

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

September 2020

Cumulative for August and September 2020

The logo for PHARMAC, featuring the word "PHARMAC" in a bold, sans-serif font above the Māori name "TE PĀTAKA WHAIORANGA" in a smaller, all-caps sans-serif font. The text is centered within a white circular area.

PHARMAC
TE PĀTAKA WHAIORANGA

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Summary of decisions

EFFECTIVE 1 SEPTEMBER 2020

- Adefovir dipivoxil (Hepsera) tab 10 mg – to be delisted 1 March 2021
- Amino acid formula (without phenylalanine) (e.g. PKU Lophlex Powder (unflavoured)) powder 20 g protein, 3.8 g carbohydrate and 0.23 g fibre per 28 g sachet – new listing
- Amino acid formula (without phenylalanine) (e.g. PKU Lophlex Powder (unflavoured)) powder 20 g protein, 2.5 g carbohydrate and 0.22 g fibre per 27.8 g sachet – to be delisted 1 March 2021
- Amino acid formula (without isoleucine, methionine, threonine and valine) (e.g. MMA/PA Anamix Infant) powder 13.1 g protein, 50.1 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can – new listing
- Amino acid formula (without isoleucine, methionine, threonine and valine) (e.g. MMA/PA Anamix Infant) powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can – to be delisted 1 March 2021
- Amitriptyline (Arrow-Amitriptyline) tab 10 mg – price increase and addition of HSS
- Amitriptyline (Arrow-Amitriptyline) tab 25 mg – price decrease and addition of HSS
- Amitriptyline (Arrow-Amitriptyline) tab 50 mg – addition of HSS
- Bendroflumethiazide [bendrofluazide] (Arrow-Bendrofluazide) tab 2.5 mg and 5 mg – price increase and addition of HSS
- Betamethasone dipropionate (Diprosone) crm 0.05% and oint 0.05%, 50 g – new listing and addition of HSS
- Cefoxitin (Cefoxitin Actavis) inj 1 g vial – to be delisted 1 January 2021
- Clarithromycin (Martindale) inj 500 mg vial – price decrease and addition of HSS
- Diazepam (Arrow-Diazepam) tab 2 mg and 5 mg – price increase and addition of HSS
- Diazepam (Stesolid) rectal tubes 10 mg – to be delisted 1 December 2020
- Donepezil hydrochloride (Donepezil-Rex) tab 5 mg and 10 mg – addition of HSS
- Doxazosin (Apo-Doxazosin) tab 2 mg and 4 mg – price increase
- Enteral liquid peptide formula liquid 2.75 g protein, 13.7 g carbohydrate and 3.89 g fat per 100 ml (Nutrini Peptisorb) and liquid 4.2 g protein, 18.6 g carbohydrate and 6.58 g fat per 100 ml (Nutrini Peptisorb Energy) – new listing
- Hydrocortisone (Hydrocortisone (PSM)) crm 1%, 100 g – addition of note

Summary of decisions – effective 1 September 2020 (continued)

- Hydrocortisone (Hydrocortisone (PSM)) crm 1%, 500 g – addition of HSS
- Hydroxychloroquine (Plaquenil) tab 200 mg – amended restriction criteria
- Hydroxyurea [hydroxycarbamide] (Devatis) cap 500 mg – new listing, addition of HSS and amended chemical name
- Hydroxyurea [hydroxycarbamide] (Hydrea) cap 500 mg – to be delisted 1 February 2021
- Ipratropium bromide (Univent) nebuliser soln 250 mcg per ml, 1 ml ampoule – to be delisted 1 January 2021
- Lamotrigine (Lamictal) tab dispersible 2 mg and 5 mg – price increase
- Lapatinib (Tykerb) tab 250 mg – to be delisted 1 June 2021
- Levodopa with carbidopa (Sinemet) tab 100 mg with carbidopa 25 mg and 250 mg with carbidopa 25 mg – price increase and addition of HSS
- Levonorgestrel (Jadelle) subdermal implant (2 x 75 mg rods) – addition of HSS
- Maprotiline hydrochloride tab 25 mg and 75 mg – restrictions added
- Methylphenidate hydrochloride (Ritalin SR) tab sustained-release 20 mg – to be delisted 1 June 2021
- Methylprednisolone aceponate (Advantan) crm 0.1% and oint 0.1%, 15 g – price decrease and addition of HSS
- Metronidazole (Metrogyl) tab 200 mg and 400 mg – new listing and addition of HSS
- Metronidazole (Baxter) inj 5 mg per ml, 100 ml bag – price decrease and addition of HSS
- Metronidazole (AFT and Colpocin-T) inj 5 mg per ml, 100 ml bottle – to be delisted 1 February 2021
- Moxifloxacin (Avelox) tab 400 mg – price decrease and addition of HSS
- Nicotine (Habitrol) patch 7 mg, 14 mg and 21 mg per 24 hours, lozenge 1 mg and 2 mg and gum 2 mg (fruit and mint) and 4 mg (fruit and mint) – price increase
- Ondansetron (Ondansetron Kabi) inj 2 mg per ml, 4 ml ampoule – new Pharmacode listing
- Prasugrel (Effient) tab 5 mg and 10 mg – amended restriction criteria and to be delisted 1 February 2021
- Prochlorperazine (Nausafix) tab 5 mg – price increase and addition of HSS
- Risperidone (Risperidone (Teva)) tab 0.5 mg, 1 mg, 2 mg and 3 mg – addition of HSS and amended brand name

Summary of decisions – effective 1 September 2020 (continued)

- Risperidone (Risperidone (Teva)) tab 4 mg – price decrease, addition of HSS and amended brand name
- Salmeterol (Meterol) aerosol inhaler 25 mcg per dose – to be delisted 1 January 2021
- Suxamethonium chloride (Martindale) inj 50 mg per ml, 2 ml ampoule – new listing and addition of HSS
- Suxamethonium chloride (AstraZeneca) inj 50 mg per ml, 2 ml ampoule – to be delisted 1 February 2021
- Ticagrelor (Brilinta) tab 90 mg – amended restriction criteria
- Timolol (Arrow-Timolol) eye drops 0.25% and 0.5%, 5 ml – price increase and addition of HSS
- Tramadol hydrochloride (Arrow-Tramadol) cap 50 mg – price increase and addition of HSS

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Section H changes to Part II

Effective 1 September 2020

BLOOD AND BLOOD FORMING ORGANS

32	PRASUGREL – Restricted: For continuation only (amended restriction criteria and delisting)			
	→ Tab 5 mg.....	108.00	28	Effient
	→ Tab 10 mg.....	120.00	28	Effient
	Restricted-			
	Initiation – Bare metal stents			
	<i>Limited to 6 months treatment</i>			
	Patient has undergone coronary angioplasty in the previous 4 weeks and is clopidogrel-allergic.			
	Initiation – Drug-cluting stents			
	<i>Limited to 12 months treatment</i>			
	Patient has had a drug-cluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic.			
	Initiation – Stent thrombosis			
	Patient has experienced cardiac stent thrombosis whilst on clopidogrel.			
	Initiation – Myocardial infarction			
	<i>Limited to 1 week treatment</i>			
	For short term use while in hospital following ST-elevated myocardial infarction.			
	Note: Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment			
	Note – Effient tab 5 mg and 10 mg to be delisted from 1 February 2021.			
32	TICAGRELOR (amended restriction criteria)			
	→ Tab 90 mg.....	90.00	56	Brinta
	Restricted			
	Initiation			
	Restricted to treatment of acute coronary syndromes specifically for patients who have recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome, and in whom fibrinolytic therapy has not been given in the last 24 hours and is not planned.			
	Initiation – thrombosis prevention post neurological stenting			
	<i>Re-assessment required after 12 months</i>			
	Both:			
	1 Either:			
	1.1 Patient has had a neurological stenting procedure* in the last 60 days; and or			
	1.2 Patient is about to have a neurological stenting procedure performed*; and			

continued...

→ Restriction

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

	Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2020 (continued)

continued...

- 2 Either:
 - 2.1 Patient has demonstrated clopidogrel resistance using the P2Y12 (VerifyNow) assay **or another appropriate platelet function assay** and requires antiplatelet treatment with ticagrelor; or
 - 2.2 Either:
 - 2.2.1 Clopidogrel resistance has been demonstrated by the occurrence of a new cerebral ischemic event; **or**
 - 2.2.2 **Clopidogrel resistance has been demonstrated by the occurrence of transient ischemic attack symptoms referable to the stent.**

Continuation – thrombosis prevention ~~post~~ neurological stenting

Re-assessment required after 12 months

Both:

- 1 Patient is continuing to benefit from treatment; and
- 2 Treatment continues to be clinically appropriate.

Initiation – Percutaneous coronary intervention with stent deployment

Limited to 12 months treatment

All of the following:

- 1 Patient has undergone percutaneous coronary intervention; and
- 2 Patient has had a stent deployed in the previous 4 weeks; and
- 3 Patient is clopidogrel-allergic**

Initiation – Stent thrombosis

Patient has experienced cardiac stent thrombosis whilst on clopidogrel

Initiation – Myocardial infarction

Limited to 1 week treatment

For short term use while in hospital following ST-elevated myocardial infarction

Note: indications marked with * are unapproved indications.

Note: ** Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.

CARDIOVASCULAR SYSTEM

39	DOXAZOSIN (↑ price)			
	Tab 2 mg.....	8.95	500	Apo-Doxazosin
	Tab 4 mg.....	10.80	500	Apo-Doxazosin
44	BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] (↑ price and addition of HSS)			
	Tab 2.5 mg – 1% DV Dec-20 to 2023.....	20.00	500	Arrow-Bendrofluazide
	Tab 5 mg – 1% DV Dec-20 to 2023.....	34.55	500	Arrow-Bendrofluazide

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2020 (continued)

DERMATOLOGICALS

55	BETAMETHASONE DIPROPIONATE (new listing and addition of HSS) Crm 0.05% – 1% DV Feb-21 to 2023 36.00	50 g	Diprosone
	Note: DV Limit applies to pack sizes of greater than 30 g.		
	Oint 0.05% – 1% DV Feb-21 to 2023 36.00	50 g	Diprosone
	Note: DV Limit applies to pack sizes of greater than 30 g.		
55	HYDROCORTISONE (addition of note) Crm 1%, 100 g – 1% DV Sep-20 to 2022 3.70	100 g	Hydrocortisone (PSM)
	Note: DV limit applies to the pack sizes of less than or equal to 100 g		
55	HYDROCORTISONE (addition of HSS) Crm 1%, 500 g – 1% DV Dec-20 to 2022 17.15	500 g	Hydrocortisone (PSM)
55	METHYLPREDNISOLONE ACEPONATE (↓ price and addition of HSS) Crm 0.1% – 1% DV Dec-20 to 2023 4.46	15 g	Advantan
	Oint 0.1% – 1% DV Dec-20 to 2023 4.46	15 g	Advantan

GENITO-URINARY SYSTEM

59	LEVONORGESTREL (addition of HSS) Subdermal implant (2 × 75 mg rods) – 1% DV Dec-20 to 2023 106.92	1	Jadelle
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INFECTIONS

73	CEFOXITIN (delisting) Inj 1 g vial 58.00	10	Cefoxitin Actavis
	Note – Cefoxitin Actavis inj 1 g vial to be delisted from 1 January 2021.		
75	CLARITHROMYCIN (↓ price and addition of HSS) → Inj 500 mg vial – 1% DV Dec-20 to 2023 9.87	1	Martindale
77	MOXIFLOXACIN (↓ price and addition of HSS) → Tab 400 mg – 1% DV Dec-20 to 2023 42.00	5	Avelox
84	METRONIDAZOLE (new listing and addition of HSS) Tab 200 mg – 1% DV Dec-20 to 2023 33.15	250	Metrogyl
	Tab 400 mg – 1% DV Dec-20 to 2023 5.23	21	Metrogyl
84	METRONIDAZOLE (↓ price and addition of HSS) Inj 5 mg per ml, 100 ml bag – 1% DV Feb-21 to 2023 27.50	10	Baxter
	Note – AFT injection 5 mg per ml, 100 ml bottle, and Colpocin-T inj 5 mg per per ml, 100 ml bottle to be delisted 1 February 2021.		
88	ADEFOVIR DIPIVOXIL (delisting) → Tab 10 mg 670.00	30	Hepsera
	Note – Hepsera tab 10 mg to be delisted from 1 March 2021.		

→ Restriction

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	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2020 (continued)

MUSCULOSKELETAL SYSTEM

95	HYDROXYCHLOROQUINE (amended restriction criteria) → Tab 200 mg – 1% DV Sep-18 to 2021	7.98	100	Plaquenil
	Restricted Initiation Any of the following: 1 Rheumatoid arthritis; or 2 Systemic or discoid lupus erythematosus; or 3 Malaria treatment or suppression; or 4 Relevant dermatological conditions (cutaneous forms of lupus and lichen planus, cutaneous vasculitides and mucosal ulceration); or 5 Sarcoidosis (pulmonary and non-pulmonary)			
102	SUXAMETHONIUM CHLORIDE (brand change) Inj 50 mg per ml, 2 ml ampoule – 1% DV Feb-21 to 2023	23.40	10	Martindale
	Note – AstraZeneca inj 50 mg per ml, 2 ml ampoule to be delisted from 1 February 2021.			

NERVOUS SYSTEM

105	LEVODOPA WITH CARBIDOPA (↑ price and addition of HSS) Tab 100 mg with carbidopa 25 mg – 1% DV Dec-20 to 2023	21.11	100	Sinemet
	Tab 250 mg with carbidopa 25 mg – 1% DV Dec-20 to 2023	38.39	100	Sinemet
111	TRAMADOL HYDROCHLORIDE (↑ price and addition of HSS) Cap 50 mg – 1% DV Dec-20 to 2023	2.80	100	Arrow-Tramadol
111	AMITRIPTYLINE (↑ price and addition of HSS) Tab 10 mg – 1% DV Dec-20 to 2023	2.49	100	Arrow-Amitriptyline
111	AMITRIPTYLINE (↓ price and addition of HSS) Tab 25 mg – 1% DV Dec-20 to 2023	1.51	100	Arrow-Amitriptyline
111	AMITRIPTYLINE (addition of HSS) Tab 50 mg – 1% DV Dec-20 to 2023	2.51	100	Arrow-Amitriptyline
112	MAPROTIline HYDROCHLORIDE – Restricted: For continuation only (restrictions added) → Tab 25 mg → Tab 75 mg			
113	DIAZEPAM (delisting) Rectal tubes 10 mg.....	40.87	5	Stesolid
	Note – Stesolid rectal tubes 10 mg to be delisted from 1 December 2020.			
114	LAMOTRIGINE (↑ price) Tab dispersible 2 mg.....	55.00	30	Lamictal
	Tab dispersible 5 mg.....	50.00	30	Lamictal

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2020 (continued)

117	ONDANSETRON (new Pharmacode listing) Inj 2 mg per ml, 4 ml ampoule	2.20	5	Ondansetron Kabi
	Note – this is a new Pharmacode listing, 2565439. Pharmacode 2504243 to be delisted from 1 December 2020.			
117	PROCHLORPERAZINE (↑ price and addition of HSS) Tab 5 mg – 1% DV Dec-20 to 2023	8.00	250	Nausafix
119	RISPERIDONE (addition of HSS and amended brand name) Tab 0.5 mg – 1% DV Dec-20 to 2023	1.86	60	Risperidone (Teva) Actavis
	Tab 1 mg – 1% DV Dec-20 to 2023	2.06	60	Risperidone (Teva) Actavis
	Tab 2 mg – 1% DV Dec-20 to 2023	2.29	60	Risperidone (Teva) Actavis
	Tab 3 mg – 1% DV Dec-20 to 2023	2.50	60	Risperidone (Teva) Actavis
119	RISPERIDONE (↓ price, addition of HSS and amended brand name) Tab 4 mg – 1% DV Dec-20 to 2023	3.42	60	Risperidone (Teva) Actavis
121	DIAZEPAM (↑ price and addition of HSS) Tab 2 mg – 1% DV Dec-20 to 2023	61.07	500	Arrow-Diazepam
	Tab 5 mg – 1% DV Dec-20 to 2023	73.60	500	Arrow-Diazepam
124	METHYLPHENIDATE HYDROCHLORIDE (delisting) → Tab sustained-release 20 mg	50.00	100	Ritalin SR
	Note – Ritalin SR tab sustained-release 20 mg to be delisted from 1 June 2021.			
126	DONEPEZIL HYDROCHLORIDE (addition of HSS) Tab 5 mg – 1% DV Dec-20 to 2023	4.34	90	Donepezil-Rex
	Tab 10 mg – 1% DV Dec-20 to 2023	6.64	90	Donepezil-Rex
127	NICOTINE (↑ price) Patch 7 mg per 24 hours	18.14	28	Habitrol
	Patch 14 mg per 24 hours	19.95	28	Habitrol
	Patch 21 mg per 24 hours	22.86	28	Habitrol
	Lozenge 1 mg	19.18	216	Habitrol
	Lozenge 2 mg	21.02	216	Habitrol
	Gum 2 mg	38.21	384	Habitrol (Fruit) Habitrol (Mint)
	Gum 4 mg	44.17	384	Habitrol (Fruit) Habitrol (Mint)

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2020 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

134	HYDROXYUREA [HYDROXYCARBAMIDE] (brand change and amended chemical name) Cap 500 mg – 1% DV Feb-21 to 2023	23.82	100	Devatis
	Note – Hydreca cap 500 mg to be delisted from 1 February 2021.			
141	LAPATINIB (delisting) → Tab 250 mg.....	1,899.00	70	Tykerb
	Note – Tykerb tab 250 mg to be delisted from 1 June 2021.			

RESPIRATORY SYSTEM AND ALLERGIES

207	IPRATROPIUM BROMIDE (delisting) Nebuliser soln 250 mcg per ml, 1 ml ampoule.....	3.35	20	Univent
	Note – Univent nebuliser soln 250 mcg per ml, 1 ml ampoule to be delisted from 1 January 2021.			
211	SALMETEROL (delisting) Aerosol inhaler 25 mcg per dose.....	9.90	120 dose	Meterol
	Note – Meterol aerosol inhaler 25 mcg per dose to be delisted from 1 January 2021.			

SENSORY ORGANS

218	TIMOLOL (↑ price and addition of HSS) Eye drops 0.25% – 1% DV Dec-20 to 2023	1.81	5 ml	Arrow-Timolol
	Eye drops 0.5% – 1% DV Dec-20 to 2023	2.04	5 ml	Arrow-Timolol

SPECIAL FOODS

236	AMINO ACID FORMULA (WITHOUT PHENYLALANINE) (new listing) → Powder 20 g protein, 3.8 g carbohydrate and 0.23 g fibre per 28 g sachet			<i>e.g. PKU Lophlex Powder (unflavoured)</i>
236	AMINO ACID FORMULA (WITHOUT PHENYLALANINE) (delisting) → Powder 20 g protein, 2.5 g carbohydrate and 0.22 g fibre per 27.8 g sachet			<i>e.g. PKU Lophlex Powder (unflavoured)</i>
	Note – e.g. PKU Lophlex Powder (unflavoured) powder 20 g protein, 2.5 g carbohydrate and 0.22 g fibre per 27.8 g sachet to be delisted from 1 March 2021.			
236	AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) (new listing) → Powder 13.1 g protein, 50.1 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			<i>e.g. MMA/PA Anamix Infant</i>

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2020 (continued)

236	AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) (delisting) → Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			<i>e.g. MMA/PA Anamix Infant</i>
	Note – e.g. MMA/PA Anamix Infant powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can to be delisted from 1 March 2021.			
242	ENTERAL LIQUID PEPTIDE FORMULA (new listing) → Liquid 2.75 g protein, 13.7 g carbohydrate and 3.89 g fat per 100 ml 10.45	500 ml		Nutrini Peptisorb
	→ Liquid 4.2 g protein, 18.6 g carbohydrate and 6.58 g fat per 100 ml 15.68	500 ml		Nutrini Peptisorb Energy

Restricted

Initiation

All of the following:

- 1 Patient has impaired gastrointestinal function and either cannot tolerate polymeric feeds, or polymeric feeds are unsuitable; and
- 2 Any of the following:
 - 2.1 Severe malabsorption; or
 - 2.2 Short bowel syndrome; or
 - 2.3 Intractable diarrhoea; or
 - 2.4 Biliary atresia; or
 - 2.5 Cholestatic liver diseases causing malabsorption; or
 - 2.6 Cystic fibrosis; or
 - 2.7 Proven fat malabsorption; or
 - 2.8 Severe intestinal motility disorders causing significant malabsorption; or
 - 2.9 Intestinal failure; or
 - 2.10 Both:
 - 2.10.1 The patient is currently receiving funded amino acid formula; and
 - 2.10.2 The patient is to be trialled on, or transitioned to, an enteral liquid peptide formula; and
- 3 Either:
 - 3.1 A semi-elemental or partially hydrolysed powdered feed has been reasonably trialled and considered unsuitable; or
 - 3.2 For step down from intravenous nutrition.

Note: A reasonable trial is defined as a 2-4 week trial.

Continuation

Both:

- 1 An assessment as to whether the patient can be transitioned to a cows milk protein or soy infant formula or extensively hydrolysed formula has been undertaken; and
- 2 The outcome of the assessment is that the patient continues to require an enteral liquid peptide formula.

		Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020

ALIMENTARY TRACT AND METABOLISM

8	RANITIDINE (delisting) → Tab 150 mg.....	12.91	500	Ranitidine Relief
	→ Tab 300 mg.....	18.21	500	Ranitidine Relief
	Note – Ranitidine Relief tab 150 mg and 300 mg to be delisted from 1 October 2020.			
8	RANITIDINE (delisting) → Inj 25 mg per ml, 2 ml ampoule	13.40	5	Zantac
	Note – Zantac inj 25 mg per ml, 2 ml ampoule to be delisted from 1 March 2021.			
10	GLICLAZIDE (↑ price and addition of HSS) Tab 80 mg – 1% DV Nov-20 to 2023	15.18	500	Glizide
12	POLOXAMER (↑ price and addition of HSS) Oral drops 10% – 1% DV Nov-20 to 2023	3.98	30 ml	Coloxyl
12	ISPAGHULA (PSYLLIUM) HUSK (↑ price and addition of HSS) Powder for oral soln – 1% DV Nov-20 to 2023	12.20	500 g	Konsyl-D
19	TRIAMCINOLONE ACETONIDE (addition of HSS) Paste 0.1% – 1% DV Nov-20 to 2023	5.33	5 g	Kenalog in Orabase

BLOOD AND BLOOD FORMING ORGANS

35	GLUCOSE [DEXTROSE] (↑ price and addition of HSS) Inj 50%, 10 ml ampoule – 1% DV Nov-20 to 2023	30.65	5	Biomed
	Inj 50%, 90 ml bottle – 1% DV Nov-20 to 2023	15.00	1	Biomed

CARDIOVASCULAR SYSTEM

43	CLONIDINE (↑ price and addition of HSS) Patch 2.5 mg, 100 mcg per day – 1% DV Nov-20 to 2023	10.34	4	Mylan
	Patch 5 mg, 200 mcg per day – 1% DV Nov-20 to 2023	13.18	4	Mylan
	Patch 7.5 mg, 300 mcg per day – 1% DV Nov-20 to 2023	16.93	4	Mylan
45	INDAPAMIDE (↑ price and addition of HSS) Tab 2.5 mg – 1% DV Nov-20 to 2023	10.45	90	Dapa-Tabs
45	GEMFIBROZIL – Restricted: For continuation only (restriction added and delisting) Tab 600 mg.....	19.56	60	Lipazil
	Note – Lipazil tab 600 mg to be delisted from 1 January 2021.			
45	SIMVASTATIN (↑ price and addition of HSS) Tab 10 mg – 1% DV Nov-20 to 2023	1.23	90	Simvastatin Mylan
	Tab 20 mg – 1% DV Nov-20 to 2023	2.03	90	Simvastatin Mylan
	Tab 40 mg – 1% DV Nov-20 to 2023	3.58	90	Simvastatin Mylan
	Tab 80 mg – 1% DV Nov-20 to 2023	7.12	90	Simvastatin Mylan

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020 (continued)

46	ISOSORBIDE MONONITRATE († price and addition of HSS) Tab 20 mg – 1% DV Nov-20 to 2023.....	19.55	100	Ismo-20 Duride
	Tab long-acting 60 mg – 1% DV Nov-20 to 2023.....	9.25	90	
46	ISOSORBIDE MONONITRATE (addition of HSS) Tab long-acting 40 mg – 1% DV Nov-20 to 2023.....	8.20	30	Ismo 40 Retard
47	METARAMINOL (new listing and addition of HSS) Inj 10 mg per ml, 1 ml ampoule – 1% DV Jan-21 to 2023.....	55.20	10	Torbay

DERMATOLOGICALS

52	KETOCONAZOLE († price and addition of HSS) Shampoo 2% – 1% DV Nov-20 to 2023.....	3.23	100 ml	Sebizole
53	PERMETHRIN († price and addition of HSS) Crm 5% – 1% DV Nov-20 to 2023..... Lotn 5% – 1% DV Nov-20 to 2023.....	5.75 3.99	30 g 30 ml	Lyderm A-Scabies
55	HYDROCORTISONE (amended brand name) Crm 1%, 500 g.....	17.15	500 g	Hydrocortisone (PSM) Pharmacy Health
56	TRIAMCINOLONE ACETONIDE (addition of HSS) Crm 0.02% – 1% DV Nov-20 to 2023..... Oint 0.02% – 1% DV Nov-20 to 2023.....	6.30 6.35	100 g 100 g	Aristocort Aristocort
56	PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCEIN († price and addition of HSS) Soln 2.3% with trolamine laurilsulfate and fluorescein sodium – 1% DV Nov-20 to 2023.....	4.44	500 ml	Pinetarsol

GENITO-URINARY SYSTEM

58	MICONAZOLE NITRATE († price and addition of HSS) Vaginal crm 2% with applicator – 1% DV Nov-20 to 2023.....	6.89	40 g	Micreme
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HORMONE PREPARATIONS

64	TRIAMCINOLONE ACETONIDE (addition of HSS) Inj 10 mg per ml, 1 ml ampoule – 5% DV Nov-20 to 2023..... Inj 40 mg per ml, 1 ml ampoule – 1% DV Nov-20 to 2023.....	20.80 51.10	5 5	Kenacort-A 10 Kenacort-A 40
71	DESMOPRESSIN ACETATE († price and addition of HSS) Nasal spray 10 mcg per dose – 1% DV Nov-20 to 2023.....	27.95	6 ml	Desmopressin-PH&T

INFECTIONS

73	CEFAZOLIN (addition of HSS) Inj 500 mg vial – 1% DV Nov-20 to 2023.....	3.39	5	AFT
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➔ 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 2020 (continued)			
73	CEFAZOLIN (↑ price and addition of HSS) Inj 1 g vial – 1% DV Nov-20 to 2023	3.49	5 AFT
73	CEFOTAXIME (↑ price and addition of HSS) Inj 1 g vial – 1% DV Nov-20 to 2023	45.00	10 DBL Cefotaxime
76	AMOXICILLIN (↑ price and addition of HSS) Grans for oral liq 125 mg per 5 ml – 1% DV Nov-20 to 2023	1.40	100 ml Alphamox 125
	Grans for oral liq 250 mg per 5 ml – 1% DV Nov-20 to 2023	1.73	100 ml Alphamox 250
76	AMOXICILLIN WITH CLAVULANIC ACID (↑ price) Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml.....	5.00	100 ml Augmentin
76	BENZYLPENICILLIN SODIUM [PENICILLIN G] (↑ price and addition of HSS) Inj 600 mg (1 million units) vial – 1% DV Nov-20 to 2023	11.09	10 Sandoz
76	BENZYLPENICILLIN SODIUM [PENICILLIN G] (delisting) Inj 600 mg (1 million units) vial.....	25.88	25 Pan-Penicillin G Sodium
		103.50	100 Sandoz
	Note – Pan-Penicillin G Sodium and Sandoz inj 600 mg (1 million units) vial, 100 inj pack to be delisted from 1 November 2020.		
76	FLUCLOXACILLIN (↑ price and addition of HSS) Inj 1 g vial – 1% DV Nov-20 to 2023	5.70	5 Flucil
77	CIPROFLOXACIN (↑ price and addition of HSS) → Tab 250 mg – 1% DV Nov-20 to 2023	2.42	28 Cipflox
	→ Tab 500 mg – 1% DV Nov-20 to 2023	3.40	28 Cipflox
	→ Tab 750 mg – 1% DV Nov-20 to 2023	5.95	28 Cipflox
78	FOSFOMYCIN (addition of example brand) → Powder for oral solution, 3 g sachet		<i>e.g. UroFos</i>
80	FLUCONAZOLE (↑ price and addition of HSS) → Cap 50 mg – 1% DV Nov-20 to 2023	2.75	28 Mylan
	→ Cap 150 mg – 1% DV Nov-20 to 2023	0.65	1 Mylan
	→ Cap 200 mg – 1% DV Nov-20 to 2023	12.89	28 Mylan
83	RIFAMPICIN (↑ price and addition of HSS) → Cap 150 mg – 1% DV Nov-20 to 2023	58.54	100 Rifadin
	→ Cap 300 mg – 1% DV Nov-20 to 2023	122.06	100 Rifadin
	→ Oral liq 100 mg per 5 ml – 1% DV Nov-20 to 2023	12.60	60 ml Rifadin
	→ Inj 600 mg vial – 1% DV Nov-20 to 2023	134.98	1 Rifadin

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020 (continued)

86	LAMIVUDINE (new listing and addition of HSS) → Tab 150 mg – 1% DV Nov-20 to 2023.....	84.50	60	Lamivudine Alphapharm
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Restricted

Initiation – Confirmed HIV

Patient has confirmed HIV infection.

Initiation – Prevention of maternal transmission

Either:

- 1 Prevention of maternal foetal transmission; or
- 2 Treatment of the newborn for up to eight weeks.

Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Any of the following:
 - 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
 - 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
 - 2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

Initiation – Percutaneous exposure

Patient has percutaneous exposure to blood known to be HIV positive.

88	LAMIVUDINE (↑ price and addition of HSS) Tab 100 mg – 1% DV Nov-20 to 2023.....	6.95	28	Zetlam
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MUSCULOSKELETAL SYSTEM

100	ALLOPURINOL (↑ price and addition of HSS) Tab 100 mg – 1% DV Nov-20 to 2023.....	11.47	500	DP-Allopurinol
	Tab 300 mg – 1% DV Nov-20 to 2023.....	28.57	500	DP-Allopurinol

NERVOUS SYSTEM

105	KETAMINE (pack size change) Inj 1 mg per ml, 100 ml bag – 1% DV Feb-20 to 2022.....	135.00	5	Biomed
	Note – Biomed inj 1 mg per ml, 100 ml bag, 10 inj pack to be delisted from 1 November 2020.			
106	BUPIVACAINE HYDROCHLORIDE WITH FENTANYL (pack size change) Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag – 1% DV Apr-20 to 2022.....	152.50	5	Biomed
	Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag – 1% DV Nov-19 to 2022.....	112.50	5	Bupafen
	Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag – 1% DV Nov-19 to 2022.....	117.50	5	Bupafen
	Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe.....	36.00	5	Biomed
	Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe.....	46.00	5	Biomed
	Note – Biomed inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag; inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml and 20 ml syringe, 10 inj pack and Bupafen inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml and 200 ml bag, 10 inj pack to be delisted from 1 November 2020.			

→ 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 2020 (continued)			
108	ROPIVACAINE HYDROCHLORIDE (↑ price and addition of HSS)		
	Inj 2 mg per ml, 10 ml ampoule – 1% DV Nov-20 to 2023 9.25	5	Ropivacaine Kabi
	Inj 2 mg per ml, 20 ml ampoule – 1% DV Nov-20 to 2023 9.65	5	Ropivacaine Kabi
	Inj 2 mg per ml, 100 ml bag – 1% DV Nov-20 to 2023 31.00	5	Ropivacaine Kabi
	Inj 2 mg per ml, 200 ml bag – 1% DV Nov-20 to 2023 40.95	5	Ropivacaine Kabi
	Inj 7.5 mg per ml, 10 ml ampoule – 1% DV Nov-20 to 2023 ... 10.40	5	Ropivacaine Kabi
	Inj 7.5 mg per ml, 20 ml ampoule – 1% DV Nov-20 to 2023 ... 12.75	5	Ropivacaine Kabi
	Inj 10 mg per ml, 10 ml ampoule – 1% DV Nov-20 to 2023 11.10	5	Ropivacaine Kabi
	Inj 10 mg per ml, 20 ml ampoule – 1% DV Nov-20 to 2023 16.60	5	Ropivacaine Kabi
109	PARACETAMOL (↑ price and addition of HSS)		
	Oral liq 120 mg per 5 ml – 20% DV Nov-20 to 2023 5.45	1,000 ml	Paracare
	Oral liq 250 mg per 5 ml – 20% DV Nov-20 to 2023 6.25	1,000 ml	Paracare Double Strength
	→ Inj 10 mg per ml, 100 ml vial – 1% DV Nov-20 to 2023 8.90	10	Paracetamol Kabi
109	ALFENTANIL (↓ price and addition of HSS)		
	Inj 0.5 mg per ml, 2 ml ampoule – 1% DV Nov-20 to 2023 24.75	10	Hameln
109	CODEINE PHOSPHATE (↑ price and addition of HSS)		
	Tab 15 mg – 1% DV Nov-20 to 2023 6.25	100	PSM
	Tab 30 mg – 1% DV Nov-20 to 2023 7.45	100	PSM
	Tab 60 mg – 1% DV Nov-20 to 2023 14.25	100	PSM
109	FENTANYL (pack size change)		
	Inj 10 mcg per ml, 100 ml bag – 1% DV Nov-19 to 2022 110.00	5	Biomed
	Note – Biomed inj 10 mcg per ml, 100 ml bag, 10 inj pack to be delisted from 1 November 2020.		
110	MORPHINE SULPHATE (addition of HSS)		
	Tab immediate-release 10 mg – 1% DV Nov-20 to 2023 2.80	10	Sevredol
	Tab immediate-release 20 mg – 1% DV Nov-20 to 2023 5.52	10	Sevredol
110	MORPHINE SULPHATE (↑ price and addition of HSS)		
	Inj 1 mg per ml, 100 ml bag – 1% DV Nov-20 to 2023 102.25	5	Biomed
	Inj 1 mg per ml, 10 ml syringe – 1% DV Nov-20 to 2023 24.50	5	Biomed
	Inj 1 mg per ml, 50 ml syringe – 1% DV Nov-20 to 2023 52.00	5	Biomed
111	TRAMADOL HYDROCHLORIDE (↓ price and addition of HSS)		
	Tab sustained-release 100 mg – 1% DV Nov-20 to 2023 1.52	20	Tramal SR 100
111	TRAMADOL HYDROCHLORIDE (addition of HSS)		
	Tab sustained-release 150 mg – 1% DV Nov-20 to 2023 2.10	20	Tramal SR 150
	Tab sustained-release 200 mg – 1% DV Nov-20 to 2023 2.75	20	Tramal SR 200
114	LAMOTRIGINE (delisting)		
	Tab dispersible 5 mg 15.00	56	Arrow-Lamotrigine
	Note – Arrow-Lamotrigine tab dispersible 5 mg to be delisted from 1 October 2020.		
117	BETAHISTINE DIHYDROCHLORIDE (↑ price and addition of HSS)		
	Tab 16 mg – 1% DV Nov-20 to 2023 3.88	84	Vergo 16

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020 (continued)

119	OLANZAPINE (↑ price and addition of HSS)			
	Tab 2.5 mg – 1% DV Nov-20 to 2023	1.35	28	Zypine
	Tab 5 mg – 1% DV Nov-20 to 2023	1.58	28	Zypine
	Tab orodispersible 5 mg – 1% DV Nov-20 to 2023	1.81	28	Zypine ODT
	Tab 10 mg – 1% DV Nov-20 to 2023	2.01	28	Zypine
	Tab orodispersible 10 mg – 1% DV Nov-20 to 2023	2.38	28	Zypine ODT
119	QUETIAPINE (↑ price and addition of HSS)			
	Tab 25 mg – 1% DV Nov-20 to 2023	2.15	90	Quetapel
	Tab 100 mg – 1% DV Nov-20 to 2023	5.06	90	Quetapel
	Tab 200 mg – 1% DV Nov-20 to 2023	8.90	90	Quetapel
	Tab 300 mg – 1% DV Nov-20 to 2023	12.86	90	Quetapel
119	RISPERIDONE (↑ price and addition of HSS)			
	Oral liq 1 mg per ml – 1% DV Nov-20 to 2023	8.90	30 ml	Risperon
123	TEMAZEPAM (↑ price and addition of HSS)			
	Tab 10 mg – 1% DV Nov-20 to 2023	1.33	25	Normison

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

131	MITOMYCIN C (delisting)			
	Inj 20 mg vial	816.32	1	Omegapharm
	Note – Omegapharm inj 20 mg vial to be delisted from 1 November 2020.			
131	CLADRIBINE (pack size change)			
	Inj 1 mg per ml, 10 ml vial	749.96	1	Leustatin
	Note – Leustatin inj 1 mg per ml, 10 ml vial, 7 inj pack to be delisted from 1 October 2020.			
135	PEGASPARGASE (↑ price)			
	→ Inj 750 iu per ml, 5 ml vial	3,455.00	1	Oncaspar LYO
145	PACLITAXEL (↑ price and addition of HSS)			
	Inj 6 mg per ml, 16.7 ml vial – 1% DV Nov-20 to 2023	24.00	1	Paclitaxel Ebewe
	Inj 6 mg per ml, 50 ml vial – 1% DV Nov-20 to 2023	44.00	1	Paclitaxel Ebewe
149	TAMOXIFEN CITRATE (↑ price and addition of HSS)			
	Tab 10 mg – 1% DV Nov-20 to 2023	15.00	60	Tamoxifen Sandoz
	Tab 20 mg – 1% DV Nov-20 to 2023	6.65	60	Tamoxifen Sandoz

		Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020 (continued)

150	ETANERCEPT (amended restriction criteria – affected criteria shown only)		
	→ Inj 25 mg vial – 5% DV Sep-19 to 2024	690.00	4
	→ Inj 50 mg autoinjector – 5% DV Sep-19 to 2024	1,050.00	4
	→ Inj 50 mg syringe – 5% DV Sep-19 to 2024	1,050.00	4
	Restricted		
	Initiation – pyoderma gangrenosum		
	Dermatologist		
	All of the following:		
	1 Patient has pyoderma gangrenosum*; and		
	2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and		
	3 A maximum of 8 4 -doses.		
	Note: Indications marked with * are unapproved indications.		
	Continuation – pyoderma gangrenosum		
	Dermatologist		
	All of the following:		
	1 Patient has shown clinical improvement; and		
	2 Patient continues to require treatment; and		
	3 A maximum of 8 4 -doses.		
156	ADALIMUMAB (amended restriction criteria – affected criteria shown only)		
	→ Inj 20 mg per 0.4 ml syringe	1,599.96	2
	→ Inj 40 mg per 0.8 ml pen.....	1,599.96	2
	→ Inj 40 mg per 0.8 ml syringe	1,599.96	2
	Restricted		
	Initiation – pyoderma gangrenosum		
	Dermatologist		
	All of the following:		
	1 Patient has pyoderma gangrenosum*; and		
	2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and		
	3 A maximum of 8 4 -doses.		
	Note: Indications marked with * are unapproved indications.		
	Continuation – pyoderma gangrenosum		
	Dermatologist		
	All of the following:		
	1 Patient has shown clinical improvement; and		
	2 Patient continues to require treatment; and		
	3 A maximum of 8 4 -doses.		

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020 (continued)

168 INFLIXIMAB (addition of HSS and amended restrictions – affected and new criteria shown only)

→ Inj 100 mg – 5% DV Sep-20 to 2024..... 806.00 1 **Remicade**

Restricted

Initiation – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab or etanercept for severe chronic plaque psoriasis; and

1.2 Either:

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

1.2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis; or

2 All of the following:

2.1 Either:

2.1.1 Patient has “whole body” severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than **10 ±5**, where lesions have been present for at least 6 months from the time of initial diagnosis; or

2.1.2 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

2.2 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, cyclosporin, or acitretin; and

2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

2.4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

Note: “Inadequate response” is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than **10 ±5**, 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 subscores 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.

Initiation - pyoderma gangrenosum

Dermatologist

All of the following:

1 Patient has pyoderma gangrenosum*; and

2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporine, azathioprine, or methotrexate) and not received an adequate response; and

3 A maximum of 8 doses.

Note: Indications marked with * are unapproved indications.

Continuation – pyoderma gangrenosum

Dermatologist

All of the following:

1 Patient has shown clinical improvement; and

2 Patient continues to require treatment; and

3 A maximum of 8 doses.

	Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020 (continued)

VARIOUS

- 223 CHLORHEXIDINE (new listing)
Soln 4%
- 223 CHLORHEXIDINE WITH ETHANOL (new listing)
Soln 0.5% with ethanol 70%
Soln 2% with ethanol 70%
- 223 IODINE WITH ETHANOL (new listing)
Soln 1% with ethanol 70%

SPECIAL FOODS

- 238 PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML (new listing)
→ Liquid 4 g protein, 17.7 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bag *e.g. Nutrison Advanced Peptisorb*
 - 238 PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML (delisting)
→ Liquid 4 g protein, 17.6 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bag *e.g. Nutrison Advanced Peptisorb*
- Note – e.g. Nutrison Advanced Peptisorb liquid 4 g protein, 17.6 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bag to be delisted 1 February 2021.

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New Zealand
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