PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

August 2025

Contents

Summary of Pharmac decisions
EFFECTIVE 1 AUGUST 2025

New listings (page 17)

- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (Movicol) powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg
- Water (Fresenius Kabi) inj 10 ml ampoule – subsidy restrictions apply and up to 5 inj on a PSO
- Hydrogen peroxide (Crystaderm) crm 1%, 15 g OP
- Praziquantel (Distoside) tab 600 mg – section 29 and wastage claimable
- Primaquine (Bayshore) tab 15 mg – Special Authority – Retail pharmacy, section 29 and wastage claimable
- Pegylated interferon alfa-2a (Pegasys (S29)) inj 135 mcg prefilled syringe – Special Authority – Retail pharmacy, section 29 and wastage claimable
- Irinotecan hydrochloride (Accord) inj 20 mg per ml, 25 ml vial – PCT only – Specialist, section 29
- Daunorubicin inj 18.7 mg vial (Pfizer) and inj 18.7 mg for ECP, 18.7 mg OP (Baxter) – PCT only-Specialist
- Lenalidomide (Viatris) (Lenalidomide Viatris) cap 10 mg (p'code 2707535) – Special Authority-Retail Pharmacy
- Salbutamol (UK Cipla) nebuliser soln, 1 mg per ml, 2.5 ml ampoule – up to 30 neb available on a PSO, section 29 and wastage claimable

Changes to restrictions (pages 18-22)

- Dulaglutide (Trulicity) inj 1.5 mg per 0.5 ml prefilled pen – amended Special Authority criteria
- Liraglutide (Victoza) inj 6 mg per ml, 3 ml prefilled pen – amended Special Authority criteria
- Ispaghula (Psyllium) husk (Konsyl-D) powder for oral soln, 500 g OP – PSS date amended
- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (Molaxole) powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – PSS date amended
- Ivermectin (Stromectol) tab 3 mg – amended Special Authority criteria
- Levonorgestrel (Jadelle) subdermal implant (2 × 75 mg rods) – amended PSO quantity
- Levonorgestrel intra-uterine device 52 mg (Mirena) and intra-uterine device 13.5 mg (Jaydess) – addition of PSO quantity
- Albendazole (Eskazole) tab 400 mg – amended Special Authority criteria
- Tetracycline (Accord) tab 250 mg – amended Special Authority criteria

- Valganciclovir (Valganciclovir Viatris) tab 450 mg – amended Special Authority criteria
- Hydroxychloroquine sulphate (Ipca-Hydroxychloroquine) tab 200 mg – removal of brand switch fee payable
- Etoposide (Vepesid) cap 50 mg and 100 mg – addition of wastage claimable
- Tretinoin (Vesanoid) cap 10 mg – addition of wastage claimable
- Pazopanib (Pazopanib Teva) tab 200 mg and 400 mg – removal of brand switch fee payable
- Budesonide with eformoterol powder for inhalation 160 mcg with 4.5 mcg eformoterol fumarate per dose (equivalent to 200 mcg budesonide with 6 mcg eformoterol fumarate metered dose) (DuoResp Spiromax), aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg (Vannair), powder for inhalation 100 mcg with eformoterol fumarate 6 mcg (Symbicort Turbuhaler 100/6), Aerosol inhaler 200 mcg with eformoterol fumarate 6 mcg (Vannair) and powder for inhalation 200 mcg with eformoterol fumarate 6 mcg (Symbicort Turbuhaler 200/6) – addition of stat dispensing and PSO quantities
- Sodium fusidate [fusidic acid] (Fucithalmic (ON)) eye drops 1%, 5 g OP – amended brand name

Increased subsidy (page 23)

- Ispaghula (Psyllium) husk (Konsyl-D) powder for oral soln, 500 g OP
- Macrogol 3350 with postassium chloride, sodium bicarbonate and sodium chloride (Molaxole) powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg
- Sodium acid phosphate (Fleet Phosphate Enema) enema 16% with sodium phosphate 8%
- Azithromycin (Zithromax) tab 500 mg

Decreased subsidy (page 23)

- Mirtazapine (Noumed) tab 30 mg and 45 mg

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Acetazolamide	Tab 250 mg; 100 tab	PSS	Medsurge (Medsurge)
Lanreotide	Inj 90 mg per 0.5 ml, 0.5 ml syringe; 1 inj	PSS	Mytolac (Boucher & Muir)

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 September 2025

- Famotidine (Famotidine Hovid) tab 20 mg – new listing
- Labetalol (Biocon) tab 200 mg – new listing
- Meningococcal B vaccine (Bexsero) inj 175 mcg per 0.5 ml prefilled syringe – amend funding criteria
- Modafinil (Modafinil Max Health) tab 100 mg – remove brand switch fee payable
- Oral feed (powder) powder (chocolate) 840 g OP (Sustagen Hospital Formula) and powder (vanilla) 840 g OP (Sustagen Hospital Formula Active) – price increase

Possible decisions for future implementation 1 September 2025

- Remdesivir (Veklury) inj 100 mg vial – new listing

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

**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 August 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 August 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	**Tab long-acting 75 mg** Eye drops 0.1%, single dose; 10 dose OP & 30 dose OP Tab EC 25 mg & 50 mg	**Voltaren SR** Diclofenac Devatis Diclofenac Sandoz	**2028** 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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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to August 2025

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
Finasteride	Tab 5 mg	Ricit	2026

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Generic Name	Presentation	Brand Name	Expiry Date*
Flecainide acetate	Tab 50 mg Cap long-acting 100 mg & 200 mg	Flecainide BNM Flecainide Controlled Release Teva	2026
Flucloxacillin	**Cap 250 mg & 500 mg** Grans for oral liq 25 mg & 50 mg per ml, 100 ml Inj 250 mg vial and 500 mg vial Inj 1 g vial	**Staphlex** 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
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2026
Lamivudine	Tab 100 mg	Zetlam	2026
	Tab 150 mg	Lamivudine Viatris	
Lanreotide	**Inj 60 mg per 0.5 ml, 0.5 ml syringe** **Inj 120 mg per 0.5 ml, 0.5 ml syringe**	**Mytolac**	**2027**
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Lopinavir with ritonavir	Tab 200 mg with ritonavir 50 mg	Lopinavir/Rotinavir Mylan	2027
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
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
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2027

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Phenoxymethylpenicillin (Penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK	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 August 2025

Generic Name	Presentation	Brand Name	Expiry Date*
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
Rosuvastatin	Tab 5 mg, 10 mg, 20 mg & 40 mg	Rosuvastatin Viatris	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 August 2025

Generic Name	Presentation	Brand Name	Expiry Date*
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
Trimethoprim	Tab 300 mg	TMP	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 August 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Trimethoprim with sulphamethoxazole [co-trimoxazole]	**Oral liq 8 mg sulphamethoxazole 40 mg per ml**	**Deprim**	**2028**
	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
Voriconazole	**Tab 50 mg & 200 mg**	**Vttack**	**2028**
Zoledronic acid	Inj 4 mg per 5 ml, vial	Zoledronic Acid Viatris	2027
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2027

August 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 August 2025

25 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 ..... 12.19 — 30 — ✔ **Movicol**

45 WATER
1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or
2) On a bulk supply order; or
3) When used in the extemporaneous compounding of eye drops; or
4) When used for the dilution of sodium chloride soln 7% for cystic fibrosis patients only.
Inj 10 ml ampoule – Up to 5 inj available on a PSO ..... 7.60 — 50 — ✔ **Fresenius Kabi**

67 HYDROGEN PEROXIDE
✳ Crm 1% ..... 4.89 — 15 g OP — ✔ **Crystaderm**
Note – this listing is for the 15 g pack.

95 PRAZIQUANTEL
Tab 600 mg ..... 87.68 — 8 — ✔ **Distoside** S29
Wastage claimable

106 PRIMAQUINE – Special Authority see SA1684 – Retail pharmacy
Tab 15 mg ..... 395.00 — 100 — ✔ **Bayshore** S29
Wastage claimable

114 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 135 mcg prefilled syringe ..... 887.35 — 1 — ✔ **Pegasys S29** S29
Wastage claimable

157 IRINOTECAN HYDROCHLORIDE – PCT only – Specialist
Inj 20 mg per ml, 25 ml vial ..... 262.85 — 1 — ✔ **Accord** S29

159 DAUNORUBICIN – PCT only – Specialist
Inj 18.7 mg vial ..... 171.93 — 1 — ✔ **Pfizer**
Inj 18.7 mg for ECP ..... 171.93 — 18.7 mg OP — ✔ **Baxter**

160 LENALIDOMIDE (VIATRIS) – Special Authority see SA2353 – Retail pharmacy
Cap 10 mg ..... 50.30 — 21 — ✔ **Lenalidomide Viatris**
Note – this is a new Pharmacode listing 2707535.

269 SALBUTAMOL
Nebuliser soln, 1 mg per ml, 2.5 ml ampoule
– Up to 30 neb available on a PSO ..... 8.96 — 20 — ✔ **UK Cipla** S29
Wastage claimable

▲ 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 August 2025

12 DULAGLUTIDE – Special Authority see **SA2509** ~~2492~~ – 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**

➽ **SA2509** ~~2492~~ Special Authority for Subsidy

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/1.73m^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.

Changes to Restrictions – effective 1 August 2025 (continued)

12 LIRAGLUTIDE – Special Authority see **SA2510** ~~2440~~ – Retail pharmacy (amended Special Authority criteria)

a) Maximum of 9 inj per prescription

b)

a) 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.

b) Maximum of 1 pack of 3 (6 mg per ml, 3 ml) prefilled pens will be funded per month.

Inj 6 mg per ml, 3 ml prefilled pen ..... 383.72 3 ✔**Victoza**

➽ **SA2510** ~~2440~~ Special Authority for Subsidy

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/1.73m^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.

23 ISPAGHULA (PSYLLIUM) HUSK – Only on a prescription (PSS date amended)

✻ Powder for oral soln ..... 22.10 500 g OP ✔**Konsyl-D**

Note – PSS end date amended from 30 June 2026 to 31 July 2025.

24 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE (PSS date amended)

Powder for oral soln 13.125 g with potassium chloride 46.6 mg,
sodium bicarbonate 178.5 mg and
sodium chloride 350.7 mg ..... 10.15 30 ✔**Molaxole**

Note – PSS end date amended from 30 June 2026 to 31 July 2025.

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

Changes to Restrictions – effective 1 August 2025 (continued)

72 IVERMECTIN – Special Authority see **SA2511** ~~2294~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Tab 3 mg – Up to 100 tab available on a PSO ..... 17.20 4 ✔**Stromectol**

1) PSO for institutional use only. Must be endorsed with the name of the institution for which the PSO is required and a valid Special Authority for patient of that institution.
2) Ivermectin available on BSO provided the BSO includes a valid Special Authority for a patient of the institution.
3) For the purposes of subsidy of ivermectin, institution means age related residential care facilities, disability care facilities or prisons.

➽ **SA2511** ~~2294~~ Special Authority for Subsidy

Initial application – (Other parasitic infections) from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria:

Any of the following:

1 filariasis; or
2 cutaneous larva migrans (creeping eruption); or
3 strongyloidiasis**; or**
4 The individual has a travel or residence history that requires presumptive parasite treatment.

79 LEVONORGESTREL (amended PSO quantity)

✻ Subdermal implant (2 × 75 mg rods)

– Up to **40** ~~6~~ impl available on a PSO ..... 106.92 2 OP ✔**Jadelle**

79 LEVONORGESTREL (addition of PSO quantity)

✻ Intra-uterine device 52 mg

– **Up to 25 dev available on a PSO** ..... 269.50 1 ✔**Mirena**

✻ Intra-uterine device 13.5 mg

– **Up to 10 dev available on a PSO** ..... 215.60 1 ✔**Jaydess**

95 ALBENDAZOLE – Special Authority see **SA2512** ~~1318~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Tab 400 mg ..... 469.20 60 ✔**Eskazole** S29

➽ **SA2512** ~~1318~~ Special Authority for Subsidy

Initial application ~~only from an infectious disease specialist or clinical microbiologist.~~ **only from a relevant specialist.** Approvals valid for 6 months ~~where the patient has hydatids.~~ **for applications meeting the following criteria:**

Either:

1 The individual has hydatids; or
2 The individual has a travel or residence history that requires presumptive parasite treatment.

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

Changes to Restrictions – effective 1 August 2025 (continued)

99 TETRACYCLINE – Special Authority see **SA2513** ~~1332~~ – Retail pharmacy (amended Special Authority criteria)
Tab 250 mg ..... 68.44 28 ✔**Accord** S29

SA2513 ~~1332~~ Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:
Both:
1 For the eradication of helicobacter pylori following unsuccessful treatment with appropriate first-line therapy; and
2 For use only in combination with bismuth as part of a quadruple therapy regimen.

Renewal from any relevant practitioner. Approval valid for 3 months for applications meeting the following criteria:
Both:
1 For the eradication of Helicobacter pylori following unsuccessful treatment with, or noncompletion of second line therapy; and
2 For use only in combination with bismuth as part of a quadruple therapy regimen.

109 VALGANCICLOVIR – Special Authority see **SA2514** ~~1993~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)
Tab 450 mg ..... 140.89 60 ✔**Valganciclovir Viatris**

SA2514 ~~1993~~ Special Authority for Subsidy
Initial application – (lung transplant cytomegalovirus prophylaxis) only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
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.

Renewal – (lung transplant cytomegalovirus prophylaxis) only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
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.

119 HYDROXYCHLOROQUINE SULPHATE – ~~Brand switch fee payable (Pharmacode 2704676)~~ (removal of brand switch fee payable)
✳ Tab 200 mg ..... 7.80 100 ✔**Ipca-Hydroxychloroquine**

159 ETOPOSIDE (addition of wastage claimable)
Cap 50 mg ..... 340.73 20 ✔**Vepesid**
a) PCT – Retail pharmacy-Specialist
b) Wastage claimable
Cap 100 mg ..... 340.73 10 ✔**Vepesid**
a) PCT – Retail pharmacy-Specialist
b) Wastage claimable

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

Changes to Restrictions – effective 1 August 2025 (continued)

165 TRETINOIN (addition of wastage claimable)

Cap 10 mg	479.50	100	✔**Vesanoid**
a) PCT – Retail pharmacy-Specialist			
b) Wastage claimable			

173 PAZOPANIB – Special Authority see SA2429 – Retail pharmacy (removal of brand switch fee payable)

~~Brand switch fee payable (Pharmacode 2704692)~~

Tab 200 mg	172.88	30	✔**Pazopanib Teva**
Tab 400 mg	464.00	30	✔**Pazopanib Teva**

268 BUDESONIDE WITH EFORMOTEROL (addition of stat dispensing and PSO quantities)

❋ Powder for inhalation 160 mcg with 4.5 mcg eformoterol fumarate per dose (equivalent to 200 mcg budesonide with 6 mcg eformoterol fumarate metered dose) – **Up to 120 dose available on PSO**	41.50	120 dose OP	✔**DuoResp Spiromax**
❋ Aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg – **Up to 120 dose available on PSO**	18.23	120 dose OP	✔**Vannair**
❋ Powder for inhalation 100 mcg with eformoterol fumarate 6 mcg – **Up to 120 dose available on PSO**	33.74	120 dose OP	✔**Symbicort Turbuhaler 100/6**
❋ Aerosol inhaler 200 mcg with eformoterol fumarate 6 mcg – **Up to 120 dose available on PSO**	21.40	120 dose OP	✔**Vannair**
❋ Powder for inhalation 200 mcg with eformoterol fumarate 6 mcg – **Up to 120 dose available on PSO**	33.74	120 dose OP	✔**Symbicort Turbuhaler 200/6**

276 SODIUM FUSIDATE [FUSIDIC ACID] (amended brand name)

Eye drops 1%	5.29	5 g OP	✔**Fucithalmic (ON)** ~~S29~~ 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 August 2025

24 ISPAGHULA (PSYLLIUM) HUSK – Only on a prescription (↑ subsidy)

✳ Powder for oral soln	22.10	500 g OP	✔ **Konsyl-D**

25 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE (↑ subsidy)

Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	10.15	30	✔ **Molaxole**

25 SODIUM ACID PHOSPHATE – Only on a prescription (↑ subsidy)

Enema 16% with sodium phosphate 8%	3.70	1	✔ **Fleet Phosphate Enema**

96 AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by Special Authority see SA1683 (↑ subsidy)

A maximum of 24 months of azithromycin treatment for non-cystic fibrosis bronchiectasis will be subsidised on Special Authority.

Tab 500 mg – Up to 8 tab available on a PSO	2.80	2	✔ **Zithromax**

130 MIRTAZAPINE (↓ subsidy)

Tab 30 mg	2.34	30	✔ **Noumed**
Tab 45 mg	3.10	30	✔ **Noumed**

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

Delisted Items

Effective 1 August 2025

44	PEGFILGRASTIM – Special Authority see SA1912 – Retail pharmacy			
	Inj 6 mg per 0.6 ml syringe	65.00	1	✔Ziextenzo AU
46	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
99	FLUCLOXACILLIN			
	Cap 250 mg – Up to 30 cap available on a PSO	15.79	250	✔Flucloxacillin-AFT
	Cap 500 mg – Up to 30 cap available on a PSO	52.99	500	✔Flucloxacillin-AFT

111 EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA2138

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 (300.6 mg as a succinate)	15.45	30	✔Teva

281	PHARMACY SERVICES			
	✳ Brand switch fee	4.50	1 fee	✔BSF Ipca- Hydroxychloroquine ✔BSF Pazopanib Teva

a) May only be claimed once per patient.

b) The Pharmacode for BSF Ipca-Hydroxychloroquine is 2704676

c) The Pharmacode for BSF Pazopanib Teva is 2704692

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 January 2026

67 HYDROGEN PEROXIDE

✳ Crm 1%	8.56	10 g OP	✔ **Crystaderm**

Note – this delisting is for the 10 g pack only.

159 DAUNORUBICIN – PCT only – Specialist

Inj 2 mg per ml, 10 ml	171.93	1	✔ **Pfizer**
Inj 20 mg for ECP	171.93	20 mg OP	✔ **Baxter**

Effective 1 April 2026

95 PRAZIQUANTEL

Tab 600 mg	68.00	8	✔ **Biltricide**

▲ 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

Index
Pharmaceuticals and brands

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