Pharmaceutical Management Agency

Section H Update for Hospital Pharmaceuticals

Effective 1 November 2018

Cumulative for August, September, October and November 2018

PHARMAC
Pharmaceutical Management Agency

Contents

Summary of decisions
EFFECTIVE 1 NOVEMBER 2018

- Amino acid formula (e.g. Neocate SYNEO unflavoured) powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, 400 g can – new listing
- Amino acid formula (e.g. Neocate LCP) powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can – to be delisted 1 May 2019
- Amyl nitrate liq 98% in 3 ml capsule – moved from vasodilators to antidotes
- Carboplatin (DBL Carboplatin) inj 10 mg per ml, 5 ml and 15 ml vial – to be delisted 1 March 2019
- Clarithromycin (Klacid) grans for oral liq 50 mg per ml – listing new Pharmacode and delisting existing Pharmacode
- Colchicine (Colgout) tab 500 mcg – price decrease and addition of HSS
- Cyclizine hydrochloride (Nausicalm) tab 50 mg – new listing and addition of HSS
- Cyclizine hydrochloride (Nauzene) tab 50 mg – to be delisted 1 January 2019
- Dobutamine (Dobutamine-hameln) inj 12.5 mg per ml, 20 ml ampoule – new listing, addition of HSS and amended chemical name
- Dobutamine (Dobutamine-Claris) inj 12.5 mg per ml, 20 ml ampoule – to be delisted 1 January 2019
- Dorzolamide with timolol (Dortimopt) eye drops 2% with timolol 0.5%, 5 ml – new listing and addition of HSS
- Dorzolamide with timolol (Arrow-Dortim) eye drops 2% with timolol 0.5%, 5 ml – to be delisted 1 January 2019
- Doxorubicin hydrochloride (Doxorubicin Ebewe) inj 2 mg per ml, 100 ml vial – price increase and addition of HSS
- Eformoterol fumarate dihydrate powder for inhalation 4.5 mcg per dose, breath activated (equivalent to eformoterol fumarate 6 mcg metered dose) – new listing
- Eformoterol fumarate powder for inhalation 6 mcg per dose – to be delisted 1 April 2019
- Ergometrine maleate inj 250 mcg per ml, 1 ml ampoule – new listing and to be delisted 1 July 2019
- Ferrous fumarate (Ferro-tab) tab 200 mg (65 mg elemental) – price increase and addition of HSS
- Hepatitis B recombinant vaccine (HBvaxPRO) inj 10 mcg in 1 ml vial – HSS delayed
- Hepatitis B recombinant vaccine (Engerix-B) inj 20 mcg per 1 ml prefilled syringe – delisting delayed

Summary of decisions – effective 1 November 2018 (continued)

- Ketamine (Ketalar) inj 100 mg per ml, 2 ml vial – new listing and addition of HSS
- Ketamine (Ketamine-Claris) inj 100 mg per ml, 2 ml ampoule – to be delisted 1 January 2019
- Lidocaine [lignocaine] hydrochloride (Lidocaine-Claris) inj 2%, 5 ml ampoule – price decrease
- Losartan potassium with hydrochlorothiazide (Arrow-Losartan & Hydrochlorothiazide) tab 50 mg with hydrochlorothiazide 12.5 mg – price decrease and addition of HSS
- Methotrexate (Trexate) tab 2.5 mg and 10 mg – new listing of 90 tab pack and addition of HSS
- Methotrexate (Trexate) tab 2.5 mg (30 tab pack) and 10 mg (50 tab pack) – to be delisted 1 January 2019
- Midazolam (Mylan Midazolam) inj 1 mg per ml 5 ml ampoule and inj 5 mg per ml, 3 ml ampoule – new listing and addition of HSS
- Midazolam (Midazolam-Claris) inj 1 mg per ml 5 ml ampoule and inj 5 mg per ml, 3 ml ampoule – to be delisted 1 January 2019
- Oil in water emulsion (O/W Fatty Emulsion Cream) crm, 500 g – new listing, addition of HSS and amended presentation description
- Oil in water emulsion (healthE Fatty Cream) crm, 500 g – to be delisted 1 January 2019
- Oxaliplatin (Oxaliccord) inj 5 mg per ml, 20 ml vial – price increase and addition of HSS
- Oxaliplatin (Oxaliccord) inj 5 mg per ml, 10 ml vial – to be delisted 1 January 2019
- Pancreatic enzyme (Creon 25000) cap pancreatin 300 mg (amylase 18,000 Ph Eur U lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U) – listing new Pharmacode and delisting existing Pharmacode
- Paraffin (healthE) oint liquid paraffin 50% with white soft paraffin 50%, 100 g – price decrease and addition of HSS
- Pegylated interferon alfa-2a (Pegasys RBV Combination Pack) inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112 and 168) and inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (168) – to be delisted 1 December 2018
- Sapropterin dihydrochloride (Kuvan) tab soluble 100 mg – new listing
- Tamoxifen citrate (Tamoxifen Sandoz) tab 10 mg and 20 mg – new listing and addition of HSS

Summary of decisions – effective 1 November 2018 (continued)

- Tamoxifen citrate (Genox) tab 10 mg and 20 mg – to be delisted 1 January 2019

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

Section H changes to Part II

Effective 1 November 2018

ALIMENTARY TRACT AND METABOLISM

10 PANCREATIC ENZYME (Pharmacode change)

Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U) – **1% DV Sep-18 to 2021** ..... 94.38 100 **Creon 25000**

Note – this is a new Pharmacode listing, 2535319; 2451042 to be delisted from 1 April 2019.

16 SAPROPTERIN DIHYDROCHLORIDE (new listing)

➔ Tab soluble 100 mg ..... 1,452.70 30 Kuvan

Restricted
Initiation
Metabolic physician
Re-assessment required after 1 month
All of the following:
1 Patient has phenylketonuria (PKU) and is pregnant or actively planning to become pregnant; and
2 Treatment with sapropterin is required to support management of PKU during pregnancy; and
3 Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and
4 Sapropterin to be used alone or in combination with PKU dietary management; and
5 Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery.

Continuation
Metabolic physician or relevant practitioner on the recommendation of a metabolic physician.
Re-assessment required after 12 months
All of the following:
1 Either:
  1.1 Following the initial one-month approval, the patient has demonstrated an adequate response to a 2 to 4 week trial of sapropterin with a clinically appropriate reduction in phenylalanine levels to support management of PKU during pregnancy; or
  1.2 On subsequent renewal applications, the patient has previously demonstrated response to treatment with sapropterin and maintained adequate phenylalanine levels to support management of PKU during pregnancy; and
2 Any of the following:
  2.1 Patient continues to be pregnant and treatment with sapropterin will not continue after delivery; or
  2.2 Patient is actively planning a pregnancy and this is the first renewal for treatment with sapropterin; or
  2.3 Treatment with sapropterin is required for a second or subsequent pregnancy to support management of their PKU during pregnancy; and
3 Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and
4 Sapropterin to be used alone or in combination with PKU dietary management; and
5 Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery.

17 FERROUS FUMARATE (↑ price and addition of HSS)

Tab 200 mg (65 mg elemental) – **1% DV Jan-19 to 2021** ..... 3.09 100 **Ferro-tab**

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

Changes to Section H Part II – effective 1 November 2018 (continued)

CARDIOVASCULAR SYSTEM

36 LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (↓ price and addition of HSS)
Tab 50 mg with hydrochlorothiazide
12.5 mg – **1% DV Jan-19 to 2021** ..... 1.88 30 **Arrow-Losartan & Hydrochlorothiazide**

43 DOBUTAMINE ~~HYDROCHLORIDE~~ (brand change and amended chemical name)
Inj 12.5 mg per ml, 20 ml ampoule – **1% DV Jan-19 to 2021** ... 61.13 5 **Dobutamine-hameln**
Note – Dobutamine-Claris inj 12.5 mg per ml, 20 ml ampoule to be delisted from 1 January 2019.

DERMATOLOGICALS

51 OIL IN WATER EMULSION (brand change and amended presentation description)
Crm, **500 g – 1% DV Jan-19 to 2021** ..... 2.19 500 g **O/W Fatty Emulsion Cream**

Note: DV limit applies to pack sizes of greater than 100 g.
Note – healthE Fatty Cream crm, 500 g to be delisted from 1 January 2019.

51 PARAFFIN (↓ price and addition of HSS)
Oint liquid paraffin 50% with white soft paraffin 50% – **1% DV Jan-19 to 2021** ..... 1.97 100 g **healthE**
Note: DV limit applies to the pack sizes of 100 g or greater.

GENITO-URINARY SYSTEM

57 ERGOMETRINE MALEATE (new listing)
Inj 250 mcg per ml, 1 ml ampoule
Note – ergometrine maleate inj 250 mcg per ml, 1 ml ampoule to be delisted 1 July 2019.

INFECTIONS

73 CLARITHROMYCIN (Pharmacode change)
➔ Grans for oral liq 50 mg per ml ..... 23.12 50 ml Klacid
Note – this is a new Pharmacode listing, 2535378; 2494973 to be delisted from 1 May 2019.

90 PEGYLATED INTERFERON ALFA-2A (delisting)
➔ Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (168)
➔ Inj 180 mcg prefilled syringe (4) with ribavirin
Tab 200 mg (112) ..... 1,159.84 1 Pegasys RBV Combination Pack

➔ Inj 180 mcg prefilled syringe (4) with ribavirin
Tab 200 mg (168) ..... 1,290.00 1 Pegasys RBV Combination Pack
Note – Pegasys RBV Combination Pack inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112 and 168) and inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (168) to be delisted 1 December 2018.

MUSCULOSKELETAL SYSTEM

99 COLCHICINE (↓ price and addition of HSS)
Tab 500 mcg – **1% DV Jan-19 to 2021** ..... 9.58 100 **Colgout**

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

Changes to Section H Part II – effective 1 November 2018 (continued)

NERVOUS SYSTEM

104 KETAMINE (new listing)
Inj 100 mg per ml, 2 ml vial – **1% DV Jan-19 to 2021** ..... 31.50 5 **Ketalar**

104 KETAMINE (delisting)
Inj 100 mg per ml, 2 ml ampoule ..... 47.05 5 Ketamine-Claris
Note – Katemine-Claris inj 100 mg per ml, 2 ml ampoule to be delisted 1 January 2019.

106 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↓ price)
Inj 2%, 5 ml ampoule ..... 6.75 25 Lidocaine-Claris

117 CYCLIZINE HYDROCHLORIDE (brand change)
Tab 50 mg – **1% DV Jan-19 to 2021** ..... 0.55 10 **Nausicalm**
Note – Nauzene tab 50 mg to be delisted from 1 January 2019.

123 MIDAZOLAM (brand change)
Inj 1 mg per ml, 5 ml ampoule – **1% DV Jan-19 to 2021** ..... 2.98 10 **Mylan Midazolam**
Inj 5 mg per ml, 3 ml ampoule – **1% DV Jan-19 to 2021** ..... 2.36 5 **Mylan Midazolam**
Note – Midazolam-Claris inj 1 mg per ml, 5 ml ampoule and 5 mg per ml, 3 ml ampoule to be delisted from 1 January 2019.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

130 DOXORUBICIN HYDROCHLORIDE (↑ price and addition of HSS)
Inj 2 mg per ml, 100 ml vial – **1% DV Jan-19 to 2021** ..... 56.15 1 **Doxorubicin Ebewe**

132 METHOTREXATE (pack size change)
Tab 2.5 mg – **1% DV Jan-19 to 2021** ..... 8.05 90 **Trexate**
Tab 10 mg – **1% DV Jan-19 to 2021** ..... 31.75 90 **Trexate**
Note – Trexate tab 2.5 mg (30 tab pack) and 10 mg (50 tab pack) to be delisted from 1 January 2019.

136 CARBOPLATIN (delisting)
Inj 10 mg per ml, 5 ml vial ..... 15.07 1 DBL Carboplatin
Inj 10 mg per ml, 15 ml vial ..... 14.05 1 DBL Carboplatin
Note – DBL Carboplatin inj 10 mg per ml, 5 ml and 15 ml vial to be delisted from 1 March 2019.

137 OXALIPLATIN (↑ price and addition of HSS)
Inj 5 mg per ml, 20 ml vial – **1% DV Jan-19 to 2021** ..... 46.32 1 **Oxaliccord**

137 OXALIPLATIN (delisting)
Inj 5 mg per ml, 10 ml vial ..... 13.32 1 **Oxaliccord**
Note – Oxaliccord inj 5 mg per ml, 10 ml vial to be delisted from 1 January 2019.

144 TAMOXIFEN CITRATE (brand change)
Tab 10 mg – **1% DV Jan-19 to 2020** ..... 11.75 60 **Tamoxifen Sandoz**
Tab 20 mg – **1% DV Jan-19 to 2020** ..... 5.60 60 **Tamoxifen Sandoz**
Note – Genox tab 10 mg and 20 mg (30 and 100 tab pack) to be delisted 1 January 2019.

➔ Restriction
(Brand) indicates a brand example only. It is not a contracted product.

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

Changes to Section H Part II – effective 1 November 2018 (continued)

RESPIRATORY SYSTEM AND ALLERGIES

189 EFORMOTEROL FUMARATE DIHYDRATE (new listing)
Powder for inhalation 4.5 mcg per dose, breath activated
(equivalent to eformoterol fumarate 6 mcg metered dose)

189 EFORMOTEROL FUMARATE (delisting)
Powder for inhalation 6 mcg per dose
Note – eformoterol fumarate powder for inhalation 6 mcg per dose to be delisted 1 April 2019.

SENSORY ORGANS

196 DORZOLAMIDE WITH TIMOLOL (brand change)
Eye drops 2% with timolol 0.5% – **1% DV Jan-19 to 2021** ..... 2.87 5 ml **Dortimopt**
Note – Arrow-Dortim eye drops 2% with timolol 0.5% to be delisted 1 January 2019.

VARIOUS

199 AMYL NITRITE (moved from vasodilators to antidotes)
Liq 98% in 3 ml capsule

SPECIAL FOODS

218 AMINO ACID FORMULA (new listing)
➔ Powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, 400 g can *e.g. Neocate SYNEO unflavoured*

218 AMINO ACID FORMULA (delisting)
➔ Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can *e.g. Neocate LCP*
Note – Amino acid formula (e.g. Neocate LCP) powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can to be delisted from 1 May 2019.

VACCINES

230 HEPATITIS B RECOMBINANT VACCINE (HSS delayed)
➔ Inj 10 mcg in 1 ml vial ..... 0.00 1 HBvaxPRO
Note – HBvaxPRO inj 10 mcg in 1 ml vial HSS delayed until further notice

230 HEPATITIS B RECOMBINANT VACCINE (delay delisting)
➔ Inj 20 mcg per 1 ml prefilled syringe ..... 0.00 1 Engerix-B
Note – Engerix-B inj 20 mcg per 1 ml prefilled syringe delisting delayed until further notice.

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

Changes to Section H Part II – effective 1 October 2018

ALIMENTARY TRACT AND METABOLISM

10 GLIPIZIDE (↑ price and addition of HSS)
Tab 5 mg – **1% DV Dec-18 to 2021** ..... 3.27 100 **Minidiab**

10 METFORMIN HYDROCHLORIDE (brand change)
Tab immediate-release 500 mg – **1% DV Feb-19 to 2021** ..... 8.63 1,000 **Apotex**
Note – Metchek tab immediate-release 500 mg to be delisted from 1 February 2019.

10 VILDAGLIPTIN (new listing)
Tab 50 mg ..... 40.00 60 Galvus

10 VILDAGLIPTIN WITH METFORMIN HYDROCHLORIDE (new listing)
Tab 50 mg with 850 mg metformin hydrochloride ..... 40.00 60 Galvumet
Tab 50 mg with 1,000 mg metformin hydrochloride ..... 40.00 60 Galvumet

10 URSODEOXYCHOLIC ACID (amended restriction – affected criteria shown only)
➔ Cap 250 mg – **1% DV Sep-17 to 2020** ..... 37.95 100 **Ursosan**
Restricted
Initiation — ~~Cirrhosis~~ **Primary biliary cholangitis**
Both:
1 Primary biliary ~~cirrhosis~~ **cholangitis** confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and
2 Patient not requiring a liver transplant (bilirubin > 100 **μ**mol/l; decompensated cirrhosis**)**.

17 IRON POLYMALTOSE (delisting)
Inj 50 mg per ml, 2 ml ampoule ..... 15.22 5 Ferrum H
Note – Ferrum H inj 50 mg per ml, 2 ml ampoule to be delisted from 1 April 2019.

19 VITAMIN A WITH VITAMINS D AND C (delisting)
Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops *e.g. Vitadol C*
Note – Vitamin A with vitamins D and C soln to be delisted from 1 August 2019.

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

Changes to Section H Part II – effective 1 October 2018 (continued)

BLOOD AND BLOOD FORMING ORGANS

24 ELTROMBOPAG (↓ price and amended restriction – affected criteria shown only)

➔ Tab 25 mg	1,550.00	28	Revolade
➔ Tab 50 mg	3,100.00	28	Revolade

Restricted
Initiation - idiopathic thrombocytopenic purpura contraindicated to splenectomy
Haematologist
Reassessment required after 3 months
All of the following:
1 Patient has a significant and well-documented contraindication to splenectomy for clinical reasons; and
2 Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab); and
3 Either:
3.1 Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microliter; or
3.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding.

Continuation - idiopathic thrombocytopenic purpura contraindicated to splenectomy
Haematologist
Reassessment required after 12 months
All of the following:
1 The patient's significant contraindication to splenectomy remains; and
2 The patient has obtained a response from treatment during the initial approval period; and
3 Patient has maintained a platelet count of at least 50,000 platelets per microlitre on treatment; and
4 Further treatment with eltrombopag is required to maintain response.

Initiation - severe aplastic anaemia
Haematologist
Reassessment required after 3 months
Both:
1 Two immunosuppressive therapies have been trialled and failed after therapy of at least 3 months duration; and
2 Either:
2.1 Patient has severe aplastic anaemia with a platelet count of less than or equal to 20,000 platelets per microliter; or
2.2 Patient has severe aplastic anaemia with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding.

Continuation - severe aplastic anaemia
Haematologist
Reassessment required after 12 months
Both:
1 The patient has obtained a response from treatment of at least 20,000 platelets per microlitre above baseline during the initial approval period; and
2 Platelet transfusion independence for a minimum of 8 weeks during the initial approval period.

28 HEPARIN SODIUM (delisting)
Inj 1,000 iu per ml, 35 ml vial
Note – Heparin sodium inj 1,000 iu per ml, 35 ml vial to be delisted from 1 May 2019.

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

Changes to Section H Part II – effective 1 October 2018 (continued)

CARDIOVASCULAR SYSTEM

35 LISINOPRIL (↑ price and addition of HSS)

Tab 5 mg – **1% DV Dec-18 to 2021**	2.07	90	**Ethics Lisinopril**
Tab 10 mg – **1% DV Dec-18 to 2021**	2.36	90	**Ethics Lisinopril**
Tab 20 mg – **1% DV Dec-18 to 2021**	3.17	90	**Ethics Lisinopril**

35 QUINAPRIL WITH HYDROCHLOROTHIAZIDE (↑ price and addition of HSS)

Tab 10 mg with hydrochlorothiazide 12.5 mg			
– **1% DV Dec-18 to 2021**	3.83	30	**Accuretic 10**
Tab 20 mg with hydrochlorothiazide 12.5 mg			
– **1% DV Dec-18 to 2021**	4.92	30	**Accuretic 20**

36 SACUBITRIL WITH VALSARTAN (new listing)

➔ Tab 24.3 mg with valsartan 25.7 mg	190.00	56	Entresto 24/26
➔ Tab 48.6 mg with valsartan 51.4 mg	190.00	56	Entresto 49/51
➔ Tab 97.2 mg with valsartan 102.8 mg	190.00	56	Entresto 97/103

Restricted
Initiation
Reassessment required after 12 months
All of the following:
1 Patient has heart failure; and
2 Any of the following:
  2.1 Patient is in NYHA/WHO functional class II; or
  2.2 Patient is in NYHA/WHO functional class III; or
  2.3 Patient is in NYHA/WHO functional class IV; and
3 Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%; and
4 Patient is receiving concomitant optimal standard chronic heart failure treatments.

Continuation
Reassessment required after 12 months
The treatment remains appropriate and the patient is benefiting from treatment.

Note: Due to the angiotensin II receptor blocking activity of sacubitril with valsartan it should not be co-administered with an ACE inhibitor or another ARB.

39 FELODIPINE (brand change)

Tab long-acting 5 mg – **1% DV Dec-18 to 2021**	3.93	90	**Felo 5 ER**
Tab long-acting 10 mg – **1% DV Dec-18 to 2021**	4.32	90	**Felo 10 ER**

Note – Plendil ER tab long-acting 5 mg and 10 mg to be delisted from 1 December 2018.

41 BEZAFIBRATE (↑ price and addition of HSS)

Tab 200 mg – **1% DV Dec-18 to 2021**	19.01	90	**Bezalip**
Tab long-acting 400 mg – **1% DV Dec-18 to 2021**	12.89	30	**Bezalip Retard**

41 EPLERENONE (new listing and addition of HSS)

➔ Tab 50 mg – **1% DV Dec-18 to 2021**	17.00	30	**Inspra**

44 ALPROSTADIL HYDROCHLORIDE (↑ price and addition of HSS)

Inj 500 mcg per ml, 1 ml ampoule			
– **1% DV Dec-18 to 2021**	1,765.50	5	**Prostin VR**

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

Changes to Section H Part II – effective 1 October 2018 (continued)

DERMATOLOGICALS

51 AQUEOUS CREAM (brand change)
Crm 500 g – **1% DV Dec-18 to 2021** ..... 1.92 — 500 g — **Boucher**
Note: DV limit applies to the pack sizes of greater than 100 g.
Note – AFT SLS-free crm 500 g to be delisted from 1 December 2018.

51 OIL IN WATER EMULSION (↓ price and addition of HSS)
Crm, 100 g – **1% DV Dec-18 to 2021** ..... 1.44 — 100 g — **healthE Fatty Cream**

52 BETAMETHASONE VALERATE (new listing)
Lotn 0.1% – **1% DV Dec-18 to 2021** ..... 18.00 — 50 ml — **Betnovate**

53 BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL (pack size change and addition of HSS)
Gel 500 mcg with calcipotriol 50 mcg per g
– **1% DV Dec-18 to 2021** ..... 52.24 — 60 g — **Daivobet**
Note – Daivobet gel 30 g pack size to be delisted from 1 December 2018.

53 BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL (↓ price and addition of HSS)
Oint 500 mcg with calcipotriol 50 mcg per g
– **1% DV Dec-18 to 2021** ..... 19.95 — 30 g — **Daivobet**

GENITO-URINARY SYSTEM

58 SOLIFENACIN SUCCINATE (new listing)
Tab 5 mg – **1% DV Dec-18 to 2021** ..... 3.00 — 30 — **Solifenacin Mylan**
Tab 10 mg – **1% DV Dec-18 to 2021** ..... 5.50 — 30 — **Solifenacin Mylan**

58 SOLIFENACIN SUCCINATE (restriction only applies to brand below)
➔ Tab 5 mg ..... 37.50 — 30 — Vesicare
➔ Tab 10 mg ..... 37.50 — 30 — Vesicare
Note – Vesicare tab 5 mg and 10 mg to be delisted from 1 December 2018.

HORMONE PREPARATIONS

60 CYPROTERONE ACETATE (brand change)
Tab 50 mg – **1% DV Dec-18 to 2021** ..... 13.17 — 50 — **Siterone**
Tab 100 mg – **1% DV Dec-18 to 2021** ..... 26.75 — 50 — **Siterone**
Note – Procur tab 50 mg and 100 mg to be delisted from 1 December 2018.

62 METHYLPREDNISOLONE (AS SODIUM SUCCINATE) (↑ price and addition of HSS)
Tab 4 mg – **1% DV Dec-18 to 2021** ..... 112.00 — 100 — **Medrol**
Tab 100 mg – **1% DV Dec-18 to 2021** ..... 194.00 — 20 — **Medrol**
Inj 1 g vial – **1% DV Dec-18 to 2021** ..... 27.83 — 1 — **Solu-Medrol**

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

Changes to Section H Part II – effective 1 October 2018 (continued)

62 METHYLPREDNISOLONE (AS SODIUM SUCCINATE) (brand name change, ↑ price and addition of HSS)

Inj 40 mg vial – **1% DV Dec-18 to 2021**	18.90	1	Solu-Medrol **Act-O-Vial**
Inj 125 mg vial – **1% DV Dec-18 to 2021**	28.90	1	Solu-Medrol **Act-O-Vial**
Inj 500 mg vial – **1% DV Dec-18 to 2021**	22.78	1	Solu-Medrol **Act-O-Vial**

62 METHYLPREDNISOLONE ACETATE (↑ price and addition of HSS)

Inj 40 mg per ml, 1 ml vial – **1% DV Dec-18 to 2021**	44.40	5	**Depo-Medrol**

INFECTIONS

72 AZITHROMYCIN (↑ price and addition of HSS)

➔ Grans for oral liq 200 mg per 5 ml (40 mg per ml)			
– **1% DV Dec-18 to 2021**	14.38	15 ml	**Zithromax**

74 BENZATHINE BENZYLPENICILLIN (↑ price and addition of HSS)

Inj 900 mg (1.2 million units) in 2.3 ml syringe			
– **1% DV Dec-18 to 2021**	344.93	10	**Bicillin LA**

77 LINEZOLID (↑ price and addition of HSS)

➔ Oral liq 20 mg per ml – **1% DV Dec-18 to 2021**	1,879.00	150 ml	**Zyvox**

79 VORICONAZOLE (↑ price and addition of HSS)

➔ Powder for oral suspension 40 mg per ml			
– **1% DV Dec-18 to 2021**	1,437.00	70 ml	**Vfend**

80 ETHAMBUTOL HYDROCHLORIDE (delisting)

➔ Tab 100 mg	48.01	56	Myambutol

Note – Myambutol tab 100 mg to be delisted from 1 February 2019.

MUSCULOSKELETAL SYSTEM

102 NAPROXEN (↑ price and addition of HSS)

Tab 250 mg – **1% DV Dec-18 to 2021**	32.69	500	**Noflam 250**
Tab 500 mg – **1% DV Dec-18 to 2021**	22.19	250	**Noflam 500**

NERVOUS SYSTEM

106 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (delisting)

Inj 1%, 20 ml ampoule	2.40	1	Lidocaine-Claris
Inj 2%, 20 ml ampoule	2.40	1	Lidocaine-Claris

Note – Lidocaine-Claris inj 1% and 2%, 20 ml ampoule to be delisted from 1 February 2019.

108 MORPHINE HYDROCHLORIDE (↑ price and addition of HSS)

Oral liq 1 mg per ml – **1% DV Dec-18 to 2021**	9.28	200 ml	**RA-Morph**
Oral liq 2 mg per ml – **1% DV Dec-18 to 2021**	16.24	200 ml	**RA-Morph**
Oral liq 5 mg per ml – **1% DV Dec-18 to 2021**	19.44	200 ml	**RA-Morph**
Oral liq 10 mg per ml – **1% DV Dec-18 to 2021**	27.74	200 ml	**RA-Morph**

Changes to Section H Part II – effective 1 October 2018 (continued)

117 GRANISETRON (new listing)
Inj 1 mg per ml, 3 ml ampoule – **1% DV Dec-18 to 2020** ..... 0.40 1 **Deva**

119 LITHIUM CARBONATE (delisting)
Tab 400 mg ..... 12.83 100 Lithicarb FC
Note – Lithicarb FC tab 400 mg to be delisted from 1 March 2019.

122 FINGOLIMOD (↓ price)
➔ Cap 0.5 mg ..... 2,200.00 28 Gilenya

124 ZOPICLONE (delist)
Tab 7.5 mg ..... 8.99 500 Zopiclone Actavis
Note – Zopiclone Actavis tab 7.5 mg, 500 tab pack delisted from 1 October 2018

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

130 BLEOMYCIN SULPHATE (↑ price and addition of HSS)
Inj 15,000 iu vial – **1% DV Dec-18 to 2021** ..... 161.01 1 **DBL Bleomycin Sulfate**

131 AZACITIDINE (brand change)
➔ Inj 100 mg vial – **1% DV Dec-18 to 2021** ..... 139.00 1 **Azacitdine Dr Reddy's**
Note – Vidaza inj 100 mg vial to be delisted from 1 December 2018.

131 CYTARABINE (addition of HSS)
Inj 100 mg per ml, 20 ml vial – **1% DV Dec-18 to 2021** ..... 41.36 1 **Pfizer**

140 RUXOLITINIB (new listing)
➔ Tab 5 mg ..... 2,500.00 56 Jakavi
➔ Tab 15 mg ..... 5,000.00 56 Jakavi
➔ Tab 20 mg ..... 5,000.00 56 Jakavi

Restricted
Initiation
Haematologist
Reassessment required after 12 months
All of the following:
1 The patient has primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis; and
2 A classification of risk of intermediate-2 or high-risk myelofibrosis according to either the International Prognostic Scoring System (IPSS), Dynamic International Prognostic Scoring System (DIPSS), or the Age-Adjusted DIPSS; and
3 A maximum dose of 20 mg twice daily is to be given.

Continuation
Haematologist
Reassessment required after 12 months
Both:
1 The treatment remains appropriate and the patient is benefiting from treatment; and
2 A maximum dose of 20 mg twice daily is to be given.

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

Changes to Section H Part II – effective 1 October 2018 (continued)

145 TACROLIMUS (HSS removed, ↓ price and amended restriction)

➔ Cap 0.5 mg – **1% DV Nov-14 to** ~~31 Oct 2018~~ **30 Sep 2018**	55.64	100	Tacrolimus Sandoz
➔ Cap 1 mg – **1% DV Nov-14 to** ~~31 Oct 2018~~ **30 Sep 2018**	111.28	100	Tacrolimus Sandoz
➔ Cap 5 mg – **1% DV Nov-14 to** ~~31 Oct 2018~~ **30 Sep 2018**	278.20	50	Tacrolimus Sandoz
➔ Inj 5 mg per ml, 1 ml ampoule			

Restricted
Initiation – organ transplant recipients
Any specialist
For use in organ transplant recipients.

Initiation – non-transplant indications*
Any specialist
Both:
1 Patient requires long-term systemic immunosuppression; and
2 Ciclosporin has been trialled and discontinued treatment because of unacceptable side effects or inadequate clinical response.
Note: Indications marked with * are unapproved indications

~~Initiation – Steroid-resistant nephrotic syndrome*~~
~~Any specialist~~
~~Either:~~
~~1 The patient is a child with steroid-resistant nephrotic syndrome* (SRNS) where ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; or~~
~~2 All of the following:~~
~~2.1 The patient is an adult with SRNS; and~~
~~2.2 Ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; and~~
~~2.3 Cyclophosphamide or mycophenolate have been trialled and discontinued because of unacceptable side effects or inadequate clinical response, or these treatments are contraindicated.~~
~~Note: Indications marked with * are unapproved indications~~

159 BASILIXIMAB (↓ price)

➔ Inj 20 mg vial	2,560.00	1	Simulect

166 OMALIZUMAB (new listing)

➔ Inj 150 mg prefilled syringe	450.00	1	Xolair

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

Changes to Section H Part II – effective 1 October 2018 (continued)

166 OMALIZUMAB (↓ price and amended restriction)

➔ Inj 150 mg vial ..... 450.00 1 Xolair

Initiation - severe asthma
Clinical immunologist or respiratory specialist
Reassessment required after 6 months
All of the following:

1 **Patient must be aged 6 years or older** ~~Patient is over the age of 6~~; and
2 Patient has a diagnosis of severe~~, life threatening~~ asthma; and
3 Past or current evidence of atopy, documented by skin prick testing or RAST; and
4 Total serum human immunoglobulin E (IgE) between 76 IU/mL and 1300 IU/ml at baseline; and
5 Proven ~~compliance~~ **adherence** with optimal inhaled therapy including high dose inhaled corticosteroid (budesonide 1,600 **mcg** ~~micrograms~~ per day or fluticasone propionate 1,000 **mcg** ~~micrograms~~ per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 **mcg** ~~micrograms~~ bd or eformoterol 12 **mcg** ~~micrograms~~ bd) for at least 12 months, unless contraindicated or not tolerated; and
6 **Either:**
   6.1 Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; ~~and~~ **or**
   6.2 ~~7. At least four admissions to hospital for a severe asthma exacerbation over the previous 24 months with at least one of those being in the previous 12 months; and~~ **Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral steroids; and**

~~8 An Asthma Control Questionnaire (ACQ-5) score of at least 3.0 as assessed in the previous month.~~

7 Patient has an Asthma Control Test (ACT) score of 10 or less; and
8 Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 26 weeks after the first dose to assess response to treatment.

Continuation - severe asthma
Respiratory specialist
Reassessment required after 6 months
Both:

~~1 Hospital admissions have been reduced as a result of treatment; and~~
1 ~~A reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 1.0 from baseline~~ **An increase in the Asthma Control Test (ACT) score of at least 5 from baseline**; and
2 A reduction in the maintenance oral corticosteroid dose **or number of exacerbations** of at least 50% from baseline

Initiation - severe chronic spontaneous urticaria
Clinical immunologist or dermatologist
Reassessment required after 6 months
All of the following:

1 Patient must be aged 12 years or older; and
2 Either:
   2.1 Both:
      2.1.1 Patient is symptomatic with Urticaria Activity Score 7 (UAS7) of 20 or above; and
      2.1.2 Patient has a Dermatology life quality index (DLQI) of 10 or greater; or
   2.2 Patient has a Urticaria Control Test (UCT) of 8 or less; and
3 Any of the following:
   3.1 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and ciclosporin (>3 mg/kg day) for at least 6 weeks; or

continued...

Changes to Section H Part II – effective 1 October 2018 (continued)

continued...

3.2 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and at least 3 courses of systemic corticosteroids (>20 mg prednisone per day for at least 5 days) in the previous 6 months; or

3.3 Patient has developed significant adverse effects whilst on corticosteroids or ciclosporin; and

4 Either:

4.1 Treatment to be stopped if inadequate response* following 4 doses; or

4.2 Complete response* to 6 doses of omalizumab.

Continuation - severe chronic spontaneous urticaria
Clinical immunologist or dermatologist
Reassessment required after 6 months
Either:

1 Patient has previously adequately responded* to 6 doses of omalizumab; or

2 Both:

2.1 Patient has previously had a complete response* to 6 doses of omalizumab; and

2.2 Patient has relapsed after cessation of omalizumab therapy.

Note: *Inadequate response defined as less than 50% reduction in baseline UAS7 and DLQI score, or an increase in Urticaria Control Test (UCT) score of less than 4 from baseline. Patient is to be reassessed for response after 4 doses of omalizumab. Complete response is defined as UAS7 less than or equal to 6 and DLQI less than or equal to 5; or UCT of 16. Relapse of chronic urticaria on stopping prednisone/ciclosporin does not justify the funding of omalizumab.

176 SECUKINUMAB (new listing)

➔Inj 150 mg per ml, 1 ml prefilled syringe..... 1,599.00 2 Cosentyx

Restricted
Initiation - severe chronic plaque psoriasis, second-line biologic
Dermatologist
Reassessment required after 4 months
All of the following:

1 The patient has had an initial Special Authority approval for adalimumab or etanercept, or has trialled infliximab in a DHB hospital in accordance with the General Rules of the Pharmaceutical Schedule, for severe chronic plaque psoriasis; and

2 Either:

2.1 The patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or

2.2 The patient has received insufficient benefit from adalimumab, etanercept or infliximab; and

3 A Psoriasis Area and Severity Index (PASI) assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

4 The most recent PASI or DQLI assessment is no more than 1 month old at the time of application.

Continuation - severe chronic plaque psoriasis, second-line biologic
Dermatologist
Reassessment required after 6 months
Both:

1 Either

1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or

1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and

2 Secukinumab to be administered at a maximum dose of 300 mg monthly.

continued...

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

Changes to Section H Part II – effective 1 October 2018 (continued)

continued...

Initiation - severe chronic plaque psoriasis, first-line biologic
Dermatologist
Reassessment required after 4 months
All of the following:

1 Either:
   1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
   1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
3 A PASI assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
4 The most recent PASI or DQLI assessment is no more than 1 month old at the time of application.

Note: A treatment course is defined as a minimum of 12 weeks of treatment. "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom sub scores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Continuation - severe chronic plaque psoriasis, first-line biologic
Dermatologist
Reassessment required after 6 months
Both:

1 Either
   1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or
   1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and
2 Secukinumab to be administered at a maximum dose of 300 mg monthly.

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

Changes to Section H Part II – effective 1 October 2018 (continued)

RESPIRATORY SYSTEM AND ALLERGIES

187 TIOTROPIUM BROMIDE (restriction removed)

Note: tiotropium treatment must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.

Soln for inhalation 2.5 mcg per dose	50.37	60 dose	Spiriva Respimat
Powder for inhalation 18 mcg per dose	50.37	30 dose	Spiriva

~~Restricted~~
~~Initiation~~
~~All of the following:~~
~~1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and~~
~~2 In addition to standard treatment, the patient has trialled a short acting bronchodilator dose of at least 40 μg ipratropium q.i.d for one month; and~~
~~3 Either:~~
~~the patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is:~~
~~3.1 Grade 3 (stops for breath after walking about 100 meters or after a few minutes on the level); or~~
~~3.2 Grade 4 (too breathless to leave the house, or breathless when dressing or undressing); and~~
~~4 Actual FEV1 as a % of predicted, must be below 60%; and~~
~~5 Either:~~
~~5.1 Patient is not a smoker (for reporting purposes only); or~~
~~5.2 Patient is a smoker and has been offered smoking cessation counselling; and~~
~~6 The patient has been offered annual influenza immunization.~~

188 NINTEDANIB (new listing)

➔ Cap 100 mg	2,554.00	60	Ofev
➔ Cap 150 mg	3,870.00	60	Ofev

Restricted
Initiation - idiopathic pulmonary fibrosis
Respiratory specialist
Reassessment required after 12 months
All of the following:
1 Patient has been diagnosed with idiopathic pulmonary fibrosis by a multidisciplinary team including a radiologist; and
2 Forced vital capacity is between 50% and 90% predicted; and
3 Nintedanib is to be discontinued at disease progression (See Note); and
4 Nintedanib is not to be used in combination with subsidised pirfenidone; and
5 Any of the following:
  5.1 The patient has not previously received treatment with pirfenidone; or
  5.2 Patient has previously received pirfenidone, but discontinued pirfenidone within 12 weeks due to intolerance; or
  5.3 Patient has previously received pirfenidone, but the patient's disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with pirfenidone).

Continuation - idiopathic pulmonary fibrosis
Respiratory specialist
Reassessment required after 12 months
All of the following:
1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
2 Nintedanib is not to be used in combination with subsidised pirfenidone; and

continued...

Changes to Section H Part II – effective 1 October 2018 (continued)

continued...

3 Nintedanib is to be discontinued at disease progression (See Note).

Note: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.

188 PIRFENIDONE (amended restriction criteria)

➔ Cap 267 mg..... 3,645.00 270 Esbriet

Restricted
Initiation - idiopathic pulmonary fibrosis
Respiratory specialist
Reassessment required after 12 months
All of the following:

1 Patient has been diagnosed with idiopathic pulmonary fibrosis ~~as confirmed by histology, CT or biopsy~~ **by a multidisciplinary team including a radiologist**; and
2 Forced vital capacity is between 50% and 80% predicted; and
3 Pirfenidone is to be discontinued at disease progression (See Notes~~)~~**; and**
4 Pirfenidone is not to be used in combination with subsidised nintedanib; and
5 Any of the following:
5.1 The patient has not previously received treatment with nintedanib; or
5.2 Patient has previously received nintedanib, but discontinued nintedanib within 12 weeks due to intolerance; or
5.3 Patient has previously received nintedanib, but the patient's disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with nintedanib).

Continuation - idiopathic pulmonary fibrosis
Respiratory specialist
Reassessment required after 12 months
All of the following ~~Both~~:

1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
2 Pirfenidone is not to be used in combination with subsidised nintedanib; and
3 Pirfenidone is to be discontinued at disease progression (See Note).

Note: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.

VARIOUS

199 FLUMAZENIL (brand change)

Inj 0.1 mg per ml, 5 ml ampoule – **1% DV Dec-18 to 2021** ..... 66.34 5 **Hameln**

Note – Anexate inj 0.1 mg per ml, 5 ml ampoule to be delisted from 1 December 2018.

SPECIAL FOODS

214 AMINO ACID FORMULA (WITHOUT PHENYLALANINE) (delisting)

➔ Powder 25 g protein and 51 g carbohydrate per 100 g,
500 g can e.g. XP Maxamaid

Note – Amino acid formula (without phenylalanine) (e.g. XP Maxamaid) powder, 500 g can to be delisted 1 April 2019.

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

Changes to Section H Part II – effective 1 September 2018

ALIMENTARY TRACT AND METABOLISM

17 MAGNESIUM CHLORIDE (new listing)
Inj 1 mmol per 1 ml, 100 ml bag

20 THIAMINE HYDROCHLORIDE (new listing)
Tab 50 mg – **1% DV Nov-18 to 2020** ..... 4.89 100 **Max Health**

BLOOD AND BLOOD FORMING ORGANS

28 HEPARIN SODIUM (↓ price and addition of HSS)
Inj 1,000 iu per ml, 5 ml ampoule
– **1% DV Nov-18 to 2021** ..... 58.57 50 **Pfizer**
Inj 5,000 iu per ml, 5 ml ampoule
– **1% DV Nov-18 to 2021** ..... 203.68 50 **Pfizer**

28 RIVAROXABAN (delisting)
Tab 10 mg ..... 41.55 15 Xarelto
Note – Xarelto tab 10 mg, 15 tab pack to be delisted from 1 December 2018.

29 EPTIFIBATIDE (↑ price and addition of HSS)
➔ Inj 2 mg per ml, 10 ml vial – **1% DV Nov-18 to 2021**..... 138.75 1 **Integrilin**
➔ Inj 750 mcg per ml, 100 ml vial – **1% DV Nov-18 to 2021**.... 405.00 1 **Integrilin**

33 COMPOUND ELECTROLYTES WITH GLUCOSE **[DEXTROSE]** (new listing, amended chemical name and presentation description)
Soln with electrolytes **(2 x 500 ml) – 1% DV Nov-18 to 2021** .... 6.55 1,000 ml **Pedialyte – Bubblegum**

CARDIOVASCULAR SYSTEM

35 QUINAPRIL (↑ price and addition of HSS)
Tab 5 mg – **1% DV Nov-18 to 2021** ..... 6.01 90 **Arrow-Quinapril 5**
Tab 10 mg – **1% DV Nov-18 to 2021** ..... 3.16 90 **Arrow-Quinapril 10**

35 QUINAPRIL (↓ price and addition of HSS)
Tab 20 mg – **1% DV Nov-18 to 2021** ..... 4.89 90 **Arrow-Quinapril 20**

40 VERAPAMIL HYDROCHLORIDE (Pharmacode change)
Inj 2.5 mg per ml, 2 ml ampoule ..... 25.00 5 Isoptin
Note – this is a new Pharmacode listing, 2535351. Pharmacode 253480 to be delisted from 1 March 2019.

44 ISOPRENALINE **[ISOPROTERENOL]** (amended chemical name)
Inj 200 mcg per ml, 1 ml ampoule
Inj 200 mcg per ml, 5 ml ampoule

Changes to Section H Part II – effective 1 September 2018 (continued)

46 SILDENAFIL (amended restriction – affected criteria shown only)

➔ Tab 25 mg – **1% DV Sep-18 to 2021** ..... 0.64 4 **Vedafil**

➔ Tab 50 mg – **1% DV Sep-18 to 2021** ..... 0.64 4 **Vedafil**

➔ Tab 100 mg – **1% DV Sep-18 to 2021** ..... 6.60 12 **Vedafil**

➔ Inj 0.8 mg per ml, 12.5 ml vial

Restricted

Initiation – tablets Pulmonary arterial hypertension

Any of the following:

1 All of the following:
- 1.1 Patient has pulmonary arterial hypertension (PAH)*; and
- 1.2 Any of the following:
  - 1.2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or
  - 1.2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications, or
  - 1.2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and
- 1.3 Any of the following:
  - 1.3.1 PAH is in NYHA/WHO functional class II; or
  - 1.3.2 PAH is in NYHA/WHO functional class III; or
  - 1.3.3 PAH is in NYHA/WHO functional class IV; and
- **1.4 Either:**
  - **1.4.1 All of the following:**
    - **1.4.1.1** ~~1.4~~ Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
    - **1.4.1.2** ~~1.5~~ Either:
      - **1.4.1.2.1** ~~1.5.1~~ Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or
      - **1.4.2.2.2** ~~1.5.2~~ Patient is peri Fontan repair; and
    - **1.4.1.3** ~~1.6~~ Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm-5); or
  - **1.4.2 Testing for PCWP, PAPm, or PVR cannot be performed due to the patient's young age; or**

2 For use in neonatal units for persistent pulmonary hypertension of the newborn (PPHN); or

3 In-hospital stabilisation in emergency situations

DERMATOLOGICALS

50 CALAMINE (brand change)

Crm, aqueous, BP – **1% DV Nov-18 to 2021** ..... 1.26 100 g **healthE Calamine Aqueous Cream BP**

Note – Pharmacy Health crm, aqueous, BP to be delisted from 1 November 2018.

52 MOMETASONE FUROATE (addition of HSS)

Crm 0.1% – **1% DV Nov-18 to 2021** ..... 1.51 15 g **Elocon Alcohol Free**

Oint 0.1% – **1% DV Nov-18 to 2021** ..... 1.51 15 g **Elocon**

2.90 50 g **Elocon**

52 MOMETASONE FUROATE (↓ price and addition of HSS)

Crm 0.1% – **1% DV Nov-18 to 2021** ..... 2.50 50 g **Elocon Alcohol Free**

Lotn 0.1% – **1% DV Nov-18 to 2021** ..... 6.30 30 ml **Elocon**

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

Changes to Section H Part II – effective 1 September 2018 (continued)

GENITO-URINARY SYSTEM

57 OXYTOCIN (↓ price and addition of HSS)

Inj 5 iu per ml, 1 ml ampoule – **1% DV Nov-18 to 2021**	3.98	5	**Oxytocin BNM**
Inj 10 iu per ml, 1 ml ampoule – **1% DV Nov-18 to 2021**	4.98	5	**Oxytocin BNM**

HORMONE PREPARATIONS

60 CALCITONIN (Pharmacode change)

Inj 100 iu per ml, 1 ml ampoule	121.00	5	Miacalcic

Note – this is a new Pharmacode listing, 2548356. Pharmacode 259012 to be delisted from 1 March 2019.

60 TESTOSTERONE UNDECANOATE (↑ price and addition of HSS)

Cap 40 mg – **1% DV Nov-18 to 2021**	21.00	60	**Andriol Testocaps**

INFECTIONS

70 GENTAMICIN SULPHATE (delisting)

Inj 10 mg per ml, 2 ml ampoule	175.10	25	APP Pharmaceuticals

Note – APP Pharmaceutical inj 10 mg per ml, 2 ml ampoule to be delisted from 1 April 2019.

75 MOXIFLOXACIN (amended restriction – affected criteria shown only)

➔ Tab 400 mg	52.00	5	Avelox
➔ Inj 1.6 mg per ml, 250 ml bottle	70.00	1	Avelox IV 400

Restricted
Initiation – Mycobacterium infection
Infectious disease specialist, clinical microbiologist or respiratory specialist
Any of the following ~~Either:~~
1 Both:
  1.1 Active tuberculosis; and
  1.2 Any of the following:
    1.2.1 Documented resistance to one or more first-line medications; or
    1.2.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or
    1.2.3 Impaired visual acuity (considered to preclude ethambutol use); or
    1.2.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or
    1.2.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications; or
2 Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated; **or**
3 Patient is under five years of age and has had close contact with a confirmed multi-drug resistant tuberculosis case.

Initiation – Mycoplasma genitalium
All of the following:
1 Has nucleic acid amplification test (NAAT) confirmed *Mycoplasma genitalium* **and is symptomatic**; and
2 Either:
  2.1 Has tried and failed to clear infection using azithromycin; ~~and~~ **or**
  2.2 Has laboratory confirmed azithromycin resistance; and
3 Treatment is only for 7 days.

➔ Restriction
(Brand) indicates a brand example only. It is not a contracted product.

Changes to Section H Part II – effective 1 September 2018 (continued)

85 RITONAVIR (delisting)
➔ Oral liq 80 mg per ml
Note – Ritonavir oral liq 80 mg per ml to be delisted from 1 September 2018.

NERVOUS SYSTEM

106 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↑ price, addition of HSS and amended unit of measure)

Gel 2% – **1% DV Nov-18 to 2021**	4.87	20 **g** ~~ml~~	**Orion**

107 PARACETAMOL (addition of HSS)

Suppos 125 mg – **1% DV Nov-18 to 2021** (↓ price)	3.29	10	**Gacet**
Suppos 250 mg – **1% DV Nov-18 to 2021**	3.79	10	**Gacet**

108 FENTANYL (↓ price and addition of HSS)

Inj 50 mcg per ml, 2 ml ampoule – **1% DV Nov-18 to 2021**	3.56	10	**Boucher and Muir**
Inj 50 mcg per ml, 10 ml ampoule – **1% DV Nov-18 to 2021**	9.41	10	**Boucher and Muir**

112 ETHOSUXIMIDE (new listing)

Cap 250 mg	281.75	200	Zarontin
Oral liq 50 mg per ml	56.35	200 ml	Zarontin

117 PROMETHAZINE THEOCLATE (delisting)
➔ Tab 25 mg
Note – Promethazine theoclate tab 25 mg to be delisted from 1 December 2018.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

131 FLUOROURACIL (delisting)

Inj 50 mg per ml, 50 ml vial	17.00	1	Fluorouracil Ebewe

Note – Fluorouracil Ebewe inj 50 mg per ml, 50 ml vial to be delisted from 1 March 2019.

135 TEMOZOLOMIDE (amended restriction – affected criteria shown only)

➔ 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**

Restricted
Initiation – Ewing's Sarcoma
Reassessment required after 9 months
Patient has relapse or refractory Ewing's sarcoma.

Continuation – Ewing's Sarcoma
Reassessment required after 6 months
Both:
1 No evidence of disease progression; and
2 The treatment remains appropriate and the patient is benefitting from treatment.

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

Changes to Section H Part II – effective 1 September 2018 (continued)

144 LETROZOLE (↑ price and addition of HSS)

Tab 2.5 mg – **1% DV Nov-18 to 2021**	4.68	30	**Letrole**

151 ADALIMUMAB (amended restrctions – affected criteria shown only)

➔ 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 – Crohn's disease – **adults**
Gastroenterologist
Re-assessment required after 3 months
All of the following:
1 Patient has severe active Crohn's disease; and
2 Any of the following:
  2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or
  2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
  2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
  2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate.

Continuation – Crohn's disease – **adults**
Gastroenterologist
Re-assessment required after 3 months
Both:
1 Either:
  1.1 Either:
    1.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
    1.1.2 CDAI score is 150 or less; or
  1.2 Both:
    2.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
    2.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation – Crohn's disease – children
Gastroenterologist
Re-assessment required after 3 months
All of the following:
1 Paediatric patient has severe active Crohn's disease; and
2 Either:
  2.1 Patient has a Paediatric Crohn's Disease Activity Index (PCDAI) score of greater than or equal to 30; or
  2.2 Patient has extensive small intestine disease; and
3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate.

continued...

Changes to Section H Part II – effective 1 September 2018 (continued)

continued...

Continuation – Crohn's disease – children
Gastroenterologist
Re-assessment required after 3 months
Both:
1 Any of the following:
1.1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on adalimumab; or
1.2 PCDAI score is 15 or less; or
1.3 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed; and
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

RESPIRATORY SYSTEM AND ALLERGIES

186 FLUTICASONE PROPIONATE (↓ price and addition of HSS)
Nasal spray 50 mcg per dose – **1% DV Nov-18 to 2021** ..... 1.98 — 120 dose — **Flixonase Hayfever & Allergy**

188 SALBUTAMOL (↑ price and addition of HSS)
Oral liq 400 mcg per ml – **1% DV Nov-18 to 2021** ..... 20.00 — 150 ml — **Ventolin**

SPECIAL FOODS

223 ENTERAL FEED 1.5 KCAL/ML (delisting)
➔ Liquid 5.4 g protein, 13.6 g carbohydrate and 3.3 g fat per 100 ml,1,000 ml bottle — *e.g. Isosource Standard RTH*

Note – Enteral feed 1.5 kcal/ml (e.g. Isosource Standard RTH) liquid, 1,000 ml bottle to be delisted 1 September 2018.

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

Changes to Section H Part II – effective 1 August 2018

ALIMENTARY TRACT AND METABOLISM

5 ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND **SIMETICONE** ~~SIMETHICONE~~ (amended chemical name and presentation description)

Tab 200 mg with magnesium hydroxide 200 mg and **simeticone** ~~simethicone~~ 20 mg — *e.g. Mylanta*

Oral liq 400 mg with magnesium hydroxide 400 mg and **simeticone** ~~simethicone~~ 30 mg per 5 ml — *e.g. Mylanta Double Strength*

5 **SIMETICONE** ~~SIMETHICONE~~ (amended chemical name)

Oral drops 100 mg per ml

5 SIMETICONE (new listing)

Oral drops 20 mg per 0.3 ml

10 GLIBENCLAMIDE (new listing)

Tab 5 mg – **1% DV Oct-18 to 2021**	6.00	100	**Daonil**

10 PIOGLITAZONE (addition of HSS)

Tab 15 mg – **1% DV Oct-18 to 2021**	3.47	90	**Vexazone**
Tab 30 mg – **1% DV Oct-18 to 2021**	5.06	90	**Vexazone**
Tab 45 mg – **1% DV Oct-18 to 2021**	7.10	90	**Vexazone**

12 GLYCEROL (↑ price and addition of HSS)

Suppos 3.6 g – **1% DV Oct-18 to 2021**	9.25	20	**PSM**

15 IMIGLUCERASE (delisting)

➔ Inj 40 iu per ml, 5 ml vial

➔ Inj 40 iu per ml, 10 ml vial

Note – Imiglucerase inj 40 iu per ml, 5 ml and 10 ml vials to be delisted from 1 March 2019.

16 TALIGLUCERASE ALFA (new listing)

➔ Inj 200 unit vial	1,072.00	1	Elelyso

Restricted
Initiation
Only for use in patients with approval by the Gaucher's Treatment Panel.

17 FERROUS SULPHATE (Pharmacode change)

Tab long-acting 325 mg (105 mg elemental)

– 1% DV Jun-18 to 2021	2.06	30	**Ferrograd**

Note – this is a new Pharmacode listing, 2534819. 604321 to be delisted from 1 February 2019.

BLOOD AND BLOOD FORMING ORGANS

23 FOLIC ACID (↑ price and addition of HSS)

Tab 0.8 mg – **1% DV Oct-18 to 2021**	21.84	1,000	**Apo-Folic Acid**
Tab 5 mg – **1% DV Oct-18 to 2021**	12.12	500	**Apo-Folic Acid**

➔ Restriction

(Brand) indicates a brand example only. It is not a contracted product.

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

Changes to Section H Part II – effective 1 August 2018 (continued)

25 TRANEXAMIC ACID (pack size correction)
Inj 100 mg per ml, 10 ml ampoule – **1% DV Sep-18 to 2021** ... 10.95 **5** ~~10~~ **Tranexamic-AFT**
Note – this is a correction to the pack size only.

28 RIVAROXABAN (↓ price and restriction removed)
➔ Tab 10 mg ... 41.55 15 Xarelto

~~Restricted~~
~~Initiation – total hip replacement~~
~~*Limited to 5 weeks treatment*~~
~~For the prophylaxis of venous thromboembolism.~~

~~Initiation – total knee replacement~~
~~*Limited to 2 weeks treatment*~~
~~For the prophylaxis of venous thromboembolism.~~

28 RIVAROXABAN (new listing)
Tab 10 mg ... 83.10 30 Xarelto
Tab 15 mg ... 77.56 28 Xarelto
Tab 20 mg ... 77.56 28 Xarelto

33 SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE] (↑ price and addition of HSS)
Inj 1 mmol per ml, 20 ml ampoule – **1% DV Oct-18 to 2021** .... 48.70 5 **Biomed**

33 POTASSIUM CHLORIDE (↑ price and addition of HSS)
Tab long-acting 600 mg (8 mmol) – **1% DV Oct-18 to 2021** ..... 8.90 200 **Span-K**

CARDIOVASCULAR SYSTEM

35 TRANDOLAPRIL (delisting)
➔ Cap 1 mg
➔ Cap 2 mg
Note – Trandolapril cap 1 mg and 2 mg to be delisted from 1 January 2019.

35 ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE (delisting)
➔ Tab 20 mg with hydrochlorothiazide 12.5 mg
Note – Enalapril maleate with hydrochlorothiazide tab 20 mg with hydrochlorothiazide 12.5 mg to be delisted from 1 January 2019.

37 ATROPINE SULPHATE (brand change)
Inj 600 mcg per ml, 1 ml ampoule – **1% DV Oct-18 to 2021** .... 12.07 10 **Martindale**
Note – AstraZeneca inj 600 mcg per ml, 1 ml ampoule to be delisted from 1 October 2018.

38 METOPROLOL TARTRATE (brand change)
Inj 1 mg per ml, 5 ml vial – **1% DV Feb-19 to 31 Jan 2022** ..... 29.50 5 **Metoprolol IV Mylan**
Note – Lopresor inj 1 mg per ml, 5 ml vial to be delisted from 1 February 2019.

38 METOPROLOL TARTRATE (↑ price and addition of HSS)
Tab 50 mg – **1% DV Oct-18 to 2021** ... 5.66 100 **Apo-Metoprolol**
Tab 100 mg – **1% DV Oct-18 to 2021** ... 7.55 60 **Apo-Metoprolol**

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

Changes to Section H Part II – effective 1 August 2018 (continued)

38	NADOLOL (↑ price and addition of HSS)			
	Tab 40 mg – **1% DV Oct-18 to 2021**	16.69	100	**Apo-Nadolol**
	Tab 80 mg – **1% DV Oct-18 to 2021**	26.43	100	**Apo-Nadolol**
38	PINDOLOL (↑ price and addition of HSS)			
	Tab 5 mg – **1% DV Oct-18 to 2021**	13.22	100	**Apo-Pindolol**
	Tab 10 mg – **1% DV Oct-18 to 2021**	23.12	100	**Apo-Pindolol**
	Tab 15 mg – **1% DV Oct-18 to 2021**	33.31	100	**Apo-Pindolol**
38	PROPRANOLOL (↑ price and addition of HSS)			
	Tab 10 mg – **1% DV Oct-18 to 2021**	4.64	100	**Apo-Propranolol**
	Tab 40 mg – **1% DV Oct-18 to 2021**	5.72	100	**Apo-Propranolol**
39	ISRADIPINE (delisting)			
	Cap long-acting 2.5 mg			
	Cap long-acting 5 mg			
	Note – Isradipine cap long-acting 2.5 mg and 5 mg to be delisted from 1 October 2018.			
39	DILTIAZEM HYDROCHLORIDE (↑ price and addition of HSS)			
	Cap long-acting 120 mg – **1% DV Oct-18 to 2021**	33.42	500	**Apo-Diltiazem CD**
	Cap long-acting 180 mg – **1% DV Oct-18 to 2021**	50.05	500	**Apo-Diltiazem CD**
	Cap long-acting 240 mg – **1% DV Oct-18 to 2021**	66.76	500	**Apo-Diltiazem CD**
39	NIFEDIPINE (HSS suspended)			
	Tab long-acting 30 mg – **1% DV Dec-17 to 31 Jul 18** ~~2020~~	3.14	30	Adalat Oros
40	VERAPAMIL HYDROCHLORIDE (Pharmacode change)			
	Tab 80 mg	11.74	100	Isoptin
	Note – this is a listing of a new Pharmacode, 2535335. Pharmacode 253502 to be delisted from 1 July 2019.			
40	CLONIDINE HYDROCHLORIDE (↓ price and addition of HSS)			
	Tab 25 mcg – **1% DV Oct-18 to 2021**	8.75	112	**Clonidine BNM**
40	CLONIDINE HYDROCHLORIDE (brand change)			
	Inj 150 mcg per ml, 1 ml ampoule – **1% DV Oct-18 to 2021**	25.96	10	**Medsurge**
	Note – Catapres inj 150 mcg per ml, 1 ml ampoule to be delisted from 1 October 2018.			
43	DOBUTAMINE HYDROCHLORIDE (brand change)			
	Inj 12.5 mg per ml, 20 ml ampoule	61.13	5	Dobutamine-hameln
	Note – Dobutamine-hameln inj 12.5 mg per ml, 20 ml ampoule to be delisted from 1 January 2019.			
45	BOSENTAN (brand change)			
	➔ Tab 62.5 mg – **1% DV Dec-18 to 2021**	141.00	60	**Bosentan Dr Reddy's**
	➔ Tab 125 mg – **1% DV Dec-18 to 2021**	141.00	60	**Bosentan Dr Reddy's**
	Note – Bosentan-Mylan tab 62.5 mg and 125 mg to be delisted from 1 December 2018.			

DERMATOLOGICALS

50	ISOTRETINOIN (new listing)			
	Cap 5 mg – **1% DV Oct-18 to 2021**	8.14	60	**Oratane**

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

Changes to Section H Part II – effective 1 August 2018 (continued)

50	ISOTRETINOIN (↓ price and addition of HSS)			
	Cap 10 mg – **1% DV Oct-18 to 2021**	13.34	120	**Oratane**
	Cap 20 mg – **1% DV Oct-18 to 2021**	20.49	120	**Oratane**
50	ISOTRETINOIN (delisting)			
	Cap 10 mg	12.47	100	Isotane 10
	Cap 20 mg	19.27	100	Isotane 20
	Note – Isotane 10 cap 10 mg and Isotane 20 cap 20 mg to be delisted from 1 October 2018.			
51	AQUEOUS CREAM (↑ price and addition of HSS)			
	Crm 100 g – **1% DV Oct-18 to 2021**	1.05	100 g	**Pharmacy Health SLS-free**
	Note: DV limit applies to the pack sizes of 100 g or less.			
52	BETAMETHASONE VALERATE (↑ price and addition of HSS)			
	Crm 0.1% – **1% DV Oct-18 to 2021**	3.45	50 g	**Beta Cream**
	Oint 0.1% – **1% DV Oct-18 to 2021**	3.45	50 g	**Beta Ointment**
53	BETAMETHASONE VALERATE (addition of HSS)			
	Scalp app 0.1% – **1% DV Oct-18 to 2021**	7.75	100 ml	**Beta Scalp**

GENITO-URINARY SYSTEM

57	OXYTOCIN WITH ERGOMETRINE MALEATE (↑ price and addition of HSS)			
	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – **1% DV Oct-18 to 2021**	15.00	5	**Syntometrine**
58	POTASSIUM CITRATE (↑ price and addition of HSS)			
	➔ Oral liq 3 mmol per ml – **1% DV Oct-18 to 2021**	31.80	200 ml	**Biomed**

HORMONE PREPARATIONS

61	DEXAMETHASONE (↑ price and addition of HSS)			
	Tab 0.5 mg – **1% DV Oct-18 to 2021**	0.99	30	**Dexmethsone**
	Tab 4 mg – **1% DV Oct-18 to 2021**	1.90	30	**Dexmethsone**
64	SOMATROPIN (↓ price and addition of HSS)			
	➔ Inj 5 mg cartridge – **1% DV Oct-18 to 2021**	34.88	1	**Omnitrope**
	➔ Inj 10 mg cartridge – **1% DV Oct-18 to 2021**	69.75	1	**Omnitrope**
	➔ Inj 15 mg cartridge – **1% DV Oct-18 to 2021**	104.63	1	**Omnitrope**

INFECTIONS

71	MEROPENEM (brand change)			
	➔ Inj 500 mg vial – **1% DV Oct-18 to 2020**	4.00	1	**Meropenem Ranbaxy**
	➔ Inj 1 g vial – **1% DV Oct-18 to 2020**	8.00	1	**Meropenem Ranbaxy**
	Note – DBL Meropenem inj 500 mg and 1 g vial to be delisted from 1 October 2018.			

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

Changes to Section H Part II – effective 1 August 2018 (continued)

71	CEFALEXIN (↑ price and addition of HSS)			
	Grans for oral liq 25 mg per ml – **1% DV Oct-18 to 2021**	8.75	100 ml	**Cefalexin Sandoz**
	Grans for oral liq 50 mg per ml – **1% DV Oct-18 to 2021**	11.75	100 ml	**Cefalexin Sandoz**
74	FLUCLOXACILLIN (addition of HSS)			
	Grans for oral liq 25 mg per ml – **1% DV Oct-18 to 2021**	2.29	100 ml	**AFT**
	Grans for oral liq 50 mg per ml – **1% DV Oct-18 to 2021** (↑ price)	3.68	100 ml	**AFT**
75	CIPROFLOXACIN (↑ price and addition of HSS)			
	➔ Inj 2 mg per ml, 100 ml bag – **1% DV Oct-18 to 2021**	68.20	10	**Cipflox**
77	LINEZOLID (↓ price and addition of HSS)			
	➔ Tab 600 mg – **1% DV Oct-18 to 2021**	553.77	10	**Zyvox**
77	TRIMETHOPRIM (↑ price and addition of HSS)			
	Tab 300 mg – **1% DV Oct-18 to 2021**	16.50	50	**TMP**
80	ISONIAZID (↑ price and addition of HSS)			
	➔ Tab 100 mg – **1% DV Oct-18 to 2021**	22.00	100	**PSM**
86	ENTECAVIR (new listing)			
	Tab 0.5 mg – **1% DV Nov-18 to 2021**	52.00	30	**Entecavir Sandoz**
	Note – Baraclude tab 0.5 mg to be delisted from 1 November 2018.			

MUSCULOSKELETAL SYSTEM

94	ETIDRONATE DISODIUM (delisting)			
	Tab 200 mg	13.50	100	Arrow-Etidronate
	Note – Arrow-Etidronate tab 200 mg to be delisted from 1 January 2019.			
100	BACLOFEN (↑ price and addition of HSS)			
	Tab 10 mg – **1% DV Oct-18 to 2021**	4.20	100	**Pacifen**
101	DICLOFENAC SODIUM (↑ price and addition of HSS)			
	Tab EC 50 mg – **1% DV Oct-18 to 2021**	1.23	50	**Diclofenac Sandoz**
	Tab long-acting 75 mg – **1% DV Oct-18 to 2021**	22.80	500	**Apo-Diclo SR**
101	DICLOFENAC SODIUM (↓ price and addition of HSS)			
	Tab EC 25 mg – **1% DV Oct-18 to 2021**	1.23	50	**Diclofenac Sandoz**
	Tab long-acting 100 mg – **1% DV Oct-18 to 2021**	25.15	500	**Apo-Diclo SR**
102	MELOXICAM (delisting)			
	➔ Tab 7.5 mg			
	Note – Meloxicam tab 7.5 mg to be delisted from 1 November 2018			
102	NAPROXEN (↑ price and addition of HSS)			
	Tab long-acting 750 mg – **1% DV Oct-18 to 2021**	6.16	28	**Naprosyn SR 750**
	Tab long-acting 1 g – **1% DV Oct-18 to 2021**	8.21	28	**Naprosyn SR 1000**

Changes to Section H Part II – effective 1 August 2018 (continued)

NERVOUS SYSTEM

108 FENTANYL (pack size change)
Inj 20 mcg per ml, 50 ml syringe – **1% DV Oct-18 to 2021** ..... 18.74 1 **Biomed**
Note – Biomed inj 20 mcg per ml, 50 ml syringe, 10 pack to be delisted 1 October 2018.

108 METHADONE HYDROCHLORIDE (↑ price and addition of HSS)
Oral liq 2 mg per ml – **1% DV Oct-18 to 2021** ..... 5.79 200 ml **Biodone**
Oral liq 5 mg per ml – **1% DV Oct-18 to 2021** ..... 5.79 200 ml **Biodone Forte**
Oral liq 10 mg per ml – **1% DV Oct-18 to 2021** ..... 6.79 200 ml **Biodone Extra Forte**

110 CLOMIPRAMINE HYDROCHLORIDE (↑ price and addition of HSS)
Tab 10 mg – **1% DV Oct-18 to 2021** ..... 13.99 100 **Apo-Clomipramine**
Tab 25 mg – **1% DV Oct-18 to 2021** ..... 9.46 100 **Apo-Clomipramine**

111 MIRTAZAPINE (↑ price and addition of HSS)
Tab 30 mg – **1% DV Oct-18 to 2021** ..... 2.63 30 **Apo-Mirtazapine**
Tab 45 mg – **1% DV Oct-18 to 2021** ..... 3.48 30 **Apo-Mirtazapine**

112 GABAPENTIN (restriction removed and brands delisted)
Note: Gabapentin not to be given in combination with pregabalin
Capsule 100 mg ..... 7.16 100 Arrow-Gabapentin, Neurontin, Nupentin
Capsule 300 mg ..... 11.00 100 Arrow-Gabapentin, Neurontin, Nupentin
Capsule 400 mg ..... 13.75 100 Arrow-Gabapentin, Neurontin, Nupentin

~~Restricted~~
~~Initiation – preoperative and/or postoperative use~~
~~*Limited to 8 days treatment*~~

~~Initiation – pain management of burns patients~~
~~*Re-assessment required after 1 month*~~

~~Continuation – pain management of burns patients~~
~~*Re-assessment required after 1 month*~~
~~The treatment remains appropriate and the patient is benefiting from treatment.~~

~~Initiation – epilepsy~~
~~*Re-assessment required after 15 months*~~
~~Either:~~
~~1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or~~
~~2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.~~
~~Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.~~

~~Continuation – epilepsy~~
~~Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.~~

continued...

Changes to Section H Part II – effective 1 August 2018 (continued)

continued...

~~Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective~~

~~Initiation – Neuropathic pain or Chronic Kidney Disease-associated pruritus~~

~~*Re-assessment required after 3 months*~~

~~Either:~~

~~1. The patient has been diagnosed with neuropathic pain; or~~

~~2. Both:~~

~~2.1 The patient has Chronic Kidney Disease Stage 5-associated pruritus* where no other cause for pruritus can be identified (e.g. scabies, allergy); and~~

~~2.2 The patient has persistent pruritus not relieved with a trial of emollient/moisturising creams alone.~~

~~Continuation – Neuropathic pain or Chronic Kidney Disease-associated pruritus~~

~~Either:~~

~~1. The patient has demonstrated a marked improvement in their control of pain or itch (prescriber determined); or~~

~~2. The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.~~

~~Note: Indications marked with * are unapproved indications. Dosage adjustment of gabapentin is recommended for patients with renal impairment.~~

Note – Arrow-Gabapentin, Narontin and Nupentin brands of gabapentin cap 100 mg, 300 mg and 400 mg to be delisted 1 August 2018.

114	PHENOBARBITONE (↑ price and addition of HSS)			
	Tab 15 mg – **1% DV Oct-18 to 2021**	40.00	500	**PSM**
	Tab 30 mg – **1% DV Oct-18 to 2021**	40.00	500	**PSM**
120	ZIPRASIDONE (HSS delayed)			
	Cap 20 mg ~~– 1% DV Sep-18 to 2021~~	14.50	60	Zusdone
120	OLANZAPINE (↓ price and addition of HSS)			
	➔ Inj 210 mg vial – **1% DV Oct-18 to 2021**	252.00	1	**Zyprexa Relprevv**
	➔ Inj 300 mg vial – **1% DV Oct-18 to 2021**	414.00	1	**Zyprexa Relprevv**
	➔ Inj 405 mg vial – **1% DV Oct-18 to 2021**	504.00	1	**Zyprexa Relprevv**
124	DEXAMFETAMINE SULFATE (↑ price and addition of HSS)			
	➔ Tab 5 mg – **1% DV Oct-18 to 2021**	20.00	100	**PSM**

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

130	CYCLOPHOSPHAMIDE (↑ price and addition of HSS)			
	Inj 1 g vial – **1% DV Oct-18 to 2021**	35.65	1	**Endoxan**
	Inj 2 g vial – **1% DV Oct-18 to 2021**	71.25	1	**Endoxan**
131	FLUOROURACIL (addition of HSS)			
	Inj 50 mg per ml, 20 ml vial – **1% DV Oct-18 to 2021** (↑ price)	12.00	1	**Fluorouracil Ebewe**
	Inj 50 mg per ml, 100 ml vial – **1% DV Oct-18 to 2021**	30.00	1	**Fluorouracil Ebewe**
143	MEGESTROL ACETATE (↑ price and addition of HSS)			
	Tab 160 mg – **1% DV Oct-18 to 2021**	63.53	30	**Apo-Megestrol**

Changes to Section H Part II – effective 1 August 2018 (continued)

RESPIRATORY SYSTEM AND ALLERGIES

186 BUDESONIDE (brand change)
Nasal spray 50 mcg per dose – **1% DV Oct-18 to 2020** ..... 2.59 200 dose **SteroClear**
Nasal spray 100 mcg per dose – **1% DV Oct-18 to 2020** ..... 2.87 200 dose **SteroClear**
Note – Butacort Aqueous nasal spray 50 mcg and 100 mcg per dose to be delisted from 1 October 2018.

186 SALBUTAMOL WITH IPRATROPIUM BROMIDE (↑ price and addition of HSS)
Nebuliser soln 2.5 mg with ipratropium bromide
0.5 mg per 2.5 ml ampoule – **1% DV Oct-18 to 2021** ..... 5.20 20 **Duolin**

188 SALBUTAMOL (↑ price and addition of HSS)
Nebuliser soln 1 mg per ml, 2.5 ml ampoule
– **1% DV Oct-18 to 2021** ..... 3.93 20 **Asthalin**
Nebuliser soln 2 mg per ml, 2.5 ml ampoule
– **1% DV Oct-18 to 2021** ..... 4.03 20 **Asthalin**

191 BERACTANT (delisting)
Soln 200 mg per 8 ml vial ..... 550.00 1 Survanta
Note – Survanta soln 200 mg per 8 ml vial to be delisted from 1 January 2019.

SENSORY ORGANS

192 SODIUM FUSIDATE [FUSIDIC ACID] (↑ price)
Eye drops 1% ..... 5.29 5 g Fucithalmic

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