Teva	2027
Perindopril	Tab 2 mg, 4 mg & 8 mg	Coversyl	2027
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	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 July 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxymethylpenicillin (Penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK	2027
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
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
Potassium iodate	Tab 253 mg (150 mcg elemental iodine)	NeuroTabs	2026
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
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
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

**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 July 2025

Generic Name	Presentation	Brand Name	Expiry Date*
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
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2026
Salbutamol	Oral liq 400 mcg per ml	Ventolin	2027
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 citro-tartrate	Grans eff 4 g sachets	Ural	2026
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
Sumatriptan	Tab 50 mg & 100 mg	Sumagran	2027
Tacrolimus	Oint 1 %; 30 g OP	Zematop	2026
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2026
Temazepam	Tab 10 mg	Normison	2026
Terbinafine	Tab 250 mg	Deolate	2026
Teriflunomide	Tab 14 mg	Teriflunomide Sandoz	2027
Testosterone	Gel (transdermal) 16.2 mg per g, 88 g OP	Testogel	2027
Ticagrelor	Tab 90 mg	Ticagrelor Sandoz	2027
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
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

**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 July 2025

Generic Name	Presentation	Brand Name	Expiry Date*
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
Zoledronic acid	Inj 4 mg per 5 ml, vial	Zoledronic Acid Viatris	2027
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2027

July 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.*

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

New Listings

Effective 1 July 2025

7 MESALAZINE

Tab 1,600 mg	85.50	60	✔**Asacol** S29
Wastage claimable			

47 LABETALOL

✻ Tab 100 mg	49.54	100	✔**Biocon** S29
Wastage claimable			

81 CALCITONIN

✻ Inj 100 iu per ml, 1 ml ampoule	121.00	5	✔**Miacalcic S29** S29
Wastage claimable			

103 EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA2139 – Retail pharmacy

Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority

Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate)	106.88	30	✔**TEEVIR** S29
Wastage claimable			

111 PEGYLATED INTERFERON ALFA-2A – Special Authority see SA2034 – Retail pharmacy

Note: Pharmac will consider funding ribavirin for the small group of patients who have a clinical need for ribavirin and meet Special Authority criteria. Please contact the Hepatitis C Coordinator at Pharmac on 0800-023-588 option 4.

Inj 180 mcg prefilled syringe	1,355.71	4	✔**Pegasys S29** S29
Wastage claimable			

Note – this listing is for Pharmacode 2706768.

130 PREGABALIN

Note: Not subsidised in combination with subsidised 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**

169 PALBOCICLIB – Special Authority see SA2345 – Retail pharmacy

Wastage claimable

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**

178 LANREOTIDE – Special Authority see SA2445 – Retail pharmacy

Inj 60 mg per 0.5 ml, 0.5 ml syringe	382.77	1	✔**Mytolac S29** S29
Wastage claimable			

259 PROMETHAZINE HYDROCHLORIDE

✻ Tab 10 mg	2.19	100	✔**Allersoothe**
✻ Tab 25 mg	2.69	100	✔**Allersoothe**

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

New Listings – effective 1 July 2025 (continued)

274	SODIUM FUSIDATE [FUSIDIC ACID]			
	Eye drops 1%	5.29	5 g OP	✔ **Fucithalmic S29** S29
	Note – this listing is for Pharmacode 2709309.			

▲ 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

Changes to Restrictions, Chemical Names and Presentations

Effective 1 July 2025

12 DULAGLUTIDE – Special Authority see **SA2492** ~~2338~~ – Retail pharmacy (amended Special Authority 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 1.5mg per 0.5 ml prefilled pen.....115.23 4 ✔**Trulicity**

➽ **SA2492** ~~2338~~ Special Authority for Subsidy

~~Note: Subsidy for patients with existing approvals prior to 1 May 2024. Approvals valid without further renewal unless notified. No new patients will be granted from 1 May 2024 until further notice.~~

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

All of the following:

1 Patient has type 2 diabetes; and

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

3 Any of the following:

3.1 Patient is Māori or any Pacific ethnicity*; or

3.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or

3.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or

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

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.

18 INSULIN PUMP INFUSION SET (STEEL CANNULA, STRAIGHT INSERTION) – Special Authority see SA2380 – Retail pharmacy (addition of stat dispensing)

a) Maximum of 5 sets per prescription
b) Only on a prescription
c) Maximum of 19 infusion sets will be funded per year.

❋ 5.5 mm steel cannula; straight insertion; 45 cm line × 10 with 10 needles.....136.00 1 OP ✔**mylife Orbit micro**

❋ 5.5 mm steel needle; straight insertion; 60 cm line × 10 with 10 needles.....136.00 1 OP ✔**mylife Orbit micro**

Changes to Restrictions – effective 1 July 2025 (continued)

82 ZOLEDRONIC ACID (brand name change)
Inj 4 mg per 5 ml, vial ..... 15.65 1 ✔**Zoledronic acid** ~~Viatris S29~~ **Injection Mylan** S29

110 EFAVIRENZ – Special Authority see SA2139 – Retail pharmacy (addition of note)
Note: No new patients to be initiated on efavirenz.
Tab 600 mg ..... 65.38 30 ✔**Efavirenz Milpharm** S29

140 TERIFLUNOMIDE – Special Authority see SA2274 – Retail pharmacy (removal of brand switch fee payable)
~~a) Brand switch fee payable (Pharmacode 2701847)~~
b) Wastage claimable
c) Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.
Tab 14 mg ..... 263.96 28 ✔**Teriflunomide Sandoz**

166 DABRAFENIB – Special Authority see **SA2494** ~~2484~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)
Cap 50 mg ..... 6,320.86 120 ✔**Tafinlar**
Cap 75 mg ..... 9,481.29 120 ✔**Tafinlar**

➽ **SA2494** ~~2484~~ 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:
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**

continued...

Changes to Restrictions – effective 1 July 2025 (continued)

continued...

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 initial application 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 renewal criteria for dabrafenib for unresectable or metastatic melanoma.

170 RIBOCICLIB – Special Authority see **SA2495** ~~2343~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Wastage claimable

Tab 200 mg	1,883.00	21	✔**Kisqali**
	3,767.00	42	✔**Kisqali**
	5,650.00	63	✔**Kisqali**

➽ **SA2495** ~~2343~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
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
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.

Renewal from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
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.

Changes to Restrictions – effective 1 July 2025 (continued)

174 TRAMETINIB – Special Authority see **SA2496** ~~2485~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

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

➽ **SA2496** ~~2485~~ 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
- 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:

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**
- **2.2 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and**
- **2.3 The individual meets initial application 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; and**
- **3.3 The individual meets renewal criteria for trametinib for unresectable or metastatic melanoma.**

221 RITUXIMAB (RIXIMYO) – PCT only – Specialist – Special Authority see **SA2497** ~~2233~~ (amended Special Authority criteria – affected criteria shown only)

Inj 100 mg per 10 ml vial	275.33	2	✔**Riximyo**
Inj 500 mg per 50 ml vial	688.20	1	✔**Riximyo**
Inj 1 mg for ECP	1.38	1 mg	✔**Baxter (Riximyo)**

continued...

Changes to Restrictions – effective 1 July 2025 (continued)

continued...

➽ **SA2497** ~~2233~~ Special Authority for Subsidy

Initial application — (Chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

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.

Renewal — (Chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

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
  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.

Changes to Restrictions – effective 1 July 2025 (continued)

246 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see **SA2498** ~~2491~~ (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**

➽ **SA2498** ~~2491~~ Special Authority for Subsidy

Initial application — (stage III or IV ~~resected~~ **resectable** melanoma – neoadjuvant) only from a relevant specialist or from 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 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~~

Renewal — (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:

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 initial application 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 renewal 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 initial application 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 renewal criteria for pembrolizumab for unresectable or metastatic melanoma.**

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)

Initial application — (stage III or IV resected melanoma – adjuvant) only from a relevant specialist or from 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

continued...

Changes to Restrictions – effective 1 July 2025 (continued)

continued...

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)~~

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:
~~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 initial application 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 renewal criteria for pembrolizumab for unresectable or metastatic melanoma.**

267 IPRATROPIUM BROMIDE (addition of no patient co-payment payable)
Aerosol inhaler, 20 mcg per dose CFC-free ..... 16.20 200 dose OP ✔**Atrovent**
- a) Up to 400 dose available on a PSO
- **b) No patient co-payment payable**

Changes to Restrictions – effective 1 July 2025 (continued)

288 ORAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] (amended endorsement criteria)
Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, who have severe epidermolysis bullosa, or as exclusive enteral nutrition ~~in children under the age of 18 years~~ for the treatment of Crohn's disease, or for patients with COPD and hypercapnia, defined as CO2 value exceeding 55mmHg. The prescription must be endorsed accordingly.

Liquid (banana), 200 ml bottle – Higher subsidy of up to $1.76 per 1 btl with Endorsement	0.72	1 OP	
	(1.56)		Ensure Plus
	(1.76)		Fortisip
Liquid (chocolate), 200 ml bottle – Higher subsidy of up to $1.76 per 1 btl with Endorsement	0.72	1 OP	
	(1.56)		Ensure Plus
	(1.76)		Fortisip
Liquid (fruit of the forest), 200 ml bottle – Higher subsidy of $1.56 per 1 btl with Endorsement	0.72	1 OP	
	(1.56)		Ensure Plus
Liquid (strawberry), 200 ml bottle – Higher subsidy of $1.76 per 1 btl with Endorsement	0.72	1 OP	
	(1.76)		Fortisip
Liquid (vanilla), 200 ml bottle – Higher subsidy of up to $1.76 per 1 btl with Endorsement	0.72	1 OP	
	(1.56)		Ensure Plus
	(1.76)		Fortisip
Liquid (vanilla), 237 ml can – Higher subsidy of $1.65 per 1 can with Endorsement	0.85	1 OP	
	(1.65)		Ensure Plus

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

Changes to Subsidy and Manufacturer's Price

Effective 1 July 2025

5	BUDESONIDE (↓ subsidy)			
	Cap modified-release 3 mg – Special Authority see SA1886 – Retail pharmacy	33.38	90	✔**Budesonide Te Arai**
43	COMPOUND ELECTROLYTES (↓ subsidy)			
	Powder for oral soln – Up to 5 sach available on a PSO	9.50	50	✔**Electral**
62	ILOPROST – Special Authority see SA2257 – Retail pharmacy (↓ subsidy)			
	Nebuliser soln 10 mcg per ml, 2 ml	166.53	30	✔**Vebulis**
68	HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN – Only on a prescription (↑ subsidy)			
	Oint 1% with natamycin 1% and neomycin sulphate 0.5%	4.34	15 g OP	✔**Pimafucort**
69	CETOMACROGOL WITH GLYCEROL (↓ subsidy)			
	Crm 90% with glycerol 10%	1.92	460 g OP	✔**Evara**
		3.25	920 g OP	✔**Evara**
82	FLUDROCORTISONE ACETATE (↓ subsidy)			
	✻ Tab 100 mcg	8.05	100	✔**Florinef**
84	OESTRADIOL (↓ subsidy)			
	Patch 25 mcg per day	8.89	8	✔**Estradiol TDP Mylan**
	a) No more than 2 patch per week			
	b) Only on a prescription			
	Patch 50 mcg per day	9.26	8	✔**Estradiol TDP Mylan**
	a) No more than 2 patch per week			
	b) Only on a prescription			
	Patch 75 mcg per day	10.33	8	✔**Estradiol TDP Mylan**
	a) No more than 2 patch per week			
	b) Only on a prescription			
	Patch 100 mcg per day	10.59	8	✔**Estradiol TDP Mylan**
	a) No more than 2 patch per week			
	b) Only on a prescription			
84	OESTRADIOL (↑ subsidy)			
	Patch 25 mcg per day	16.23	8	✔**Estradot**
	a) No more than 2 patch per week			
	b) Only on a prescription			
	Patch 50 mcg per day	15.79	8	✔**Estradot**
	a) No more than 2 patch per week			
	b) Only on a prescription			
	Patch 75 mcg per day	16.53	8	✔**Estradot**
	a) No more than 2 patch per week			
	b) Only on a prescription			
	Patch 100 mcg per day	16.18	8	✔**Estradot**
	a) No more than 2 patch per week			
	b) Only on a prescription			
96	TETRACYCLINE – Special Authority see SA1332 – Retail pharmacy (↑ subsidy)			
	Tab 250 mg	68.44	28	✔**Accord** S29

S29 Unapproved medicine supplied under Section 29

Principal Supply Status/Sole Subsidised Supply

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy

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 July 2025 (continued)

101 POSACONAZOLE – Special Authority see SA2383 – Retail pharmacy (↓ subsidy)

Tab modified-release 100 mg	123.60	24	✔ **Posaconazole Juno**
Oral liq 40 mg per ml	308.26	105 ml OP	✔ **Devatis**

106 TENOFOVIR DISOPROXIL (↓ subsidy)

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

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

108 EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA2138 (↓ subsidy)

a) Funding for emtricitabine with tenofovir disoproxil for use as PrEP, should be applied using Special Authority SA2138.

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

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

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

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

121 PRAMIPEXOLE HYDROCHLORIDE (↓ subsidy)

▲ Tab 0.25 mg	5.23	100	✔ **Ramipex**
▲ Tab 1 mg	17.73	100	✔ **Ramipex**

125 CODEINE PHOSPHATE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)

Tab 15 mg	5.82	100	✔ **Noumed**
Tab 30 mg	6.88	100	✔ **Noumed**

133 DOMPERIDONE (↓ subsidy)

✳ Tab 10 mg	3.80	100	✔ **Domperidone Viatris**

133 ONDANSETRON (↓ subsidy)

✳ Tab 4 mg	1.95	50	✔ **Periset**
✳ Tab 8 mg	3.50	50	✔ **Periset**

133 CLOZAPINE – Hospital pharmacy [HP4] (↑ subsidy)

Safety medicine; prescriber may determine dispensing frequency

Suspension 50 mg per ml Wastage claimable	173.30	100 ml	✔ **Versacloz**

135 LEVOMEPROMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)

Inj 25 mg per ml, 1 ml ampoule	23.26	10	✔ **Wockhardt**

▲ 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

Changes to Subsidy and Manufacturer's Price – effective 1 July 2025 (continued)

155	MERCAPTOPURINE (↓ subsidy)			
	Tab 50 mg – PCT – Retail pharmacy-Specialist	19.50	25	✔ **Puri-nethol**
258	ADRENALINE – Special Authority see SA2185 – Retail pharmacy (↓ subsidy) a) Maximum of 2 inj per prescription b) Additional prescriptions limited to replacement of up to two devices prior to expiry, or replacement of used device for treatment of anaphylaxis.			
	Inj 0.15 mg per 0.3 ml auto-injector	85.50	1 OP	✔ **Epipen Jr**
	Inj 0.3 mg per 0.3 ml auto-injector	85.50	1 OP	✔ **Epipen**
265	MONTELUKAST (↓ subsidy)			
	❋ Tab 10 mg	2.45	28	✔ **Montelukast Viatris**

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

Delisted Items

Effective 1 July 2025

7	MESALAZINE			
	Tab 800 mg	85.50	90	✔Asacol S29 S29
31	HYDROXOCOBALAMIN			
	✻ Inj 1 mg per ml, 1 ml ampoule – Up to 6 inj available on a PSO	2.46	3	✔Cobal-B12 S29
				✔Vita-B12
		4.10	5	✔Cobalin-H S29
				✔Neo-Cytamen S29 S29
		8.20	10	✔Vitarubin Depot Injection S29
32	ALFACALCIDOL			
	✻ Cap 0.25 mcg	26.32	100	✔One-Alpha S29 S29
44	PHENOXYBENZAMINE HYDROCHLORIDE			
	✻ Cap 10 mg	216.67	100	✔Dibenzyline S29
46	AMIODARONE HYDROCHLORIDE			
	Inj 50 mg per ml, 3 ml ampoule – Up to 10 inj available on a PSO	9.12	6	✔Cordarone-X
50	METOLAZONE			
	Tab 5 mg	CBS	1	✔Metolazone S29
53	EZETIMIBE			
	✻ Tab 10 mg	1.76	30	✔Ezemibe Viatris
66	SULFADIAZINE SILVER			
	Crm 1% a) Up to 250 g available on a PSO b) Not in combination	15.44	50 g OP	✔Ascend S29
72	COAL TAR WITH SALICYLIC ACID AND SULPHUR			
	Soln 12% with salicylic acid 2% and sulphur 4% oint	4.97	25 g OP	✔Coco-Scalp
79	OXYTOCIN – Up to 5 inj available on a PSO			
	Inj 10 iu per ml, 1 ml ampoule	11.96	10	✔Oxytocin Panpharma
116	CAPSAICIN			
	Crm 0.025% – Special Authority see SA1289 – Retail Pharmacy	13.00	60 g OP	✔Rugby Capsaicin Topical Cream S29
121	ENTACAPONE			
	▲ Tab 200 mg	18.04	100	✔Comtan

▲ 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**

Delisted Items – effective 1 July 2025 (continued)

123 CAPSAICIN – Subsidy by endorsement
Subsidised only if prescribed for post-herpetic neuralgia or diabetic peripheral neuropathy and the prescription is endorsed accordingly.

Crm 0.075%	15.14	57 g OP	✔Rugby Capsaicin Topical Cream S29

126 OXYCODONE HYDROCHLORIDE
a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency

Tab controlled-release 5 mg	3.77	28	✔Oxycodone Sandoz S29 S29
	4.04	30	✔OxyContin S29
Tab controlled-release 10 mg	3.77	28	✔Oxycodone Sandoz S29 S29

127 CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency

Tab 10 mg	10.17	30	✔Clomipramine Teva
Tab 25 mg	11.99	30	✔Clomipramine Teva
	39.97	100	✔Anafranil S29
Cap 25 mg	35.50	28	✔Clomipramine Teva

~~127 CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency~~

~~Cap 10 mg~~	~~35.50~~	~~28~~	~~✔Clomipramine Teva~~

Note – this delist is delayed to 1 April 2026.

133 PROCHLORPERAZINE

✻ Tab 3 mg buccal	5.97	50	
	(30.00)		Buccastem S29
	(30.00)		Max Health S29
	(30.00)		Prochlorperazine Brown & Burk S29

134 ARIPIPRAZOLE – Safety medicine; prescriber may determine dispensing frequency

Tab 5 mg	10.50	30	✔Ascend Aripiprazole S29

135 LEVOMEPROMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency

Inj 25 mg per ml, 1 ml ampoule	24.48	10	✔Nozinan S29 S29

148 NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy

Tab 50 mg	138.88	50	✔Revia S29

152 CARMUSTINE – PCT only – Specialist

Inj 100 mg vial	710.00	1	✔BiCNU S29 S29
			✔Novadoz S29

153 MELPHALAN

Inj 50 mg – PCT only – Specialist	48.25	1	✔Megval S29

259 FEXOFENADINE HYDROCHLORIDE

✻ Tab 120 mg	4.74	10	
	(8.23)		Telfast
	14.22	30	
	(26.44)		Telfast

S29 Unapproved medicine supplied under Section 29
Principal Supply Status/Sole Subsidised Supply

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy

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

Delisted Items – effective 1 July 2025 (continued)

259	PROMETHAZINE HYDROCHLORIDE			
	✻ Oral liq 1 mg per 1 ml	10.47	100 ml	✔Phenergan Elixir
271	NEPAFENAC			
	Eye drops 0.3%	8.80	3 ml OP	✔Ilevro
273	CARBOMER – Special Authority see SA2431 – Retail pharmacy			
	Ophthalmic gel 0.3%, 0.5 g	8.25	30	✔Poly-Gel
274	PHARMACY SERVICES			
	✻ Brand switch fee	4.50	1 fee	✔BSF Teriflunomide Sandoz
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Teriflunomide Sandoz is 2701847			
282	CODEINE PHOSPHATE – Safety medicine; prescriber may determine dispensing frequency			
	Powder – Only in combination	63.09	25 g	
		(90.09)		Douglas
	Only in extemporaneously compounded codeine linctus			
282	PHENOBARBITONE SODIUM			
	Powder – Only in combination	325.00	100 g	✔MidWest
	Only in children up to 12 years			
291	GLUTEN FREE PASTA – Special Authority see SA1729 – Hospital pharmacy [HP3]			
	Buckwheat Spirals	2.00	250 g OP	
		(3.11)		Orgran
	Corn and Vegetable Shells	2.00	250 g OP	
		(2.92)		Orgran
	Corn and Vegetable Spirals	2.00	250 g OP	
		(2.92)		Orgran
	Rice and Corn Lasagne Sheets	1.60	200 g OP	
		(3.82)		Orgran
	Rice and Corn Macaroni	2.00	250 g OP	
		(2.92)		Orgran
	Rice and Corn Penne	2.00	250 g OP	
		(2.92)		Orgran
	Rice and Maize Pasta Spirals	2.00	250 g OP	
		(2.92)		Orgran
	Rice and Millet Spirals	2.00	250 g OP	
		(3.11)		Orgran
	Rice and corn spaghetti noodles	2.00	375 g OP	
		(2.92)		Orgran
	Vegetable and Rice Spirals	2.00	250 g OP	
		(2.92)		Orgran
	Italian long style spaghetti	2.00	220 g OP	
		(3.11)		Orgran

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 August 2025

42	PEGFILGRASTIM – Special Authority see SA1912 – Retail pharmacy			
	Inj 6 mg per 0.6 ml syringe	65.00	1	✔ **Ziextenzo AU**
44	LISINOPRIL			
	✳ Tab 5 mg	11.07	90	✔ **Ethics Lisinopril**
	✳ Tab 10 mg	11.67	90	✔ **Ethics Lisinopril**
	✳ Tab 20 mg	14.69	90	✔ **Ethics Lisinopril**

Effective 1 September 2025

128	VENLAFAXINE			
	✳ Cap 75 mg	3.44	28	✔ **Enlafax XR**
	✳ Cap 150 mg	4.65	28	✔ **Enlafax XR**
135	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 0.5 mg	0.72	20	✔ **Risperdal**
		4.01	60	✔ **Risperidone Sandoz** S29
	Tab 1 mg	2.44	60	✔ **Risperdal**
		3.68		✔ **Risperidone Sandoz** S29
	Tab 2 mg	2.72	60	✔ **Risperdal**
		5.38		✔ **Risperidone Sandoz** S29
	Tab 3 mg	4.50	60	✔ **Risperdal**
		8.57		✔ **Risperidone Sandoz** S29
148	NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy			
	Tab 50 mg	77.77	28	✔ **Naltrexone AOP** S29
		102.60	30	✔ **Naltrexone Max Health** S29

Effective 1 October 2025

27	LEVOCARNITINE – Special Authority see SA2040 – Retail pharmacy			
	Oral liq 1 g per 10 ml	CBS	118 ml	✔ **Carnitor** S29
41	HEPARIN SODIUM			
	Inj 25,000 iu per ml, 0.2 ml	482.20	50	✔ **Heparin DBL** S29

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 October 2025 (continued)

46	ATROPINE SULPHATE			
	✳ Inj 600 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	16.10	10	✔ **Juno** S29
47	MIDODRINE – Special Authority see SA1474 – Retail pharmacy			
	Tab 2.5 mg	36.68	100	✔ **MAR-Midodrine** S29
	Tab 5 mg	58.88	100	✔ **MAR-Midodrine** S29
53	ADRENALINE			
	Inj 1 in 1,000, 1 ml ampoule – Up to 5 inj available on a PSO	25.30	10	✔ **Hameln** S29
97	GENTAMICIN SULPHATE			
	Inj 10 mg per ml, 2 ml ampoule – Subsidy by endorsement	91.00	5	✔ **Wockhardt** S29
	Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.			
98	PYRIMETHAMINE – Special Authority see SA1328 – Retail pharmacy			
	Tab 25 mg	48.00	30	✔ **Daraprim** S29
99	SULFADIAZINE SODIUM – Special Authority see SA1331 – Retail pharmacy			
	Tab 500 mg	543.20	56	✔ **Wockhardt** S29
155	CYTARABINE			
	Inj 100 mg per ml, 20 ml vial – PCT – Retail pharmacy-Specialist	48.80	1	✔ **Pfizer S29** S29
159	MITOMYCIN C – PCT only – Specialist			
	Inj 20 mg vial	1,250.00	1	✔ **Omegapharm** S29
280	DESFERRIOXAMINE MESILATE			
	✳ Inj 500 mg vial	151.31	10	✔ **Deferoxamine Pfizer S29** S29

▲ 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 December 2025

84	OESTRADIOL			
	Patch 25 mcg per day	13.50	8	✔**Estraderm MX** S29
		21.35		✔**Lyllana**
	a) No more than 2 patch per week b) Only on a prescription			
	Patch 50 mcg per day	10.75	8	✔**Estradiol Viatris**
		14.50		✔**Estraderm MX** S29
				✔**Estradiol Sandoz**
		21.55		✔**Lyllana**
	a) No more than 2 patch per week b) Only on a prescription			
	Patch 75 mcg per day	11.88	8	✔**Estradiol Viatris**
		14.50		✔**Estradiol Sandoz**
		22.37		✔**Lyllana**
	a) No more than 2 patch per week b) Only on a prescription			
	Patch 100 mcg per day	12.95	8	✔**Estradiol Viatris**
		14.50		✔**Estradiol Sandoz**
		15.50		✔**Estraderm MX** S29
		22.77		✔**Lyllana**
	a) No more than 2 patch per week b) Only on a prescription			
169	PALBOCICLIB – Special Authority see SA2345 – Retail pharmacy			
	Wastage claimable			
	Tab 75 mg	4,000.00	21	✔**Ibrance**
	Tab 100 mg	4,000.00	21	✔**Ibrance**
	Tab 125 mg	4,000.00	21	✔**Ibrance**
259	PROMETHAZINE HYDROCHLORIDE			
	✻ Tab 10 mg	1.39	50	✔**Allersoothe**
	✻ Tab 25 mg	1.58	50	✔**Allersoothe**

Effective 1 April 2026

127	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency			
	Cap 10 mg	35.50	28	✔**Clomipramine Teva**

Effective 1 November 2026

110	EFAVIRENZ – Special Authority see SA2139 – Retail pharmacy			
	Note: No new patients to be initiated on efavirenz.			
	Tab 600 mg	65.38	30	✔**Efavirenz Milpharm** S29

S29 Unapproved medicine supplied under Section 29
Principal Supply Status/Sole Subsidised Supply

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy

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Pharmaceuticals and brands

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Te Kāwanatanga o Aotearoa New Zealand Government

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