Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

August 2025

PHARMAC
TE PĀTAKA WHAIORANGA

Contents

Summary of decisions
EFFECTIVE 1 AUGUST 2025

- Azithromycin (Zithromax) tab 500 mg – price increase and addition of PSS
- Daunorubicin (Pfizer) inj 18.7 mg vial – new listing
- Daunorubicin (Pfizer) inj 2 mg per ml, 10 ml vial – to be delisted 1 January 2026
- Dulaglutide (Trulicity) inj 1.5 mg per 0.5 ml prefilled pen – amended restriction criteria
- Ephedrine (Ephedrine Juno) inj 3 mg per ml, 10 ml syringe – new listing and addition of PSS
- Ephedrine (Ephedrine Aguettant) inj 3 mg per ml, 10 ml syringe – brand name change and removal of PSS
- Hydrogen peroxide (Crystaderm) crm 1%, 15 g – new listing and addition of PSS
- Hydrogen peroxide (Crystaderm) crm 1%, 10 g – to be delisted 1 January 2026
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- Pegylated interferon alfa-2a (Pegasys (S29)) inj 135 mcg prefilled syringe – new listing
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- Salbutamol (UK Cipla) nebuliser soln, 1 mg per ml, 2.5 ml ampoule – new listing
- Sodium phosphate with phosphoric acid (Fleet Phosphate Enema) enema 10% with phosphoric acid 6.58% – price increase
- Valganciclovir (Valganciclovir Viatris) tab 450 mg – amended restriction criteria
- Water (Fresenius Kabi) inj 10 ml ampoule – new listing

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

Section H changes to Part II

Effective 1 August 2025

ALIMENTARY TRACT AND METABOLISM

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/1.73m^2 in the presence of diabetes, without alternative cause identified.

c) Funded GLP-1a treatment is not to be given in combination with **funded** (empagliflozin / empagliflozin with metformin hydrochloride) unless receiving **funded** (empagliflozin or empagliflozin in combination with metformin hydrochloride) for the treatment of heart failure.

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

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

11 LIRAGLUTIDE (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 6 mg per ml, 3 ml prefilled pen ..... 383.72 3 Victoza

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

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

a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.

b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m^2 in the presence of diabetes, without alternative cause identified.

c) Funded GLP-1a treatment is not to be given in combination with **funded** (empagliflozin / empagliflozin with metformin hydrochloride) unless receiving **funded** (empagliflozin or empagliflozin in combination with metformin hydrochloride) for the treatment of heart failure.

14 ISPAGHULA (PSYLLIUM) HUSK (↑ price and amended PSS date)

Powder for oral soln – 5% DV Feb-24 to ~~2026~~ **31 Jul 2025** ..... 22.10 500 g Konsyl-D

15 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE (↑ price and amended PSS date)

Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – 5% DV Feb-24 to ~~2026~~ **31 Jul 2025** ... 10.15 30 Molaxole

15 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE (new listing)

Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg ..... 12.19 30 Movicol

16 SODIUM PHOSPHATE WITH PHOSPHORIC ACID (↑ price)

Enema 10% with phosphoric acid 6.58%..... 3.70 1 Fleet Phosphate Enema

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

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

BLOOD AND BLOOD FORMING ORGANS

42 WATER (new listing)
Inj 10 ml ampoule ..... 7.60 50 Fresenius Kabi

CARDIOVASCULAR SYSTEM

54 EPHEDRINE (new listing and addition of PSS)
Inj 3 mg per ml, 10 ml syringe – **5% DV Aug-25 to 2026** ..... 142.00 10 **Ephedrine Juno**
Note – this listing is for Pharmacode 2709015.

54 EPHEDRINE (brand name change and removal of PSS)
Inj 3 mg per ml, 10 ml syringe
– 5% DV Jun-24 to ~~2026~~ **31 Jul 2025** ..... 142.00 10 Ephedrine ~~Juno~~ **Aguettant**
Note – these amendments apply to Pharmacode 2544598.

DERMATOLOGICALS

68 HYDROGEN PEROXIDE (pack size change and addition of PSS)
Crm 1% - **5% DV Jan-26 to 2028** ..... 4.89 15 g **Crystaderm**
Note – Crystaderm crm 1%, 10 g pack to be delisted 1 January 2026.

INFECTIONS

91 AZITHROMYCIN (↑ price and addition of PSS)
➔ Tab 500 mg – **5% DV Jan-26 to 2027** ..... 2.80 2 **Zithromax**

108 VALGANCICLOVIR (amended restriction criteria – affected criteria only)
➔ Tab 450 mg – **5% DV Feb-25 to 2027** ..... 140.89 60 **Valganciclovir Viatris**

Restricted
Initiation – Lung transplant cytomegalovirus prophylaxis
~~Relevant specialist~~
Re-assessment required after 12 months ~~*Limited to 12 months treatment*~~
All of the following:
1 Patient has undergone a lung transplant; and
2 Either:
2.1 The donor was cytomegalovirus positive and the patient is cytomegalovirus negative; or
2.2 The recipient is cytomegalovirus positive; and
3 Patient has a high risk of CMV disease

Continuation – Lung transplant cytomegalovirus prophylaxis
Re-assessment required after 12 months
All of the following:
1 Patient has undergone a lung re-transplant; and
2 Either:
2.1 The donor was cytomegalovirus positive and the patient is cytomegalovirus negative; or
2.2 The recipient is cytomegalovirus positive; and
3 Patient has a high risk of CMV disease

➔ 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 August 2025 (continued)

111 PEGYLATED INTERFERON ALFA-2A (new listing)
➔ Inj 135 mcg prefilled syringe ..... 887.35 1 Pegasys (S29)

NERVOUS SYSTEM

122 KETAMINE (delisting)
Inj 100 mg per ml, 2 ml vial ..... 36.23 5 Ketamine-Baxter
Note – Ketamine-Baxter inj 100 mg per ml, 2 ml vial to be delisted from 1 November 2025.

128 MIRTAZAPINE (↓ price and addition of PSS)
Tab 30 mg – **5% DV Jan-26 to 2028** ..... 2.34 30 **Noumed**
Tab 45 mg – **5% DV Jan-26 to 2028** ..... 3.10 30 **Noumed**

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

150 DAUNORUBICIN (new listing)
Inj 18.7 mg vial ..... 171.93 1 Pfizer

150 DAUNORUBICIN (delisting)
Inj 2 mg per ml, 10 ml vial ..... 171.93 1 Pfizer
Note – Pfizer inj 2 mg per ml, 10 ml vial to be delisted 1 January 2026.

153 IRINOTECAN HYDROCHLORIDE (new listing)
Inj 20 mg per ml, 25 ml vial ..... 262.85 1 Accord

153 LENALIDOMIDE (VIATRIS) (new Pharmacode listing)
➔ Cap 10 mg – **5% DV Feb-25 to 31 Jan 2028** ..... 50.30 21 **Lenalidomide Viatris**
Note – this listing is for cap 10 mg Pharmacode 2707535.

RESPIRATORY SYSTEM AND ALLERGIES

265 SALBUTAMOL (new listing)
Nebuliser soln, 1 mg per ml, 2.5 ml ampoule ..... 8.96 20 UK Cipla

SENSORY ORGANS

274 RIBOFLAVIN 5-PHOSPHATE (new listing)
Inj 0.1% plus hydroxypropyl methylcellulose

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Pharmaceuticals and brands

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

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Te Kāwanatanga o Aotearoa New Zealand Government