Section H Update
for Hospital Pharmaceuticals
Effective 1 February 2017
Cumulative for December 2016, January and February 2017
Contents

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Summary of decisions
EFFECTIVE 1 FEBRUARY 2017

• Adalimumab (Humira) inj 10 mg per 0.2 ml prefilled syringe – to be delisted 1 August 2017
• Codeine phosphate (PSM) tab 15 mg, 30 mg and 60 mg – price increase and addition of HSS
• Cytarabine (Pfizer) inj 20 mg per ml, 25 ml vial – delisted 1 February 2017
• Filgrastim (Neupogen) inj 300 mcg in 1 ml vial, 4 inj pack – new listing
• Filgrastim (Neupogen) inj 300 mcg in 1 ml vial, 5 inj pack – delisted 1 February 2017
• Gentamicin sulphate (Pfizer) inj 40 mg per ml, 2 ml ampoule, 50 inj pack – to be delisted 1 August 2017
• Human papillomavirus (6, 11, 16 and 18) vaccine [HPV] (Gardasil) inj 120 mcg in 0.5 ml syringe – restriction amended
• Influenza vaccine (Influvac) inj 45 mcg in 0.5 ml syringe – addition of HSS
• Influenza vaccine (Fluarix) inj 45 mcg in 0.5 ml syringe – delisted 1 February 2017
• Metformin hydrochloride (Apotex) tab immediate-release 850 mg – new listing
• Metformin hydrochloride (Metformin Mylan) tab immediate-release 850 mg – HSS suspended
• Oral feed (Ensure (Chocolate and Vanilla)) powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can, 850 g – old Pharmacodes to be delisted 1 August 2017
• Paroxetine (Apo-Paroxetine) tab 20 mg – chemical name change, new listing and addition of HSS
• Paroxetine (Loxamine) tab 20 mg – to be delisted 1 April 2017
• Sumatriptan (Clustran) inj 12 mg per ml, 0.5 ml prefilled pen – new listing
• Sumatriptan (Arrow-Sumatriptan) inj 12 mg per ml, 0.5 ml cartridge – to be delisted 1 July 2017
• Terazosin (Apo-Terazosin) tab 2 mg – new listing and addition of HSS
• Terazosin (Arrow) tab 2 mg – to be delisted 1 April 2017
• Tocilizumab (Actemra) inj 20 mg per ml, 4 ml, 10 ml and 20 ml vials – restriction amended

Effective 16 January 2017

• Pegfilgrastim (Neulastim) inj 6 mg per 0.6 ml syringe – Pharmacode change
Section H changes to Part II
Effective 1 February 2017

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<td>Tab immediate-release 850 mg</td>
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<td>Note – Arrow terazosin tab 2 mg to be delisted from 1 April 2017.</td>
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<td>30.00</td>
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<td>Pfizer</td>
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<td>Note – Pfizer gentamicin sulphate inj 40 mg per ml, 2 ml ampoule, 50 inj pack, to be delisted from 1 August 2017. The 10 inj pack remains listed.</td>
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<td>PSM</td>
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<td>Note – Loxamine tab 20 mg to be delisted from 1 April 2017.</td>
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<tr>
<td><strong>SUMATRIPTAN</strong> (brand change)</td>
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<tr>
<td>Inj 12 mg per ml, 0.5 ml prefilled pen</td>
<td>42.67</td>
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<td>Clustran</td>
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<tr>
<td>Note – Arrow-Sumatriptan inj 12 mg per ml, 0.5 ml cartridge to be delisted from 1 July 2017.</td>
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<td>Inj 20 mg per ml, 25 ml vial</td>
<td>18.15</td>
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<td>Pfizer</td>
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<td>Note – Pfizer cytarabine inj 20 mg per ml, 25 ml vial to be delisted from 1 February 2017.</td>
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Restriction
(Brand) indicates a brand example only. It is not a contracted product.
Changes to Section H Part II – effective 1 February 2017 (continued)

155 ADALIMUMAB (delisting)
   ➔ Inj 10 mg per 0.2 ml prefilled syringe................................. 1,599.96  2  Humira
   Note – Humira inj 10 mg per 0.2 ml prefilled syringe to be delisted from 1 August 2017.

175 TOCILIZUMAB (amended restriction – amended criteria shown only)
   ➔ Inj 20 mg per ml, 4 ml vial..................................................... 220.00  1  Actemra
   ➔ Inj 20 mg per ml, 10 ml vial................................................... 550.00  1  Actemra
   ➔ Inj 20 mg per ml, 20 ml vial................................................... 1,100.00  1  Actemra

Restricted
Initiation — cytokine release syndrome
Paediatric haematologist, paediatric oncologist
Therapy limited to 3 doses
All of the following:
1 The patient is enrolled in the Children’s Oncology Group AALL1331 trial; and
2 The patient has developed grade 3 or 4 cytokine release syndrome associated with the administration of blinatumomab for the treatment of acute lymphoblastic leukaemia; and
3 Tocilizumab is to be administered at doses no greater than 8 mg/kg IV for a maximum of 3 doses.

SPECIAL FOODS

219 ORAL FEED (delisting)
   ➔ Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per
   100 g, can........................................................................... 26.00  850 g  Ensure (Chocolate)
   Note – Ensure powder 850 g chocolate (Pharmacode 2453991) and vanilla (Pharmacode 2447223) to be delisted from 1 August 2017.

VACCINES

225 HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV] (amended restriction)
   ➔ Inj 120 mcg in 0.5 ml syringe – 1% DV Jul-14 to 2017 .......... 0.00  10  Gardasil

Restricted
Initiation — people aged 9 to 26 years
Therapy limited to 3 doses
Any of the following:
† Up to three doses for people aged 9 to 26 years inclusive
   ± Females aged under 20 years old; or
   2 Patients aged under 26 years old with confirmed HIV infection; or
   3 For use in transplant (including stem cell) patients; or
Initiation — post chemotherapy
Therapy limited to 4 doses
4 Up to 4 doses An additional dose for people patients aged 9 to under 26 years inclusive, of age post chemotherapy.

225 INFLUENZA VACCINE (addition of HSS)
   ➔ Inj 45 mcg in 0.5 ml syringe
   – 0% DV Feb-17 to 31 Dec 2019 ............................................ 90.00  10  Influvac

225 INFLUENZA VACCINE (delisting)
   ➔ Inj 45 mcg in 0.5 ml syringe.................................................. 90.00  10  Fluarix
   Note – Fluarix inj 45 mcg in 0.5 ml syringe to be delisted from 1 February 2017.
Changes to Section H Part II – effective 16 January 2017

BLOOD AND BLOOD FORMING ORGANS

43 PEGFILGRASTIM (Pharmacode change)
   Inj 6 mg per 0.6 ml syringe ........................................ 1,080.00  1 Neulastim
   Note – Neulastim inj 6 mg per 0.6 ml syringe (Pharmacode 2265478) to be delisted from 1 September 2017.

Effective 1 January 2017

ALIMENTARY TRACT AND METABOLISM

22 CALCIUM CARBONATE (delisting)
   Tab eff 1.75 g (1 g elemental) ........................................... 6.21  30 Calsource
   Note – Calsource tab eff 1.75 g (1 g elemental), 30 tab pack, to be delisted from 1 July 2017. The 10 tab pack remains listed.

BLOOD AND BLOOD FORMING ORGANS

35 CLOPIDOGREL (↑ price and addition of HSS)
   Tab 75 mg – 1% DV Mar-17 to 2019 ................................. 5.44  84 Arrow - Clopid

38 SODIUM CHLORIDE (brand change)
   Inj 0.9%, 5 ml ampoule – 1% DV Mar-17 to 2019 ............... 7.00  50 InterPharma
   Inj 0.9%, 20 ml ampoule – 1% DV Mar-17 to 2019 .............. 7.50  30 InterPharma
   Note – Multichem sodium chloride inj 0.9%, 5 ml and 20 ml ampoules, and Pfizer sodium chloride inj 0.9%, 5 ml ampoule to be delisted from 1 March 2017.

38 SODIUM CHLORIDE (↑ price and addition of HSS)
   Inj 0.9%, 10 ml ampoule – 1% DV Mar-17 to 2019 ............... 6.63  50 Pfizer
   Note – Multichem sodium chloride inj 0.9%, 10 ml ampoule to be delisted from 1 March 2017.

39 WATER (brand change)
   Inj 5 ml ampoule – 1% DV Mar-17 to 2019 ....................... 7.00  50 InterPharma
   Inj 10 ml ampoule – 1% DV Mar-17 to 2019 ..................... 6.63  50 Pfizer
   Inj 20 ml ampoule – 1% DV Mar-17 to 2019 ..................... 7.50  30 InterPharma
   Note – Multichem water inj 5 ml, 10 ml and 20 ml ampoules to be delisted from 1 March 2017.

CARDIOVASCULAR SYSTEM

49 GLYCERYL TRINITRATE (delisting)
   Inj 1 mg per ml, 50 ml vial ........................................... 86.60  10 Nitronal
   Note – Nitronal inj 1 mg per ml, 50 ml vial to be delisted from 1 July 2017.

50 PHENYLEPHRINE HYDROCHLORIDE (delisting)
   Inj 10 mg per ml, 1 ml vial ........................................... 115.50  25 Neosynephrine HCL
   Note – Neosynephrine HCL inj 10 mg per ml, 1 ml vial, Pharmacode 2120720, to be delisted from 1 January 2017.

50 PHENYLEPHRINE HYDROCHLORIDE (new listing)
   Inj 10 mg per ml, 1 ml ampoule ................................... 115.50  25 Neosynephrine HCL
   Note – this is the listing of the ampoule with a new Pharmacode, 2341069.

(Brand) indicates a brand example only. It is not a contracted product.
Changes to Section H Part II – effective 1 January 2017 (continued)

HORMONE PREPARATIONS

66 OESTRADIOL (new listing)
   Patch 75 mcg per day – 1% DV Mar-17 to 2019 .................... 7.91 8 Estradot

68 SOMATROPIN (amended restriction – amended criteria shown only)
   ➪ Inj 5 mg cartridge – 1% DV Jan-15 to 31 Dec 2017 ............ 109.50 1 Omnitrope
   ➪ Inj 10 mg cartridge – 1% DV Jan-15 to 31 Dec 2017 .......... 219.00 1 Omnitrope
   ➪ Inj 15 mg cartridge – 1% DV Jan-15 to 31 Dec 2017 .......... 328.50 1 Omnitrope

Restricted
Initiation — Prader-Willi syndrome
Endocrinologist or paediatric endocrinologist
Re-assessment required after 12 months

All of the following:
1 The patient has a diagnosis of Prader-Willi syndrome that has been confirmed by genetic testing or clinical scoring criteria; and
2 The patient’s height velocity is < 25th percentile for bone age adjusted for bone age/pubertal status if applicable as calculated over 6 to 12 months using the standards of Tanner and Davies (1985) or pubertal status over 6 to 12 months; and
3 Either:
   3.1 The patient is under two years of age and height velocity has been assessed over a minimum six month period from the age of 12 months, with at least three supine length measurements over this period demonstrating clear and consistent evidence of linear growth failure (with height velocity < 25th percentile); or
   3.2 The patient is aged two years or older; and
2 The patient is aged six months or older; and
3 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
4 Sleep studies or overnight oximetry have been performed and there is no obstructive sleep disorder requiring treatment, or if an obstructive sleep disorder is found, it has been adequately treated under the care of a paediatric respiratory physician and/or ENT surgeon; and

56 Either:
5.1 Both:
   5.1.1 The patient is aged two years or older; and
   5.1.2 There is no evidence of type II diabetes or uncontrolled obesity defined by BMI that has increased by ≥ 0.5 standard deviations in the preceding 12 months; or
5.2 The patient is aged between six months and two years and a thorough upper airway assessment is planned to be undertaken prior to treatment commencement and at six to 12 weeks following treatment initiation.

INFECTIONS

88 DIDANOSINE [DDI] (delisting)
   ➪ Cap 125 mg
   ➪ Cap 200 mg
   ➪ Cap 250 mg
   ➪ Cap 400 mg

Note – Didanosine [DDI] cap 125 mg, 200 mg, 250 mg and 400 mg to be delisted from 1 July 2017.
Changes to Section H Part II – effective 1 January 2017 (continued)

MUSCULOSKELETAL SYSTEM

100 RISEDRONATE SODIUM (↓ price and addition of HSS)
   Tab 35 mg – 1% DV Mar-17 to 2019 ............................................. 3.80  4  Risedronate Sandoz

103 ALLOPURINOL (HSS added)
   Tab 100 mg – 1% DV Jan-17 to 2017 ............................................. 15.11  1,000  Allopurinol-Apotex
   Tab 300 mg – 1% DV Jan-17 to 2017 ............................................. 15.91  500  Allopurinol-Apotex

103 ALLOPURINOL (HSS removed)
   Tab 100 mg – 1% DV Mar-15 to 2017 31 Dec 2016  ............... 500  Alpo-Allopurinol
   Tab 300 mg – 1% DV Mar-15 to 2017 31 Dec 2016  ............... 500  Alpo-Allopurinol

103 BENZBROMARONE (website address amended)
   ➔ Tab 100 mg ........................................................................... 45.00  100  Benzbromaron AL 100

Restricted
Initiation
Any specialist
All of the following:
1  Patient has been diagnosed with gout; and
2  Any of the following:
   2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of
       at least 600 mg/day and addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
   2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation
       is required and serum urate remains greater than 0.36 mmol/l despite use of probenecid at doses of up to
       2 g per day or maximum tolerated dose; or
   2.3 Both:
      2.3.1 The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective
          and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see
          Note); and
      2.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or
   2.4 All of the following:
      2.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and
      2.4.2 Allopurinol is contraindicated; and
      2.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced
          renal function; and
3  The patient is receiving monthly liver function tests.

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity. In chronic renal insufficiency,
particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. Optimal
   treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-
   adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose
   of allopurinol to 600 mg or the maximum tolerated dose.

The New Zealand Rheumatology Association has developed information for prescribers which can be accessed
   from its website at www.rheumatology.org.nz/home/resources-2/

(Brand) indicates a brand example only. It is not a contracted product.
Changes to Section H Part II – effective 1 January 2017 (continued)

NERVOUS SYSTEM

115 TRAMADOL HYDROCHLORIDE (new listing)
   Oral soln 10 mg per ml

115 TRAMADOL HYDROCHLORIDE (delisting)
   Oral drops 100 mg per ml
   Note – Tramadol hydrochloride oral drops 100 mg per ml to be delisted from 1 July 2017.

117 DIAZEPAM († price)
   Rectal tubes 5 mg .............................................. 33.07  5  Stesolid
   Rectal tubes 10 mg ........................................... 40.87  5  Stesolid

121 SUMATRIPTAN (delisting)
   Inj 12 mg per ml, 0.5 ml cartridge ...................... 13.80  2  Arrow-Sumatriptan
   Note – Arrow-Sumatriptan inj 12 mg per ml, 0.5 ml cartridge to be delisted from 1 July 2017.

125 TRIFLUOPERAZINE HYDROCHLORIDE – Restricted: for continuation only (restriction added and delisting)
   Tab 1 mg
   Tab 2 mg
   Tab 5 mg
   Note: Trifluoperazine hydrochloride tab 1 mg, 2 mg and 5 mg to be delisted from 1 December 2017.

126 FLUPHENAZINE DECANOATE (new listing)
   Inj 25 mg per ml, 2 ml ampoule
   e.g. Modecate

132 BUPROPION HYDROCHLORIDE († price)
   Tab modified-release 150 mg .................................. 11.00  30  Zyban

132 DISULFIRAM († price)
   Tab 200 mg ...................................................... 44.30  100  Antabuse

133 NALTREXONE HYDROCHLORIDE († price)
   Tab 50 mg ....................................................... 131.00  30  Naltraccord

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

141 ERLOTINIB († price and HSS removed)
   Tab 100 mg – 1% DV Jun-15 to 31 Dec 2016 .......... 764.00  30  Tarceva
   Tab 150 mg – 1% DV Jun-15 to 31 Dec 2016 .......... 1,146.00  30  Tarceva

149 ETANERCEPT (new Pharmacode listing)
   Inj 50 mg autoinjector ........................................ 1,599.96  4  Enbrel
   Note – Enbrel inj 50 mg autoinjector (Pharmacode 2375729) to be delisted from 1 August 2017.
Changes to Section H Part II – effective 1 January 2017 (continued)

166 OBINUTUZUMAB (new listing)
   \[\text{Inj 25 mg per ml, 40 ml vial}.................5,910.00 \]
   
   Restricted 
   Haematologist 
   
   \textit{Limited to 6 months treatment}
   
   All of the following:
   1. The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment; and
   2. The patient is obinutuzumab treatment naive; and
   3. The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance < 70mL/min); and
   4. Patient has adequate neutrophil and platelet counts (\(\geq 1.5 \times 10^9\)/L and platelets \(\geq 75 \times 10^9\)/L) unless the cytopenias are a consequence of marrow infiltration by CLL; and
   5. Patient has good performance status; and
   6. Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles.

   Notes: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment other than CLL induced illness/impairment in the patient. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with obinutuzumab is expected to improve symptoms and improve ECOG score to < 2.

167 PERTUZUMAB (new listing)
   \[\text{Inj 30 mg per ml, 14 ml vial}........................3,927.00 \]
   
   Restricted 
   Haematologist 
   
   \textit{Re-assessment required after 12 months}
   
   All of the following:
   1. The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
   2. Either:
      2.1 Patient is chemotherapy treatment naive; or
      2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
   3. The patient has good performance status (ECOG grade 0-1); and
   4. Pertuzumab to be administered in combination with trastuzumab; and
   5. Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks; and
   6. Pertuzumab to be discontinued at disease progression.

   Continuation 
   \textit{Re-assessment required after 12 months}
   Both:
   1. The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
   2. The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab.
Changes to Section H Part II – effective 1 January 2017 (continued)

167  RITUXIMAB (amended restriction – amended criteria shown only)

- Inj 10 mg per ml, 10 ml vial .................................................. 1,075.50  2  Mabthera
- Inj 10 mg per ml, 50 ml vial .................................................. 2,688.30  1  Mabthera

Restricted

Initiation — indolent, low-grade lymphomas or hairy cell leukaemia*

Re-assessment required after 9 months

Either:
1. Both:
   1.1 The patient has indolent low grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
   1.2 To be used for a maximum of 6 treatment cycles; or
2. Both:
   2.1 The patient has indolent, low grade lymphoma or hairy cell leukaemia* requiring first-line systemic chemotherapy; and
   2.2 To be used for a maximum of 6 treatment cycles.

Note: ‘Indolent, low-grade lymphomas’ includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. *Unapproved indication. ‘Hairy cell leukaemia’ also includes hairy cell leukaemia variant.

Continuation — indolent, low-grade lymphomas or hairy cell leukaemia*

Re-assessment required after 9 months

All of the following:
1. The patient has had a rituximab treatment-free interval of 12 months or more; and
2. The patient has indolent, low-grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
3. To be used for no more than 6 treatment cycles.

Note: ‘Indolent, low-grade lymphomas’ includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. *Unapproved indication. ‘Hairy cell leukaemia’ also includes hairy cell leukaemia variant.

Continuation — Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:
1. The patient’s disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
2. The patient has had a rituximab treatment–free interval of 36 months or more; and
3. The patient does not have chromosome 17p deletion CLL; and
4. It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration); and
5. Rituximab to be administered in combination with fludarabine and cyclophosphamide for a maximum of 6 treatment cycles.

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

Initiation — ANCA associated vasculitis

Re-assessment required after 4 weeks

All of the following:
1. Patient has been diagnosed with ANCA associated vasculitis*; and
2. Either:
   2.1 Patient does not have MPO ANCA positive vasculitis*; or
   2.2 Mycophenolate mofetil has not been effective in those patients who have MPO ANCA positive vasculitis*; and

Note: MPO ANCA positive vasculitis* includes Wegener granulomatosis, microscopic polyangiitis, and Churg–Strauss syndrome.
Changes to Section H Part II – effective 1 January 2017 (continued)

23 The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks; and

34 Any of the following:
34.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve complete absence significant improvement of disease after at least 3 months; or
34.2 Patient has previously had a cumulative dose of cyclophosphamide >15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose >15 g; or
34.3 Cyclophosphamide and methotrexate are contraindicated; or
34.4 Patient is a female of child-bearing potential; or
34.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.

Note: Indications marked with * are Unapproved Indications.

175 TOCILIZUMAB (amended restriction – amended criteria shown only)

Inj 20 mg per ml, 4 ml vial..................................................220.00 1 Actemra

Inj 20 mg per ml, 10 ml vial..................................................550.00 1 Actemra

Inj 20 mg per ml, 20 ml vial.............................................1,100.00 1 Actemra

Restricted
Initiation — Rheumatoid Arthritis
Rheumatologist
Re-assessment required after 6 months
Either:

1 All of the following:
1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and

1.3 Either:
1.3.1 The patient is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor; or
1.3.2 Both:
1.3.2.1 The patient has been started on rituximab for rheumatoid arthritis in a DHB hospital in accordance with the Section H rules; and
1.3.2.1 Either:
1.3.2.1.1 The patient has experienced intolerable side effects from rituximab; or
1.3.2.1.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis; or
1.3 The patient has been started on rituximab for rheumatoid arthritis in a DHB hospital in accordance with the Section H rules; and
1.4 Either:
1.4.1 The patient has experienced intolerable side effects from rituximab; or
1.4.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis; or

2 All of the following:
2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
2.2 Tocilizumab is to be used as monotherapy; and
2.3 Either:  

continued...
Changes to Section H Part II – effective 1 January 2017 (continued)

2.3.1 Treatment with methotrexate is contraindicated; or
2.3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and

2.4 Either:
2.4.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporin alone or in combination with another agent; or
2.4.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and

2.5 Either:
2.5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
2.5.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.6 Either:
2.6.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
2.6.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initiation — polyarticular juvenile idiopathic arthritis
Rheumatologist
Re-assessment required after 4 months.

Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for both etanercept and adalimumab for juvenile idiopathic arthritis (JIA); and
1.2 The patient has experienced intolerable side effects, or has received insufficient benefit from, both etanercept and adalimumab; or

2 All of the following:
2.1 Treatment with a tumour necrosis factor alpha inhibitor is contraindicated; and
2.2 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
2.4 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2.5 Both:
2.5.1 Either:
2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and

2.5.2 Physician’s global assessment indicating severe disease.

Continuation — polyarticular juvenile idiopathic arthritis
Rheumatologist
Re-assessment required after 6 months

Both:
1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

continued...
Changes to Section H Part II – effective 1 January 2017 (continued)

2 Either:
   2.1 Following 3 to 4 months’ initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician’s global assessment from baseline; or
   2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician’s global assessment from baseline.

Initiation — idiopathic multicentric Castleman’s disease
Haematologist or rheumatologist
Re-assessment required after 6 months
All of the following:
1 Patient has severe HHV-8 negative idiopathic multicentric Castleman’s disease; and
2 Treatment with an adequate trial of corticosteroids has proven ineffective; and
3 Tocilizumab to be administered at doses no greater than 8 mg/kg IV every 3-4 weeks.

Continuation — idiopathic multicentric Castleman’s disease
Haematologist or rheumatologist
Re-assessment required after 12 months
The treatment remains appropriate and the patient has a sustained improvement in inflammatory markers and functional status.

177 TRASTUZUMAB (amended restriction – amended criteria shown only)

<table>
<thead>
<tr>
<th>Brand or Generic</th>
<th>Price (ex man. Excl. GST)</th>
<th>Per Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herceptin</td>
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<td>1</td>
</tr>
<tr>
<td>Herceptin</td>
<td>$3,875.00</td>
<td>1</td>
</tr>
</tbody>
</table>

Initiation — metastatic breast cancer (trastuzumab-naive patients)
Limited to 12 months treatment
All of the following:
1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 Either:
   2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
   2.2 Both:
      2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
      2.2.2 The cancer did not progress whilst on lapatinib; and
3 Either:
   3.1 Trastuzumab will not be given in combination with pertuzumab; or
   3.2 All of the following:
      3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
      3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
      3.2.3 The patient has good performance status (ECOG grade 0-1); and
4 Trastuzumab not to be given in combination with lapatinib; and
5 Trastuzumab to be discontinued at disease progression.
   Either:
   1 All of the following:
      1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
      1.2 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; and
      1.3 Trastuzumab not to be given in combination with lapatinib; and
      1.4 Trastuzumab to be discontinued at disease progression; or

continued...
Changes to Section H Part II – effective 1 January 2017 (continued)

2. All of the following:
   2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
   2.2 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
   2.3 The cancer did not progress whilst on lapatinib; and
   2.4 Trastuzumab not to be given in combination with lapatinib; and
   2.5 Trastuzumab to be discontinued at disease progression.

Initiation — metastatic breast cancer (patients previously treated with trastuzumab)

Limited to 12 months treatment

All of the following:
1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 Either:
   2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
   2.2 Both:
      2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
      2.2.2 The cancer did not progress whilst on lapatinib; and
3 Either:
   3.1 Trastuzumab will not be given in combination with pertuzumab; or
   3.2 All of the following:
      3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
      3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
      3.2.3 The patient has good performance status (ECOG grade 0-1); and
4 Trastuzumab not to be given in combination with lapatinib; and
5 Trastuzumab to be discontinued at disease progression.

All of the following:
1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
3 Any of the following:
   3.1 All of the following:
      3.1.1 The patient has not previously received lapatinib treatment for metastatic breast cancer; and
      3.1.2 Trastuzumab not to be given in combination with lapatinib; and
      3.1.3 Trastuzumab to be discontinued at disease progression; or
   3.2 All of the following:
      3.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
      3.2.2 The cancer did not progress whilst on lapatinib; and
      3.2.3 Trastuzumab not to be given in combination with lapatinib; and
      3.2.4 Trastuzumab to be discontinued at disease progression; or
   3.3 All of the following:
      3.3.1 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
      3.3.2 Trastuzumab not to be given in combination with lapatinib; and
      3.3.3 Trastuzumab to be discontinued at disease progression.
Changes to Section H Part II – effective 1 January 2017 (continued)

RESPIRATORY SYSTEM AND ALLERGIES

186 PIRFENIDONE (new listing)
   ➔ Cap 267 mg .................................................. 3,645.00 270 Esbriet
   Restricted
   Initiation
   Respiratory specialist
   Re-assessment required after 12 months
   All of the following:
   1 Patient has been diagnosed with idiopathic pulmonary fibrosis as confirmed by histology, CT or biopsy; and
   2 Forced vital capacity is between 50% and 80% predicted; and
   3 Pirfenidone is to be discontinued at disease progression (See Notes).
   Continuation
   Respiratory specialist
   Re-assessment required after 12 months
   Both:
   1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
   2 Pirfenidone is to be discontinued at disease progression (See Notes).
   Notes: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.

VARIOUS

198 IODISED OIL († price)
   Inj 38% w/w (480 mg per ml), 10 ml ampoule ...................... 230.00 1 Lipiodol Ultra Fluid

SPECIAL FOODS

216  PAEDIATRIC ORAL FEED († price)
   ➔ Powder 14.9 g protein, 54.3 g carbohydrate and 24.7 g fat
   per 100 g, can ................................................. 28.00 850 g Pediasure (Vanilla)

219  ORAL FEED († price)
   ➔ Powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat
   per 100 g, can .................................................. 26.00 850 g Ensure (Chocolate)
   Ensure (Vanilla)
   ➔ Powder 16 g protein, 59.8 g carbohydrate and 14 g fat
   per 100 g, can .................................................. 26.00 850 g Ensure (Chocolate)
   Ensure (Vanilla)
### Changes to Section H Part II – effective 1 January 2017 (continued)

#### VACCINES

<table>
<thead>
<tr>
<th>Code</th>
<th>Product Description</th>
<th>Details</th>
<th>Initial Price</th>
<th>Ended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>225</td>
<td>HUMAN PAPILLOMAVIRUS (6, 11, 16, 31, 33, 45, 52 AND 58) VACCINE [HPV] (new listing)</td>
<td>Inj 270 mcg in 0.5 ml syringe – <strong>0% DV Jul-17 to 2020</strong></td>
<td>$0.00</td>
<td>10 Garden 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Restricted</td>
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</tr>
<tr>
<td></td>
<td>Initiation – children aged 14 years and under</td>
<td>Therapy limited to 2 doses</td>
<td>Children aged 14 years and under.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Initiation – other conditions</td>
<td>Either:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Up to 3 doses for people aged 15 to 26 years inclusive; or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Both:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>2.1 People aged 9 to 26 years inclusive; and</td>
<td></td>
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<td></td>
<td>2.2 Any of the following:</td>
<td></td>
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<tr>
<td></td>
<td>2.2.1 Up to 3 doses for confirmed HIV infection; or</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>2.2.2 Up to 3 doses for transplant (including stem cell) patients: or</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>2.2.3 Up to 4 doses for Post chemotherapy.</td>
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<td></td>
</tr>
<tr>
<td>225</td>
<td>HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV] (delisting)</td>
<td>Inj 120 mcg in 0.5 ml syringe – <strong>1% DV Jul-14 to 2017</strong></td>
<td>$0.00</td>
<td>10 Garden</td>
</tr>
<tr>
<td></td>
<td>Note – Garden inj 120 mcg in 0.5 ml syringe to be delisted from 1 October 2017.</td>
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</tr>
</tbody>
</table>

Products with Hospital Supply Status (HSS) are in bold. Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
Changes to Section H Part II – effective 1 December 2016

ALIMENTARY TRACT AND METABOLISM

20  ALGLUCOSIDASE ALFA

- Inj 50 mg vial........................................................................... 1,142.60

  Restricted
  Initiation
  Metabolic physician
  Re-assessment required after 12 months

  All of the following:
  1. The patient is aged up to 24 months at the time of initial application and has been diagnosed with infantile Pompe disease; and
  2. Any of the following:
     2.1 Diagnosis confirmed by documented deficiency of acid alpha-glucosidase by prenatal diagnosis using chorionic villus biopsies and/or cultured amniotic cells; or
     2.2 Documented deficiency of acid alpha-glucosidase, and urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides; or
     2.3 Documented deficiency of acid alpha-glucosidase, and documented molecular genetic testing indicating a disease-causing mutation in the acid alpha-glucosidase gene (GAA gene); or
     2.4 Documented urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides, and molecular genetic testing indicating a disease-causing mutation in the GAA gene; and
  3. Patient has not required long-term invasive ventilation for respiratory failure prior to starting enzyme replacement therapy (ERT); and
  4. Patient does not have another life-threatening or severe disease where the prognosis is unlikely to be influenced by ERT or might reasonably be expected to compromise a response to ERT; and
  5. Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks.

Continuation
  Metabolic physician
  Re-assessment required after 12 months

  All of the following:
  1. The treatment remains appropriate for the patient and the patient is benefiting from treatment; and
  2. Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks; and
  3. Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
  4. Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by ERT; and
  5. Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT; and
  6. There is no evidence of life threatening progression of respiratory disease as evidenced by the needed for >14 days of invasive ventilation.
  7. There is no evidence of new or progressive cardiomyopathy.

21  IDURSULFASE

- Inj 2 mg per ml, 3 ml vial.............................................................. 4,608.30

  Restricted
  Metabolic physician.
  Limited to 24 weeks treatment

  All of the following:
  1. The patient has been diagnosed with Hunter Syndrome (mucopolysaccharidosis II); and
  2. Either:

continued...
Changes to Section H Part II – effective 1 December 2016 (continued)

2.1 Diagnosis confirmed by demonstration of iduronate 2-sulfatase deficiency in white blood cells by either enzyme assay in cultured skin fibroblasts or
2.2 Detection of a disease causing mutation in the iduronate 2-sulfatase gene; and
3 Patient is going to proceed with a haematopoietic stem cell transplant (HSCT) within the next 3 months and treatment with idursulfase would be bridging treatment to transplant; and
4 Patient has not required long-term invasive ventilation for respiratory failure prior to starting Enzyme Replacement Therapy (ERT); and
5 Idursulfase to be administered for a total of 24 weeks (equivalent to 12 weeks pre- and 12 weeks post-HSCT) at doses no greater than 0.5 mg/kg every week.

CARDIOVASCULAR SYSTEM

42 TERAZOSIN (brand change)
Tab 5 mg – 1% DV Feb-17 to 2019...............................10.90 500 Apo-Terazosin
Note – Arrow terazosin tab 5 mg to be delisted from 1 February 2017.

46 METHYLDOPA (new listing)
Tab 250 mg .........................................................15.10 100 Methyldopa Mylan

46 METHYLDOPA (delisting)
Tab 500 mg ..........................................................23.15 100 Prodopa
Note – Prodopa tab 500 mg to be delisted from 1 June 2017.

DERMATOLOGICALS

56 HYDROCORTISONE (new listing)
Crm 1%, 30 g – 1% DV Feb-17 to 2019.......................1.11 30 g DermAssist
Note: DV limit applies to the pack sizes of less than or equal to 100 g.

56 HYDROCORTISONE (delisting)
Crm 1%, 100 g........................................................3.75 100 g Pharmacy Health
Note – Pharmacy Health crm 1%, 100 g to be delisted from 1 February 2017.

HORMONE PREPARATIONS

66 PREDNISONE (delisting)
Tab 1 mg ..............................................................2.13 100 Apo-Prednisone S29
Note – Apo-Prednisone S29 tab 1 mg to be delisted from 1 December 2016.

68 LEUPRORELIN ACETATE (delisting)
Inj 30 mg prefilled dual chamber syringe..................1,109.40 1 Lucrin Depot 6-month
Note – Lucrin Depot 6-month inj 30 mg prefilled dual chamber syringe to be delisted from 1 August 2017.

INFECTIONS

74 TOBRAMYCIN (brand change)
⇒ Inj 40 mg per ml, 2 ml vial – 1% DV Feb-17 to 2018..............15.00 5 Tobramycin Mylan
Note – DBL Tobramycin inj 40 mg per ml, 2 ml vial to be delisted from 1 February 2017.
### Changes to Section H Part II – effective 1 December 2016 (continued)

<table>
<thead>
<tr>
<th>No.</th>
<th>Item Description</th>
<th>Price</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>86</td>
<td>ENFUVIRTIDE (delisting)</td>
<td>2,380.00</td>
<td>Fuzeon</td>
</tr>
<tr>
<td></td>
<td>Note – Fuzeon inj 108 mg vial x 60 to be delisted from 1 February 2017.</td>
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<tr>
<td>94</td>
<td>PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR (website address amended)</td>
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<tr>
<td></td>
<td>Note: Only for use in patients who have received supply of treatment via PHARMAC’s approved direct distribution supply.</td>
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<tr>
<td></td>
<td>Application details for accessing treatment may be obtained from PHARMAC’s website</td>
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</tr>
<tr>
<td></td>
<td><a href="http://www.pharmac.govt.nz/hepatitis-c-treatments/">http://www.pharmac.govt.nz/hepatitis-c-treatments/</a></td>
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<tr>
<td></td>
<td>Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56), with dasabuvir tab 250 mg (56)</td>
<td>16,500.00</td>
<td>Viekira Pak</td>
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<tr>
<td>94</td>
<td>PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR AND RIBAVIRIN (website address amended)</td>
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<tr>
<td></td>
<td>Note: Only for use in patients who have received supply of treatment via PHARMAC’s approved direct distribution supply.</td>
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<td>Application details for accessing treatment may be obtained from PHARMAC’s website</td>
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<td><a href="http://www.pharmac.govt.nz/hepatitis-c-treatments/">http://www.pharmac.govt.nz/hepatitis-c-treatments/</a></td>
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<tr>
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<td>Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56) with dasabuvir tab 250 mg (56) and ribavirin</td>
<td>16,500.00</td>
<td>Viekira Pak-RBV</td>
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</tbody>
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### MUSCULOSKELETAL SYSTEM

<table>
<thead>
<tr>
<th>No.</th>
<th>Item Description</th>
<th>Price</th>
<th>Brand or Generic</th>
</tr>
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<tbody>
<tr>
<td>103</td>
<td>ALLOPURINOL (new listing)</td>
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</tr>
<tr>
<td></td>
<td>Tab 100 mg</td>
<td>15.11</td>
<td>Allopurinol-Apotex</td>
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<tr>
<td></td>
<td>Tab 300 mg</td>
<td>15.91</td>
<td>Allopurinol-Apotex</td>
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<tr>
<td>103</td>
<td>ALLOPURINOL (delisting)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Tab 100 mg – 1% DV Mar-15 to 2017</td>
<td>15.11</td>
<td>Apo-Allopurinol</td>
</tr>
<tr>
<td></td>
<td>Tab 300 mg – 1% DV Mar-15 to 2017</td>
<td>15.91</td>
<td>Apo-Allopurinol</td>
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<tr>
<td></td>
<td>Note – Apo-Allopurinol tab 100 mg and 300 mg to be delisted from 1 June 2017.</td>
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</tbody>
</table>

### NERVOUS SYSTEM

<table>
<thead>
<tr>
<th>No.</th>
<th>Item Description</th>
<th>Price</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>126</td>
<td>FLUPHENAZINE DECANOATE – Restricted: For continuation only (addition of restriction)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 12.5 mg per 0.5 ml ampoule</td>
<td>17.60</td>
<td>Modecate</td>
</tr>
<tr>
<td></td>
<td>Inj 25 mg per ml, 1 ml ampoule</td>
<td>27.90</td>
<td>Modecate</td>
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<tr>
<td></td>
<td>Inj 100 mg per ml, 1 ml ampoule</td>
<td>154.50</td>
<td>Modecate</td>
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<tr>
<td>127</td>
<td>ALPRAZOLAM – Restricted: For continuation only (addition of restriction)</td>
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<tr>
<td></td>
<td>Tab 1 mg</td>
<td></td>
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<tr>
<td></td>
<td>Tab 250 mcg</td>
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</tr>
<tr>
<td></td>
<td>Tab 500 mcg</td>
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</tbody>
</table>
Changes to Section H Part II – effective 1 December 2016 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

139 TEMOZOLOMIDE (brand change)

- Cap 5 mg – 1% DV Feb-17 to 2019 .................................................. 10.20  5 Orion Temozolomide
- Cap 20 mg – 1% DV Feb-17 to 2019 ............................................. 18.30  5 Orion Temozolomide
- Cap 100 mg – 1% DV Feb-17 to 2019 ......................................... 40.20  5 Orion Temozolomide
- Cap 250 mg – 1% DV Feb-17 to 2019 ....................................... 96.80  5 Orion Temozolomide

Note – Temaccord cap 5 mg, 20 mg, 100 mg and 250 mg to be delisted 1 February 2017.

147 ETANERCEPT (amended criteria shown only)

- Inj 25 mg vial…………………………………………………………… 799.96  4 Enbrel
- Inj 50 mg autoinjector ............................................................... 1,599.96  4 Enbrel
- Inj 50 mg syringe ……………………………………………………… 1,599.96  4 Enbrel

Restricted
Initiation — juvenile idiopathic arthritis
Rheumatologist or named specialist
Re-assessment required after 6 4 months
Either:
1 Both:
   1.1 The patient has had an initial Special Authority approval for adalimumab for juvenile idiopathic arthritis (JIA); and
   1.2 Either:
      1.2.1 The patient has experienced intolerable side effects from adalimumab; or
      1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for JIA; or
2 All of the following:
   2.1 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and
   2.2 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
   2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
   2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m2 weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
2.5 Both:
   2.5.1 Either:
      2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
      2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
   2.5.2 Physician’s global assessment indicating severe disease.

Initiation — rheumatoid arthritis
Rheumatologist
Re-assessment required after 6 months
Either:
1 Both:
   1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and
   1.2 Either:
      1.2.1 The patient has experienced intolerable side effects from adalimumab; or
      1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for rheumatoid arthritis; or

continued...
Changes to Section H Part II – effective 1 December 2016 (continued)

2 All of the following:
   2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
   2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
   2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
   2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
   2.5 Any of the following:
      2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
      2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
      2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
   2.6 Either:
      2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
      2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
   2.7 Either:
      2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
      2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initiation — ankylosing spondylitis
Rheumatologist
Re-assessment required after 6 months
Either:
   1 Both:
      1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and
      1.2 Either:
         1.2.1 The patient has experienced intolerable side effects from adalimumab; or
         1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for ankylosing spondylitis; or
   2 All of the following:
      2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
      2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
      2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
      2.4 Patient’s ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of an exercise regimen for ankylosing spondylitis supervised by a physiotherapist; and
      2.5 Either:
         2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober’s test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or

continued...
Changes to Section H Part II – effective 1 December 2016 (continued)

2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender (see Notes); and

2.6 Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure must be no more than 1 month old at the time of starting treatment.

Average normal chest expansion corrected for age and gender:

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>7.0 cm</td>
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</tr>
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<td>25-34</td>
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<tr>
<td>45-54</td>
<td>6.0 cm</td>
<td>5.0 cm</td>
</tr>
<tr>
<td>55-64</td>
<td>5.5 cm</td>
<td>4.0 cm</td>
</tr>
<tr>
<td>65-74</td>
<td>4.0 cm</td>
<td>4.0 cm</td>
</tr>
<tr>
<td>75+</td>
<td>3.0 cm</td>
<td>2.5 cm</td>
</tr>
</tbody>
</table>

Continuation — ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

All of the following:

1 Following 12 weeks of etanercept treatment, Following 12 weeks’ initial treatment and for subsequent renewals, treatment has resulted in an improvement in BASDAI has improved by of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of by 50%, whichever is less; and

2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and

3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Initiation — adult-onset Still’s disease

Rheumatologist

Re-assessment required after 6 months

Either:

1 Both:
   1.1 Either:
      1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still’s disease (AOSD); or
      1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the Section H rules; and

   1.2 Either:
      1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
      1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or

2 All of the following:
   2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
   2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and
   2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.
Changes to Section H Part II – effective 1 December 2016 (continued)

153 ADALIMUMAB (amended criteria shown only)

- Inj 10 mg per 0.2 ml prefilled syringe..........................................................1,599.96 2 Humira
- Inj 20 mg per 0.4 ml syringe .................................................................1,599.96 2 Humira
- Inj 40 mg per 0.8 ml pen.................................................................1,599.96 2 HumiraPen
- Inj 40 mg per 0.8 ml syringe .................................................................1,599.96 2 Humira

Restricted
Initiation — juvenile idiopathic arthritis
Rheumatologist or named specialist
Re-assessment required after 6 4 months

Either:
1 Either:
1.1 Both:
1.1.1 The patient has had an initial Special Authority approval for etanercept for juvenile idiopathic arthritis (JIA); and
1.1.2 Either:
1.1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for JIA; or

2 All of the following:
2.1 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and
2.2 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
2.5 Both:
2.5.1 Either:
2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
2.5.2 Physician’s global assessment indicating severe disease.

Initiation — rheumatoid arthritis
Rheumatologist
Re-assessment required after 6 months

Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or

2 All of the following:
2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

continued...
Changes to Section H Part II – effective 1 December 2016 (continued)

2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and

2.5 Any of the following:

2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or

2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or

2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

2.6 Either:

2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or

2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.7 Either:

2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initiation — ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for ankylosing spondylitis; or

2 All of the following:

2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and

2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and

2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and

2.4 Patient’s ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of a regular exercise regimen supervised by a physiotherapist; and

2.5 Either:

2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober’s test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or

2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender (see Notes); and

2.6 Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure must be no more than 1 month old at the time of starting treatment. Average normal chest expansion corrected for age and gender:

continued...
Changes to Section H Part II – effective 1 December 2016 (continued)

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</table>

Continuation — ankylosing spondylitis
Rheumatologist

Re-assessment required after 6 months

All of the following:
1. Following 12 weeks of adalimumab treatment, **following 12 weeks’ initial treatment and subsequent renewals, treatment has resulted in an improvement in BASDAI has improved by at least 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of at least 50%, whichever is less**; and
2. **Physician considers that the patient has benefited from treatment and that continued treatment is appropriate**; and
3. **Adalimumab to be administered at doses no greater than 40 mg every 14 days.**

Initiation — adult-onset Still’s disease
Rheumatologist

Re-assessment required after 6 months

Either:
1. Both:
   1.1 Either:
      1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still’s disease (AOSD); or
      1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the Section H rules; and
   1.2 Either:
      1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
      1.2.2 The patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or
2. All of the following:
   2.1 **Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and**
   2.2 **Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and**
   2.3 **Patient has persistent symptoms of disabling poorly controlled and active disease.**
Changes to Section H Part II – effective 1 December 2016 (continued)

167 RITUXIMAB (amended criteria shown only)

- Inj 10 mg per ml, 10 ml vial……………………………….. $1,075.50 2 Mabthera
- Inj 10 mg per ml, 50 ml vial……………………………….. $2,688.30 1 Mabthera

Restricted

Initiation — rheumatoid arthritis – TNF inhibitors contraindicated

Rheumatologist

Limited to 4 months treatment

All of the following:

1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and

2 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and

3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and

5 Any of the following:

5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or

5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or

5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

6 Either:

6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or

6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

7 Either:

7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and

8 Either:

8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or

8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

9 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.
Changes to Section H Part II – effective 1 December 2016 (continued)

174 TOCILIZUMAB (amended criteria shown only)

- Inj 20 mg per ml, 4 ml vial ........................................ 220.00 1 Actemra
- Inj 20 mg per ml, 10 ml vial ..................................... 550.00 1 Actemra
- Inj 20 mg per ml, 20 ml vial ..................................... 1,100.00 1 Actemra

Restricted
Initiation — Rheumatoid Arthritis
Rheumatologist
Re-assessment required after 6 months
Either:
1 All of the following:
   1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
   1.2 Either:
      1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
      1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and
   1.3 The patient has been started on rituximab for rheumatoid arthritis in a DHB hospital in accordance with the Section H rules; and
   1.4 Either:
      1.4.1 The patient has experienced intolerable side effects from rituximab; or
      1.4.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis; or

2 All of the following:
   2.1 The patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
   2.2 Tocilizumab is to be used as monotherapy; and
   2.3 Either:
      2.3.1 Treatment with methotrexate is contraindicated; or
      2.3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and
   2.4 Either:
      2.4.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporin alone or in combination with another agent; or
      2.4.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and
   2.5 Either:
      2.5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
      2.5.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
   2.6 Either:
      2.6.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
      2.6.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initiation — adult-onset Still’s disease
Rheumatologist
Re-assessment required after 6 months
Either:
1 Both:
   1.1 Either:

 continued...
Changes to Section H Part II – effective 1 December 2016 (continued)

1.1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for adult-onset Still’s disease (AOSD); or
1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the HML rules; and

1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for AOSD; or

2 All of the following:
2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and
2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

RESPIRATORY SYSTEM AND ALLERGIES

183 CETIRIZINE HYDROCHLORIDE (price and delayed delisting)
   Tab 10 mg .................................................................1.01 100 Zetop
   Note – Zetop tab 10 mg delisting delayed from 1 December 2016 until 1 March 2017.

183 CETIRIZINE HYDROCHLORIDE (HSS start date delayed)
   Tab 10 mg – 1% DV Bee+6 Mar-17 to 2019 .................1.01 100 Zista

183 LORATADINE (brand change)
   Oral liq 1 mg per ml – 1% DV Feb-17 to 2019 ..............2.15 120 ml Lorfast
   Note – LoraPaed oral liq 1 mg per ml to be delisted from 1 February 2017.

SPECIAL FOODS

212 FAT-MODIFIED FEED (delisting)
   ➞ Powder 11.4 g protein, 68 g carbohydrate and 11.8 g fat per 100 g, 400 g can e.g. Monogen
   Note – Monogen powder (old formulation) to be delisted from 1 February 2017. The new formulation remains listed.

Effective 22 November 2016

BLOOD AND BLOOD FORMING ORGANS

39 POTASSIUM CHLORIDE (HSS suspended)
   Tab long-acting 600 mg (8 mmol) – 1% DV Sep-15 to 2018 22 Nov 2016 ..............7.42 200 Span-K

39 SODIUM BICARBONATE (new Pharmacode listing)
   Cap 840 mg ...............................................................8.52 100 Sodibic
   Note – Pharmacode 2513447 listed from 22 November 2016.
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