Pharmaceutical Management Agency

Section H Update for Hospital Pharmaceuticals

Effective 1 March 2018

Cumulative for December 2017, January, February and March 2018

PHARMAC
Pharmaceutical Management Agency

Contents

Summary of decisions
EFFECTIVE 1 MARCH 2018

- Amiloride hydrochloride (Apo-Amiloride) tab 5 mg – to be delisted 1 January 2019
- Calcium folinate (Calcium Folinate Sandoz) inj 10 mg per ml 5 ml, 10 ml, and 35 ml vials – new listing
- Cytarabine (Pfizer) inj 100 mg per ml, 20 ml vial – price increase
- Dacarbazine (DBL Dacarbazine) inj 200 mg vial – HSS suspended
- Dactinomycin [actinomycin D] (Cosmegen) inj 0.5 mg vial – price increase
- Emtricitabine with tenofovir disoproxil fumarate (Truvada) tab 200 mg with tenofovir disoproxil fumarate 300 mg – amended restriction
- Ferrous sulphate with folic acid tab long-acting 325 mg (105 mg elemental) with folic acid 350 mcg – to be delisted 1 September 2018
- Influenza vaccine (Influvac Tetra) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – new listing and amended restriction
- Influenza vaccine (Fluarix Tetra) inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) – new listing and amended restriction
- Influenza vaccine (Influvac) inj 45 mcg in 0.5 ml syringe – to be delisted 1 March 2018
- Levetiracetam (Levetiracetam-AFT) inj 100 mg per ml, 5 ml vial – new listing and addition of HSS
- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg and powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg (Molaxole) – restriction removed
- Methylthioninium chloride [methylene blue] (Proveblue) inj 5 mg per ml, 10 ml ampoule – new listing
- Methylthioninium chloride [methylene blue] inj 10 mg per ml, 5 ml and 10 ml ampoules – to be delisted 1 July 2018
- Oral feed (Fortisip (Vanilla)) powder 20.8 g protein, 61 g carbohydrate and 9.4 g fat per 100 g, can, 857 g – new listing
- Oral feed (Fortisip (Vanilla)) powder 21.9 g protein, 53.5 g carbohydrate and 14.5 g fat per 100 g, can, 350 g – to be delisted 1 August 2018
- Piperacillin with tazobactam (PipTaz Sandoz) inj 4 g with tazobactam 0.5 g vial – new listing
- Simvastatin (Simvastatin Mylan) tab 10 mg, 20 mg, 40 mg and 80 mg – addition of HSS

Summary of decisions – effective 1 March 2018 (continued)

- Simvastatin (Arrow-Simva) tab 10 mg, 20 mg, 40 mg and 80 mg – to be delisted 1 March 2018
- Sotolol (Sotacor) inj 10 mg per ml, 4 ml ampoule – to be delisted 1 August 2018
- Tamoxifen citrate (Genox) tab 10 mg and 20 mg – price increase

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

Section H changes to Part II

Effective 1 March 2018

ALIMENTARY TRACT AND METABOLISM

20 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE (restriction removed)

Powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg

Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg

– **1% DV Feb-18 to 2020** ..... 6.78 | 30 | **Molaxole**

~~Restricted~~
~~Initiation~~
~~Either:~~
~~1 Both:~~
~~1.1 The patient has problematic constipation despite an adequate trial of other oral pharmacotherapies including lactulose where lactulose is not contraindicated; and~~
~~1.2 The patient would otherwise require a per rectal preparation; or~~
~~2 For short-term use for faecal disimpaction.~~

24 FERROUS SULPHATE WITH FOLIC ACID (delisting)

Tab long-acting 325 mg (105 mg elemental) with folic acid 350 mcg

Note – Ferrous sulphate with folic acid tab long-acting 325 mg (105 elemental) with folic acid 350 mcg to be delisted from 1 September 2018.

CARDIOVASCULAR SYSTEM

46 SOTALOL (delisting)

Inj 10 mg per ml, 4 ml ampoule ..... 65.39 | 5 | Sotacor

Note – Sotacor inj 10 mg per ml, 4 ml ampoule to be delisted from 1 August 2018.

48 AMILORIDE HYDROCHLORIDE (delisting)

Tab 5 mg ..... 15.00 | 100 | Apo-Amiloride

Note – Apo-Amiloride tab 5 mg to be delisted from 1 January 2019.

50 SIMVASTATIN (brand change)

Tab 10 mg – **1% DV Mar-18 to 2020** ..... 0.95 | 90 | **Simvastatin Mylan**

Tab 20 mg – **1% DV Mar-18 to 2020** ..... 1.52 | 90 | **Simvastatin Mylan**

Tab 40 mg – **1% DV Mar-18 to 2020** ..... 2.63 | 90 | **Simvastatin Mylan**

Tab 80 mg – **1% DV Mar-18 to 2020** ..... 6.00 | 90 | **Simvastatin Mylan**

Note – Arrow-Simva tab 10 mg, 20 mg, 40 mg and 80 mg to be delisted from 1 March 2018.

INFECTIONS

80 PIPERACILLIN WITH TAZOBACTAM (new listing)

➔ Inj 4 g with tazobactam 0.5 g vial ..... 38.00 | 10 | PipTaz Sandoz

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

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

90 EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE (moved Therapeutic subgroup and amended restriction)

➔ Tab 200 mg with tenofovir disoproxil fumarate 300 mg.....838.20 30 Truvada

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.

Initiation – Pre-exposure prophylaxis
Re-assessment required after 3 months
Both:
1 Patient has tested HIV negative; and
2 Either:
  2.1 All of the following:
    2.1.1 Patient is male or transgender; and
    2.1.2 Patient has sex with men; and
    2.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and
    2.1.4 Any of the following:
      2.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or
      2.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or
      2.1.4.3 Patient has used methamphetamine in the last three months; or
  2.2 All of the following:
    2.2.1 Patient has a regular partner who has HIV infection; and
    2.2.2 Partner is either not on treatment or has a detectable viral load; and
    2.2.3 Condoms have not been consistently used.

Continuation – pre-exposure prophylaxis
Re-assessment required after 3 months
All of the following:
1 Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis; and
2 Patient has undergone testing for HIV, syphilis, and a full STI screen in the previous two weeks; and
3 Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 12 months; and
4 Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; and

continued...

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

continued...

5 Patient has tested HIV negative; and

6 Either:

6.1 All of the following:

6.1.1 Patient is male or transgender; and

6.1.2 Patient has sex with men; and

6.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and

6.1.4 Any of the following

6.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or

6.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or

6.1.4.3 Patient has used methamphetamine in the last three months; or

6.2 All of the following:

6.2.1 Patient has a regular partner who has HIV infection; and

6.2.2 Partner is either not on treatment or has a detectable viral load; and

6.2.3 Condoms have not been consistently used.

NERVOUS SYSTEM

121	LEVETIRACETAM (new listing)			
	Inj 100 mg per ml, 5 ml vial – **1% DV May-18 to 2019**	52.68	10	**Levetiracetam-AFT**

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

137	DACTINOMYCIN [ACTINOMYCIN D] (↑ price)			
	Inj 0.5 mg vial	166.75	1	Cosmegen
138	CYTARABINE (↑ price)			
	Inj 100 mg per ml, 20 ml vial	41.36	1	Pfizer
141	DACARBAZINE (HSS suspended)			
	Inj 200 mg vial – **1% DV Oct-16 to** ~~2019~~ **28 Feb 2018**	58.06	1	DBL Dacarbazine
148	CALCIUM FOLINATE (new listing)			
	Inj 10 mg per ml, 5 ml vial	4.55	1	Calcium Folinate Sandoz
	Inj 10 mg per ml, 10 ml vial	7.30	1	Calcium Folinate Sandoz
	Inj 10 mg per ml, 35 ml vial	20.95	1	Calcium Folinate Sandoz
150	TAMOXIFEN CITRATE (↑ price)			
	Tab 10 mg	19.50	100	Genox
	Tab 20 mg	12.50	100	Genox

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

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

VARIOUS

209 METHYLTHIONINIUM CHLORIDE [METHYLENE BLUE] (new listing)
Inj 5 mg per ml, 10 ml ampoule ..... 240.35 5 Proveblue

209 METHYLTHIONINIUM CHLORIDE [METHYLENE BLUE] (delisting)
Inj 10 mg per ml, 10 ml ampoule
Inj 10 mg per ml, 5 ml ampoule
Note – Methylthioninium chloride [methylene blue] inj 10 mg per ml, 5 ml and 10 ml ampoules to be delisted 1 July 2018.

SPECIAL FOODS

229 ORAL FEED (new listing)
➔ Powder 20.8 g protein, 61 g carbohydrate and 9.4 g fat per 100 g, can ..... 8.54 857 g Fortisip (Vanilla)

229 ORAL FEED (delisting)
➔ Powder 21.9 g protein, 53.5 g carbohydrate and 14.5 g fat per 100 g, can ..... 3.67 350 g Fortisip (Vanilla)
Note – Fortisip (Vanilla) powder, 350 g, to be delisted from 1 August 2018.

VACCINES

235 INFLUENZA VACCINE (new listing and amended restriction)
➔ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) ..... 90.00 10 Influvac Tetra

Restricted
Initiation – People over 65
The patient is 65 years of age or over.

Initiation – cardiovascular disease **for patients 3 years and over**
Any of the following:
1 Ischaemic heart disease; or
2 Congestive heart failure; or
3 Rheumatic heart disease; or
4 Congenital heart disease; or
5 Cerebro-vascular disease.
Note: hypertension and/or dyslipidaemia without evidence of end-organ disease is excluded from funding.

Initiation – chronic respiratory disease **for patients 3 years and over**
Either:
1 Asthma, if on a regular preventative therapy; or
2 Other chronic respiratory disease with impaired lung function.
Note: asthma not requiring regular preventative therapy is excluded from funding.

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

continued...

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

continued...

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 (new listing)

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

Restricted
Initiation – cardiovascular disease for patients aged 6 months to 35 months
Any of the following:
1 Ischaemic heart disease; or
2 Congestive heart failure; or
3 Rheumatic heart disease; or
4 Congenital heart disease; or
5 Cerebro-vascular disease.
Note: hypertension and/or dyslipidaemia without evidence of end-organ disease is excluded from funding.

Initiation – chronic respiratory disease for patients aged 6 months to 35 months
Either:
1 Asthma, if on a regular preventative therapy; or
2 Other chronic respiratory disease with impaired lung function.
Note: asthma not requiring regular preventative therapy is excluded from funding.

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

continued...

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

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

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 home in Edgecumbe and the surrounding region.

235	INFLUENZA VACCINE (delisting)			
	➔ Inj 45 mcg in 0.5 ml syringe	90.00	10	Influvac

Note – Influvac inj 45 mcg in 0.5 ml syringe to be delisted 1 March 2018.

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

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

Section H changes to Part II – effective 1 February 2018

ALIMENTARY TRACT AND METABOLISM

14 MESALAZINE (new listing)

Tab EC 400 mg	49.50	100	Asacol
Tab 800 mg	85.50	90	Asacol
Suppos 500 mg	22.80	20	Asacol

Note – this is a listing for new Pharmacodes. Asacol tab 400 mg, 2536544; tab 800 mg, 2536552 and suppos 500 mg, 2536560.

18 METFORMIN HYDROCHLORIDE (HSS reinstated)

Tab immediate-release 850 mg – **1% DV Feb-18 to 2018**	7.82	500	**Metformin Mylan**

23 LARONIDASE (new listing)

➔ Inj 100 U per ml, 5 ml vial	1,335.16	1	Aldurazyme

Restricted
Initiation
Metabolic physician
Limited to 24 weeks treatment
All of the following:
1 The patient has been diagnosed with Hurler Syndrome (mucopolysacchardosis I-H); and
2 Either:
  2.1 Diagnosis confirmed by demonstration of alpha-L-iduronidase deficiency in white blood cells by either enzyme assay in cultured skin fibroblasts; or
  2.2 Detection of two disease causing mutations in the alpha-L-iduronidase gene and patient has a sibling who is known to have Hurler syndrome; and
3 Patient is going to proceed with a haematopoietic stem cell transplant (HSCT) within the next 3 months and treatment with laronidase would be bridging treatment to transplant; and
4 Patient has not required long-term invasive ventilation for respiratory failure prior to starting Enzyme Replacement Therapy (ERT); and
5 Laronidase to be administered for a total of 24 weeks (equivalent to 12 weeks pre- and 12 post-HSCT) at doses no greater than 100 units/kg every week.

CARDIOVASCULAR SYSTEM

43 LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (↑ price)

Tab 50 mg with hydrochlorothiazide 12.5 mg	15.25	30	Arrow-Losartan & Hydrochlorothiazide

53 AMBRISENTAN (amended restriction)

➔ Tab 5 mg	4,585.00	30	Volibris
➔ Tab 10 mg	4,585.00	30	Volibris

Restricted
Initiation
Either:
1 For use in patients with **a valid Special Authority** approval **for ambrisentan in** ~~by the P~~**p**ulmonary ~~A~~**a**rterial ~~H~~**h**ypertension ~~Panel~~; or
2 In hospital stabilisation in emergency situations.

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

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

53 BOSENTAN (amended restriction)

➔ Tab 62.5 mg – **1% DV Jan-16 to 2018**	375.00	56	**Mylan-Bosentan**
	401.79	60	Bosentan-Mylan
➔ Tab 125 mg – **1% DV Jan-16 to 2018**	375.00	56	**Mylan-Bosentan**
	401.79	60	Bosentan-Mylan

Restricted
Initiation
Either:
1 For use in patients with **a valid Special Authority** approval **for bosentan in** ~~by the P~~**p**ulmonary ~~A~~**a**rterial ~~H~~**h**ypertension ~~Panel~~; or
2 In hospital stabilisation in emergency situations.

53 SILDENAFIL (amended restriction – affected criterion only shown)

➔ Tab 25 mg – **1% DV Sep-15 to 2018**	0.75	4	**Vedafil**
➔ Tab 50 mg – **1% DV Sep-15 to 2018**	0.75	4	**Vedafil**
➔ Tab 100 mg – **1% DV Sep-15 to 2018**	2.75	4	**Vedafil**

➔ Inj 0.8 mg per ml, 12.5 ml vial
Restricted
Initiation – tablets
Any of the following:
1 For use in patients with **a valid Special Authority** approval **for sildenafil in** ~~by the P~~**p**ulmonary ~~A~~**a**rterial ~~H~~**h**ypertension ~~Panel~~; or
2 For use in neonatal units for persistent pulmonary hypertension of the newborn (PPHN); or
3 For use in weaning patients from inhaled nitric oxide; or
4 For perioperative use in cardiac surgery patients; or
5 For use in intensive care as an alternative to nitric oxide; or
6 In-hospital stabilisation in emergency situations; or
7 All of the following:
  7.1 Patient has Raynaud's phenomenon; and
  7.2 Patient has severe digital ischaemia (defined as severe pain requiring hospital admission or with a high likelihood of digital ulceration; digital ulcers; or gangrene); and
  7.3 Patient is following lifestyle management (proper body insulation, avoidance of cold exposure, smoking cessation support, avoidance of sympathomimetic drugs); and
  7.4 Patient has persisting severe symptoms despite treatment with calcium channel blockers and nitrates (unless contraindicated or not tolerated).

54 EPOPROSTENOL (amended restriction and presentation description)

➔ Inj ~~0.5 mg~~ **500 mcg** vial	36.61	1	Veletri
➔ Inj 1.5 mg vial	73.21	1	Veletri

Restricted
Initiation
~~For use as a bridge to transplant for patients with Pulmonary Arterial Hypertension who are on the active waiting list for lung transplantation.~~
Either:
1 For use in patients with a valid Special Authority approval for epoprostenol in pulmonary arterial hypertension; or
2 In hospital stabilisation in emergency situations.

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

54 ILOPROST (amended restriction)
➔ Nebuliser soln 10 mcg per ml, 2 ml ..... 1,185.00 30 Ventavis
Restricted
Initiation
Any of the following:
1 For use in patients with **a valid Special Authority** approval **for iloprost in** ~~by the Pp~~**p**ulmonary ~~Aa~~**a**rterial ~~Hh~~**h**ypertension ~~Panel~~; or
2 For diagnostic use in catheter laboratories; or
3 For use following mitral or tricuspid valve surgery; or
4 In hospital stabilisation in emergency situations.

NERVOUS SYSTEM

113 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↑ price)
Gel 2%, 10 ml urethral syringe ..... 81.50 10 Pfizer

113 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE (↑ price)
Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe ..... 81.50 10 Pfizer

117 AMITRIPTYLINE (↑ price and addition of HSS)
Tab 10 mg – **1% DV Apr-18 to 2020** ..... 1.96 100 **Arrow-Amitriptyline**

117 AMITRIPTYLINE (↓ price and addition of HSS)
Tab 25 mg – **1% DV Apr-18 to 2020** ..... 1.52 100 **Arrow-Amitriptyline**
Tab 50 mg – **1% DV Apr-18 to 2020** ..... 2.51 100 **Arrow-Amitriptyline**

121 LEVETIRACETAM (new listing)
Oral liq 100 mg per ml – **1% DV Apr-18 to 2020** ..... 44.78 300 ml **Levetiracetam-AFT**

124 ONDANSETRON (↓ price, amended brand name and addition of HSS)
Tab dispersible 4 mg – **1% DV Apr-18 to 2020** ..... 0.95 10 ~~Dr Reddy's~~ Ondansetron **ODT-DRLA**

124 ONDANSETRON (↓ price and addition of HSS)
Tab dispersible 8 mg – **1% DV Apr-18 to 2020** ..... 1.43 10 **Ondansetron ODT-DRLA**

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

164 CETUXIMAB (new listing)
➔ Inj 5 mg per ml, 20 ml vial ..... 364.00 1 Erbitux
➔ Inj 5 mg per ml, 100 ml vial ..... 1,820.00 1 Erbitux
Restricted
Initiation
Medical oncologist
All of the following:
1 Patient has locally advanced, non-metastatic, squamous cell cancer of the head and neck, and
2 Patient is contraindicated to, or is intolerant of, cisplatin, and
3 Patient has good performance status, and
4 To be administered in combination with radiation therapy.

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

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

SPECIAL FOODS

225 PAEDIATRIC ORAL FEED 1 KCAL/ML (delisting example brand)
➔ Liquid 2.6 g protein, 10.3 g carbohydrate,
5.4 g fat and 0.6 g fibre per 100 ml, 100 ml bottle *e.g. Infatrini*
Note – Infatrini liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, 100 ml bottle to be delisted from 1 February 2018.

225 PAEDIATRIC ORAL/ENTERAL FEED 1 KCAL/ML (new listing)
➔ Liquid 2.6 g protein, 10.3 g carbohydrate,
5.4 g fat and 0.6 g fibre per 100 ml, bottle ..... 2.35 125 ml Infatrini
Restricted
Initiation – Fluid restricted or volume intolerance with faltering growth
Both:
1 Either:
1.1 The patient is fluid restricted or volume intolerant; or
1.2 The patient has increased nutritional requirements due to faltering growth; and
2 Patient is under 18 months old or weighs less than 8kg.

Note: 'Volume intolerant' patients are those who are unable to tolerate an adequate volume of infant formula to achieve expected growth rate. These patients should have first trialled appropriate clinical alternative treatments, such as concentrating, fortifying and adjusting the frequency of feeding.

VACCINES

235 INFLUENZA VACCINE (amended restriction – affected criterion only shown)
➔ Inj 45 mcg in 0.5 ml syringe..... 90.00 10 Influvac
Initiation — Other conditions
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.

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

Changes to Section H Part II – effective 1 January 2018

ALIMENTARY TRACT AND METABOLISM

16 OMEPRAZOLE (brand change)

Cap 10 mg – **1% DV Mar-18 to 2020**	1.98	90	**Omeprazole actavis 10**
Cap 20 mg – **1% DV Mar-18 to 2020**	1.96	90	**Omeprazole actavis 20**
Cap 40 mg – **1% DV Mar-18 to 2020**	3.12	90	**Omeprazole actavis 40**

Note – Omezol Relief cap 10 mg, 20 mg and 40 mg to be delisted from 1 March 2018.

20 METHYLNALTREXONE BROMIDE (new listing)

➔ Inj 12 mg per 0.6 ml vial	36.00	1	Relistor
	246.00	7	Relistor

Restricted
Initiation – Opioid induced constipation
Both:
1 The patient is receiving palliative care; and
2 Either:
2.1 Oral and rectal treatments for opioid induced constipation are ineffective; or
2.2 Oral and rectal treatments for opioid induced constipation are unable to be tolerated.

20 SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE (↑ price)

Enema 90 mg with sodium lauryl sulphoacetate			
9 mg per ml, 5 ml	26.72	50	Micolette

23 CALCIUM CARBONATE (↑ price and addition of HSS)

Tab 1.25 g (500 mg elemental) – **1% DV Mar-18 to 2020**	7.52	250	**Arrow-Calcium**

24 POTASSIUM IODATE (↑ price)

Tab 253 mcg (150 mcg elemental iodine)	4.69	90	NeuroTabs

CARDIOVASCULAR SYSTEM

49 BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] (↑ price and addition of HSS)

Tab 2.5 mg – **1% DV Mar-18 to 2020**	12.50	500	**Arrow-Bendrofluazide**
Tab 5 mg – **1% DV Mar-18 to 2020**	20.42	500	**Arrow-Bendrofluazide**

49 PRAVASTATIN (brand change)

Tab 40 mg – **1% DV Mar-18 to 2020**	8.06	100	**Apo-Pravastatin**

Note – Cholvastin tab 40 mg to be delisted from 1 March 2018.

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

49 SIMVASTATIN (HSS suspended and delist delayed)

Tab 10 mg ~~– 1% DV Jan-18 to 2020~~	0.95	90	Arrow-Simva
			Simvastatin Mylan
Tab 20 mg ~~– 1% DV Jan-18 to 2020~~	1.61	90	Arrow-Simva
	1.52		Simvastatin Mylan
Tab 40 mg ~~– 1% DV Jan-18 to 2020~~	2.83	90	Arrow-Simva
	2.63		Simvastatin Mylan
Tab 80 mg ~~– 1% DV Jan-18 to 2020~~	7.91	90	Arrow-Simva
	6.00		Simvastatin Mylan

Note – HSS for the Simvastatin Mylan brand of simvastatin tab 10 mg, 20 mg, 40 mg and 80 mg has been suspended until further notice. The delist of the Arrow-Simva brand has also been delayed until further notice.

50 EZETIMIBE (brand change)

➔ Tab 10 mg – **1% DV Mar-18 to 2020**	2.00	30	**Ezetimibe Sandoz**

Note – Ezemibe tab 10 mg to be delisted 1 March 2018.

51 GLYCERYL TRINITRATE (new listing)

Inj 1 mg per ml, 10 ml ampoule

53 BOSENTAN (alternate brand listing)

Tab 62.5 mg	401.79	60	Bosentan-Mylan
Tab 125 mg	401.79	60	Bosentan-Mylan

Note – this is a listing of a new pack size with an amended name. Mylan-Bosentan 56 tablet pack size to be delisted from 1 July 2018.

GENITO-URINARY SYSTEM

62 LEVONORGESTREL (↓ price and addition of HSS)

Subdermal implant (2 × 75 mg rods)

– **1% DV Mar-18 to 2020**	106.92	1	**Jadelle**

HORMONE PREPARATIONS

67 ZOLEDRONIC ACID (amended restriction)

➔ Inj 4 mg per 5 ml, vial	84.50	1	Zoledronic acid Mylan
	550.00		Zometa

Restricted
Initiation – **bone metastases**
Oncologist, haematologist or palliative care specialist
Any of the following:
1 Patient has hypercalcaemia of malignancy; or
2 Both:
  2.1 Patient has bone metastases or involvement; and
  2.2 Patient has severe bone pain resistant to standard first-line treatments; or
3 Both:
  3.1 Patient has bone metastases or involvement; and
  3.2 Patient is at risk of skeletal-related events (pathological fracture, spinal cord compression, radiation to bone or surgery to bone).

continued...

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

continued...

Initiation – early breast cancer
Oncologist
All of the following:
1 Treatment to be used as adjuvant therapy for early breast cancer; and
2 Patient has been amenorrhoeic for 12 months or greater, either naturally or induced, with endocrine levels consistent with a postmenopausal state; and
3 Treatment to be administered at a minimum interval of 6-monthly for a maximum of 2 years.

INFECTIONS

76 PAROMOMYCIN (amended restriction)
➔ Cap 250 mg ..... 126.00 16 Humatin

Restricted
Clinical microbiologist, ~~or~~ infectious disease specialist **or gastroenterologist**

82 NORFLOXACIN (↑ price)
Tab 400 mg ..... 135.00 100 Arrow-Norfloxacin

86 DAPSONE (↑ price)
➔ Tab 25 mg ..... 268.50 100 Dapsone
➔ Tab 100 mg ..... 329.50 100 Dapsone

94 TENOFOVIR DISOPROXIL FUMARATE (amended restriction)
➔ Tab 300 mg ..... 531.00 30 Viread

Restricted
Initiation – Confirmed hepatitis B
Either ~~Any of the following~~:
1 All of the following:
1.1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
1.2 Patient has had previous lamivudine, adefovir or entecavir therapy; and
1.3 HBV DNA greater than 20,000 IU/mL or increased ~~less than or equal to 10-fold~~ **10 fold or higher** over nadir; and
1.4 Any of the following:
1.4.1 Lamivudine resistance - detection of M204I/V mutation; or
1.4.2 Adefovir resistance - detection of A181T/V or N236T mutation; or
1.4.3 Entecavir resistance - detection of relevant mutations including I169T, L180M T184S/A/I/L/G/C/M, ~~S202C/G/I,M204V~~ **S202C/G/I, M204V** or M250I/V mutation; or
2 Patient is either listed or has undergone liver transplantation for HBV; ~~or~~
~~3 Patient has a decompensated cirrhosis with a Mayo score > less than or equal togt; 20.~~

Initiation ~~– Pregnant or Breastfeeding,~~ **Women of child bearing age with active** ~~Active~~ hepatitis B
Limited to 12 months treatment
~~Both:~~ **All of the following:**
1 Patient is HBsAg positive~~ and pregnant~~; and
2 **Either:**
2.1 HBV DNA **>** ~~less than or equal togt;~~ 20,000 IU/mL and ALT **>** ~~less than or equal togt;~~ ULN.**; or**
2.2 HBV DNA > 20 million IU/mL and ALT normal; and
3 Any of the following:
3.1 Patient is of child bearing potential and has not yet completed a family; or
3.2 Patient is pregnant; or
3.3 Patient is breastfeeding.

continued...

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

continued...

~~Initiation – Pregnant, prevention of vertical transmission~~
~~Limited to 6 months treatment~~
~~Both:~~
~~1 Patient is HBsAg positive and pregnant; and~~
~~2 HBV DNA less than or equal togt; 20 million IU/mL and ALT normal.~~

Initiation – Confirmed HIV
~~Both:~~ **Patient has**
~~1 Cc~~confirmed HIV infection~~.; and~~
~~2 Any of the following:~~
~~2.1 Symptomatic patient; or~~
~~2.2 Patient aged 12 months and under; or~~
~~2.3 Both:~~
~~2.3.1 Patient aged 1 to 5 years; and~~
~~2.3.2 Any of the following:~~
~~2.3.2.1 CD4 counts less than or equal tolt; 1000 cells/mmless than or equal to#xB3;; or~~
~~2.3.2.2 CD4 counts less than or equal tolt; 0.25 less than or equal to#xD7; total lymphocyte count; or~~
~~2.3.2.3 Viral load counts less than or equal togt; 100000 copies per ml; or~~
~~2.4 Both:~~
~~2.4.1 Patient aged 6 years and over; and~~
~~2.4.2 CD4 counts less than or equal tolt; 500 cells/mmless than or equal to#xB3;.~~

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.

MUSCULOSKELETAL SYSTEM

99	ALENDRONATE SODIUM (↓ price) ➔ Tab 70 mg	4.82	4	Fosamax
100	ALENDRONATE SODIUM WITH COLECALCIFEROL (↓ price) ➔ Tab 70 mg with colecalciferol 5,600 iu	4.82	4	Fosamax Plus
107	ROCURONIUM BROMIDE (HSS suspended) Inj 10 mg per ml, 5 ml vial – **1% DV Aug-16 to** ~~2019~~ **31 Dec 2017**	25.95	10	DBL Rocuronium Bromide

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

108 IBUPROFEN (↑ price)

Oral liq 20 mg per ml	2.39	200 ml	Fenpaed

NERVOUS SYSTEM

124 PROCHLORPERAZINE (brand change)

Tab 5 mg – **1% DV Mar-18 to 2020**	6.35	250	**Nausafix**

Note – Antinaus tab 5 mg to be delisted from 1 March 2018.

129 DIAZEPAM (↑ price and addition of HSS)

Tab 2 mg – **1% DV Mar-18 to 2020**	15.05	500	**Arrow-Diazepam**
Tab 5 mg – **1% DV Mar-18 to 2020**	16.18	500	**Arrow-Diazepam**

130 MELATONIN (amended note)

➔ Tab 3 mg

Note – Only for use in compounding an oral liquid formulation, for in-hospital use only.

135 NICOTINE (↑ price and addition of HSS)

Patch 7 mg per 24 hours – **1% DV Apr-18 to 2020**	16.00	28	**Habitrol**
Patch 14 mg per 24 hours – **1% DV Apr-18 to 2020**	17.59	28	**Habitrol**
Patch 21 mg per 24 hours – **1% DV Apr-18 to 2020**	20.16	28	**Habitrol**
Lozenge 1 mg – **1% DV Apr-18 to 2020**	16.61	216	**Habitrol**
Lozenge 2 mg – **1% DV Apr-18 to 2020**	18.20	216	**Habitrol**
Gum 2 mg – **1% DV Apr-18 to 2020**	33.69	384	**Habitrol (Fruit)** **Habitrol (Mint)**
Gum 4 mg – **1% DV Apr-18 to 2020**	38.95	384	**Habitrol (Fruit)** **Habitrol (Mint)**

SENSORY ORGANS

198 DEXAMETHASONE (amended restriction)

➔ Ocular implant 700 mcg	1,444.50	1	Ozurdex

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

Continuation – Diabetic macular oedema
Ophthalmologist
Re-assessment required after 12 months
Both:
1 Patient's vision is stable or has improved (prescriber determined); and

continued...

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

continued...

2 Dexamethasone implants are to be administered not more frequently than once every 4 months **into each eye**, and up to a maximum of 3 implants **per eye** per year.

Initiation – Women of child bearing age with diabetic macular oedema
Ophthalmologist
Re-assessment required after 12 months
All of the following:
1 Patients have diabetic macular oedema; and
2 Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and
3 Patient is of child bearing potential and has not yet completed a family; and
4 Dexamethasone implants are to be administered not more frequently than once every 4 months **into each eye**, and up to a maximum of 3 implants **per eye** per year.

Continuation – Women of child bearing age with diabetic macular oedema
Ophthalmologist
Re-assessment required after 12 months
All of the following:
1 Patient's vision is stable or has improved (prescriber determined); and
2 Patient is of child bearing potential and has not yet completed a family; and
3 Dexamethasone implants are to be administered not more frequently than once every 4 months **into each eye**, and up to a maximum of 3 implants **per eye** per year.

SPECIAL FOODS

225	PRETERM FORMULA (delist)			
	➔ Powder 1.9 g protein, 7.5 g carbohydrate and 3.9 g fat per 14 g, can	15.25	400 g	S-26 Gold Premgro
	Note – S-26 Gold Premgro to be delisted from 1 July 2018.			
226	PAEDIATRIC ORAL FEED (delist)			
	➔ Powder 14.9 g protein, 54.3 g carbohydrate and 24.7 g fat per 100 g, can	28.00	850 g	Pediasure (Vanilla)
	Note – Pediasure (Vanilla) powder, 850 g can, to be delisted from 1 July 2018.			

Changes to Section H Part II – effective 1 December 2017

CARDIOVASCULAR SYSTEM

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

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

INFECTIONS

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

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

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

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

continued...

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

continued...

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

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

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

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

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

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

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

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

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

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

continued...

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

continued...

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

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

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

MUSCULOSKELETAL SYSTEM

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

NERVOUS SYSTEM

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

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

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

123 SUMATRIPTAN (delisting)
Tab 50 mg – **1% DV Jun-17 to 2019** ..... 24.44 102 **Apo-Sumatriptan**
Tab 100 mg – **1% DV Jun-17 to 2019** ..... 46.23 102 **Apo-Sumatriptan**
Note – this is the delisting of 102 tab pack only from 1 June 2018. The 100 tab pack remains listed.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

149 BICALUTAMIDE (brand change)
Tab 50 mg – **1% DV Feb-18 to 2020** ..... 3.80 28 **Binarex**
Note – Bicalaccord tab 50 mg to be delisted from 1 February 2018.

173 RITUXIMAB (restriction amended – affected criteria only shown)
➔ Inj 10 mg per ml, 10 ml vial ..... 1,075.50 2 Mabthera
➔ Inj 10 mg per ml, 50 ml vial ..... 2,688.30 1 Mabthera

Continuation - Chronic lymphocytic leukaemia
Re-assessment required after 12 months.
All of the following:
1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
2 The patient has had a**n** ~~rituximab treatment-free~~ interval of 36 months or more **since commencement of initial rituximab treatment**; and
3 The patient does not have chromosome 17p deletion CLL; and
4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine; and
5 Rituximab to be administered in combination with fludarabine and cyclophosphamide or bendamustine for a maximum of 6 treatment cycles

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

SENSORY ORGANS

198 DEXAMETHASONE (amended restriction – affected criteria only shown)
➔ Ocular implant 700 mcg ..... 1,444.50 1 Ozurdex

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

202 BRIMONIDINE TARTRATE (↓ price and addition of HSS)
Eye drops 0.2% – **1% DV Feb-18 to 2020** ..... 4.29 5 ml **Arrow-Brimonidine**

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

VARIOUS

208 GADOBUTROL (amended brand name)

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

VACCINES

234 HEPATITIS B RECOMBINANT VACCINE (HSS suspended)

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

234 HEPATITIS B RECOMBINANT VACCINE (new listing)

➔ Inj 20 mcg per 1 ml prefilled syringe	0.00	1	Engerix-B

Restricted
Initiation
Any of the following:

1 For household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
2 For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3 For children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
4 For HIV positive patients; or
5 For hepatitis C positive patients; or
6 for patients following non-consensual sexual intercourse; or
7 For patients following immunosuppression; or
8 For solid organ transplant patients; or
9 For post-haematopoietic stem cell transplant (HSCT) patients; or
10 Following needle stick injury.

Note – Engerix-B inj 20 mcg per 1 ml prefilled syringe to be delisted from 1 December 2018.

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

Part III – Optional Pharmaceuticals

Effective 1 February 2018

239 BLOOD GLUCOSE DIAGNOSTIC TEST METER (new listing)
1 meter with 50 lancets, a lancing device, and
10 diagnostic test strips ..... 20.00 1 CareSens N Premier

239 BLOOD GLUCOSE DIAGNOSTIC TEST METER (↓ price)
1 meter with 50 lancets, a lancing device, and
10 diagnostic test strips ..... 10.00 1 CareSens N
CareSens N POP

239 BLOOD GLUCOSE DIAGNOSTIC TEST METER (delisting)
1 meter with 50 lancets, a lancing device, and
10 diagnostic test strips ..... 20.00 1 CareSens II
Meter ..... 19.00 1 Accu-Chek Performa
9.00 FreeStyle Lite
On Call Advanced
Note – CareSens II, Accu-Chek Performa, Freestyle Lite and On Call Advanced meter to be delisted from 1 August 2018.

239 BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (new listing)
Test strips ..... 10.56 50 test CareSens PRO

239 BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (delisting)
Blood glucose test strips ..... 28.75 50 test Accu-Chek Performa
10.56 CareSens
21.65 FreeStyle Lite
28.75 Freestyle Optium
Blood glucose test strips × 50 and lancets × 5 ..... 19.10 50 test On Call Advanced
Note – Accu-Chek Performa, CareSens, FreeStyle Lite, Freestyle Optium blood glucose test strips and On Call Advanced blood glucose test strips x 50 and lancets x 5 to be delisted from 1 August 2018.

239 BLOOD KETONE DIAGNOSTIC TEST METER (delisting)
Meter ..... 40.00 1 Freestyle Optium Neo
Note – Freestyle Optium Neo meter to be delisted from 1 August 2018.

239 BLOOD KETONE DIAGNOSTIC TEST STRIP (new listing)
Test strips ..... 15.50 10 strip KetoSens

239 DUAL BLOOD GLUCOSE AND BLOOD KETONE DIAGNOSTIC TEST METER (new listing)
Meter with 50 lancets, a lancing device, and
10 blood glucose diagnostic test strips ..... 20.00 1 CareSens Dual

239 KETONE BLOOD BETA-KETONE ELECTRODES (delisting)
Test strips ..... 15.50 10 strip Freestyle Optium Ketone
Note – Freestyle Optium Ketone test strips to be delisted from 1 August 2018.

Index
Pharmaceuticals and brands

Index
Pharmaceuticals and brands

New Zealand Government

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Permit

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ISSN 1179-3694 (Print) - ISSN 1179-3708 (Online)

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