Pharmaceutical Management Agency

Section H Update for Hospital Pharmaceuticals

Effective 1 June 2018

Cumulative for April, May and June 2018

PHARMAC
Pharmaceutical Management Agency

Contents

Summary of decisions
EFFECTIVE 1 JUNE 2018

- Adalimumab inj 20 mg per 0.4 ml and 40 mg per 0.8 ml syringes (Humira), and inj 40 mg per 0.8 ml pen (HumiraPen) – amended restriction
- Aflibercept (Eylea) inj 40 mg per ml, 0.1 ml vial – new listing
- Alpha tocopheryl oral liq 156 u per ml – new listing
- Amikacin (DBL Amikacin) inj 250 mg per ml, 2 ml vial – price decrease and addition of HSS
- 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 – new listing
- Aripiprazole (Aripiprazole Sandoz) tab 5 mg, 10 mg, 15 mg, 20 mg and 30 mg – new listing and addition of HSS
- Aripiprazole (Abilify) tab 5 mg, 10 mg, 15 mg, 20 mg and 30 mg – restriction moved to the Abilify brand and to be delisted 1 August 2018
- Calcium folinate (Calcium Folinate Sandoz) inj 10 mg per ml, 100 ml vial – new listing
- Chlorhexidine with cetrimide (Pfizer) irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule – new listing and addition of HSS
- Chlorhexidine with cetrimide (Baxter) irrigation soln 0.015% with cetrimide 0.15%, bottle, 100 ml, 500 ml and 1,000 ml single packs – to be delisted 1 August 2018
- Chlorhexidine with cetrimide (Baxter) irrigation soln 0.05% with cetrimide 0.5%, bottle, 100 ml and 500 ml single packs – to be delisted 1 August 2018
- Chlorhexidine with cetrimide (Baxter) irrigation soln 0.1% with cetrimide 1%, bottle, 100 ml, single pack – to be delisted 1 August 2018
- Doxycycline tab 50 mg – For continuation only reinstated
- Entecavir (Baraclude) tab 0.5 mg – restriction removed
- Etanercept (Enbrel) inj 25 mg vial and inj 50 mg autoinjector and syringe – amended restriction
- Gabapentin (Apo-Gabapentin) cap 100 mg, 300 mg and 400 mg – new listing and addition of HSS
- Gabapentin (Arrow-Gabapentin, Neurontin and Nupentin) cap 100 mg, 300 mg and 400 mg – restriction moved to these brands, and to be delisted 1 August 2018
- Glucose [dextrose] (Fresenius Kabi) inj 5%, 100 ml bag, 50 bag pack – new listing and addition of HSS

Summary of decisions – effective 1 June 2018 (continued)

- Glucose [dextrose] (Fresenius Kabi) inj 5%, 250 ml bag, 30 bag pack – new listing and addition of HSS
- Glucose [dextrose] (Fresenius Kabi) inj 5%, 500 ml bag, 20 bag pack – new listing and addition of HSS
- Glucose [dextrose] (Fresenius Kabi) inj 5%, 1,000 ml bag, 10 bag pack – new listing and addition of HSS
- Glucose [dextrose] (Baxter) inj 5%, bag 100 ml, 250 ml, 500 ml and 1,000 ml bag single packs – to be delisted 1 August 2018
- Heparin sodium inj 1,000 iu per ml and 5,000 iu per ml, 1 ml ampoule (Hospira) and inj 1,000 iu per ml and 5,000 iu per ml, 5 ml ampoule (Pfizer) – price increase
- Heparinised saline (Pfizer) inj 10 iu per ml, 5 ml ampoule – price increase
- Hepatitis A vaccine inj 720 ELISA units in 0.5 ml syringe (Havrix Junior) and inj 1440 ELISA units in 1 ml syringe (Havrix) – amended restriction
- Imipenem with cilastatin (Imipenem+Cilastatin RBX) inj 500 mg with 500 mg cilastatin vial – price increase
- Imiquimod (Perrigo) crm 5%, 250 mg sachet – new listing and addition of HSS
- Imiquimod (Apo-Imiquimod Cream 5%) crm 5%, 250 mg sachet – to be delisted 1 August 2018
- Lidocaine [lignocaine] hydrochloride (Cathejell) gel 2%, 10 ml urethral syringe – new listing
- Mefloquine (Lariam) tab 250 mg – brand to be delisted 1 January 2019
- Mercaptopurine (Allmercap) oral suspension 20 mg per ml – new listing
- Naloxone hydrochloride (DBL Naloxone Hydrochloride) inj 400 mcg per ml, 1 ml ampoule – price decrease, addition of HSS and amended brand name
- Paracetamol (Paracare Double Strength) oral liq 250 mg per 5 ml – price increase and addition of HSS
- Ranibizumab inj 10 mg per ml, 0.23 ml and 0.3 ml vials – amended restriction
- Riluzole (Rilutek) tab 50 mg – price decrease and addition of HSS
- Rituximab (Mabthera) inj 10 mg per ml, 10 ml and 50 ml vials – amended restriction
- Salbutamol (Ventolin) oral liq 400 mcg per ml – price increase
- Sodium chloride (Fresenius Kabi) irrigation soln 0.9%, 250 ml bottle, 12 bottle pack – new listing and addition of HSS
- Sodium nitroprusside (Ketostix) test strip – price increase

Summary of decisions – effective 1 June 2018 (continued)

- Sulfasalazine tab 500 mg (Salazopyrin) and tab EC 500 mg (Salazopyrin EN) – amended chemical name
- Tenofovir disoproxil (Tenofovir Disoproxil Teva) tab 245 mg (300.6 mg as a succinate) – new listing and addition of HSS
- Tenofovir disoproxil (Viread) tab 245 mg (300 mg as a fumarate) – amended chemical name and presentation, and restriction removed
- Travoprost (Travopt) eye drops 0.004%, 5 ml – HSS suspended
- Voriconazole (Vfend) powder for oral suspension 40 mg per ml – price increase
- Water (Fresenius Kabi) irrigation soln, 250 ml bottle, 12 bottle pack – new listing and addition of HSS
- Ziprasidone (Zusdone) cap 20 mg – HSS suspended

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

Section H changes to Part II

Effective 1 June 2018

ALIMENTARY TRACT AND METABOLISM

14 **SULFASALAZINE** ~~SULPHASALAZINE~~ (amended chemical name)

Tab 500 mg – **1% DV Oct-16 to 2019**	14.00	100	**Salazopyrin**
Tab EC 500 mg – **1% DV Oct-16 to 2019**	13.50	100	**Salazopyrin EN**

28 ALPHA TOCOPHERYL (new listing)

➔ Oral liq 156 u per ml

Restricted

Initiation – Cystic fibrosis

Both:

1 Cystic fibrosis patient; and
2 Either:
   2.1 Patient has tried and failed the other available funded fat soluble vitamin A,D,E,K supplement (Vitabdeck); or
   2.2 The other available funded fat soluble vitamin A,D,E,K supplement (Vitabdeck) is contraindicated or clinically inappropriate for the patient.

Initiation – Osteoradionecrosis

For the treatment of osteoradionecrosis.

Initiation – Other indications

All of the following:

1 Infant or child with liver disease or short gut syndrome; and
2 Requires vitamin supplementation; and
3 Either:
   3.1 Patient has tried and failed the other available funded fat soluble vitamin A,D,E,K supplements(Vitabdeck); or
   3.2 The other available funded fat soluble vitamin A,D,E,K supplement (Vitabdeck) is contraindicated or clinically inappropriate for patient.

BLOOD AND BLOOD FORMING ORGANS

35 HEPARIN SODIUM (↑ price)

Inj 1,000 iu per ml, 1 ml ampoule	98.53	50	Hospira
Inj 1,000 iu per ml, 5 ml ampoule	99.50	50	Pfizer
Inj 5,000 iu per ml, 1 ml ampoule	28.40	5	Hospira
Inj 5,000 iu per ml, 5 ml ampoule	341.89	50	Pfizer

35 HEPARINISED SALINE (↑ price)

Inj 10 iu per ml, 5 ml ampoule	56.94	50	Pfizer

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

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

38 GLUCOSE [DEXTROSE] (new listing)

Inj 5%, 100 ml bag – **1% DV Aug-18 to 2021**	77.50	50	**Fresenius Kabi**
Inj 5%, 250 ml bag – **1% DV Aug-18 to 2021**	52.50	30	**Fresenius Kabi**
Inj 5%, 500 ml bag – **1% DV Aug-18 to 2021**	24.00	20	**Fresenius Kabi**
Inj 5%, 1,000 ml bag – **1% DV Aug-18 to 2021**	16.80	10	**Fresenius Kabi**

38 GLUCOSE [DEXTROSE] (delisting)

Inj 5%, bag	1.77	500 ml	Baxter
	1.80	1,000 ml	Baxter
	2.84	100 ml	Baxter
	3.87	250 ml	Baxter

Note – Baxter inj 5%, bag, 100 ml, 250 ml, 500 ml and 1,000 ml bag pack to be delisted from 1 August 2018.

DERMATOLOGICALS

60 IMIQUIMOD (new listing)

Crm 5%, 250 mg sachet – **1% DV Aug-18 to 2020**	21.72	24	**Perrigo**

Note – Apo-Imiquimod Cream 5% crm 5%, 250 mg sachet to be delisted from 1 August 2018.

INFECTIONS

76 AMIKACIN (↓ price and addition of HSS)

➔ Inj 250 mg per ml, 2 ml vial – **1% DV Aug-18 to 2021**	265.00	5	**DBL Amikacin**

76 IMIPENEM WITH CILASTATIN (↑ price)

➔ Inj 500 mg with 500 mg cilastatin vial	60.00	1	Imipenem + Cilastatin RBX

84 DOXYCYCLINE (restriction reinstated)

➔ Tab 50 mg – **Restricted: For continuation only**

Note – the continuation restriction was removed from 27 April 2018.

87 VORICONAZOLE (↑ price)

➔ Powder for oral suspension 40 mg per ml	1,156.32	70 ml	Vfend

90 MEFLOQUINE (brand delisting)

➔ Tab 250 mg	33.48	8	Lariam

Note – Lariam tab 250 mg brand to be delisted from 1 January 2019. The presentation will remain listed.

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

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

92 ENTECAVIR (restriction removed)
Tab 0.5 mg ..... 400.00 30 Baraclude
~~Restricted~~
~~Initiation~~
~~Gastroenterologist or infectious disease specialist~~
~~All of the following:~~
~~1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and~~
~~2 Patient is Hepatitis B nucleoside analogue treatment-naive; and~~
~~3 Entecavir dose 0.5 mg/day; and~~
~~4 Either:~~
~~4.1 ALT greater than upper limit of normal; or~~
~~4.2 Bridging fibrosis or cirrhosis (Metavir stage 3 or greater or moderate fibrosis) on liver histology; and~~
~~5 Either:~~
~~5.1 HBeAg positive; or~~
~~5.2 Patient has greater than or equal to 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and~~
~~6 No continuing alcohol abuse or intravenous drug use; and~~
~~7 Not co-infected with HCV, HIV or HDV; and~~
~~8 Neither ALT nor AST greater than 10 times upper limit of normal; and~~
~~9 No history of hypersensitivity to entecavir; and~~
~~10 No previous documented lamivudine resistance (either clinical or genotypic).~~

93 TENOFOVIR DISOPROXIL (new listing)
Tab 245 mg (300.6 mg as a succinate)
– **1% DV Sep-18 to 2021** ..... 38.10 30 **Tenofovir Disoproxil Teva**

93 TENOFOVIR DISOPROXIL ~~FUMARATE~~ (amended chemical name and presentation, and restriction removed)
Tab **245 mg (**300 mg **as a fumarate)** ..... 531.00 30 Viread
~~Restricted~~
~~Initiation – Confirmed hepatitis B~~
~~Either:~~
~~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 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 or M250I/V mutation; or~~
~~2 Patient is either listed or has undergone liver transplantation for HBV.~~

~~Initiation – Women of child bearing age with active hepatitis B~~
~~Limited to 12 months treatment~~
~~All of the following:~~
~~1 Patient is HBsAg positive; and~~
~~2 Either:~~
~~2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or~~
~~2.2 HBV DNA > 20 million IU/mL and ALT normal; and~~

continued...

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

continued...

~~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.~~

~~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.~~

Note – Viread tab 245 mg (300 mg as a fumarate) to be delisted from 1 September 2018.

NERVOUS SYSTEM

109	RILUZOLE (↓ price and addition of HSS)			
	➔ Tab 50 mg – **1% DV Aug-18 to 2021**	130.00	56	**Rilutek**
112	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (new listing)			
	Gel 2%, 10 ml urethral syringe	160.00	25	Cathejell
113	PARACETAMOL (↑ price and addition of HSS)			
	Oral liq 250 mg per 5 ml – **20% DV Aug-18 to 2020**	5.81	1,000 ml	**Paracare Double Strength**
118	GABAPENTIN (new listing)			
	Note: Gabapentin not to be given in combination with pregabalin.			
	Cap 100 mg – **1% DV Aug-18 to 2021**	2.65	100	**Apo-Gabapentin**
	Cap 300 mg – **1% DV Aug-18 to 2021**	4.07	100	**Apo-Gabapentin**
	Cap 400 mg – **1% DV Aug-18 to 2021**	5.64	100	**Apo-Gabapentin**

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

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

118	GABAPENTIN (restriction only applies to brands below)			
	Note: Gabapentin not to be given in combination with pregabalin			
	➔ Cap 100 mg	7.16	100	Arrow-Gabapentin Neurontin Nupentin
	➔ Cap 300 mg	11.00	100	Arrow-Gabapentin Neurontin Nupentin
	➔ Cap 400 mg	13.75	100	Arrow-Gabapentin Neurontin Nupentin
	Note – Arrow-Gabapentin, Neurontin and Nupentin capsule 100 mg, 300 mg and 400 mg to be delisted from 1 August 2018.			
124	ARIPIPRAZOLE (new listing)			
	Tab 5 mg – **1% DV Aug-18 to 2021**	17.50	30	**Aripiprazole Sandoz**
	Tab 10 mg – **1% DV Aug-18 to 2021**	17.50	30	**Aripiprazole Sandoz**
	Tab 15 mg – **1% DV Aug-18 to 2021**	17.50	30	**Aripiprazole Sandoz**
	Tab 20 mg – **1% DV Aug-18 to 2021**	17.50	30	**Aripiprazole Sandoz**
	Tab 30 mg – **1% DV Aug-18 to 2021**	17.50	30	**Aripiprazole Sandoz**
124	ARIPIPRAZOLE (restriction only applies to brand below)			
	➔ Tab 5 mg	123.54	30	Abilify
	➔ Tab 10 mg	123.54	30	Abilify
	➔ Tab 15 mg	175.28	30	Abilify
	➔ Tab 20 mg	213.42	30	Abilify
	➔ Tab 30 mg	260.07	30	Abilify
	Note – Abilify tab 5 mg, 10 mg, 15 mg, 20 mg and 30 mg to be delisted from 1 August 2018.			
126	ZIPRASIDONE (HSS suspended)			
	Cap 20 mg – **1% DV Jan-16 to** ~~2018~~ **31 May 2018**	14.56	60	Zusdone

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

138	MERCAPTOPURINE (new listing)			
	➔ Oral suspension 20 mg per ml	428.00	100 ml	Allmercap
	Restricted Initiation Paediatric haematologist or paediatric oncologist *Reassessment required after 12 months* The patient requires a total dose of less than one full 50 mg tablet per day.			
	Continuation Paediatric haematologist or paediatric oncologist *Reassessment required after 12 months* The patient requires a total dose of less than one full 50 mg tablet per day.			
147	CALCIUM FOLINATE (new listing)			
	Inj 10 mg per ml, 100 ml vial	60.00	1	Calcium Folinate Sandoz

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

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

151 ETANERCEPT (amended restriction – affected criteria shown only)

➔ Inj 25 mg vial	799.96	4	Enbrel
➔ Inj 50 mg autoinjector	1,599.96	4	Enbrel
➔ Inj 50 mg syringe	1,599.96	4	Enbrel

Restricted
Initiation – rheumatoid arthritis
Rheumatologist
Re-assessment required after 6 months
Either:
1 Both:
  1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and
  1.2 Either:
    1.2.1 The patient has experienced intolerable side effects from adalimumab; or
    1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for rheumatoid arthritis; or
2 All of the following:
  2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
  2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
  2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
  2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with ~~sulphasalazine~~ **sulfasalazine** and hydroxychloroquine sulphate (at maximum tolerated doses); and
  2.5 Any of the following:
    2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
    2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
    2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
  2.6 Either:
    2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
    2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
  2.7 Either:
    2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
    2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initiation – psoriatic arthritis
Rheumatologist
Re-assessment required after 6 months
Either:
1 Both:
  1.1 The patient has had an initial Special Authority approval for adalimumab for psoriatic arthritis; and
  1.2 Either:
    1.2.1 The patient has experienced intolerable side effects from adalimumab; or

continued...

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

continued...

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for psoriatic arthritis; or

2 All of the following:
- 2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
- 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 2.3 Patient has tried and not responded to at least three months of ~~sulphasalazine~~ **sulfasalazine** at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
- 2.4 Either:
  - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
  - 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.5 Any of the following:
  - 2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
  - 2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

156 ADALIMUMAB (amended restriction – affected criteria shown only)

➔ Inj 20 mg per 0.4 ml syringe	1,599.96	2	Humira
➔ Inj 40 mg per 0.8 ml pen	1,599.96	2	HumiraPen
➔ Inj 40 mg per 0.8 ml syringe	1,599.96	2	Humira

Restricted
Initiation – rheumatoid arthritis
Rheumatologist
Re-assessment required after 6 months
Either:
1 Both:
- 1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from etanercept; or
  - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or

2 All of the following:
- 2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
- 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with ~~sulphasalazine~~ **sulfasalazine** and hydroxychloroquine sulphate (at maximum tolerated doses); and
- 2.5 Any of the following:
  - 2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
  - 2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
  - 2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

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

continued...

2.6 Either:
2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints;or
2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
2.7 Either:
2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initiation – psoriatic arthritis
Rheumatologist
Re-assessment required after 6 months
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for psoriatic arthritis; or
2 All of the following:
2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
2.3 Patient has tried and not responded to at least three months of ~~sulphasalazine~~ **sulfasalazine** at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
2.4 Either:
2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
2.5 Any of the following:
2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

163 AFLIBERCEPT (new listing)
➔ Inj 40 mg per ml, 0.1 ml vial..... 1,250.00 1 Eylea
Restricted
Initiation – Wet Age Related Macular Degeneration
Ophthalmologist
Reassessment 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:

continued...

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

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

continued...

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:
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.

Continuation – Wet Age Related Macular Degeneration
Ophthalmologist
Re-assessment required after 12 months
All of the following:
1 Documented benefit must be demonstrated to continue; and
2 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
3 There is no structural damage to the central fovea of the treated eye.

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
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

Continuation – Diabetic Macular Oedema
Ophthalmologist
Re-assessment required after 12 months
All of the following:
1 There is stability or two lines of Snellen visual acuity gain; and
2 There is structural improvement on OCT scan (with reduction in intra-retinal cysts, central retinal thickness, and sub-retinal fluid); and
3 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
4 There is no centre-involving sub-retinal fibrosis or foveal atrophy; and
5 After each consecutive 12 months treatment with aflibercept, patient has retrialled with at least one injection of bevacizumab and had no response.

➔ 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 June 2018 (continued)

172 RANIBIZUMAB (amended restriction)

➔ Inj 10 mg per ml, 0.23 ml vial

➔ Inj 10 mg per ml, 0.3 ml vial

Restricted

~~Initiation~~

~~Re-assessment required after 3 doses~~

~~Both:~~

~~1 Either:~~

~~1.1 Age-related macular degeneration; or~~

~~1.2 Chorodial neovascular membrane; and~~

~~2 Any of the following:~~

~~2.1 The patient has had a severe ophthalmic inflammatory response following bevacizumab; or~~

~~2.2 The patient has had a myocardial infarction or stroke within the last three months; or~~

~~2.3 The patient has failed to respond to bevacizumab following three intraocular injections; or~~

~~2.4 The patient is of child-bearing potential and has not completed a family.~~

~~Continuation~~

~~Both:~~

~~1 Documented benefit after three doses must be demonstrated to continue; and~~

~~2 In the case of but previous non-response to bevacizumab, a retrial of bevacizumab is required to confirm non-response before continuing with ranibizumab.~~

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 aflibercept for longer than 3 months; or

2 Patient has current approval to use aflibercept for treatment of wAMD and was found to be intolerant to aflibercept within 3 months.

Continuation

Ophthalmologist

Re-assessment required after 12 months

All of the following:

1 Documented benefit must be demonstrated to continue; and

2 Patient's vision is 6/36 or better on the Snellen visual acuity score; and

3 There is no structural damage to the central fovea of the treated eye.

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

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

172 RITUXIMAB (amended restriction – affected criterion 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

Restricted

Initiation – rheumatoid arthritis - TNF inhibitors contraindicated

Rheumatologist

Limited to 4 months treatment

All of the following:

1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and

2 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and

3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with ~~sulphasalazine~~ **sulfasalazine** and hydroxychloroquine sulphate (at maximum tolerated doses); and

5 Any of the following:

5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or

5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or

5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

6 Either:

6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or

6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

7 Either:

7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and

8 Either:

8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or

8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

9 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

RESPIRATORY SYSTEM AND ALLERGIES

192 SALBUTAMOL (↑ price)

Oral liq 400 mcg per ml ..... 11.00 150 ml Ventolin

➔ Restriction

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

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

VARIOUS

203 NALOXONE HYDROCHLORIDE (↓ price, addition of HSS and amended brand name)
Inj 400 mcg per ml, 1 ml ampoule
– **1% DV Aug-18 to 2021** ..... 22.60 | 5 | ~~Hospira~~ **DBL Naloxone Hydrochloride**

208 CHLORHEXIDINE WITH CETRIMIDE (new listing)
Irrigation soln 0.015% with cetrimide 0.15%,
30 ml ampoule – **1% DV Aug-18 to 2021** ..... 29.76 | 30 | **Pfizer**

208 CHLORHEXIDINE WITH CETRIMIDE (delisting)

Irrigation soln 0.015% with cetrimide 0.15%, bottle	4.17	1,000 ml	Baxter
	6.04	100 ml	Baxter
	9.55	500 ml	Baxter
Irrigation soln 0.05% with cetrimide 0.5%, bottle	9.31	100 ml	Baxter
	12.14	500 ml	Baxter
Irrigation soln 0.1% with cetrimide 1%, bottle	10.00	100 ml	Baxter

Note – Baxter irrigation soln 0.015% with cetrimide 0.15%, bottle, 100 ml, 500 ml and 1,000 ml bag pack; irrigation soln 0.05% with cetrimide 0.5%, bottle, 100 ml and 500 ml bag pack; irrigation soln 0.1% with cetrimide 1%, bottle, 100 ml bag pack to be delisted from 1 August 2018

209 SODIUM CHLORIDE (new listing)
Irrigation soln 0.9%, 250 ml bottle – **1% DV Aug-18 to 2021** ... 17.64 | 12 | **Fresenius Kabi**

209 WATER (new listing)
Irrigation soln, 250 ml bottle – **1% DV Aug-18 to 2021** ..... 17.64 | 12 | **Fresenius Kabi**

SPECIAL FOODS

218 AMINO ACID FORMULA (WITHOUT PHENYLALANINE) (new listing)
Powder 20 g protein, 2.5 g carbohydrate and 0.22 g fibre per 27.8 g sachet | *e.g. PKU Lophlex Powder (unflavoured)*

VACCINES

233 HEPATITIS A VACCINE (restriction amended)
➔ Inj 720 ELISA units in 0.5 ml syringe
– **0% DV Sep-17 to 2020** ..... 0.00 | 1 | **Havrix Junior**
➔ Inj 1440 ELISA units in 1 ml syringe
– **0% DV Sep-17 to 2020** ..... 0.00 | 1 | **Havrix**
Restricted
Initiation
~~All~~ **Any** of the following:
1 Two vaccinations for use in transplant patients; ~~and~~ **or**
2 Two vaccinations for use in children with chronic liver disease; ~~and~~ **or**
3 One dose of vaccine for close contacts of known hepatitis A cases.

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

Changes to Section H Part II – effective 1 May 2018

ALIMENTARY TRACT AND METABOLISM

15 MEBEVERINE HYDROCHLORIDE (Pharmacode change)
Tab 135 mg ..... 18.00 90 Colofac
Note – this is a listing of new Pharmacode, 2535297; 587575 to be delisted from 1 November 2018

26 MULTIVITAMINS (amended restriction)
➔ Cap vitamin A 2500 u, betacarotene 3 mg, colecalciferol 11 mcg, alpha tocopherol 150 u, phytomenadione 150 mcg, folic acid 0.2 mg, ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 mg, riboflavin 1.7 mg, niacin 20 mg, pyridoxine hydrochloride 1.9 mg, cyanocobalamin 3 mg, zinc 7.5 mg and biotin 100 mg *e.g. Vitabdeck*

Restricted
Initiation
~~Either:~~ **Any of the following:**
1 Patient has cystic fibrosis with pancreatic insufficiency; or
2 Patient is an infant or child with liver disease or short gut syndrome**; or**
3 Patient has severe malabsorption syndrome.

CARDIOVASCULAR SYSTEM

47 VERAPAMIL HYDROCHLORIDE (Pharmacode change)
Tab 40 mg ..... 7.01 100 Isoptin
Note – This is a listing of new Pharmacode, 2535327; 253499 to be delisted from 1 November 2018.

51 GLYCERYL TRINITRATE (pack size change)
Oral spray, 400 mcg per dose..... 4.45 200 dose Glytrin
Note – this is the listing of the 200 dose pack; the 250 dose pack will be delisted from 1 November 2018.

52 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 **by the** ~~in~~ **P**~~p~~ulmonary **A**~~a~~rterial **H**~~h~~ypertension **Panel**; or
2 In-hospital stabilisations in emergency situations.

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

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

52 BOSENTAN (amended restriction)

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

Restricted
Initiation – **Pulmonary arterial hypertension**
Re-assessment required after 6 months
Either:
1 All of the following:
1.1 Patient has pulmonary arterial hypertension (PAH); and
1.2 PAH is in Group 1, 4 or 5 of the WHO (Venice) clinical classifications; and
1.3 PAH is at NYHA/WHO functional class II, III, or IV; and
1.4 Any of the following:
1.4.1 Both:
1.4.1.1 Bosentan is to be used as PAH monotherapy; and
1.4.1.2 Either:
1.4.1.2.1 Patient is intolerant or contraindicated to sildenafil; or
1.4.1.2.2 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease; or
1.4.2 Both:
1.4.2.1 Bosentan is to be used as PAH dual therapy; and
1.4.2.2 Either:
1.4.2.2.1 Patient has tried a PAH monotherapy for at least three months and failed to respond; or
1.4.2.2.2 Patient deteriorated while on a PAH monotherapy; or
1.4.3 Both:
1.4.3.1 Bosentan is to be used as PAH triple therapy; and
1.4.3.2 Any of the following:
1.4.3.2.1 Patient is on the lung transplant list; or
1.4.3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
1.4.3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
1.4.3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.
2 In-hospital stabilisation in emergency situations.

Continuation – Pulmonary arterial hypertension
Re-assessment required after 6 months
Any of the following:
1 Both:
1.1 Bosentan is to be used as PAH monotherapy; and
1.2 Patient is stable or has improved while on bosentan; or
2 Both:
2.1 Bosentan is to be used as PAH dual therapy; and
2.2 Patient has tried a PAH monotherapy for at least three months and either failed to respond or later deteriorated; or

continued...

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

continued...

3 Both:
3.1 Bosentan is to be used as PAH triple therapy; and
3.2 Any of the following:
3.2.1 Patient is on the lung transplant list; or
3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.

~~1 For use in patients with a valid Special Authority approval for bosentan in pulmonary arterial hypertension; or~~
~~2 In hospital stabilisation in emergency situations.~~

53 SILDENAFIL (amended restriction – affected criteria 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 **Raynaud's Phenomenon***
All of the following:
1 Patient has Raynaud's phenomenon; and
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
3 Patient is following lifestyle management (proper body insulation, avoidance of cold exposure, smoking cessation support, avoidance of sympathomimetic drugs); and
4 Patient has persisting severe symptoms despite treatment with calcium channel blockers and nitrates (unless contraindicated or not tolerated).

Initiation – tablets (Pulmonary arterial hypertension)
Any of the following:
1 All of the following:
1.1 Patient has pulmonary arterial hypertension (PAH)*; and
1.2 Any of the following:
1.2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or
1.2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications; or
1.2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and
1.3 Any of the following:
1.3.1 PAH is in NYHA/WHO functional class II; or
1.3.2 PAH is in NYHA/WHO functional class III; or
1.3.3 PAH is in NYHA/WHO functional class IV; and
1.4 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
1.5 Either:
1.5.1 Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or
1.5.2 Patient is peri Fontan repair; and
1.6 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm-5); or
2 For use in neonatal units for persistent pulmonary hypertension of the newborn (PPHN); or
3 In-hospital stabilisation in emergency situations.

Initiation – tablets (other conditions)
Any of the following:

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

continued...

1 For use in weaning patients from inhaled nitric oxide; or
2 For perioperative use in cardiac surgery patients; or
3 For use in intensive care as an alternative to nitric oxide.

~~Any of the following:~~
~~1 For use in patients with a valid Special Authority approval for sildenafil in pulmonary arterial hypertension; 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).~~

53 EPOPROSTENOL (amended restriction)

➔ Inj 500 mcg vial	36.61	1	Veletri
➔ Inj 1.5 mg vial	73.21	1	Veletri

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

53 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 **by the** ~~in~~ **P**~~p~~ulmonary **A**~~a~~rterial **H**~~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** ~~hopsital~~ stabilisation in emergency situations.

DERMATOLOGICALS

56 ZINC AND CASTOR OIL (addition of note)

Oint, BP – **1% DV Nov-17 to 2020**	1.26	20 g	**healthE**

Note – DV limit applies to the pack sizes of 30 g or less.

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

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

56 ZINC AND CASTOR OIL (new listing)
Oint – **1% DV Jul-18 to 2020** ..... 4.25 500 g **Boucher**
Note – DV limit applies to pack sizes of greater than 30 g.

57 CETOMACROGOL WITH GLYCEROL (delisting)
Crm 90% with glycerol 10%..... 2.00 100 g Pharmacy Health
2.10 Pharmacy Health
Note – Pharmacy Health crm 90% with glycerol 10% 100 g to be delisted from 1 October 2018.

GENITO-URINARY SYSTEM

63 OXYTOCIN (HSS suspended)
Inj 10 iu per ml, 1 ml ampoule
– **1% DV Nov-15 to** ~~2018~~ **30 Apr 18**..... 5.03 5 Oxytocin BNM

INFECTIONS

93 LAMIVUDINE (brand change)
Tab 100 mg – **1% DV Jul-18 to 2020**..... 4.20 28 **Zetlam**
Note – Zeffix tab 100 mg to be delisted from 1 July 2018.

96 OSELTAMIVIR (amended note)
Note: The restriction on the use of oseltamivir to hospitalised patients means that supply into the community ~~under Rule 8 of Section H~~ **for a new course** is not permitted. **Supply of a part original pack on discharge where initiated as a hospital inpatient is permitted**.
➔ Tab 75 mg
➔ Powder for oral suspension 6 mg per ml

96 ZANAMIVIR (amended note)
Note: The restriction on the use of oseltamivir to hospitalised patients means that supply into the community ~~under Rule 8 of Section H~~ **for a new course** is not permitted. **Supply of a part original pack on discharge where initiated as a hospital inpatient is permitted**.
➔ Powder for inhalation 5 mg ..... 37.38 20 dose Relenza Rotadisk

MUSCULOSKELETAL SYSTEM

107 IBUPROFEN (Pharmacode change)
Tab long-acting 800 mg – **1% DV Jul-15 to 2018**..... 7.99 30 **Brufen SR**
Note – this is a new listing of a new Pharmacode, 2534320; 2255499 to be delisted from 1 November 2018.

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

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

NERVOUS SYSTEM

118 GABAPENTIN (addition of note)
Note – Gabapentin not to be given in combination with pregabalin.

➔ Cap 100 mg	7.16	100	Arrow-Gabapentin Neurontin Nupentin
➔ Cap 300 mg	11.00	100	Arrow-Gabapentin Neurontin Nupentin
➔ Cap 400 mg	13.75	100	Arrow-Gabapentin Neurontin Nupentin

120 PREGABALIN (new listing)
Note – Pregabalin not to be given in combination with gabapentin.

Cap 25 mg – **1% DV Jul-18 to 2021**	2.25	56	**Pregabalin Pfizer**
Cap 75 mg – **1% DV Jul-18 to 2021**	2.65	56	**Pregabalin Pfizer**
Cap 150 mg – **1% DV Jul-18 to 2021**	4.01	56	**Pregabalin Pfizer**
Cap 300 mg – **1% DV Jul-18 to 2021**	7.38	56	**Pregabalin Pfizer**

122 APREPITANT (↓ price and addition of HSS)

➔ Cap 2 × 80 mg and 1 × 125 mg – **1% DV Jul-18 to 2021**	84.00	3	**Emend Tri-Pack**

VARIOUS

209 SODIUM CHLORIDE (↑ price)

Irrigation soln 0.9%, 30 ml ampoule	27.00	30	Pfizer

Effective 10 April 2018

ALIMENTARY TRACT AND METABOLISM

28 COLECALCIFEROL (Pharmacode change)

Cap 1.25 mg (50,000 iu) – **1% DV Oct-17 to 2020**	2.50	12	**Vit.D3**

Note – this is a listing of a new blister pack Pharmacode, 2523590. The bottle pack will be delisted from 1 October 2018, Pharmacode, 2446154.

Effective 1 April 2018

ALIMENTARY TRACT AND METABOLISM

20 DOCUSATE SODIUM WITH SENNOSIDES (↓ price and addition of HSS)

Tab 50 mg with sennosides 8 mg – **1% DV Jun-18 to 2021**	3.10	200	**Laxsol**

23 LEVOCARNITINE (new listing)
Oral soln 1,000 mg per 10 ml

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

23 LEVOCARNITINE (delisting)
Oral soln 1,100 mg per 15 ml
Note – levocarnitine oral soln 1,100 mg per 15 ml to be delisted from 1 October 2018.

24 FERROUS FUMARATE WITH FOLIC ACID (↓ price and addition of HSS)
Tab 310 mg (100 mg elemental) with folic acid 350 mcg – **1% DV Jun-18 to 2021** ..... 4.68 60 **Ferro-F-Tabs**

24 FERROUS SULPHATE (addition of HSS)
Tab long-acting 325 mg (105 mg elemental) – **1% DV Jun-18 to 2021** ..... 2.06 30 **Ferrograd**

BLOOD AND BLOOD FORMING ORGANS

38 COMPOUND ELECTROLYTES (new listing)
Inj sodium 140 mmol/l with potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l and gluconate 23 mmol/l, 500 ml bag – **1% DV Jun-18 to 2021** ..... 44.10 18 **Plasma-Lyte 148**
Inj sodium 140 mmol/l with potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l and gluconate 23 mmol/l, 1,000 ml bag – **1% DV Jun-18 to 2021** ..... 27.24 12 **Plasma-Lyte 148**

38 COMPOUND ELECTROLYTES (delisting)
Inj sodium 140 mmol/l with potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l and gluconate 23 mmol/l, bag ..... 2.40 1,000 ml Baxter
5.00 500 ml Baxter
Note – Baxter inj sodium 140 mmol/l with potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l and gluconate 23 mmol/l, bag, 500 ml and 1,000 ml pack to be delisted from 1 June 2018.

38 COMPOUND ELECTROLYTES WITH GLUCOSE (new listing)
Inj sodium 140 mmol/l, 5 mmol/l potassium, 1.5 mmol/l magnesium, 98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l gluconate, glucose 23 mmol/l (5%), 1,000 ml bag – **1% DV Jun-18 to 2021** ..... 211.92 12 **Plasma-Lyte 148 & 5% glucose**

38 COMPOUND ELECTROLYTES WITH GLUCOSE (delisting)
Inj glucose 50 g with 140 mmol/l sodium, 5 mmol/l potassium, 1.5 mmol/l magnesium, 98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l gluconate, bag ..... 7.00 1,000 ml Baxter
Note – Baxter Inj glucose 50 g with 140 mmol/l sodium, 5 mmol/l potassium, 1.5 mmol/l magnesium, 98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l gluconate, bag, 1,000 ml pack to be delisted from 1 June 2018.

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

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

38 COMPOUND SODIUM LACTATE [HARTMANN'S SOLUTION] (new listing)

Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, 500 ml bag – **1% DV Jun-18 to 2021** ..... 23.40 18 Baxter

Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, 1,000 ml bag – **1% DV Jun-18 to 2021** ..... 15.72 12 Baxter

38 COMPOUND SODIUM LACTATE [HARTMANN'S SOLUTION] (delisting)

Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, bag..... 1.77 500 ml Baxter

1.80 1,000 ml Baxter

Note – Baxter inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, bag, 500 ml and 1,000 ml pack to be delisted from 1 June 2018.

38 COMPOUND SODIUM LACTATE WITH GLUCOSE (delisting)

Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l and glucose 5%, bag..... 5.38 1,000 ml Baxter

Note – Baxter inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l and glucose 5%, bag, 1,000 ml pack to be delisted from 1 June 2018.

38 GLUCOSE [DEXTROSE] (new listing)

Inj 5%, 50 ml bag – **1% DV Jun-18 to 2021**..... 143.40 60 **Baxter Glucose 5%**

Inj 10%, 500 ml bag – **1% DV Jun-18 to 2021**..... 109.98 18 **Baxter Glucose 10%**

Inj 10%, 1,000 ml bag – **1% DV Jun-18 to 2021**..... 111.96 12 **Baxter Glucose 10%**

Inj 50%, 500 ml bag – **1% DV Jun-18 to 2021**..... 337.32 18 **Baxter Glucose 50%**

38 GLUCOSE [DEXTROSE] (delisting)

Inj 5%, bag..... 2.87 50 ml Baxter

Inj 10%, bag..... 6.11 500 ml Baxter

9.33 1,000 ml Baxter

Inj 50%, bag..... 18.74 500 ml Baxter

Inj 70%, 500 ml bag

Inj 70%, 1,000 ml bag

Note – Baxter inj 5%, bag, 50 ml; inj 10%, bag, 500 ml and 1,000 ml; inj 50%, bag 500 ml and inj 70%, 500 ml and 1,000 ml bag pack to be delisted from 1 June 2018.

38 GLUCOSE WITH POTASSIUM CHLORIDE (new listing)

Inj 10% glucose with 20 mmol/l potassium chloride, 500 ml bag

38 GLUCOSE WITH POTASSIUM CHLORIDE (delisting)

Inj 5% glucose with 20 mmol/l potassium chloride, bag ..... 12.09 1,000 ml Baxter

Inj 5% glucose with 30 mmol/l potassium chloride, 1,000 ml bag

Inj 10% glucose with 10 mmol/l potassium chloride, 500 ml bag

Note – Baxter inj 5% glucose with 20 mmol/l potassium chloride, bag, 1,000 ml; inj 5% glucose with 30 mmol/l potassium chloride, 1,000 ml bag and inj 10% glucose with 10 mmol/l potassium chloride, 500 ml bag to be delisted from 1 June 2018.

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

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

39 GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE (new listing)

Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%,1,000 ml bag – **1% DV Jun-18 to 2021**	203.40	12	**Baxter**
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 1,000 ml bag – **1% DV Jun-18 to 2021**	159.96	12	**Baxter**
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, 1,000 ml bag – **1% DV Jun-18 to 2021**	282.72	12	**Baxter**

39 GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE (delisting)

Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, bag	3.45	500 ml	Baxter
	8.31	1,000 ml	Baxter
Inj 4% glucose with potassium chloride 30 mmol/l and sodium chloride 0.18%, bag	10.74	1,000 ml	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, bag	8.29	1,000 ml	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, bag	12.50	1,000 ml	Baxter

Note – Baxter inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, bag, 500 ml and 1,000 ml; inj 4% glucose with potassium chloride 30 mmol/l and sodium chloride 0.18%, bag, 1,000 ml; inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, bag, 1,000 ml and inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, bag, 1,000 ml pack to be delisted 1 June 2018.

39 GLUCOSE WITH SODIUM CHLORIDE (new listing)

Inj 4% glucose and sodium chloride 0.18%, 1,000 ml bag – **1% DV Jun-18 to 2021**	163.32	12	**Baxter**
Inj 5% glucose and sodium chloride 0.45%, 1,000 ml bag – **1% DV Jun-18 to 2021**	163.20	12	**Baxter**
Inj 5% glucose and sodium chloride 0.9%, 1,000 ml bag – **1% DV Jun-18 to 2021**	173.40	12	**Baxter**
Inj glucose 2.5% with sodium chloride 0.45%, 500 ml bag			

39 GLUCOSE WITH SODIUM CHLORIDE (delisting)

Inj glucose 2.5% with sodium chloride 0.45%, bag	8.12	500 ml	Baxter
Inj glucose 5% with sodium chloride 0.45%, bag	5.80	1,000 ml	Baxter
Inj glucose 5% with sodium chloride 0.9%, bag	8.92	1,000 ml	Baxter
Inj glucose 5% with sodium chloride 0.2%, 500 ml bag			

Note – Baxter inj glucose 2.5% with sodium chloride 0.45%, bag, 500 ml; inj glucose 5% with sodium chloride 0.45%, bag, 1,000 ml; inj glucose 5% with sodium chloride 0.9%, bag, 1,000 ml and inj glucose 5% with sodium chloride 0.2%, 500 ml bag pack to be delisted from 1 June 2018.

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

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

39 POTASSIUM CHLORIDE WITH SODIUM CHLORIDE (new listing)

Inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag – **1% DV Jun-18 to 2021**	476.64	48	**Baxter**
Inj 20 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag – **1% DV Jun-18 to 2021**	163.08	12	**Baxter**
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag – **1% DV Jun-18 to 2021**	772.32	48	**Baxter**
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag – **1% DV Jun-18 to 2021**	253.32	12	**Baxter**

39 POTASSIUM CHLORIDE WITH SODIUM CHLORIDE (delisting)

Inj 20 mmol/l potassium chloride with 0.9% sodium chloride, bag	7.66	1,000 ml	Baxter
Inj 30 mmol/l potassium chloride with 0.9% sodium chloride, bag	9.40	1,000 ml	Baxter
Inj 40 mmol/l potassium chloride with 0.9% sodium chloride, bag	12.26	1,000 ml	Baxter
Inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag			
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag			

Note – Baxter inj 20 mmol/l potassium chloride with 0.9% sodium chloride, bag, 1,000 ml; inj 30 mmol/l potassium chloride with 0.9% sodium chloride, bag, 1,000 ml; inj 40 mmol/l potassium chloride with 0.9% sodium chloride, bag, 1,000 ml; inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag and inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag to be delisted from 1 June 2018.

39 RINGER'S SOLUTION (new listing)

Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, 1,000 ml bag

39 RINGER'S SOLUTION (delisting)

Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, bag	8.69	1,000 ml	Baxter

Note – Baxter inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, bag, 1,000 ml pack to be delisted from 1 June 2018.

41 GELATINE, SUCCINYLATED (↑ price and addition of HSS)

Inj 4%, 500 ml bag – **1% DV Jun-18 to 2021**	120.00	10	**Gelofusine**

41 HYDROXYETHYL STARCH 130/0.4 WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE AND SODIUM CHLORIDE (delisting)

Inj 6% with magnesium chloride 0.03%, potassium chloride 0.03%, sodium acetate 0.463% and sodium chloride 0.6%, 500 ml bag	198.00	20	Volulyte 6%

Note - Volulyte 6% inj 6% with magnesium chloride 0.03%, potassium chloride 0.03%, sodium acetate 0.463% and sodium chloride 0.6%, 500 ml bag to be delisted from 1 June 2018.

41 HYDROXYETHYL STARCH 130/0.4 WITH SODIUM CHLORIDE (delisting)

Inj 6% with sodium chloride 0.9%, 500 ml bag	198.00	20	Voluven

Note – Voluven inj 6% with sodium chloride 0.9%, 500 ml bag to be delisted from 1 June 2018.

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

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

CARDIOVASCULAR SYSTEM

46 PROPRANOLOL (delisting)

Tab 10 mg	3.65	100	Apo-Propranolol
Tab 40 mg	4.65	100	Apo-Propranolol

Note – Apo-Propranolol tab 10 mg and 40 mg to be delisted from 1 July 2018. This delist only applies to Pharmacodes 2400790 and 2400804.

47 DILTIAZEM HYDROCHLORIDE (delisting)

Cap long-acting 120 mg	1.91	30	Cardizem CD
Cap long-acting 180 mg	7.56	30	Cardizem CD
Cap long-acting 240 mg	10.22	30	Cardizem CD

Note – Cardizem CD cap long-acting 120 mg, 180 mg and 240 mg to be delisted from 1 June 2018

48 MANNITOL (new listing)

Inj 10%, 1,000 ml bag – **1% DV Jun-18 to 2021**	747.24	12	**Baxter**
Inj 20%, 500 ml bag – **1% DV Jun-18 to 2021**	1,096.92	18	**Baxter**

48 MANNITOL (delisting)

Inj 10%, 1,000 ml bag	24.85	1,000 ml	Baxter
Inj 20%, 500 ml bag	23.08	500 ml	Baxter

Note – Baxter inj 10%, 1,000 ml bag and inj 20%, 500 ml bag to be delisted from 1 June 2018.

DERMATOLOGICALS

56 TRETINOIN (new listing)

Crm 0.05% – **1% DV Jun-18 to 2021**	13.90	50 g	**ReTrieve**

HORMONE PREPARATIONS

68 PREDNISOLONE (↓ price and addition of HSS)

Oral liq 5 mg per ml – **1% DV Jun-18 to 2021**	6.00	30 ml	**Redipred**

INFECTIONS

77 MEROPENEM (↑ price)

➔ Inj 500 mg vial	102.00	10	DBL Meropenem
➔ Inj 1 g vial	159.00	10	DBL Meropenem

MUSCULOSKELETAL SYSTEM

106 ATRACURIUM BESYLATE (addition of HSS)

Inj 10 mg per ml, 2.5 ml ampoule – **1% DV Jun-18 to 2021**	10.00	5	**Tracrium**
Inj 10 mg per ml, 5 ml ampoule – **1% DV Jun-18 to 2021**	12.50	5	**Tracrium**

106 ORPHENADRINE CITRATE (new listing)

Tab 100 mg – **1% DV Jun-18 to 2021**	18.54	100	**Norflex**

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

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

NERVOUS SYSTEM

113 PARACETAMOL (delisting)
Tab soluble 500 mg ..... 1.60 20 Paragesic Soluble
Note – Paragesic Soluble tab soluble 500 mg to be delisted from 1 July 2018.

116 PETHIDINE HYDROCHLORIDE (delisting)
Tab 100 mg – **1% DV Nov-15 to 2018** ..... 6.25 10 **PSM**
Note – PSM tab 100 mg to be delisted from 1 July 2018.

117 ESCITALOPRAM (amended brand name)
Tab 10 mg – **1% DV Dec-17 to 2020** ..... 1.11 28 ~~Apo~~-**Escitalopram-Apotex**
Tab 20 mg – **1% DV Dec-17 to 2020** ..... 1.90 28 ~~Apo~~-**Escitalopram-Apotex**

123 DROPERIDOL (new listing)
Inj 2.5 mg per ml, 1 ml ampoule – **1% DV Jun-18 to 2019** ..... 35.00 10 **Droperidol Panpharma**

127 CLONAZEPAM (↓ price and addition of HSS)
Tab 500 mcg – **1% DV Jun-18 to 2021** ..... 5.64 100 **Paxam**
Tab 2 mg – **1% DV Jun-18 to 2021** ..... 10.78 100 **Paxam**

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

137 CYTARABINE (↑ price)
Inj 20 mg per ml, 5 ml vial ..... 400.00 5 Pfizer

137 CYTARABINE (delisting)
Inj 100 mg per ml, 10 ml vial ..... 8.83 1 Pfizer
Note – Pfizer inj 100 mg per ml, 10 ml vial delisted from 1 April 2018.

136 DAUNORUBICIN (↑ price)
Inj 2 mg per ml, 10 ml vial ..... 130.00 1 Pfizer

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

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

RESPIRATORY SYSTEM AND ALLERGIES

193 MONTELUKAST (restriction removed)

Tab 4 mg – **1% DV Jan-17 to 2019**	5.25	28	**Apo-Montelukast**
Tab 5 mg – **1% DV Jan-17 to 2019**	5.50	28	**Apo-Montelukast**
Tab 10 mg – **1% DV Jan-17 to 2019**	5.65	28	**Apo-Montelukast**

~~Restricted~~
~~Initiation – Pre-school wheeze~~
~~Both:~~
~~1 To be used for the treatment of intermittent severe wheezing (possibly viral) in children under 5 years; and~~
~~2 The patient has had at least three episodes in the previous 12 months of acute wheeze severe enough to seek medical attention.~~

~~Initiation – Exercise-induced asthma~~
~~All of the following:~~
~~1 Patient has been trialed with maximal asthma therapy, including inhaled corticosteroids and long-acting beta-adrenoceptor agonists; and~~
~~2 Patient continues to receive optimal inhaled corticosteroid therapy; and~~
~~3 Patient continues to experience frequent episodes of exercise-induced bronchoconstriction.~~

~~Initiation – Aspirin desensitisation~~
~~Clinical immunologist or allergist~~
~~All of the following:~~
~~1 Patient is undergoing aspirin desensitisation therapy under the supervision of a clinical immunologist or allergist; and~~
~~2 Patient has moderate to severe aspirin-exacerbated respiratory disease or Samter's triad; and~~
~~3 Nasal polyposis, confirmed radiologically or surgically; and~~
~~4 Documented aspirin or NSAID allergy confirmed by aspirin challenge or a clinical history of severe reaction to aspirin or NSAID where challenge would be considered dangerous.~~

SENSORY ORGANS

196 CIPROFLOXACIN (new listing)

Eye drops 0.3% – **1% DV Jun-18 to 2020**	9.99	5 ml	**Ciprofloxacin Teva**

198 PREDNISOLONE ACETATE (new listing)

Eye drops 1%	7.00	5 ml	Pred Forte

VARIOUS

208 CHLORHEXIDINE (delisting)

Irrigation soln 0.02%, bottle	6.20	100 ml	Baxter
Irrigation soln 0.05%, bottle	7.37	500 ml	Baxter
	7.83	100 ml	Baxter
Irrigation soln 0.1%, bottle	8.71	100 ml	Baxter

Irrigation soln 0.02%, 500 ml bottle
Irrigation soln 0.1%, 30 ml ampoule

Note – Baxter irrigation soln 0.02%, bottle, 100 ml; irrigation soln 0.05%, bottle, 100 ml and 500 ml; irrigation soln 0.1%, bottle, 100 ml; irrigation soln 0.02%, 500 ml bottle and irrigation soln 0.1%, 30 ml ampoule pack to be delisted from 1 June 2018.

➔ 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 April 2018 (continued)

209 SODIUM CHLORIDE (new listing)
Irrigation soln 0.9%, 1,000 ml bottle
– **1% DV Jun-18 to 2021** ..... 14.90 10 **Baxter Sodium Chloride 0.9%**

209 SODIUM CHLORIDE (delisting)
Irrigation soln 0.9%, bottle ..... 6.59 1,000 ml Baxter
Note – Baxter irrigation soln 0.9%, bottle, 1,000 ml pack to be delisted 1 June 2018.

209 WATER (new listing)
Irrigation soln, 1,000 ml bottle – **1% DV Jun-18 to 2021** ..... 17.30 10 **Baxter Water for Irrigation**

209 WATER (delisting)
Irrigation soln, bottle ..... 6.58 1,000 ml Baxter
Note – Baxter Irrigation soln, bottle, 1,000 ml to be delisted from 1 June 2018.

SPECIAL FOODS

218 AMINO ACID FORMULA (WITHOUT PHENYLALANINE) (new listing)
➔ Semi-solid 18.3 g protein,18.5 g carbohydrate and 0.92 g fibre per 100 g, 109 g pot *e.g. PKU Lophlex Sensation 20 (berries)*

228 ORAL FEED (new listing)
➔ Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can ..... 26.00 840 g Sustagen Hospital Formula Active (Chocolate)
Sustagen Hospital Formula Active (Vanilla)
Note: Community subsidy of Sustagen Hospital Formula is subject to both Special Authority criteria and a manufacturer's surcharge. Higher subsidy by endorsement is available for patients meeting the following endorsement criteria; fat malabsorption, fat intolerance or chyle leak.

228 ORAL FEED (↑ price and delisting)
➔ Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can ..... 26.00 840 g Sustagen Hospital Formula (Chocolate)
Sustagen Hospital Formula (Vanilla)
Note: Sustagen Hospital Formula (Chocolate and Vanilla) powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can, 840 g to be delisted from 1 June 2018.

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

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

VACCINES

237 VARICELLA ZOSTER VACCINE [SHINGLES VACCINE]

➔ Varicella zoster virus (Oka strain) live attenuated vaccine [shingles vaccine] ..... 0.00 — 1 — Zostavax

10 — Zostavax

Restricted

Initiation – people aged 65 years

Therapy limited to 1 dose

One dose for all people aged 65 years.

Initiation – people aged between 66 and 80 years

Therapy limited to 1 dose

One dose for all people aged between 66 and 80 years inclusive from 1 April 2018 and 31 March 2020.

➔ Restriction

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

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

Part III – Optional Pharmaceuticals

Effective 1 June 2018

240	SODIUM NITROPRUSSIDE (↑ price)			
	Test strip	22.00	50 strip	Ketostix

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

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