Pharmaceutical Management Agency

Section H Update for Hospital Pharmaceuticals

Effective 1 December 2017

PHARMAC
Pharmaceutical Management Agency

Contents

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EFFECTIVE 1 DECEMBER 2017

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Summary of decisions – effective 1 December 2017 (continued)

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

Section H changes to Part II

Effective 1 December 2017

CARDIOVASCULAR SYSTEM

49 PRAVASTATIN (brand change)
Tab 20 mg – **1% DV Mar-18 to 2020** ..... 4.72 100 **Apo-Pravastatin**
Note – Cholvastin tab 20 mg to be delisted from 1 March 2018.

51 GLYCERYL TRINITRATE (delisting)
Inj 1 mg per ml, 5 ml ampoule ..... 22.70 10 Nitronal
Note – Nitronal inj 1 mg per ml, 5 ml ampoule to be delisted from 1 February 2018.

INFECTIONS

78 AZITHROMYCIN (amended restriction)
➔ Tab 250 mg – **1% DV Sep-15 to 2018** ..... 9.00 30 **Apo-Azithromycin**
➔ Tab 500 mg – **1% DV Sep-15 to 2018** ..... 1.05 2 **Apo-Azithromycin**
➔ Grans for oral liq 200 mg per 5 ml (40 mg per ml)
– **1% DV Oct-15 to 2018** ..... 12.50 15 ml **Zithromax**

Restricted
Initiation – bronchiolitis obliterans syndrome, cystic fibrosis and atypical Mycobacterium infections
Any of the following:
1 Patient has received a lung transplant**, stem cell transplant, or bone marrow transplant** and requires treatment ~~or prophylaxis~~ for bronchiolitis obliterans syndrome*; or
2 **Patient has received a lung transplant and requires prophylaxis for bronchiolitis obliterans syndrome*; or**
~~2~~**3** Patient has cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms*; or
~~3~~**4** Patient has an atypical Mycobacterium infection.
Note: Indications marked with * are Unapproved Indications

Initiation – non-cystic fibrosis bronchiectasis*
Respiratory specialist or paediatrician
Re-assessment required after 12 months
All of the following:
1 For prophylaxis of exacerbations of non-cystic fibrosis bronchiectasis*; and
2 Patient is aged 18 and under; and
3 Either:
3.1 Patient has had 3 or more exacerbations of their bronchiectasis, within a 12 month period; or
3.2 Patient has had 3 acute admissions to hospital for treatment of infective respiratory exacerbations within a 12 month period.
Note: Indications marked with * are Unapproved Indications. A maximum of 24 months of azithromycin treatment for non-cystic fibrosis will be subsidised in the community.

Continuation – non-cystic fibrosis bronchiectasis*
Respiratory specialist or paediatrician
Re-assessment required after 12 months
All of the following:
1 The patient has completed 12 months of azithromycin treatment for non-cystic fibrosis bronchiectasis; and
2 Following initial 12 months of treatment, the patient has not received any further azithromycin treatment for non-cystic fibrosis bronchiectasis for a further 12 months, unless considered clinically inappropriate to stop treatment; and

continued...

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

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

continued...

3 The patient will not receive more than a total of 24 months' azithromycin cumulative treatment (see note).
Note: Indications marked with * are Unapproved Indications. A maximum of 24 months of azithromycin treatment for non-cystic fibrosis will be subsidised in the community.

Initiation – other indications
Re-assessment required after 5 days
For any other condition.

Continuation – other indications
Re-assessment required after 5 days
For any other condition.

79 CLARITHROMYCIN (reinstate HSS)
➔ Inj 500 mg vial – **1% DV Dec-17 to 1 Sep 2020** ..... 12.04 1 **Martindale**
Note – Klacid inj 500 mg vial to be delisted from 1 May 2018.

80 AMOXICILLIN (brand change)
Grans for oral liq 125 mg per 5 ml – **1% DV Feb-18 to 2020** ..... 1.20 100 ml **Alphamox 125**
Note – Amoxicillin Actavis and Ospamox grans for oral liq 125 mg per 5 ml to be delisted from 1 February 2018.

80 AMOXICILLIN (addition of HSS)
Grans for oral liq 250 mg per 5 ml – **1% DV Feb-18 to 2020** ..... 1.31 100 ml **Alphamox 250**
Note – Amoxicillin Actavis and Ospamox grans for oral liq 250 mg per 5 ml to be delisted from 1 February 2018.

84 FLUCONAZOLE (brand change)
➔ Cap 50 mg – **1% DV Feb-18 to 2020** ..... 2.09 28 **Mylan**
➔ Cap 150 mg – **1% DV Feb-18 to 2020** ..... 0.33 1 **Mylan**
➔ Cap 200 mg – **1% DV Feb-18 to 2020** ..... 5.08 28 **Mylan**
Note – Ozole cap 50 mg, 150 mg and 200 mg to be delisted from 1 February 2018

85 VORICONAZOLE (brand change)
➔ Inj 200 mg vial – **1% DV Feb-18 to 2019** ..... 65.00 1 **Generic Partners**
Note – Vfend inj 200 mg vial to be delisted from 1 February 2018

93 LAMIVUDINE (restriction removed)
Tab 100 mg ..... 6.00 28 Zeffix
Oral liq 5 mg per ml ..... 270.00 240 ml Zeffix

~~Restricted~~
~~Initiation~~
~~Gastroenterologist, infectious disease specialist, paediatrician or general physician~~
~~Limited to 12 months treatment~~
~~Any of the following:~~
~~1 Hepatitis B virus (HBV) DNA positive cirrhosis prior to liver transplantation; or~~
~~2 Hepatitis B surface antigen (HBsAg) positive and have had a liver, kidney, heart, lung or bone marrow transplant; or~~
~~3 HBV naïve patient who has received a liver transplant from a hepatitis B core antibody (anti-HBc) positive donor; or~~
~~4 HbsAg positive patient who is receiving chemotherapy for a malignancy, or high dose steroids (at least 20 mg/day for at least 7 days), or who has received such treatment within the previous two months; or~~
~~5 HBsAg positive patient who is receiving anti tumour necrosis factor treatment; or~~
~~6 Anti-HBc positive patient who is receiving rituximab in combination with immunosuppressive chemotherapies for a malignancy.~~

continued...

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

continued...

~~Continuation – patients who have maintained continuous treatment and response to lamivudine~~
~~Gastroenterologist, infectious disease specialist, paediatrician or general physician~~
~~Re-assessment required after 2 years~~
~~All of the following:~~
~~1 Have maintained continuous treatment with lamivudine; and~~
~~2 Most recent test result shows continuing biochemical response (normal ALT); and~~
~~3 HBV DNA < 100,000 copies per ml by quantitative PCR at a reference laboratory.~~

~~Continuation – when given in combination with adefovir dipivoxil for patients with cirrhosis and resistance to lamivudine~~
~~Gastroenterologist, infectious disease specialist, paediatrician or general physician~~
~~Re-assessment required after 2 years~~
~~All of the following:~~
~~1 Lamivudine to be used in combination with adefovir dipivoxil; and~~
~~2 Patient is cirrhotic; and~~
~~Documented resistance to lamivudine defined as:~~
~~3 All of the following:~~
~~3.1 Patient has raised serum ALT (> 1 × ULN); and~~
~~3.2 Patient has HBV DNA greater than 100,000 copies per mL, or viral load greater than or equal to 10-fold over nadir; and~~
~~3.3 Detection of M204I or M204V mutation.~~

~~Continuation – when given in combination with adefovir dipivoxil for patients with resistance to adefovir dipivoxil~~
~~Gastroenterologist, infectious disease specialist, paediatrician or general physician~~
~~Re-assessment required after 2 years~~
~~Both:~~
~~1 Lamivudine to be used in combination with adefovir dipivoxil; and~~
~~Documented resistance to lamivudine defined as:~~
~~2 All of the following:~~
~~2.1 Patient has raised serum ALT (> 1 × ULN); and~~
~~2.2 Patient has HBV DNA greater than 100,000 copies per mL, or viral load greater than or equal to 10-fold over nadir; and~~
~~2.3 Detection of N236T or A181T/V mutation.~~

MUSCULOSKELETAL SYSTEM

108	IBUPROFEN (new listing)			
	Tab 200 mg – **1% DV Feb-18 to 2020**	11.71	1,000	**Relieve**

NERVOUS SYSTEM

111	LEVODOPA WITH CARBIDOPA (↓ price and addition of HSS)			
	Tab 100 mg with carbidopa 25 mg			
	– **1% DV Feb-18 to 2020**	17.97	100	**Sinemet**
	Tab long-acting 200 mg with carbidopa 50 mg			
	– **1% DV Feb-18 to 2020**	37.15	100	**Sinemet CR**
	Tab 250 mg with carbidopa 25 mg			
	– **1% DV Feb-18 to 2020**	32.67	100	**Sinemet**

Note – Kinson tab 100 mg with carbidopa 25 mg and Sindopa tab 250 mg with carbidopa 25 mg to be delisted from 1 February 2018.

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

123 SUMATRIPTAN (delisting)

Tab 50 mg – **1% DV Jun-17 to 2019**	24.44	102	**Apo-Sumatriptan**
Tab 100 mg – **1% DV Jun-17 to 2019**	46.23	102	**Apo-Sumatriptan**

Note – this is the delisting of 102 tab pack only from 1 June 2018. The 100 tab pack remains listed.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

149 BICALUTAMIDE (brand change)

Tab 50 mg – **1% DV Feb-18 to 2020**	3.80	28	**Binarex**

Note – Bicalaccord tab 50 mg to be delisted from 1 February 2018.

173 RITUXIMAB (restriction amended – affected criteria only shown)

➔ 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

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**n** ~~rituximab treatment-free~~ interval of 36 months or more **since commencement of initial rituximab treatment**; 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) or bendamustine; and
5 Rituximab to be administered in combination with fludarabine and cyclophosphamide or bendamustine 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.

SENSORY ORGANS

198 DEXAMETHASONE (amended restriction – affected criteria only shown)

➔ Ocular implant 700 mcg	1,444.50	1	Ozurdex

Restricted
Initiation – Diabetic macular oedema
Ophthalmologist
Limited to 12 months treatment
All of the following:
1 Patients have diabetic macular oedema with pseudophakic lens; and
2 Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and
3 Any of the following:
  3.1 Patient's disease has progressed despite 3 injections with bevacizumab; or
  3.2 Patient is unsuitable or contraindicated to treatment with ~~anti-VEGF inhibitors~~ **anti-VEGF agents**; and
4 Dexamethasone implants are to be administered not more frequently than once every 4 months, and up to a maximum of 3 implants per year.

202 BRIMONIDINE TARTRATE (↓ price and addition of HSS)

Eye drops 0.2% – **1% DV Feb-18 to 2020**	4.29	5 ml	**Arrow-Brimonidine**

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

VARIOUS

208 GADOBUTROL (amended brand name)

Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 5 ml prefilled syringe	120.00	5	Gadovist **1.0**
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe	180.00	5	Gadovist **1.0**
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe	700.00	10	Gadovist **1.0**

VACCINES

234 HEPATITIS B RECOMBINANT VACCINE (HSS suspended)

➔ Inj 10 mcg in 1 ml vial			
– **0% DV Jul-17 to ~~2020~~ 30 Nov 2017**	0.00	1	HBvaxPRO

234 HEPATITIS B RECOMBINANT VACCINE (new listing)

➔ Inj 20 mcg per 1 ml prefilled syringe	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 following immunosuppression; or
8 For solid organ transplant patients; or
9 For post-haematopoietic stem cell transplant (HSCT) patients; or
10 Following needle stick injury.
Note – Engerix-B inj 20 mcg per 1 ml prefilled syringe to be delisted from 1 December 2018.

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Pharmaceuticals and brands

New Zealand Government

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