Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

February 2026

PHARMAC
TE PĀTAKA WHAIORANGA

Contents

Summary of decisions
EFFECTIVE 1 FEBRUARY 2026

- Bisacodyl (Bisacodyl-AFT) tab 5 mg – new listing and addition of PSS
- Bisacodyl (Bisacodyl Viatris) tab 5 mg – to be delisted 1 July 2026
- Bortezomib (DBL Bortezomib) inj 3.5 mg vial – amended restriction criteria
- Calcium polystyrene sulphonate (Roma) powder, 300 g – new listing
- Celecoxib (Celostea) cap 200 mg – new listing and addition of PSS
- Celecoxib (Celecoxib Pfizer) cap 200 mg – to be delisted 1 July 2026
- Clotrimazole (Clomazol) crm 1%, 20 g, vaginal crm 1% with applicators, 35 g and vaginal crm 2% with applicators, 20 g – price increase and addition of PSS
- Compound electrolytes with glucose [dextrose] (Pedialyte) soln with electrolytes (2 x 500 ml) – new listing and addition of PSS
- Compound electrolytes with glucose [dextrose] (Hydralyte - Lemonade) soln with electrolytes – to be delisted 1 July 2026
- Covid-19 vaccine – amended restriction criteria
  - Inj 3 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, 0.48 ml multi-dose vial; infant vaccine, yellow cap, inj 10 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, 0.48 ml single-dose vial; paediatric vaccine, light blue cap and inj 30 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, pre-filled syringe; adult dose (Comirnaty (LP.8.1)) – addition of PSS
  - Inj 3 mcg bretovameran per 0.3 ml, 0.48 ml vial; infant vaccine, yellow cap, inj 10 mcg bretovameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap and inj 30 mcg bretovameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap (Comirnaty Omicron (JN.1))
- Daunorubicin (Cerubidine) inj 20 mg vial – new listing
- Dexamfetamine sulfate (Noumed Dexamfetamine) tab 5 mg – amended restriction criteria
- Enalapril maleate (Ipca-Enalapril) tab 5 mg, 10 mg and 20 mg – new listing and addition of PSS
- Enalapril maleate (Acetec) tab 5 mg, 10 mg and 20 mg – to be delisted 1 July 2026
- Glycopyrronium bromide (Glycopyrronium-AFT) inj 200 mcg per ml, 1 ml ampoule – new listing and addition of PSS
- Glycopyrronium bromide (Robinul) inj 200 mcg per ml, 1 ml ampoule – to be delisted 1 July 2026
- Hepatitis B recombinant vaccine (Engerix-B) inj 20 mcg per 1 ml prefilled syringe – amended restriction criteria
- Hydrocortisone (Ethics) crm 1%, 30 g – price decrease and addition of PSS
- Iohexol (Omnipaque) inj 300 mg per ml (iodine equivalent), 10 ml bottle – new listing

Summary of decisions – effective 1 February 2026 (continued)

- Ketamine (Ketalar) inj 100 mg per ml, 2 ml vial – new Pharmacode listing
- Lenalidomide (viatris) (Lenalidomide Viatris) cap 15 mg and 25 mg – new Pharmacode listing
- Lidocaine [lignocaine] hydrochloride (Mucosoothe) oral (gel) soln 2%, 200 ml – price decrease
- Lisdexamfetamine dimesilate (Vyvanse) cap 30 mg, 50 mg and 70 mg – amended restriction criteria
- Losartan potassium with hydrochlorothiazide (I-Losartan & Hydrochlorothiazide – Ipca) tab 50 mg with hydrochlorothiazide 12.5 mg – new listing and addition of PSS
- Losartan potassium with hydrochlorothiazide (Arrow-Losartan & Hydrochlorothiazide) tab 50 mg with hydrochlorothiazide 12.5 mg – to be delisted 1 July 2026
- 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 – new Pharmacode listing
- Methylphenidate hydrochloride – amended restriction criteria
  - Tab extended-release 18 mg, 27 mg, 36 mg and 54 mg (Concerta and Methylphenidate ER – Teva)
  - Tab immediate-release 5 mg, 10 mg and 20 mg (Rubifen)
  - Tab immediate-release 10 mg (Ritalin)
  - Tab modified-release 18 mg, 27 mg, 36 mg and 54 mg (Methylphenidate Sandoz XR)
  - Tab sustained-release 20 mg (Ribifen SR)
  - Cap modified-release 10 mg, 20 mg, 30 mg and 40 mg (Ritalin LA)
- Morphine sulphate (m-Eslon) cap long-acting 10 mg, 30 mg, 60 mg and 100 mg – price increase and addition of PSS
- Nifedipine (Valni Retard) tab long-acting 20 mg – new listing
- Niraparib (Zejula) tab 100 mg, 56 tab – new pack size listing
- Nitisinone (Nitisinone LogixX Pharma) cap 2 mg, 5 mg and 10 mg – new listing and addition of PSS
- Olanzapine (Zyprexa Relprevv) inj 210 mg, 300 mg and 405 mg vial – amended restriction criteria
- Paracetamol (Pamol) oral liq 250 mg per 5 ml, 200 ml – price decrease and addition of PSS
- Pegylated interferon alfa-2a (Pegasys) inj 180 mcg prefilled syringe – price increase
- Rosuvastatin (Rosuvastatin – Sandoz) tab 5 mg – new listing
- Salbutamol with ipratropium bromide (Cipla) nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 3 ml vial – new listing

Summary of decisions – effective 1 February 2026 (continued)

- Sodium chloride (Polyflush) inj 0.9%, 3 ml, 5 ml and 10 ml, prefilled syringe, non-sterile pack – new listing, addition of PSS and amended presentation description
- Sodium chloride (BD PosiFlush) inj 0.9%, 3 ml, 5 ml and 10 ml, prefilled syringe, non-sterile pack – to be delisted 1 July 2026
- Temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg and 250 mg (Temaccord) and cap 5 mg (Temozolomide Taro) – amended restriction criteria

Changes to General Rules

We have made amendments to Pharmaceutical Schedule Rules to align funding with changes to the Medicines Regulations 1984 in relation to:

a) vaccinators and medicines that are part of an approved immunisation programme
b) 12-month prescriptions

A summary of the changes is provided below (only relevant parts of the criteria are shown).

Part 1 – Prescribing and initiating Subsidies for Community Pharmaceuticals

1.1 Initiating Subsidies: Subsidies for Community Pharmaceuticals may be initiated by any of the following:

1.1.1 Authorised Prescribers for Prescriptions and Practitioner's Supply Orders (PSO). Specific limitations may apply and these are in addition to any regulatory or scope of practice limitations.

a Prescriptions written by a Pharmacist Prescriber or a Registered Nurse Prescriber for a Community Pharmaceutical will only be Subsidised where they are for:

i a Community Pharmaceutical classified as a Prescription Medicine and which a Pharmacist Prescriber or a Registered Nurse Prescriber is permitted under regulations to prescribe, or

ii a Community Pharmaceutical that is a Restricted Medicine (also referred to as a Pharmacist Only Medicine), a Pharmacy Only Medicine or a General Sales Medicine, or

iii a Community Pharmaceutical that is a therapeutic medical device or is a related product or related thing to a medicine or therapeutic medical device.

1.1.2 Hospital Care Operators only for Bulk Supply Orders (BSO).

1.1.3 Quitcard Providers only for nicotine patches, nicotine lozenges or nicotine gum, and when written on a Quitcard.

1.1.4 Vaccinators for vaccines and ~~paracetamol~~ **medicines that are part of an approved immunisation programme and only where specifically indicated in Section B of the Schedule**, only in accordance with an agreement between the relevant Contractor and Health NZ, and only for direct administration of a vaccine and provision of ~~paracetamol~~ **medicines that are part of an approved immunisation programme** to a patient where indicated.

1.1.5 Pharmacists, by Direct Provision, only where specifically indicated in Section B of the Schedule, unless dispensing on Prescription, Quitcard or Supply Order.

1.2 Community Pharmaceuticals periods of supply for Subsidy: Community Pharmaceuticals will be Subsidised only if the prescription under which the Community Pharmaceutical has been **first been** dispensed ~~was presented to~~ **by** the Contractor within 3 Months of the date on which the Prescription was written; and

1.2.1 Only a quantity sufficient to provide treatment up to the legal period of supply limit will be Subsidised as specified in the Medicines Act 1981 and Medicines Regulations 1984 and the Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977.

1.2.2 Where there is no legal period of supply limit, only a quantity sufficient to provide treatment for a period up to ~~3 Months~~ **12 Months** will be Subsidised, **subject to the dispensing requirements in 3.2 below**.

1.3 Mechanisms for claiming Community Pharmaceutical Subsidies: Subsidies for Community Pharmaceuticals may be paid against a Prescription (including Health NZ Hospital charts), PSO, BSO, Quitcard and Direct Provision. Requirements to be eligible for Subsidy are set out below:

1.3.5 Bulk Supply Orders (BSO): For Pharmaceuticals to be Subsidised on a BSO, the BSO must:

a be for supply of Community Pharmaceuticals to either Private Hospitals that employ a Registered Nurse, for the treatment of people under the care of that facility or to a Vaccinator for ~~paracetamol~~ **medicines that are part of an approved immunisation programme and only where specifically indicated in Section B of the Schedule**

b be on a form supplied or approved by the Ministry of Health and signed by either a Hospital Care Operator or a Vaccinator for ~~paracetamol~~ **medicines that are part of an approved immunisation programme and only where specifically indicated in Section B of the Schedule**

Changes to General Rules (continued)

Part 2 – Access criteria

2.4 Special Authority: Special Authority applications are approved or declined via an application process in which a Prescriber requests a Subsidy on a Community Pharmaceutical for a named person.

2.4.1 Special Authority approvals may be valid for a defined period, or without further renewal unless notified of a change.

2.4.2 The valid Special Authority number must be present on the Prescription

2.4.3 Repeat dispensings **to complete the balance of up to 3 Months' supply of the Community Pharmaceutical** will be eligible for Subsidy if a Prescription is first dispensed before the Special Authority expiry date**. This applies** even if the repeats are collected after the Special Authority expiry date, unless the Pharmaceutical has been delisted from the Schedule.

Part 3 – Dispensing and Giving

3.2 Dispensing:

~~3.2.1 A Prescription, or part thereof, will be eligible for Subsidy if it is fulfilled within:~~

~~a in the case of a Prescription for the total supply of between 1 and 3 Months, 3 Months from the date the Community Pharmaceutical was first dispensed, or~~

~~b in any other case, 1 Month from the date the Community Pharmaceutical was first dispensed~~.

3.2.1 A Prescription, or part thereof, will be eligible for Subsidy if it is fulfilled within the maximum period specified in Medicines Act 1981 and Medicines Regulations 1984 and the Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977.

~~3.2.2 Only that part of any Prescription that is dispensed within the time frames specified above in rule 3.2.1 is eligible for Subsidy.~~

3.2.2 Only a quantity sufficient to provide treatment up to the legal maximum dispensing period as specified in the Medicines Act 1981 and Medicines Regulations 1984 and the Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977 will be subsidised.

3.2.3 Where there is no legal maximum dispensing period, only a quantity sufficient to provide treatment for a period up to 3 Months in any single dispensing will be Subsidised, unless otherwise specified.

3.3 Repeat dispensings:

3.3.1 Repeat dispensings will be eligible for Subsidy when the Contractor can reasonably determine that supply of the Community Pharmaceutical has been exhausted or at least 2 thirds of the dispensing period has elapsed since the previous dispensing of the Community Pharmaceutical or at least 2 thirds of supply of the Community Pharmaceutical has been used since the previous dispensing, or for a reason otherwise known to the Contractor such as the circumstances in 4.4.2.

3.3.2 In circumstances where the patient has lost or damaged the dispensed supply of the Community Pharmaceutical or has an increased need for the Community Pharmaceutical due to a change in dose or frequency, the Contractor may supply the Community Pharmaceutical at an earlier date to the periods specified in 3.3.1.

~~3.3 Oral contraceptives: A Prescription for an oral contraceptive, or part thereof, will only be eligible for Subsidy if it is fulfilled within:~~

~~3.3.1 3 Months from the date the Prescription was written, or~~

~~3.3.2 6 Months from the date the oral contraceptive was first dispensed if the quantity was dispensed in repeat dispensing.~~

Part 4 – Community Pharmaceutical Dispensing Quantities for Subsidy

4.4 Community Pharmaceuticals identified in the Schedule without the ✳ or ▲ symbols

4.4.1 Default dispensing is Monthly Lots, or 10 day Lots for Class B opioid Controlled Drugs.

4.4.2 A Community Pharmaceutical, may be dispensed in **a** ~~one~~ **90 day** Lot~~s~~ **on a prescription**, where legally permitted, in the following circumstances:

a a patient or their representative signs the Prescription to qualify for single Lot dispensing. In signing the Prescription, the patient or their nominated representative must certify which of the following criteria the patient meets:

i they have limited physical mobility

ii they live and work more than 30 minutes from the nearest pharmacy by their normal form of transport

iii they are relocating to another area, or

iv they are travelling and will be away when the repeat dispensings are due.

Changes to General Rules (continued)

Part 5 – Community Pharmaceutical Modified Dispensing Quantities

For the purposes of Part 5, modified dispensing means: less than a ~~single~~ **three month or six month** (90 or 180 day) Lot for Pharmaceuticals identified with ✳, and less than Monthly Lots for any other Pharmaceuticals.

Part 10 – Definitions

✳ 3 Months' supply dispensed ~~all at once~~ **at one time** or, in the case of oral contraceptives, 6 months' supply dispensed **at one time** ~~all at once~~, unless modified dispensing quantities apply.

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

Section H changes to Part II

Effective 1 February 2026

ALIMENTARY TRACT AND METABOLISM

7 GLYCOPYRRONIUM BROMIDE (brand change and addition of PSS)

Inj 200 mcg per ml, 1 ml ampoule – **5% DV Jul-26 to 2028** ..... 11.99 10 **Glycopyrronium-AFT**

Note – Robinul inj 200 mcg per ml, 1 ml ampoule to be delisted from 1 July 2026.

16 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE (new Pharmacode 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 ..... 10.15 30 Molaxole

Note – this is a new Pharmacode listing, 2718332.

16 BISACODYL (brand change and addition of PSS)

Tab 5 mg – **5% DV Jul-26 to 2028** ..... 6.28 200 **Bisacodyl-AFT**

Note – Bisacodyl Viatris tab 5 mg to be delisted from 1 July 2026.

20 NITISINONE (new listing and addition of PSS)

➔ Cap 2 mg – **5% DV Jul-26 to 2028** ..... 676.00 60 **Nitisinone LogixX Pharma**

➔ Cap 5 mg – **5% DV Jul-26 to 2028** ..... 1,302.00 60 **Nitisinone LogixX Pharma**

➔ Cap 10 mg – **5% DV Jul-26 to 2028** ..... 1,704.00 60 **Nitisinone LogixX Pharma**

Restricted
Initiation
Patient requires nitisinone for the management of inherited metabolic disorders.

BLOOD AND BLOOD FORMING ORGANS

42 SODIUM CHLORIDE (brand change, addition of PSS and amended presentation description)

➔ Inj 0.9%, 3 ml**, prefilled** syringe, non-sterile pack – **5% DV Jul-26 to 2028** ..... 12.60 30 **Polyflush**

➔ Inj 0.9%, 5 ml**, prefilled** syringe, non-sterile pack – **5% DV Jul-26 to 2028** ..... 12.60 30 **Polyflush**

➔ Inj 0.9%, 10 ml**, prefilled** syringe, non-sterile pack – **5% DV Jul-26 to 2028** ..... 12.60 30 **Polyflush**

Note – BD PosiFlush inj 0.9%, 3 ml, 5 ml and 10 ml prefilled syringe, non-sterile pack to be delisted from 1 July 2026.

43 CALCIUM POLYSTYRENE SULPHONATE (new listing)

Powder ..... 169.85 300 g Roma

43 COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] (brand change and addition of PSS)

Soln with electrolytes (2 x 500 ml) – **5% DV Jul-26 to 2028** ..... 8.45 1 **Pedialyte**

Note – Hydralyte - Lemonade soln with electrolytes to be delisted from 1 July 2026.

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

Changes to Section H Part II – effective 1 February 2026 (continued)

CARDIOVASCULAR SYSTEM

44 ENALAPRIL MALEATE (brand change and addition of PSS)

Tab 5 mg – **5% DV Jul-26 to 2028**	1.40	90	**Ipca-Enalapril**
Tab 10 mg – **5% DV Jul-26 to 2028**	1.58	90	**Ipca-Enalapril**
Tab 20 mg – **5% DV Jul-26 to 2028**	2.00	90	**Ipca-Enalapril**

Note – Acetec tab 5 mg, 10 mg and 20 mg to be delisted from 1 July 2026.

45 LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (brand change and addition of PSS)

Tab 50 mg with hydrochlorothiazide

12.5 mg – **5% DV Jul-26 to 2028**	7.25	90	**I-Losartan & Hydrochlorothiazide - Ipca**

Note – Arrow-Losartan & Hydrochlorothiazide tab 50 mg with hydrochlorothiazide 12.5 mg to be delisted 1 July 2026.

48 NIFEDIPINE (new listing)

Tab long-acting 20 mg	9.92	56	Valni Retard

51 ROSUVASTATIN (new listing)

➔ Tab 5 mg	4.21	30	Rosuvastatin – Sandoz

DERMATOLOGICALS

66 CLOTRIMAZOLE (↑ price and addition of PSS)

Crm 1% – **5% DV Jul-26 to 2028**	1.15	20 g	**Clomazol**

69 HYDROCORTISONE (↓ price and addition of PSS)

Crm 1%, 30 g – **5% DV Jul-26 to 2028**	1.75	30 g	**Ethics**

Note: DV limit applies to the pack sizes of less than or equal to 100 g.

GENITO-URINARY SYSTEM

73 CLOTRIMAZOLE (↑ price and addition of PSS)

Vaginal crm 1% with applicator – **5% DV Jul-26 to 2028**	4.20	35 g	**Clomazol**
Vaginal crm 2% with applicator – **5% DV Jul-26 to 2028**	4.60	20 g	**Clomazol**

INFECTIONS

110 PEGYLATED INTERFERON ALFA-2A (↑ price)

➔ Inj 180 mcg prefilled syringe	1,074.79	4	Pegasys

MUSCULOSKELETAL SYSTEM

117 CELECOXIB (brand change and addition of PSS)

Cap 200 mg – **5% DV Jul-26 to 2028**	2.55	30	**Celostea**

Note – Celecoxib Pfizer cap 200 mg to be delisted from 1 July 2026.

NERVOUS SYSTEM

122 KETAMINE (new Pharmacode listing)

Inj 100 mg per ml, 2 ml vial	36.23	5	Ketalar

Note – this is a new Pharmacode listing, 2719371.

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

Changes to Section H Part II – effective 1 February 2026 (continued)

123 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↓ price)

Oral (gel) soln 2%	30.80	200 ml	Mucosoothe

125 PARACETAMOL (↓ price and addition of PSS)

Oral liq 250 mg per 5 ml – **5% DV Jul-26 to 2028**	3.18	200 ml	**Pamol**

126 MORPHINE SULPHATE (↑ price and addition of PSS)

Cap long-acting 10 mg – **5% DV Jul-26 to 2028**	4.10	10	**m-Eslon**
Cap long-acting 30 mg – **5% DV Jul-26 to 2028**	6.05	10	**m-Eslon**
Cap long-acting 60 mg – **5% DV Jul-26 to 2028**	12.10	10	**m-Eslon**
Cap long-acting 100 mg – **5% DV Jul-26 to 2028**	14.50	10	**m-Eslon**

137 OLANZAPINE ~~– Restricted: For continuation only~~ (amended restricted criteria – new criteria shown only)

➔Inj 210 mg vial	252.00	1	Zyprexa Relprevv
➔Inj 300 mg vial	414.00	1	Zyprexa Relprevv
➔Inj 405 mg vial	504.00	1	Zyprexa Relprevv

Restricted
Initiation
Re-assessment required after 12 months
All of the following:
1 Either:
1.1 The patient has had an initial Special Authority approval for paliperidone depot injection or risperidone depot injection; or
1.2 All of the following:
1.2.1 The patient has schizophrenia or other psychotic disorder; and
1.2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
1.2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months; and
2 The patient has trialled other funded depot antipsychotics (aripiprazole, risperidone, and paliperidone) unless it is considered clinically inappropriate to use these; and
3 The patient continues to have difficulties with adherence on oral antipsychotic treatments; and
4 Prescribing clinician has relevant Clinical Director (Mental Health and Addiction services) approval.

144 DEXAMFETAMINE SULFATE (amended restriction criteria – affected criteria shown only)

➔Tab 5 mg	29.80	100	Noumed Dexamfetamine

Restricted
Initiation – ADHD
~~Paediatrician or psychiatrist~~
Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria.
Note: prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22 as of April 2025).

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

Changes to Section H Part II – effective 1 February 2026 (continued)

144 LISDEXAMFETAMINE DIMESILATE (amended restriction criteria)

➔ Cap 30 mg	60.00	30	Vyvanse
➔ Cap 50 mg	60.00	30	Vyvanse
➔ Cap 70 mg	60.00	30	Vyvanse

Restricted
Initiation
~~Paediatrician or psychiatrist~~
Either:

1 Patient is currently on treatment with lisdexamfetamine dimesilate and met all ~~remaining~~ **the following** criteria prior to commencing treatment; or
2 All of the following:
  2.1 ADHD (Attention Deficit and Hyperactivity Disorder); and
  2.2 Diagnosed according to ~~DSM-V~~ **DSM-5** or ICD 11 criteria; and
  2.3 Any of the following:
    2.3.1 Patient is taking a currently subsidised formulation of atomoxetine or methylphenidate hydrochloride (extended-release) **for ADHD** and has not received sufficient **clinical** benefit or has experienced intolerable side effects; or
    2.3.2 Patient is taking a currently subsidised formulation of dexamfetamine sulfate (immediate-release) which has not been effective due to significant administration and/or treatment adherence difficulties; or
    2.3.3 There is significant concern regarding the risk of diversion or abuse of immediate release dexamfetamine sulfate; or
    2.3.4 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained release) which has not been effective due to significant administration and/or treatment adherence difficulties; or
    2.3.5 There is significant concern regarding the risk of diversion or abuse of immediate release methylphenidate hydrochloride; or
    2.3.6 Both:
      2.3.6.1 Patient would have been prescribed a subsidised formulation of methylphenidate hydrochloride (extended-release) but has been unable to access due to supply issues with methylphenidate hydrochloride (extended-release); and
      2.3.6.2 Other alternative stimulant presentations (methylphenidate or dexamfetamine) are not appropriate; and
  2.4 Lisdexamfetamine dimesilate is not to be used in combination with another funded methylphenidate presentation

Note: prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22 as of April 2025).

Changes to Section H Part II – effective 1 February 2026 (continued)

145 METHYLPHENIDATE HYDROCHLORIDE (amended restriction criteria – affected criteria shown only)

➔ Tab extended-release 18 mg	58.96	30	Concerta
	15.25		Methylphenidate ER - Teva
➔ Tab extended-release 27 mg	65.44	30	Concerta
	16.25		Methylphenidate ER - Teva
➔ Tab extended-release 36 mg	71.93	30	Concerta
	21.25		Methylphenidate ER - Teva
➔ Tab extended-release 54 mg	86.24	30	Concerta
	24.25		Methylphenidate ER - Teva
➔ Tab immediate-release 5 mg	3.20	30	Rubifen
➔ Tab immediate-release 10 mg	4.00	30	Ritalin
	3.00		Rubifen
➔ Tab modified-release 18 mg	15.25	30	Methylphenidate Sandoz XR
➔ Tab immediate-release 20 mg	7.85	30	Rubifen
➔ Tab sustained-release 20 mg	10.95	30	Rubifen SR
➔ Tab modified-release 27 mg	16.25	30	Methylphenidate Sandoz XR
➔ Tab modified-release 36 mg	21.25	30	Methylphenidate Sandoz XR
➔ Tab modified-release 54 mg	24.25	30	Methylphenidate Sandoz XR
➔ Cap modified-release 10 mg	19.41	30	Ritalin LA
➔ Cap modified-release 20 mg	27.72	30	Ritalin LA
➔ Cap modified-release 30 mg	34.39	30	Ritalin LA
➔ Cap modified-release 40 mg	38.67	30	Ritalin LA

Restricted

Initiation – ADHD (immediate-release and sustained release formulations)

~~Paediatrician or psychiatrist~~

Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria.

Initiation – Extended release and modified release formulations

~~Paediatrician or psychiatrist~~

Both:

1 Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria; and
2 Either
   2.1 Patient is taking a currently listed formulation of methylphenidate hydrochloride (immediate-release or sustained release) which has not been effective due to significant administration and/or ~~compliance~~ **treatment adherence** difficulties; or
   2.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

Note: prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22 as of April 2025).

Changes to Section H Part II – effective 1 February 2026 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

150 DAUNORUBICIN (new listing)
Inj 20 mg vial ... 171.93 | 1 | Cerubidine

153 BORTEZOMIB (amended restriction criteria – new criteria shown only)
➔ Inj 3.5 mg vial ... 74.93 | 1 | DBL Bortezomib

Restricted
Initiation – Waldenström Macroglobulinaemia
Re-assessment required after 12 months
Both:
1 The patient has Waldenström Macroglobulinaemia/Lymphoplasmacytic Lymphoma requiring treatment; and
2 The patient has not received prior bortezomib treatment.

Continuation – Waldenström Macroglobulinaemia
Re-assessment required after 12 months
Patient has no evidence of clinical disease progression during bortezomib use.

153 LENALIDOMIDE (VIATRIS) (new Pharmacode listing)
➔ Cap 15 mg – **5% DV Feb-25 to 31 Jan 2028** ... 62.13 | 21 | **Lenalidomide Viatris**
➔ Cap 25 mg – **5% DV Feb-25 to 31 Jan 2028** ... 65.09 | 21 | **Lenalidomide Viatris**
Note – these are new Pharmacode listings, 2707543 and 2707551 respectively.

154 NIRAPARIB (new pack size listing)
➔ Tab 100 mg ... 8,929.84 | 56 | Zejula

156 TEMOZOLOMIDE (amended restriction criteria – new criteria shown only)
➔ Cap 5 mg ... 9.13 | 5 | Temaccord
Temozolomide Taro
➔ Cap 20 mg ... 16.38 | 5 | Temaccord
➔ Cap 100 mg ... 35.98 | 5 | Temaccord
➔ Cap 140 mg ... 50.12 | 5 | Temaccord
➔ Cap 250 mg ... 86.34 | 5 | Temaccord

Restricted
Initiation – Neuroblastoma
Re-assessment after 12 months
Patient has neuroblastoma

Continuation – Neuroblastoma
Re-assessment after 12 months
Patient has no evidence of disease progression

RESPIRATORY SYSTEM AND ALLERGIES

268 SALBUTAMOL WITH IPRATROPIUM BROMIDE (new listing)
Nebuliser soln, 2.5 mg with ipratropium bromide
0.5 mg per vial, 3.0 ml vial ... 16.56 | 30 | Cipla

Changes to Section H Part II – effective 1 February 2026 (continued)

VARIOUS

286 IOHEXOL (new listing)
Inj 300 mg per ml (iodine equivalent), 10 ml bottle ..... 91.00 | 10 | Omnipaque

VACCINES

317 COVID-19 VACCINE (addition of PSS)
➔ Inj 3 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, 0.48 ml multi-dose vial; infant vaccine, yellow cap – **5% DV Feb-26 to 30-Sept-2027** ..... 0.00 | 10 | **Comirnaty (LP.8.1)**
➔ Inj 10 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, 0.48 ml single-dose vial; paediatric vaccine, light blue cap – **5% DV Feb-26 to 30-Sept-2027** ..... 0.00 | 10 | **Comirnaty (LP.8.1)**
➔ Inj 30 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, pre-filled syringe; adult dose – **5% DV Feb-26 to 30-Sept-2027** ..... 0.00 | 10 | **Comirnaty (LP.8.1)**

317 COVID-19 VACCINE (amended restriction criteria)
➔ Inj 3 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, 0.48 ml multi-dose vial; infant vaccine, yellow cap – **5% DV Feb-26 to 30-Sept-2027** ..... 0.00 | 10 | **Comirnaty (LP.8.1)**

Restricted
Initiation – initial dose
Up to three doses for previously unvaccinated children aged 6 months – 4 years at high risk of severe illness **or highly immunocompromised**

Continuation – additional dose
Either:
1 One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 6 months to 4 years; or
2 One additional dose with the most current variant-matched vaccine every 12 months for children aged 6 months to 4 years old at high risk of severe illness.

➔ Inj 3 mcg bretovameran per 0.3 ml, 0.48 ml vial; infant vaccine, yellow cap ..... 0.00 | 10 | Comirnaty Omicron (JN.1)

Restricted
Initiation – initial dose
Up to three doses for previously unvaccinated children aged 6 months – 4 years at high risk of severe illness **or highly immunocompromised**

Continuation – additional dose
Either:
1 One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 6 months to 4 years; or
2 One additional dose with the most current variant-matched vaccine every 12 months for children aged 6 months to 4 years old at high risk of severe illness.

➔ Inj 10 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, 0.48 ml single-dose vial; paediatric vaccine, light blue cap – **5% DV Feb-26 to 30-Sept-2027** ..... 0.00 | 10 | **Comirnaty (LP.8.1)**

continued...

Changes to Section H Part II – effective 1 February 2026 (continued)

continued...

Restricted
Initiation – initial dose
Either:
1 One dose for previously unvaccinated children aged 5-11 years old; or
2 Up to three doses for immunocompromised children aged 5-11 years old.

Continuation – additional dose
Either:
1 One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 5 to 11 years old; or
2 One additional dose with the most current variant-matched vaccine up to every 12 months for children aged 5 to 11 years old at high-risk of severe illness.

➔ Inj 10 mcg bretovameran per 0.3 ml, 0.48 ml vial;
paediatric vaccine, light blue cap ..... 0.00 10 Comirnaty Omicron (JN.1)

Restricted
Initiation – initial dose
Either:
1 One dose for previously unvaccinated children aged 5-11 years old; or
2 Up to three doses for immunocompromised children aged 5-11 years old.

Continuation – additional dose
Either:
1 One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 5 to 11 years old; or
2 One additional dose with the most current variant-matched vaccine up to every 12 months for children aged 5 to 11 years old at high-risk of severe illness.

➔ Inj 30 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1
per 0.3 ml, pre-filled syringe; adult dose
– **5% DV Feb-26 to 30-Sept-2027** ..... 0.00 10 **Comirnaty (LP.8.1)**

Restricted
~~Initiation – initial dose~~
~~Any of the following:~~
~~1 One dose for previously unvaccinated people aged 12-15 years old; or~~
~~2 Up to three doses for immunocompromised people aged 12-15 years old; or~~
~~3 Up to two doses for previously unvaccinated people 16-29 years old; or~~
~~4 Up to four doses for people aged 16-29 at high risk of severe illness; or~~
~~5 One dose for previously unvaccinated people aged 30 and older.~~

~~Initiation – additional dose~~
~~One additional dose every 6 months for people aged 30 years and over, additional dose is given at least 6 months after last dose.~~

~~Continuation – additional dose~~
~~One additional dose every 6 months for people aged 30 years and over, additional dose is given at least 6 months after last dose.~~

Initiation – initial dose
Any of the following:
1 One dose for previously unvaccinated people aged 12-15 years and over 30 years old; or
2 Two doses for previously unvaccinated people aged 16-29 years old; or
3 Up to three doses for previously unvaccinated immunocompromised people from 12 years old; or
4 Up to four doses for people at risk of severe illness aged from 12-29 years.

continued...

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

Changes to Section H Part II – effective 1 February 2026 (continued)

continued...

Continuation – additional dose
Both:
1 One additional dose with the most current variant-matched vaccine every 6 months, additional dose to be given at least 6 months after last dose; and
2 Any of the following:
2.1 Previously vaccinated people aged 30 years and over; or
2.2 Previously vaccinated immunocompromised people from 12 years; or
2.3 Previously vaccinated people at high-risk of severe illness from 12 years.

➔Inj 30 mcg bretovameran per 0.3 ml, 0.48 ml vial;
adult vaccine, light grey cap ..... 0.00 10 Comirnaty Omicron (JN.1)

Restricted
~~Initiation – initial dose~~
~~Any of the following:~~
~~1 One dose for previously unvaccinated people aged 12-15 years old; or~~
~~2 Up to three doses for immunocompromised people aged 12-15 years old; or~~
~~3 Up to two doses for previously unvaccinated people 16-29 years old; or~~
~~4 Up to four doses for people aged 16-29 at high risk of severe illness; or~~
~~5 One dose for previously unvaccinated people aged 30 and older.~~

~~Initiation – additional dose~~
~~One additional dose every 6 months for people aged 30 years and over, additional dose is given at least 6 months after last dose.~~

~~Continuation – additional dose~~
~~One additional dose every 6 months for people aged 30 years and over, additional dose is given at least 6 months after last dose.~~

Initiation – initial dose
Any of the following:
1 One dose for previously unvaccinated people aged 12-15 years and over 30 years old; or
2 Two doses for previously unvaccinated people aged 16-29 years old; or
3 Up to three doses for previously unvaccinated immunocompromised people from 12 years old; or
4 Up to four doses for people at risk of severe illness aged from 12-29 years.

Continuation – additional dose
Both:
1 One additional dose with the most current variant-matched vaccine every 6 months, additional dose to be given at least 6 months after last dose; and
2 Any of the following:
2.1 Previously vaccinated people aged 30 years and over; or
2.2 Previously vaccinated immunocompromised people from 12 years; or
2.3 Previously vaccinated people at high-risk of severe illness from 12 years.

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

Changes to Section H Part II – effective 1 February 2026 (continued)

318 HEPATITIS B RECOMBINANT VACCINE (amended restriction criteria)

➔Inj 20 mcg per 1 ml prefilled syringe

– **5% DV Dec-24 to 2027** ..... 0.00 1 **Engerix-B**

Restricted

Initiation

Any of the following:

1 For household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
2 For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3 For children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
4 For HIV positive patients; or
5 For hepatitis C positive patients; or
6 For patients following non-consensual sexual intercourse; or
7 For patients prior to planned immunosuppression for greater than 28 days; or
8 For patients following immunosuppression; or
9 For solid organ transplant patients; or
10 For post-haematopoietic stem cell transplant (HSCT) patients; or
11 Following needle stick injury; or
12 For ~~dialysis~~ **chronic kidney disease (CKD) stage 4 or 5** patients; or
13 For liver or kidney transplant patients.

Effective 1 January 2026

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

175 LANREOTIDE (new listing)

➔Inj 60 mg per 0.5 ml, 0.5 ml syringe	1,543.79	1	Somatuline Autogel
➔Inj 90 mg per 0.5 ml, 0.5 ml syringe	2,054.40	1	Somatuline Autogel
➔Inj 120 mg per 0.5 ml, 0.5 ml syringe	2,570.44	1	Somatuline Autogel

Index
Pharmaceuticals and brands

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