Pharmaceutical Management Agency

Section H Update for Hospital Pharmaceuticals

Effective 1 March 2019

Cumulative for December 2018, January, February and March 2019

New Zealand Government

PHARMAC
Pharmaceutical Management Agency

Contents

Summary of decisions
EFFECTIVE 1 MARCH 2019

- Arsenic trioxide (Phenasen) inj 1 mg per ml, 10 ml vial – new listing
- Arsenic trioxide (AFT) inj 1 mg per ml, 10 ml vial – to be delisted 1 September 2019
- Carmustine (BiCNU) inj 100 mg vial – to be delisted 1 July 2019
- Ceftazidime (Ceftazidime Mylan) inj 1 g vial – price increase
- Doxepin hydrochloride cap 10 mg, 25 mg and 50 mg – restriction added
- Enalapril maleate (Ethics Enalapril) tab 5 mg, 10 mg and 20 mg – price increase
- Filgrastim (Nivestim) inj 300 mcg and 480 mcg in 0.5 ml prefilled syringe – new listing and addition of HSS
- Filgrastim (Zarzio) inj 300 mcg and 480 mcg in 0.5 ml prefilled syringe – to be delisted 1 May 2019
- Hepatitis B recombinant vaccine (Engerix-B) inj 20 mcg per 1 ml prefilled syringe – amended restriction
- Ibuprofen (Ethics) oral liq 20 mg per ml – new listing and addition of HSS
- Ibuprofen (Fenpaed) oral liq 20 mg per ml – to be delisted 1 May 2019
- Imiglucerase inj 40 iu per ml, 10 ml vial – amended restriction and delist date
- Influenza vaccine inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) (Fluarix Tetra) and inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) (Influvac Tetra) – amended restriction
- Influenza vaccine (Influvac) inj 45 mcg in 0.5 ml syringe (trivalent vaccine) – delisted 1 March 2019
- Latanoprost (Hysite) eye drops 0.005% – price decrease
- Magnesium oxide cap 696 mg (420 mg elemental) – new listing
- Midazolam (Hypnovel) tab 7.5 mg – to be delisted 1 June 2019
- Moroctocog alfa [Recombinant factor VIII] (Xyntha) inj 250 iu, inj 500 iu, inj 1,000 iu, inj 2,000 iu and inj 3,000 iu prefilled syringe – amended restriction
- Octocog alfa [Recombinant factor VIII] (Advate) inj 250 iu, inj 500 iu, inj 1,000 iu, inj 1,500 iu, inj 2,000 iu and inj 3,000 iu vial – amended restriction
- Octocog alfa [Recombinant factor VIII] (Kogenate FS) inj 250 iu, inj 500 iu, inj 1,000 iu, inj 2,000 iu and inj 3,000 iu vial – amended restriction
- Oxycodone hydrochloride (Oxycodone Sandoz) tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg and 80 mg – new listing and addition of HSS
- Oxycodone hydrochloride (BNM) tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg and 80 mg – to be delisted 1 May 2019

Summary of decisions – effective 1 March 2019 (continued)

- Sodium fusidate [fusidic acid] (Foban) crm 2% and oint 2% – new listing and addition of HSS
- Sodium fusidate [fusidic acid] crm 2% (DP Fusidic Acid Cream) and oint 2% (Foban), 15 g – to be delisted 1 May 2019
- Taliglucerase alfa (Elelyso) inj 200 unit vial – amended restriction
- Valganciclovir (Valganciclovir Mylan) tab 450 mg – new listing and addition of HSS
- Valganciclovir (Valcyte) tab 450 mg – to be delisted 1 May 2019
- Vinorelbine (Navelbine) inj 10 mg per ml, 1 ml and 5 ml vial – price increase
- Zoledronic acid (Zoledronic acid Mylan) inj 4 mg per 5 ml, vial – price decrease and addition of HSS
- Zoledronic acid (Zometa) inj 4 mg per 5 ml, vial – to be delisted 1 May 2019

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

Section H changes to Part II

Effective 1 March 2019

ALIMENTARY TRACT AND METABOLISM

15 IMIGLUCERASE (amended restriction and delist date)
➔ Inj 40 iu per ml, 10 ml vial
Restricted
Initiation
Only for use in patients with approval by the ~~Gaucher's~~ **Gaucher** Treatment Panel.
Note – Imiglucerase inj 40 iu per ml, 10 ml vial delisting amended from 1 March 2019 until 1 September 2019.

17 TALIGLUCERASE ALFA (amended restriction)

➔ Inj 200 unit vial	1,072.00	1	Elelyso

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

18 MAGNESIUM OXIDE (new listing)
Cap 696 mg (420 mg elemental)

BLOOD AND BLOOD FORMING ORGANS

27 MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] (amended restriction)

➔ Inj 250 iu prefilled syringe	210.00	1	Xyntha
➔ Inj 500 iu prefilled syringe	420.00	1	Xyntha
➔ Inj 1,000 iu prefilled syringe	840.00	1	Xyntha
➔ Inj 2,000 iu prefilled syringe	1,680.00	1	Xyntha
➔ Inj 3,000 iu prefilled syringe	2,520.00	1	Xyntha

Initiation
Note: Preferred Brand of recombinant factor VIII from 1 March 2016 ~~until 28 February 2019~~. When used in the treatment of haemophilia, funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

28 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (ADVATE) (amended restriction)

➔ Inj 250 iu vial	287.50	1	Advate
➔ Inj 500 iu vial	575.00	1	Advate
➔ Inj 1,000 iu vial	1,150.00	1	Advate
➔ Inj 1,500 iu vial	1,725.00	1	Advate
➔ Inj 2,000 iu vial	2,300.00	1	Advate
➔ Inj 3,000 iu vial	3,450.00	1	Advate

Initiation
Notes: Rare Clinical Circumstances Brand of recombinant factor VIII from 1 March 2016 ~~until 28 February 2019~~. When used in the treatment of haemophilia, access to funded treatment by application to the Haemophilia Treatments Panel. Application details may be obtained from PHARMAC.s website http://www.pharmac.govt.nz or:

The Co-ordinator, Haemophilia Treatments Panel
PHARMAC PO Box 10 254
Wellington

Phone: 0800 023 588 Option 2
Facsimile: (04) 974 4881
Email: haemophilia@pharmac.govt.nz

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

Changes to Section H Part II – effective 1 March 2019 (continued)

28 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (KOGENATE FS) (amended restriction)

➔ Inj 250 iu vial	237.50	1	Kogenate FS
➔ Inj 500 iu vial	475.00	1	Kogenate FS
➔ Inj 1,000 iu vial	950.00	1	Kogenate FS
➔ Inj 2,000 iu vial	1,900.00	1	Kogenate FS
➔ Inj 3,000 iu vial	2,850.00	1	Kogenate FS

Initiation

Notes: Second Brand of recombinant factor VIII from 1 March 2016 ~~until 28 February 2019~~. When used in the treatment of haemophilia, access to funded treatment by application to the Haemophilia Treatments Panel. Application details may be obtained from PHARMAC.s website http://www.pharmac.govt.nz or:

The Co-ordinator, Haemophilia Treatments Panel
PHARMAC PO Box 10 254
Wellington

Phone: 0800 023 588 Option 2
Facsimile: (04) 974 4881
Email: haemophilia@pharmac.govt.nz

32 FILGRASTIM (brand change)

➔ Inj 300 mcg in 0.5 ml prefilled syringe			
– **1% DV May-19 to 2021**	96.22	10	**Nivestim**
➔ Inj 480 mcg in 0.5 ml prefilled syringe			
– **1% DV May-19 to 2021**	161.50	10	**Nivestim**

Note – Zarzio inj 300 mcg in 0.5 ml prefilled syringe and 480 mcg in 0.5 ml prefilled syringe to be delisted from 1 May 2019.

CARDIOVASCULAR SYSTEM

36 ENALAPRIL MALEATE (↑ price)

Tab 5 mg	3.84	100	Ethics Enalapril
Tab 10 mg	4.96	100	Ethics Enalapril
Tab 20 mg	7.12	100	Ethics Enalapril

DERMATOLOGICALS

51 SODIUM FUSIDATE [FUSIDIC ACID] (brand change)

Crm 2% – **1% DV May-19 to 2021**	1.59	5 g	**Foban**
Oint 2% – **1% DV May-19 to 2021**	1.59	5 g	**Foban**

Note – DP Fusidic Acid Cream crm 2% and Foban oint 2%, 15 g to be delisted from 1 May 2019.

HORMONE PREPARATIONS

63 ZOLEDRONIC ACID (↓ price and addition of HSS)

➔ Inj 4 mg per 5 ml, vial – **1% DV May-19 to 2021**	38.03	1	**Zoledronic acid Mylan**

Note – Zometa inj 4 mg per 5 ml, vial to be delisted from 1 May 2019.

INFECTIONS

73 CEFTAZIDIME (↑ price)

➔ Inj 1 g vial	34.00	5	Ceftazidime Mylan

89 VALGANCICLOVIR (brand change)

➔Tab 450 mg – **1% DV May-19 to 2021**	225.00	60	**Valganciclovir Mylan**

Note – Valcyte tab 450 mg to be delisted from 1 May 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 March 2019 (continued)

MUSCULOSKELETAL SYSTEM

104 IBUPROFEN (brand change)

Oral liq 20 mg per ml – **1% DV May-19 to 2021**	1.88	200 ml	**Ethics**

Note – Fenpaed oral liq 20 mg per ml to be delisted from 1 May 2019.

NERVOUS SYSTEM

113 DOXEPIN HYDROCHLORIDE – **Restricted: For continuation only** (restriction added)

➔Cap 10 mg
➔Cap 25 mg
➔Cap 50 mg

112 OXYCODONE HYDROCHLORIDE (brand change)

Tab controlled-release 5 mg – **1% DV May-19 to 2021**	2.15	20	**Oxycodone Sandoz**
Tab controlled-release 10 mg – **1% DV May-19 to 2021**	2.15	20	**Oxycodone Sandoz**
Tab controlled-release 20 mg – **1% DV May-19 to 2021**	2.15	20	**Oxycodone Sandoz**
Tab controlled-release 40 mg – **1% DV May-19 to 2021**	3.20	20	**Oxycodone Sandoz**
Tab controlled-release 80 mg – **1% DV May-19 to 2021**	10.98	20	**Oxycodone Sandoz**

Note – BNM tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg and 80 mg to be delisted from 1 May 2019.

125 MIDAZOLAM (delisting)

Tab 7.5 mg	40.00	100	Hypnovel

Note – Hypnovel tab 7.5 mg to be delisted from 1 June 2019.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

131 CARMUSTINE (delisting)

Inj 100 mg vial	532.00	1	BiCNU

Note – BiCNU inj 100 mg vial to be delisted from 1 July 2019.

134 ARSENIC TRIOXIDE (brand change)

Inj 1 mg per ml, 10 ml vial	4,817.00	10	Phenasen

Note – AFT inj 1 mg per ml, 10 ml vial to be delisted from 1 September 2019.

144 VINORELBINE (↑ price)

Inj 10 mg per ml, 1 ml vial	12.00	1	Navelbine
Inj 10 mg per ml, 5 ml vial	56.00	1	Navelbine

SENSORY ORGANS

201 LATANOPROST (↓ price)

Eye drops 0.005%	1.50	2.5 ml	Hysite

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

Changes to Section H Part II – effective 1 March 2019 (continued)

VACCINES

233 HEPATITIS B RECOMBINANT VACCINE (amended restriction criteria)

➔ 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~~.~~**; or**
11 For dialysis patients; or
12 For liver or kidney transplant patients.

235 INFLUENZA VACCINE (amended restriction – affected criteria only shown)

➔ Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) ... 9.00 1 Fluarix Tetra

Restricted

Initiation – Other conditions for patients aged 6 months to 35 months

Any of the following:

1 Any of the following:
- 1.1 Diabetes; or
- 1.2 Chronic renal disease; or
- 1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
- 1.4 Autoimmune disease; or
- 1.5 Immune suppression or immune deficiency; or
- 1.6 HIV; or
- 1.7 Transplant recipient; or
- 1.8 Neuromuscular and CNS diseases/ disorders; or
- 1.9 Haemoglobinopathies; or
- 1.10 Is a child on long term aspirin; or
- 1.11 Has a cochlear implant; or
- 1.12 Errors of metabolism at risk of major metabolic decompensation; or
- 1.13 Pre and post splenectomy; or
- 1.14 Down syndrome; or
- 1.15 Child who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or

2 Child is living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board)~~; or~~

~~3 Child has been displaced from their homes in Edgecumbe and the surrounding region.~~

continued...

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

Changes to Section H Part II – effective 1 March 2019 (continued)

continued...

➔ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)..... 90.00 10 Influvac Tetra

Restricted

Initiation – Other conditions for patients 3 years and over

Any of the following:

1 Any of the following:

- 1.1 Diabetes; or
- 1.2 Chronic renal disease; or
- 1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
- 1.4 Autoimmune disease; or
- 1.5 Immune suppression or immune deficiency; or
- 1.6 HIV; or
- 1.7 Transplant recipient; or
- 1.8 Neuromuscular and CNS diseases/ disorders; or
- 1.9 Haemoglobinopathies; or
- 1.10 Is a child on long term aspirin; or
- 1.11 Has a cochlear implant; or
- 1.12 Errors of metabolism at risk of major metabolic decompensation; or
- 1.13 Pre and post splenectomy; or
- 1.14 Down syndrome; or
- 1.15 Is pregnant; or
- 1.16 Is a child aged four and under who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or

2 Patients in a long-stay inpatient mental health care unit or who are compulsorily detained long-term in a forensic unit within a DHB hospital; or

3 People under 18 years of age living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board)~~; or~~

~~4 People under 18 years of age who have been displaced from their homes in Edgecumbe and the surrounding region.~~

235 INFLUENZA VACCINE (delisted)

➔ Inj 45 mcg in 0.5 ml syringe (trivalent vaccine) ..... 90.00 10 Influvac

Note – Influvac inj 45 mcg in 0.5 ml syringe (trivalent vaccine) delisted 1 March 2019.

Effective 11 February 2019

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

131 CARMUSTINE (new listing)

Inj 100 mg vial ..... 1,380.00 1 Emcure

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

Changes to Section H Part II – effective 1 February 2019

ALIMENTARY TRACT AND METABOLISM

18 IRON POLYMALTOSE (delisting delayed)
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 July 2019.

BLOOD AND BLOOD FORMING ORGANS

23 EPOETIN ALFA ~~[ERYTHROPOIETIN ALFA]~~ (brand change, amended chemical name and restriction criteria)

➔ Inj 1,000 iu in 0.5 ml syringe – **1% DV Apr-19 to 2022**	250.00	6	**Binocrit**
➔ Inj 2,000 iu in 1 ml syringe – **1% DV Apr-19 to 2022**	100.00	6	**Binocrit**
➔ Inj 3,000 iu in 0.3 ml syringe – **1% DV Apr-19 to 2022**	150.00	6	**Binocrit**
➔ Inj 4,000 iu in 0.4 ml syringe – **1% DV Apr-19 to 2022**	96.50	6	**Binocrit**
➔ Inj 5,000 iu in 0.5 ml syringe – **1% DV Apr-19 to 2022**	125.00	6	**Binocrit**
➔ Inj 6,000 iu in 0.6 ml syringe – **1% DV Apr-19 to 2022**	145.00	6	**Binocrit**
➔ Inj 8,000 iu in 0.8 ml syringe – **1% DV Apr-19 to 2022**	175.00	6	**Binocrit**
➔ Inj 10,000 iu in 1 ml syringe – **1% DV Apr-19 to 2022**	197.50	6	**Binocrit**
➔ Inj 40,000 iu in 1 ml syringe – **1% DV Apr-19 to 2022**	250.00	1	**Binocrit**

Note – Eprex inj 1,000 iu in 0.5 ml, 2,000 iu in 0.5 ml, 3,000 iu in 0.3 ml, 4,000 iu in 0.4 ml, 5,000 iu in 0.5 ml, 6,000 iu in 0.6 ml, 8,000 iu in 0.8 ml, 10,000 iu in 1 ml and 40,000 iu in 1 ml syringe to be delisted from 1 April 2019.

Restricted
Initiation – chronic renal failure
All of the following:
1 Patient in chronic renal failure; and
2 Haemoglobin is less than or equal to 100g/L; and
3 Either:
  3.1 Both:
    3.1.1 Patient does not have diabetes mellitus; and
    3.1.2 Glomerular filtration rate is less than or equal to 30ml/min; or
  3.2 Both:
    3.2.1 Patient has diabetes mellitus; and
    3.2.2 Glomerular filtration rate is less than or equal to 45ml/min; and
4 Patient is on haemodialysis or peritoneal dialysis.

Initiation – myelodysplasia*
Re-assessment required after 2 months
All of the following:
1 Patient has a confirmed diagnosis of myelodysplasia (MDS); and
2 Has had symptomatic anaemia with haemoglobin < 100g/L and is red cell transfusion-dependent; and
3 Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and
4 Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5 Patient has a serum **epoetin** ~~erythropoietin~~ level of < 500 IU/L; and
6 The minimum necessary dose of **epoetin** ~~erythropoietin~~ would be used and will not exceed 80,000 iu per week.

Continuation – myelodysplasia*
Re-assessment required after 12 months
All of the following:

continued...

Changes to Section H Part II – effective 1 February 2019 (continued)

continued...

1 The patient's transfusion requirement continues to be reduced with **epoetin** ~~erythropoietin~~ treatment; and
2 Transformation to acute myeloid leukaemia has not occurred; and
3 The minimum necessary dose of **epoetin** ~~erythropoietin~~ would be used and will not exceed 80,000 iu per week.

Initiation – all other indications
Haematologist
For use in patients where blood transfusion is not a viable treatment alternative.
Note: Indications marked with * are unapproved indications

24 EPOETIN BETA ~~[ERYTHROPOIETIN BETA]~~ (amended chemical name and restriction criteria)
Note: Epoetin beta is considered a Discretionary Variance Pharmaceutical for epoetin alfa.
➔ Inj 2,000 iu in 0.3 ml syringe
➔ Inj 3,000 iu in 0.3 ml syringe
➔ Inj 4,000 iu in 0.3 ml syringe
➔ Inj 5,000 iu in 0.3 ml syringe
➔ Inj 6,000 iu in 0.3 ml syringe
➔ Inj 10,000 iu in 0.6 ml syringe

Restricted
Initiation – chronic renal failure
All of the following:
1 Patient in chronic renal failure; and
2 Haemoglobin is less than or equal to 100g/L; and
3 Either:
  3.1 Both:
    3.1.1 Patient does not have diabetes mellitus; and
    3.1.2 Glomerular filtration rate is less than or equal to 30ml/min; or
  3.2 Both:
    3.2.1 Patient has diabetes mellitus; and
    3.2.2 Glomerular filtration rate is less than or equal to 45ml/min; and
4 Patient is on haemodialysis or peritoneal dialysis.

Initiation – myelodysplasia*
Re-assessment required after 2 months
All of the following:
1 Patient has a confirmed diagnosis of myelodysplasia (MDS); and
2 Has had symptomatic anaemia with haemoglobin < 100g/L and is red cell transfusion-dependent; and
3 Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and
4 Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5 Patient has a serum **epoetin** ~~erythropoietin~~ level of < 500 IU/L; and
6 The minimum necessary dose of **epoetin** ~~erythropoietin~~ would be used and will not exceed 80,000 iu per week.

Continuation – myelodysplasia*
Re-assessment required after 12 months
All of the following:
1 The patient's transfusion requirement continues to be reduced with **epoetin** ~~erythropoietin~~ treatment; and
2 Transformation to acute myeloid leukaemia has not occurred; and
3 The minimum necessary dose of **epoetin** ~~erythropoietin~~ would be used and will not exceed 80,000 iu per week.

Initiation – all other indications
Haematologist
For use in patients where blood transfusion is not a viable treatment alternative.
Note: Indications marked with * are unapproved indications

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

Changes to Section H Part II – effective 1 February 2019 (continued)

CARDIOVASCULAR SYSTEM

39 LABETALOL (delisting)
Tab 50 mg ..... 8.99 100 Hybloc
Note – Hybloc tab 50 mg to be delisted from 1 August 2019.

39 LABETALOL (delisting)
Tab 100 mg ..... 11.36 100 Hybloc
Note – Hybloc tab 100 mg to be delisted from 1 December 2019.

39 LABETALOL (delisting)
Tab 200 mg ..... 29.74 100 Hybloc
Note – Hybloc tab 200 mg to be delisted from 1 February 2020.

45 GLYCERYL TRINITRATE (delisting)
Tab 600 mcg..... 8.00 100 Lycinate
Note – Lycinate tab 600 mcg to be delisted from 1 March 2019.

HORMONE PREPARATIONS

64 METHYLPREDNISOLONE ACETATE WITH LIDOCAINE [LIGNOCAINE] (delisting)
Inj 40 mg with lidocaine [lignocaine], 1 ml vial..... 9.25 1 Depo-Medrol with Lidocaine
Note – Depo-Medrol with Lidocaine inj 40 mg with lidocaine [lignocaine], 1 ml vial to be delisted from 1 April 2019.

INFECTIONS

76 PIPERACILLIN WITH TAZOBACTAM (delisting)
➔ Inj 4 g with tazobactam 0.5 g vial..... 15.50 1 Tazocin EF
Note – Tazocin EF inj 4 g with tazobactam 0.5 g vial to be delisted from 1 April 2019.

79 NITROFURANTOIN (new listing and addition of HSS)
Tab 50 mg – **1% DV Apr-19 to 2021** ..... 22.20 100 **Nifuran**
Tab 100 mg – **1% DV Apr-19 to 2021** ..... 37.50 100 **Nifuran**

88 GLECAPREVIR WITH PIBRENTASVIR (new listing)
Note: the supply of treatment is via PHARMAC's approved direct distribution supply. Further details can be found on PHARMAC's website https://www.pharmac.govt.nz/hepatitis-c-treatments/
Tab 100 mg with pibrentasvir 40 mg..... 24,750.00 84 Maviret

88 PARITAPREVIR, RITONAVIR AND OIMBITASVIR WITH DASABUVIR (delisted)
Note: Only for use in patients who have received supply of treatment via PHARMAC's approved direct distribution supply. Application details for accessing treatment may be obtained from PHARMAC's website http://www.pharmac.govt.nz/hepatitis-c-treatments/.
Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56), with dasabuvir tab 250 mg (56)..... 16,500.00 1 Viekira Pak
Note – Viekira Pak Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56), with dasabuvir tab 250 mg (56) delisted 1 February 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 February 2019 (continued)

89 PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR AND RIBAVIRIN (delisted)

Note: Only for use in patients who have received supply of treatment via PHARMAC's approved direct distribution supply. Application details for accessing treatment may be obtained from PHARMAC's website http://www.pharmac.govt.nz/hepatitis-c-treatments/.

Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56) with dasabuvir tab 250 mg (56) and ribavirin tab 200 mg (168) ..... 16,500.00 1 Viekira Pak-RBV

Note – Viekira Pak-RBV Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56) with dasabuvir tab 250 mg (56) and ribavirin tab 200 mg (168) delisted 1 February 2019.

MUSCULOSKELETAL SYSTEM

94 ALENDRONATE SODIUM (↓ price, addition of HSS and restriction removed)

Tab 70 mg – **1% DV Apr-19 to 2022** ..... 2.44 4 **Fosamax**

~~Initiation – Osteoporosis~~
~~Any of the following:~~
~~1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or~~
~~2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or~~
~~3 History of two significant osteoporotic fractures demonstrated radiologically; or~~
~~4 Documented T-Score less than or equal to -3.0 (see Note); or~~
~~5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or~~
~~6 Patient has had a Special Authority approval for zoledronic acid (underlying cause – osteoporosis) or raloxifene.~~

~~Initiation – glucocorticosteroid therapy~~
~~Re-assessment required after 12 months~~
~~Both:~~
~~1 The patient is receiving systemic glucocorticosteroid therapy (greater than or equal to 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and~~
~~2 Any of the following:~~
~~2.1 The patient has documented BMD greater than or equal to 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -1.5) (see Note); or~~
~~2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or~~
~~2.3 The patient has had a Special Authority approval for zoledronic acid (glucocorticosteroid therapy) or raloxifene.~~

~~Continuation – glucocorticosteroid therapy~~
~~Re-assessment required after 12 months~~
~~The patient is continuing systemic glucocorticosteriod therapy (greater than or equal to 5 mg per day prednisone equivalents).~~
~~Notes:~~
~~1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.~~
~~2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score less than or equal to -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.~~

continued...

Changes to Section H Part II – effective 1 February 2019 (continued)

continued...

3 Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.

4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

95 ALENDRONATE SODIUM WITH COLECALCIFEROL (↓ price, addition of HSS and restriction removed)

Tab 70 mg with colecalciferol 5,600 iu

– **1% DV Apr-19 to 2022**.....1.51 4 **Fosamax Plus**

Initiation – Osteoporosis

Any of the following:

1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or

2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or

3 History of two significant osteoporotic fractures demonstrated radiologically; or

4 Documented T-Score less than or equal to -3.0 (see Note); or

5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or

6 Patient has had a Special Authority approval for zoledronic acid (underlying cause – osteoporosis) or raloxifene.

Initiation – glucocorticosteroid therapy

Re-assessment required after 12 months

Both:

1 The patient is receiving systemic glucocorticosteroid therapy (greater than or equal to 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and

2 Any of the following:

2.1 The patient has documented BMD greater than or equal to 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -1.5) (see Note); or

2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or

2.3 The patient has had a Special Authority approval for zoledronic acid (glucocorticosteroid therapy) or raloxifene.

Continuation – glucocorticosteroid therapy

Re-assessment required after 12 months

The patient is continuing systemic glucocorticosteriod therapy (greater than or equal to 5 mg per day prednisone equivalents).

Notes:

1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.

2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score greater than or equal to -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.

continued...

Changes to Section H Part II – effective 1 February 2019 (continued)

continued...

~~3 Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.~~

~~4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.~~

97 ZOLEDRONIC ACID (amended restriction)

➔ Inj 5 mg per 100 ml, vial ..... 600.00 100 ml Aclasta

Initiation – Osteoporosis
Any specialist
Therapy limited to 3 doses
Both:

1 Any of the following:
   - 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or
   - 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
   - 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
   - 1.4 Documented T-Score greater than or equal to -3.0 (see Note); or
   - 1.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
   - 1.6 Patient has had a Special Authority approval for alendronate (Underlying cause – Osteoporosis) **prior to 1 February 2019** or **has had a Special Authority approval for** raloxifene; and
2 The patient will not be prescribed more than 5 mg of zoledronic acid in a 12-month period.

Initiation – glucocorticosteroid therapy
Any specialist
Re-assessment required after 12 months
All of the following:

1 The patient is receiving systemic glucocorticosteroid therapy (greater than or equal to 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
2 Any of the following:
   - 2.1 The patient has documented BMD greater than or equal to 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -1.5) (see Note); or
   - 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
   - 2.3 The patient has had a Special Authority approval for alendronate (Underlying cause – glucocorticosteroid therapy) **prior to 1 February 2019** or **has had a Special Authority approval for** raloxifene; and
3 The patient will not be prescribed more than 5 mg of zoledronic acid in the 12-month approval period.

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

Changes to Section H Part II – effective 1 February 2019 (continued)

99 DENOSUMAB (amended restriction)

➔ Inj 60 mg prefilled syringe..... 326.00 1 Prolia

All of the following:

1 The patient has severe, established osteoporosis; and
2 Either:
  2.1 The patient is female and postmenopausal; or
  2.2 The patient is male or non-binary; and
3 Any of the following:
  3.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or
  3.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, ordensitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons; or
  3.3 History of two significant osteoporotic fractures demonstrated radiologically; or
  3.4 Documented T-Score less than or equal to -3.0 (see Note); or
  3.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
  3.6 Patient has had a Special Authority approval for alendronate (Underlying cause – Osteoporosis) **prior to 1 February 2019** or **has had a Special Authority approval for** raloxifene; and
4 Zoledronic acid is contraindicated because the patient's creatinine clearance is less than 35 mL/min; and
5 The patient has experienced at least one symptomatic new fracture after at least 12 months' continuous therapy with a funded antiresorptive agent at adequate doses (see Notes); and
6 The patient must not receive concomitant treatment with any other funded antiresorptive agent for this condition or teriparatide.

Notes:

1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score less than or equal to -2.5 and, therefore, do not require BMD measurement for treatment with denosumab.
3 Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.
5 Antiresorptive agents and their adequate doses for the purposes of this Special Authority are defined as: risedronate sodium tab 35 mg once weekly; alendronate sodium tab 70 mg or tab 70 mg with cholecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months' continuous therapy.

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

Changes to Section H Part II – effective 1 February 2019 (continued)

100 RALOXIFENE (amended restriction)

➔ Tab 60 mg ..... 53.76 28 Evista

Initiation

Any of the following:

1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Notes); or
2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
3 History of two significant osteoporotic fractures demonstrated radiologically; or
4 Documented T-Score greater than or equal to -3.0 (see Notes); or
5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Notes); or
6 Patient has had a ~~prior~~ Special Authority approval for zoledronic acid (Underlying cause – Osteoporosis) or **has had a Special Authority approval for** alendronate (Underlying cause – Osteoporosis) **prior to 1 February 2019**.

Notes:

1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score less than or equal to -2.5 and, therefore, do not require BMD measurement for raloxifene funding.
3 Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

103 BACLOFEN (brand change)

Inj 2 mg per ml, 5 ml ampoule – **1% DV Apr-19 to 2021**..... 372.98 5 **Medsurge**

Note – Lioresal Intrathecal inj 2 mg per ml, 5 ml ampoule to be delisted from 1 April 2019.

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

Changes to Section H Part II – effective 1 February 2019 (continued)

NERVOUS SYSTEM

114 MOCLOBEMIDE (brand change)
Tab 150 mg – **1% DV Apr-19 to 2021** ..... 6.40 60 **Aurorix**
Tab 300 mg – **1% DV Apr-19 to 2021** ..... 9.80 60 **Aurorix**
Note – Apo-Moclobemide tab 150 mg and 300 mg to be delisted from 1 April 2019.

124 GLATIRAMER ACETATE (new listing)
➔ Inj 40 mg prefilled syringe ..... 2,275.00 12 Copaxone

124 GLATIRAMER ACETATE (delisting)
➔ Inj 20 mg per ml, 1 ml syringe
Note – Glatiramer acetate inj 20 mg per ml, 1 ml syringe to be delisted from 1 July 2019.

127 MODAFINIL (new listing)
➔ Tab 100 mg ..... 64.00 60 Modavigil

128 DISULFIRAM (↑ price)
Tab 200 mg ..... 75.57 100 Antabuse

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

131 EPIRUBICIN HYDROCHLORIDE (↑ price and addition of HSS)
Inj 2 mg per ml, 100 ml vial – **1% DV Apr-19 to 2021** ..... 85.00 1 **Epirubicin Ebewe**

131 EPIRUBICIN HYDROCHLORIDE (delisting)
Inj 2 mg per ml, 50 ml vial ..... 32.50 1 Epirubicin Ebewe
Note – Epirubicin Ebewe inj 2 mg per ml, 50 ml vial to be delisted 1 June 2019.

133 GEMCITABINE (delisting)
Inj 10 mg per ml, 20 ml vial ..... 8.36 1 Gemcitabine Ebewe
Note – Gemcitabine Ebewe inj 10 mg per ml, 20 ml vial to be delisted 1 June 2019.

135 IRINOTECAN HYDROCHLORIDE (↑ price and addition of HSS)
Inj 20 mg per ml, 5 ml vial – **1% DV Apr-19 to 2021** ..... 71.44 1 **Irinotecan Actavis 100**

136 PROCARBAZINE HYDROCHLORIDE (↑ price)
Cap 50 mg ..... 980.00 50 Natulan

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

Changes to Section H Part II – effective 1 February 2019 (continued)

181 TOCILIZUMAB (amended restrictions – affected 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~~
Treatment limited to 3 doses.
Either:
1 All of the following:
- **1.**1 The patient is enrolled in the Children's Oncology Group AALL1331 trial; and
- **1.**2 The patient has developed grade 3 or 4 cytokine release syndrome **(CRS)** associated with the administration of blinatumomab for the treatment of acute lymphoblastic leukaemia; and
- **1.**3 Tocilizumab is to be administered at doses no greater than 8 mg/kg IV for a maximum of 3 doses; or

2 All of the following:
- **2.1 The patient is enrolled in the Malaghan Institute of Medical Research Phase I ENABLE trial; and**
- **2.2 The patient has developed CRS or CAR T-Cell Related Encephalopathy Syndrome (CRES) associated with the administration of CAR T-cell therapy for the treatment of relapsed or refractory B-cell non-Hodgkin lymphoma; and**
- **2.3 Tocilizumab is to be administered according to the consensus guidelines for CRS and CRES for CAR T-cell therapy (Neelapu et al. Nat Rev Clin Oncol 2018;15:47-62) at doses no greater than 8 mg/kg IV for a maximum of 3 doses.**

SENSORY ORGANS

201 LATANOPROST (brand change)

Eye drops 0.005% – **1% DV Apr-19 to 2021**	1.57	2.5 ml	**Teva**

201 LATANOPROST (↑ price)

Eye drops 0.005%	1.84	2.5 ml	Hysite

Note – Hysite eye drops 0.005% to be delisted from 1 April 2019.

201 LEVOBUNOLOL HYDROCHLORIDE (delisting)

Eye drops 0.5%	7.00	5 ml	Betagan

Note – Betagan eye drops 0.5% to be delisted from 1 June 2019.

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

212 PROPYLENE GLYCOL (delisted)

Liq	12.00	500 ml	ABM

Note – ABM liq delisted 1 February 2019.

SPECIAL FOODS

218 AMINO ACID FORMULA (WITHOUT PHENYLALANINE) (new listing)

➔ Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet	*e.g. PKU Anamix Junior Vanilla*
➔ Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet	*e.g. PKU Anamix Junior Chocolate*

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

Changes to Section H Part II – effective 1 January 2019

ALIMENTARY TRACT AND METABOLISM

17 POTASSIUM IODATE (addition of HSS)
Tab 253 mcg (150 mcg elemental iodine)
– **1% DV Mar-19 to 2020** ..... 4.69 90 **NeuroTabs**

18 IRON POLYMALTOSE (new listing)
Inj 50 mg per ml, 2 ml ampoule ..... 34.50 5 Ferrosig

21 COLECALCIFEROL (new listing)
Oral liq 188 mcg per ml (7,500 iu per ml) ..... 9.00 4.8 ml Puria

BLOOD AND BLOOD FORMING ORGANS

24 FOLIC ACID (↑ price)
Oral liq 50 mcg per ml ..... 26.00 25 ml Biomed

33 CALCIUM GLUCONATE (new listing)
Inj 10%, 10 ml ampoule *e.g. Max Health*

33 CALCIUM GLUCONATE (delisting)
Inj 10%, 10 ml ampoule ..... 34.24 10 Hospira
Note – Hospira inj 10%, 10 ml ampoule to be delisted from 1 Mach 2019.

CARDIOVASCULAR SYSTEM

42 FUROSEMIDE [FRUSEMIDE] (addition of HSS)
Tab 500 mg – **1% DV Mar-19 to 2021** ..... 25.00 50 **Urex Forte**

42 AMILORIDE HYDROCHLORIDE (new listing)
Tab 5 mg

43 METOLAZONE (restriction removed)
Tab 5 mg

~~Initiation~~
~~Any of the following:~~
~~1 Patient has refractory heart failure and is intolerant or has not responded to loop diuretics and/or loop-thiazide combination therapy; or~~
~~2 Patient has severe refractory nephrotic oedema unresponsive to high dose loop diuretics and concentrated albumin infusions; or~~
~~3 Paediatric patient has oedema secondary to nephrotic syndrome that has not responded to loop diuretics.~~

DERMATOLOGICALS

54 HYDROCORTISONE BUTYRATE (↑ price and addition of HSS)
Oint 0.1% – **1% DV Mar-19 to 2021** ..... 13.70 100 g **Locoid**
Milky emul 0.1% – **1% DV Mar-19 to 2021** ..... 13.70 100 ml **Locoid Crelo**

➔ 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 January 2019 (continued)

55 HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN (↑ price)

Crm 1% with natamycin 1% and neomycin sulphate 0.5%	3.35	15 g	Pimafucort
Oint 1% with natamycin 1% and neomycin sulphate 0.5%	3.35	15 g	Pimafucort

56 HYDROCORTISONE BUTYRATE (↑ price and addition of HSS)

Scalp lotn 0.1% – **1% DV Mar-19 to 2021**	7.30	100 ml	**Locoid**

INFECTIONS

72 AMIKACIN (amended pack size and price)

➔ Inj 5 mg per ml, 5 ml syringe	~~181.50~~**18.15**	~~10~~**1**	Biomed

76 AMOXICILLIN WITH CLAVULANIC ACID (↑ price)

Inj 500 mg with clavulanic acid 100 mg vial	28.18	10	m-Amoxiclav
Inj 1,000 mg with clavulanic acid 200 mg vial	43.30	10	m-Amoxiclav

84 METRONIDAZOLE (↑ price)

Inj 5 mg per ml, 100 ml bag	55.00	10	Baxter

NERVOUS SYSTEM

106 APOMORPHINE HYDROCHLORIDE (delisted)

Inj 10 mg per ml, 1 ml ampoule

Note – Apomorphine hydrochloride inj 10 mg per ml, 1 ml ampoule delisted 1 January 2019.

107 DESFLURANE (HSS extended)

Soln for inhalation 100%, 240 ml bottle			
– **1% DV Sep-16 to 2020** ~~2019~~	1,350.00	6	**Suprane**

107 ISOFLURANE (HSS extended)

Soln for inhalation 100%, 250 ml bottle			
– **1% DV Sep-16 to 2020** ~~2019~~	1,020.00	6	**Aerrane**

108 SEVOFLURANE (HSS extended)

Soln for inhalation 100%, 250 ml bottle			
– **1% DV Sep-16 to 2020** ~~2019~~	840.00	6	**Baxter**

119 DOMPERIDONE (brand change)

Tab 10 mg – **1% DV Mar-19 to 2021**	2.25	100	**Pharmacy Health**

Note – Prokinex tab 10 mg to be delisted from 1 March 2019.

119 HYOSCINE HYDROBROMIDE (↑ price)

➔ Patch 1.5 mg	14.11	2	Scopoderm TTS

120 CLOZAPINE (Pharmacode change)

Tab 100 mg	14.73	50	Clozaril
	29.45	100	Clozaril

Note – New Pharmacode listings, tab 100 mg 2534878 (50 tab pack) and 2534886 (100 tab pack). Existing Pharmacodes to be delisted 1 July 2019.

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

Changes to Section H Part II – effective 1 January 2019 (continued)

129 VARENICLINE (brand change)
➔ Tab 0.5 mg × 11 and 1 mg × 42 – **1% DV Mar-19 to 2021** .. 25.64 53 **Varenicline Pfizer**
➔ Tab 1 mg – **1% DV Mar-19 to 2021** ..... 27.10 56 **Varenicline Pfizer**
Note – Champix tab 0.5 mg x 11 and 1 mg x 14 and tab 1 mg (28 tab and 56 tab pack) to be delisted from 1 March 2019.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

135 IRINOTECAN HYDROCHLORIDE (delisted)
Inj 20 mg per ml, 2 ml vial ..... 11.50 1 Irinotecan Actavis 40
Note – Irinotecan Actavis 40 inj 20 mg per ml, 2 ml vial delisted from 1 January 2019.

160 AFLIBERCEPT (amended restriction criteria – affected criteria shown only)
➔ Inj 40 mg per ml, 0.1 ml vial ..... 1,250.00 1 Eylea

Initiation – Wet Age Related Macular Degeneration
Ophthalmologist
Re-assessment required after 3 months
Either:
1 All of the following:
1.1 Any of the following:
1.1.1 Wet age-related macular degeneration (wet AMD); or
1.1.2 Polypoidal choroidal vasculopathy; or
1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and
1.2 Either:
1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
1.3 There is no structural damage to the central fovea of the treated eye; and
1.4 Patient has not previously been treated with ranibizumab for longer than 3 months; or
2 ~~Any of the following~~ **Either**:
2.1 Patient has current approval to use ranibizumab for treatment of wAMD and was found to be intolerant to ranibizumab within 3 months; or
2.2 Patient has previously* (*before June 2018) received treatment with ranibizumab for wAMD and disease was stable while on treatment~~; or~~
~~2.3 Patient has current approval to use ranibizumab for treatment of wAMD; or~~
~~2.4 Patient is currently receiving treatment with aflibercept and has documented previous poor response to bevacizumab.~~
~~Note: Criteria 2.3 and 2.4 will be removed from 1 January 2019.~~

Initiation – Diabetic Macular Oedema
Ophthalmologist
Re-assessment required after 4 months
~~Either:~~
~~1~~ All of the following:
~~1.~~1 Patient has centre involving diabetic macular oedema (DMO); and
~~1.~~2 Patient's disease is non responsive to 4 doses of intravitreal bevacizumab when administered 4-6 weekly; and
~~1.~~3 Patient has reduced visual acuity between 6/9 – 6/36 with functional awareness of reduction in vision; and
~~1.~~4 Patient has DMO within central OCT (ocular coherence tomography) subfield > 350 micrometers; and

continued...

Changes to Section H Part II – effective 1 January 2019 (continued)

continued...

~~1.~~5 There is no centre-involving sub-retinal fibrosis or foveal atrophy~~; or~~

~~2 Patient is currently receiving treatment with aflibercept and has documented previous poor response to bevacizumab.~~

~~Note: Criterion 2 will be removed from 1 January 2019.~~

SENSORY ORGANS

197 CHLORAMPHENICOL (↑ price)

Eye drops 0.5%	1.95	10 ml	Chlorafast

VARIOUS

205 DESFERRIOXAMINE MESILATE (brand change)

Inj 500 mg vial – **1% DV Mar-19 to 2021**	84.53	10	**DBL Desferrioxamine Mesylate for Injection BP**

Note – Desferal inj 500 mg vial to be delisted from 1 March 2019.

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

Changes to Section H Part II – effective 1 December 2018

ALIMENTARY TRACT AND METABOLISM

10 METFORMIN HYDROCHLORIDE (Brand change)
Tab immediate-release 850 mg – **1% DV Feb-19 to 2021** ..... 7.04 500 **Apotex**
Note – Metformin Mylan tab immediate-release 850 mg to be delisted 1 February 2019.

10 PANCREATIC ENZYME (Pharmacode change)
Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) – **1% DV Sep-18 to 2021** ..... 34.93 100 **Creon 10000**
Note – this is a new Pharmacode listing 2535300; 954322 to be delisted from 1 May 2019.

17 CALCIUM CARBONATE (delisting)
Tab eff 1.75 g (1 g elemental) ..... 2.07 10 Calsource
Note – Calsource tab eff 1.75 g (1 g elemental) to be delisted from 1 July 2019.

18 MAGNESIUM OXIDE WITH MAGNESIUM ASPARTATE, MAGNESIUM AMINO ACID CHELATE AND MAGNESIUM CITRATE (new listing)
Cap 500 mg with magnesium aspartate 100 mg, magnesium amino acid chelate 100 mg and magnesium citrate 100 mg (360 mg elemental magnesium)
Note – magnesium oxide with with magnesium aspartate, magnesium amino acid chelate and magnesium citrate cap 500 mg with magnesium aspartate 100 mg, magnesium amino acid chelate 100 mg and magnesium citrate 100 mg (360 mg elemental magnesium) to be delisted from 1 March 2019.

18 MAGNESIUM AMINO ACID CHELATE (new listing)
Cap 750 mg (150 mg elemental)
Note – magnesium amino acid chelate cap 750 mg (150 mg elemental) to be delisted from 1 March 2019.

HORMONE PREPARATIONS

62 TESTOSTERONE (↑ price)
Patch 5 mg per day ..... 90.00 30 Androderm

65 CLOMIFENE CITRATE (delisting)
Tab 50 mg ..... 29.84 10 Serophene
Note – Serophene tab 50 mg to be delisted from 1 March 2019.

INFECTIONS

72 AMIKACIN (↑ price)
➔ Inj 5 mg per ml, 5 ml syringe ..... 181.50 10 Biomed

79 LINEZOLID (brand change)
➔ Inj 2 mg per ml, 300 ml bottle – **1% DV Feb-19 to 2021** ..... 18.50 1 **Linezolid Kabi**
Note – Zyvox inj 2 mg per ml, 300 ml bag, 10 inj pack to be delisted 1 February 2019.

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

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

MUSCULOSKELETAL SYSTEM

94 ALENDRONATE SODIUM (delisting)
➔ Tab 40 mg ..... 133.00 30 Fosamax
Note – Fosamax tab 40 mg to be delisted from 1 May 2019.

NERVOUS SYSTEM

110 PARACETAMOL (brand change)
Suppos 500 mg – **1% V Feb-19 to 2021** ..... 12.40 50 **Gacet**
Note – Paracare suppos 500 mg to be delisted from 1 February 2019.

115 DIAZEPAM (↑ price)
Rectal tubes 5 mg ..... 40.87 5 Stesolid

116 LAMOTRIGINE (Pharmacode change)
Tab dispersible 25 mg ..... 19.38 56 Logem
Tab dispersible 50 mg ..... 32.97 56 Logem
Tab dispersible 100 mg ..... 56.91 56 Logem
Note – new Pharmacode listings, tab dispersible 25 mg, 2553376; tab dispersible 50 mg, 2553384 and tab dispersible 100 mg, 2553392. Existing Pharmacodes to be delisted 1 June 2019.

120 CLOZAPINE (Pharmacode change)
Tab 25 mg ..... 5.69 50 Clozaril
Note – this is a new Pharmacode listing 2534843; 454680 to be delisted from 1 June 2019.

121 ZIPRASIDONE (HSS reinstated)
Cap 20 mg – **1% DV Dec-18 to 2021** ..... 14.50 60 **Zusdone**

128 DISULFIRAM (↑ price)
Tab 200 mg ..... 55.00 100 Antabuse

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

144 ABIRATERONE ACETATE (amended restriction criteria)
➔ Tab 250 mg ..... 4,276.19 120 Zytiga
Restricted
Initiation
Medical oncologist, radiation oncologist or urologist
*Re-assessment required after ~~5~~ **6** months*
All of the following:
1 Patient has prostate cancer; and
2 Patient has metastases; and
3 Patient's disease is castration resistant; and
4 Either:
4.1 All of the following:
4.1.1 Patient is symptomatic; and
4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and
4.1.3 Patient has ECOG performance score of 0-1; and
4.1.4 Patient has not had prior treatment with taxane chemotherapy; or
4.2 All of the following:

continued...

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

continued...

4.2.1 Patient's disease has progressed following prior chemotherapy containing a taxane; and
4.2.2 Patient has ECOG performance score of 0-2; and
4.2.3 Patient has not had prior treatment with abiraterone.

Continuation
Medical oncologist, radiation oncologist or urologist
*Re-assessment required after ~~5~~ **6** months*
All of the following:
1 Significant decrease in serum PSA from baseline; and
2 No evidence of clinical disease progression; and
3 No initiation of taxane chemotherapy with abiraterone; and
4 The treatment remains appropriate and the patient is benefiting from treatment.

SENSORY ORGANS

201 BIMATOPROST (brand change)
Eye drops 0.03% – **1% DV Feb-19 to 2021** ..... 3.30 3 ml **Bimatoprost Multichem**

Note – Bimatoprost Actavis eye drops 0.03% to be delisted from 1 February 2019.

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Pharmaceuticals and brands

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New Zealand
Permit No. 478

Permit

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