Pharmaceutical Management Agency

Section H Update for Hospital Pharmaceuticals

Effective 1 July 2019

Cumulative for April, May, June and July 2019

New Zealand Government

PHARMAC
Pharmaceutical Management Agency

Contents

Summary of decisions
EFFECTIVE 1 JULY 2019

- Abacavir sulphate (Ziagen) tab 300 mg – price decrease and addition of HSS
- Abacavir sulphate with lamivudine (Kivexa) tab 600 mg with lamivudine 300 mg – price decrease and addition of HSS
- Aciclovir (Lovir) tab dispersible 200 mg, 400 mg and 800 mg – addition of HSS
- Adalimumab inj 20 mg per 0.4 ml syringe and inj 40 mg per 0.8 ml syringe (Humira) and inj 40 mg per 0.8 ml pen (HumiraPen) – amended restriction criteria
- Amiodarone hydrochloride (Aratac) tab 100 mg and 200 mg – new listing
- Amiodarone hydrochloride (Cordarone-X) tab 100 mg and 200 mg – to be delisted from 1 December 2019
- Aspirin (Ethics Aspirin) tab dispersible 300 mg – price increase and addition of HSS
- Benzylpenicillin sodium [Penicillin G] (Sandoz) inj 600 mg (1 million units) vial – new listing
- Calamine (PSM) lotn, BP – to be delisted 1 July 2020
- Calcitriol (Calcitriol-AFT) cap 0.25 mcg and 0.5 mcg – price decrease and addition of HSS
- Calcium chloride (e.g. Baxter) inj 100 mg per ml, 50 ml syringe – new listing
- Carmustine (BiCNU) inj 100 mg vial – new listing
- Carmustine (Emcure) inj 100 mg vial – to be delisted from 1 October 2019
- Caspofungin (Max Health) inj 50 mg and 70 mg vial – new listing
- Caspofungin (Cancidas) inj 50 mg and 70 mg vial – to be delisted 1 December 2019
- Cefaclor (Ranbaxy-Cefaclor) cap 250 mg and grans for oral liq 25 mg per ml – addition of HSS
- Chloramphenicol (Chlorafast) eye drops 0.5% – price decrease
- Clindamycin (Dalacin C) inj 150 mg per ml, 4 ml ampoule – price decrease and addition of HSS
- Clozapine (Clozaril) tab 25 mg – Pharmacode change
- Cilazapril (Zapril) tab 0.5 mg – price increase and addition of HSS
- Daptomycin (Cubicin) inj 350 mg vial – to be delisted 1 October 2019
- Dihydrocodeine tartrate (DHC Continus) tab long-acting 60 mg – price decrease and addition of HSS
- Dimethicone (healthE Dimethicone 4% Lotion) lotn 4%, 200 ml – addition of HSS

Summary of decisions – effective 1 July 2019 (continued)

- Dimethicone (healthE Dimethicone 5%) crm 5% tube, 100 g – price decrease and addition of HSS
- Dimethicone (healthE Dimethicone 5%) crm 5% pump bottle, 500 ml – price decrease
- Dipyridamole (Pytazen SR) tab long-acting 150 mg – price decrease and addition of HSS
- Efavirenz (Stocrin) tab 50 mg – to be delisted 1 December 2019
- Emtricitabine (Emtriva) cap 200 mg – addition of HSS
- Etanercept (Enbrel) inj 25 mg vial, 50 mg autoinjector and 50 mg syringe – amended restriction criteria and addition of HSS
- Flecainide acetate (Flecainide Controlled Release Teva) cap long-acting 100 mg and 200 mg – new listing
- Flecainide acetate (Tambocor CR) cap long-acting 100 mg and 200 mg – to be delisted 1 December 2019
- Fluconazole (Fluconazole-Claris) inj 2 mg per ml, 50 ml and 100 ml vial – price decrease and addition of HSS
- Flutamide (Flutamin) tab 250 mg – price increase
- Furosemide [frusemide] (Frusemide-Claris) inj 10 mg per ml, 2 ml ampoule – price decrease and addition of HSS
- Gentamicin sulphate (Pfizer) inj 40 mg per ml, 2 ml ampoule – price increase
- Haloperidol (Serenace) tab 500 mcg, 1.5 mg, 5 mg, oral liq 2 mg per ml and inj 5 mg per ml, 1 ml ampoule – addition of HSS
- Hydrogen peroxide (Pharmacy Health) soln 3% (10 vol) – to be delisted 1 July 2020
- Iodised oil (Lipiodol Ultra Fluid) inj 38% w/w (480 mg per ml), 10 ml ampoule – price increase
- Levetiracetam (Levetiracetam-AFT) inj 100 mg per ml, 5 ml vial – price decrease and addition of HSS
- Loperamide hydrochloride (Diamide Relief) cap 2 mg – price decrease and addition of HSS
- Methylphenidate hydrochloride (Methylphenidate ER – Teva) tab extended-release 18 mg, 27 mg, 36 mg and 54 mg – new listing
- Montelukast (Montelukast Mylan) tab 5 mg – new listing
- Montelukast (Apo-Montelukast) tab 5 mg – to be delisted 1 January 2020
- Nicotine (Habitrol) patch 7 mg, 14 mg and 21 mg per 24 hours, lozenge 1 mg and 2 mg and gum 2 mg (fruit and mint) and 4 mg (fruit and mint) – price increase

Summary of decisions – effective 1 July 2019 (continued)

- Nitrazepam (Nitrados) tab 5 mg – restriction added and to be delisted 1 September 2020
- Noradrenaline (Noradrenaline BNM) inj 1 mg per ml, 4 ml ampoule – price decrease and addition of HSS
- Nortriptyline hydrochloride (Norpress) tab 10 mg and 25 mg – price decrease and addition of HSS
- Omeprazole (Omezol IV) inj 40 mg vial – price decrease and addition of HSS
- Omeprazole (Dr Reddy's Omeprazole) inj 40 mg ampoule with diluent – addition of HSS
- Pantoprazole (Panzop Relief) tab EC 20 mg and 40 mg – price decrease and addition of HSS
- Pembrolizumab (Keytruda) inj 25 mg per ml, 4 ml vial – new listing
- Pembrolizumab (Keytruda) inj 50 mg vial – to be delisted from 1 October 2019
- Perhexiline maleate (Pexsig) tab 100 mg – addition of HSS
- Polyvinyl alcohol (Vistil) eye drops 1.4% – to be delisted from 1 September 2019
- Polyvinyl alcohol (Vistil Forte) eye drops 3% - to be delisted from 1 January 2020
- Pramipexole hydrochloride (Ramipex) tab 0.25 mg and 1 mg – price decrease and addition of HSS
- Propofol (Fresofol 1% MCT/LCT) inj 10 mg per ml, 50 ml and 100 ml vial – price decrease and addition of HSS
- Propofol (Fresofol 1% MCT/LCT) inj 10 mg per ml, 20 ml vial – new listing
- Propofol (Provive MCT-LCT 1%) inj 10 mg per ml, 20 ml vial – to be delisted 1 December 2019
- Risedronate sodium (Risedronate sodium) tab 35 mg – price decrease and addition of HSS
- Ritonavir (Norvir) tab 100 mg – addition of HSS
- Sodium chloride (Fresenius Kabi) inj 0.9%, 5 ml, 10 ml and 20 ml ampoule – new listing
- Sodium chloride inj 0.9%. 5 ml ampoule (InterPharma), inj 0.9%, 10 ml ampoule (Pfizer and inj 0.9%, 20 ml ampoule (Multichem and InterPharma) – to be delisted from 1 December 2019
- Sodium hyaluronate [hyaluronic acid] inj 14 mg per ml, 0.85 ml and 0.55 ml syringe (Healon GV), inj 23 mg per ml, 0.6 ml syringe (Healon 5) and inj 10 mg per, 0.85 ml syringe (Healon) – addition of HSS
- Sotalol (Mylan) tab 80 mg and 160 mg – price decrease and addition of HSS

Summary of decisions – effective 1 July 2019 (continued)

- Sumatriptan (Apo-Sumatriptan) tab 50 mg and 100 mg – addition of HSS
- Tenoxicam (Tilcotil) tab 20 mg – price decrease and addition of HSS
- Tetrabenazine (Motetis) tab 25 mg – addition of HSS
- Voriconazole (Neo Health) inj 200 mg vial – price decrease, addition of HSS and amended brand name
- Zoledronic acid (Aclasta) inj 5 mg per 100 ml, vial – price decrease and addition of HSS

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

Section H changes to Part II

Effective 1 July 2019

ALIMENTARY TRACT AND METABOLISM

5	LOPERAMIDE HYDROCHLORIDE (↓ price and addition of HSS)			
	Cap 2 mg – **1% DV Oct-19 to 2022**	6.25	400	**Diamide Relief**
8	OMEPRAZOLE (↓ price and addition of HSS)			
	Inj 40 mg vial – **1% DV Oct-19 to 2022**	11.46	5	**Omezol IV**
8	OMEPRAZOLE (addition of HSS)			
	Inj 40 mg ampoule with diluent – **1% DV Oct-19 to 2022**	33.98	5	**Dr Reddy's Omeprazole**
8	PANTOPRAZOLE (↓ price and addition of HSS)			
	Tab EC 20 mg – **1% DV Oct-19 to 2022**	2.02	100	**Panzop Relief**
	Tab EC 40 mg – **1% DV Oct-19 to 2022**	2.85	100	**Panzop Relief**
21	CALCITRIOL (↓ price and addition of HSS)			
	Cap 0.25 mcg – **1% DV Oct-19 to 2022**	7.95	100	**Calcitriol-AFT**
	Cap 0.5 mcg – **1% DV Oct-19 to 2022**	13.75	100	**Calcitriol-AFT**

BLOOD AND BLOOD FORMING ORGANS

31	DIPYRIDAMOLE (↓ price and addition of HSS)			
	Tab long-acting 150 mg – **1% DV Oct-19 to 2022**	10.90	60	**Pytazen SR**
33	CALCIUM CHLORIDE (new listing)			
	Inj 100 mg per ml, 50 ml syringe			*e.g. Baxter*
35	SODIUM CHLORIDE (brand change)			
	Inj 0.9%, 5 ml ampoule – **1% DV Dec-19 to 2022**	2.80	20	**Fresenius Kabi**
	Inj 0.9%, 10 ml ampoule – **1% DV Dec-19 to 2022**	5.40	50	**Fresenius Kabi**
	Inj 0.9%, 20 ml ampoule – **1% DV Dec-19 to 2022**	5.00	20	**Fresenius Kabi**
	Note – inj 0.9%, 5 ml ampoule (InterPharma), inj 0.9%, 10 ml ampoule (Pfizer) and inj 0.9%, 20 ml ampoule (Multichem and InterPharma) to be delisted from 1 December 2019.			

CARDIOVASCULAR SYSTEM

37	CILAZAPRIL (↑ price and addition of HSS)			
	Tab 0.5 mg – **1% DV Sep-19 to 2022**	2.09	90	**Zapril**
39	AMIODARONE HYDROCHLORIDE (brand change)			
	Tab 100 mg – **1% DV Dec-19 to 2022**	3.80	30	**Aratac**
	Tab 200 mg – **1% DV Dec-19 to 2022**	5.25	30	**Aratac**
	Note – Cordarone-X tab 100 mg and 200 mg to be delisted from 1 December 2019.			

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

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

39 FLECAINIDE ACETATE (brand change)

Cap long-acting 100 mg – **1% DV Dec-19 to 2022**	39.51	90	**Flecainide Controlled Release Teva**
Cap long-acting 200 mg – **1% DV Dec-19 to 2022**	61.06	90	**Flecainide Controlled Release Teva**

Note – Tambocor CR cap long-acting 100 mg and 200 mg to be delisted from 1 December 2019.

41 SOTALOL (↓ price and addition of HSS)

Tab 80 mg – **1% DV Oct-19 to 2022**	32.58	500	**Mylan**
Tab 160 mg – **1% DV Oct-19 to 2022**	10.98	100	**Mylan**

42 PERHEXILINE MALEATE (addition of HSS)

Tab 100 mg – **1% DV Oct-19 to 2022**	62.90	100	**Pexsig**

43 FUROSEMIDE [FRUSEMIDE] (↓ price and addition of HSS)

Inj 10 mg per ml, 2 ml ampoule – **1% DV Oct-19 to 2022**	1.15	5	**Frusemide-Claris**

46 NORADRENALINE (↓ price and addition of HSS)

Inj 1 mg per ml, 4 ml ampoule – **1% DV Oct-19 to 2022**	45.00	10	**Noradrenaline BNM**

DERMATOLOGICALS

51 HYDROGEN PEROXIDE (delisting)

Soln 3% (10 vol)	1.40	100 ml	Pharmacy Health

Note – Pharmacy Health soln 3% (10 vol) to be delisted from 1 July 2020.

52 CALAMINE (delisting)

Lotn, BP	12.94	2,000 ml	PSM

Note – PSM lotn, BP to be delisted from 1 July 2020.

52 DIMETHICONE (addition of HSS)

Lotn 4% – **1% DV Oct-19 to 2022**	4.98	200 ml	**healthE Dimethicone 4% Lotion**

52 DIMETHICONE (↓ price and addition of HSS)

Crm 5% tube – **1% DV Oct-19 to 2022**	1.53	100 g	**healthE Dimethicone 5%**

52 DIMETHICONE (↓ price)

Crm 5% pump bottle	4.48	500 ml	healthE Dimethicone 5%

INFECTIONS

72 GENTAMICIN SULPHATE (↑ price)

Inj 40 mg per ml, 2 ml ampoule	17.50	10	Pfizer

73 CEFACLOR (addition of HSS)

Cap 250 mg – **1% DV Oct-19 to 2022**	24.70	100	**Ranbaxy-Cefaclor**
Grans for oral liq 25 mg per ml – **1% DV Oct-19 to 2022**	3.53	100 ml	**Ranbaxy-Cefaclor**

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer
Changes to Section H Part II – effective 1 July 2019 (continued)				
76	BENZYLPENICILLIN SODIUM [PENICILLIN G] (new listing)			
	Inj 600 mg (1 million units) vial	103.50	100	Sandoz
78	CLINDAMYCIN (↓ price and addition of HSS)			
	➔ Inj 150 mg per ml, 4 ml ampoule – **1% DV Oct-19 to 2022**	39.00	10	**Dalacin C**
78	DAPTOMYCIN (delisting)			
	➔ Inj 350 mg vial	175.16	1	Cubicin
	Note – Cubicin inj 350 mg vial to be delisted from 1 October 2019.			
80	FLUCONAZOLE (↓ price and addition of HSS)			
	➔ Inj 2 mg per ml, 50 ml vial – **1% DV Oct-19 to 2022**	2.80	1	**Fluconazole-Claris**
	➔ Inj 2 mg per ml, 100 ml vial – **1% DV Oct-19 to 2022**	3.45	1	**Fluconazole-Claris**
81	VORICONAZOLE (↓ price, addition of HSS and amended brand name)			
	➔ Inj 200 mg vial – **1% DV Oct-19 to 2022**	44.00	1	~~Generic Partners~~ **Neo Health**
81	CASPOFUNGIN (brand change)			
	➔ Inj 50 mg vial – **1% DV Dec-19 to 2022**	220.28	1	**Max Health**
	➔ Inj 70 mg vial – **1% DV Dec-19 to 2022**	284.63	1	**Max Health**
	Note – Cancidas inj 50 mg and 70 mg vial to be delisted from 1 December 2019.			
85	EFAVIRENZ (delisting)			
	Tab 50 mg	63.38	30	Stocrin
	Note – Stocrin tab 50 mg to be delisted from 1 December 2019.			
86	ABACAVIR SULPHATE (↓ price and addition of HSS)			
	➔ Tab 300 mg – **1% DV Jul-19 to 2022**	180.00	60	**Ziagen**
86	ABACAVIR SULPHATE WITH LAMIVUDINE (↓ price and addition of HSS)			
	➔ Tab 600 mg with lamivudine 300 mg – **1% DV Jul-19 to 2022**	63.00	30	**Kivexa**
86	EMTRICITABINE (addition of HSS)			
	➔ Cap 200 mg – **1% DV Jul-19 to 2022**	307.20	30	**Emtriva**
87	RITONAVIR (addition of HSS)			
	➔ Tab 100 mg – **1% DV Jul-19 to 2022**	43.31	30	**Norvir**
89	ACICLOVIR (addition of HSS)			
	Tab dispersible 200 mg – **1% DV Oct-19 to 2022**	1.60	25	**Lovir**
	Tab dispersible 400 mg – **1% DV Oct-19 to 2022**	5.38	56	**Lovir**
	Tab dispersible 800 mg – **1% DV Oct-19 to 2022**	5.98	35	**Lovir**

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

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

MUSCULOSKELETAL SYSTEM

95 RISEDRONATE SODIUM (↓ price and addition of HSS)
Tab 35 mg – **1% DV Oct-19 to 2022** ..... 3.10 4 **Risedronate Sandoz**

95 ZOLEDRONIC ACID (↓ price and addition of HSS)
➔ Inj 5 mg per 100 ml, vial – **1% DV Oct-19 to 2022** ..... 60.00 100 ml **Aclasta**

102 TENOXICAM (↓ price and addition of HSS)
Tab 20 mg – **1% DV Oct-19 to 2022** ..... 9.15 100 **Tilcotil**

NERVOUS SYSTEM

103 TETRABENAZINE (addition of HSS)
Tab 25 mg – **1% DV Oct-19 to 2022** ..... 91.10 112 **Motetis**

104 PRAMIPEXOLE HYDROCHLORIDE (↓ price and addition of HSS)
Tab 0.25 mg – **1% DV Oct-19 to 2022** ..... 6.12 100 **Ramipex**
Tab 1 mg – **1% DV Oct-19 to 2022** ..... 20.73 100 **Ramipex**

104 PROPOFOL (↓ price and addition of HSS)
Inj 10 mg per ml, 50 ml vial – **10% DV Oct-19 to 2022** ..... 19.50 10 **Fresofol 1% MCT/LCT**
Inj 10 mg per ml, 100 ml vial – **10% DV Oct-19 to 2022** ..... 39.00 10 **Fresofol 1% MCT/LCT**

104 PROPOFOL (brand change)
Inj 10 mg per ml, 20 ml vial – **10% DV Dec-19 to 2022** ..... 4.35 5 **Fresofol 1% MCT/LCT**
Note – Provive MCT-LCT 1% inj 10 mg per ml, 20 ml vial to be delisted from 1 December 2019.

107 ASPIRIN (↑ price and addition of HSS)
Tab dispersible 300 mg – **1% DV Oct-19 to 2022** ..... 4.50 100 **Ethics Aspirin**

108 DIHYDROCODEINE TARTRATE (↓ price and addition of HSS)
Tab long-acting 60 mg – **1% DV Oct-19 to 2022** ..... 8.60 60 **DHC Continus**

111 NORTRIPTYLINE HYDROCHLORIDE (↓ price and addition of HSS)
Tab 10 mg – **1% DV Oct-19 to 2022** ..... 2.44 100 **Norpress**
Tab 25 mg – **1% DV Oct-19 to 2022** ..... 5.98 180 **Norpress**

114 LEVETIRACETAM (↓ price and addition of HSS)
Inj 100 mg per ml, 5 ml vial – **1% DV Oct-19 to 2022** ..... 38.95 10 **Levetiracetam-AFT**

116 SUMATRIPTAN (addition of HSS)
Tab 50 mg – **1% DV Oct-19 to 2022** ..... 24.44 100 **Apo-Sumatriptan**
Tab 100 mg – **1% DV Oct-19 to 2022** ..... 46.23 100 **Apo-Sumatriptan**

➔ 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 July 2019 (continued)

118 CLOZAPINE (Pharmacode change)

Tab 25 mg	11.36	100	Clozaril

Note – this is a new Pharmacode listing, 2534851. Pharmacode 2317346 to be delisted from 1 December 2019.

118 HALOPERIDOL (addition of HSS)

Tab 500 mcg – **1% DV Oct-19 to 2022**	6.23	100	**Serenace**
Tab 1.5 mg – **1% DV Oct-19 to 2022**	9.43	100	**Serenace**
Tab 5 mg – **1% DV Oct-19 to 2022**	29.72	100	**Serenace**
Oral liq 2 mg per ml – **1% DV Oct-19 to 2022**	23.84	100 ml	**Serenace**
Inj 5 mg per ml, 1ml ampoule – **1% DV Oct-19 to 2022**	21.55	10	**Serenace**

122 NITRAZEPAM – **Restricted: For continuation only** (restriction added and delisting)

➔ Tab 5 mg	5.22	100	Nitrados

Note – Nitrados tab 5 mg to be delisted from 1 September 2020.

124 METHYLPHENIDATE HYDROCHLORIDE (new listing)

➔ Tab extended-release 18 mg	18.20	30	Methylphenidate ER - Teva
➔ Tab extended-release 27 mg	22.00	30	Methylphenidate ER - Teva
➔ Tab extended-release 36 mg	22.40	30	Methylphenidate ER - Teva
➔ Tab extended-release 54 mg	26.40	30	Methylphenidate ER - Teva

126 NICOTINE (↑ price)

Patch 7 mg per 24 hours – **1% DV Apr-18 to 2020**	17.28	28	**Habitrol**
Patch 14 mg per 24 hours – **1% DV Apr-18 to 2020**	19.00	28	**Habitrol**
Patch 21 mg per 24 hours – **1% DV Apr-18 to 2020**	21.77	28	**Habitrol**
Lozenge 1 mg – **1% DV Apr-18 to 2020**	18.27	216	**Habitrol**
Lozenge 2 mg – **1% DV Apr-18 to 2020**	20.02	216	**Habitrol**
Gum 2 mg – **1% DV Apr-18 to 2020**	36.39	384	**Habitrol (Fruit)** **Habitrol (Mint)**
Gum 4 mg – **1% DV Apr-18 to 2020**	42.07	384	**Habitrol (Fruit)** **Habitrol (Mint)**

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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

129 CARMUSTINE (brand change)

Inj 100 mg vial	1,387.00	1	BiCNU

Note – Emcure inj 100 mg vial to be delisted from 1 October 2019.

142 FLUTAMIDE (↑ price)

Tab 250 mg	119.50	100	Flutamin

144 ETANERCEPT (amended restriction criteria – affected criteria shown only and addition of HSS)

➔ Inj 25 mg vial – **5% DV Sep-19 to 2024**	799.96	4	**Enbrel**
➔ Inj 50 mg autoinjector – **5% DV Sep-19 to 2024**	1,599.96	4	**Enbrel**
➔ Inj 50 mg syringe – **5% DV Sep-19 to 2024**	1,599.96	4	**Enbrel**

Restricted
Initiation – **severe chronic** plaque psoriasis, prior TNF use
Dermatologist
Limited to 4 months treatment
All of the following:
1 The patient has had an initial Special Authority approval for adalimumab for severe chronic plaque psoriasis; and
2 Either:
  2.1 The patient has experienced intolerable side effects from adalimumab; or
  2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe chronic plaque psoriasis; and
3 Patient must be reassessed for continuation after 3 doses.

Initiation – **severe chronic** plaque psoriasis, treatment-naive
Dermatologist
Limited to 4 months treatment
All of the following:
1 Either:
  1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of ~~greater than 15~~ **greater than 10**, where lesions have been present for at least 6 months from the time of initial diagnosis; or
  1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
3 A PASI assessment **or Dermatology Quality of Life Index (DLQI) assessment** has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
4 The most recent PASI **or DLQI** assessment is no more than 1 month old at the time of initiation.

continued...

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

continued...

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of ~~greater than 15~~ **greater than 10**, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Continuation – **severe chronic** plaque psoriasis
Dermatologist
Re-assessment required after 6 months
Both:
1 Either:
  1.1 Both:
    1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
    1.1.2 Either:
      1.1.2.1 Following each prior etanercept treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-etanercept treatment baseline value; or
      1.1.2.2 Following each prior etanercept treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or
  1.2 Both:
    1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
    1.2.2 Either:
      1.2.2.1 Following each prior etanercept treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
      1.2.2.2 Following each prior etanercept treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-etanercept treatment baseline value; and
2 Etanercept to be administered at doses no greater than 50 mg every 7 days.

150	ADALIMUMAB (amended restriction criteria – 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 – plaque psoriasis, prior TNF use
Dermatologist
Limited to 4 months treatment
Both:
1 The patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
2 Either:
  2.1 The patient has experienced intolerable side effects from etanercept; or
  2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for severe chronic plaque psoriasis.

continued...

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

continued...

Initiation – plaque psoriasis, treatment-naive
Dermatologist
Limited to 4 months treatment
All of the following:
1 Either:
  1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than ~~15~~**10**, where lesions have been present for at least 6 months from the time of initial diagnosis; or
  1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
3 A PASI assessment **or Dermatology Quality of Life Index (DLQI) assessment** has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
4 The most recent PASI **or DLQI** assessment is no more than 1 month old at the time of initiation.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than ~~15~~**10**, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Continuation – plaque psoriasis
Dermatologist
Re-assessment required after 6 months
Both:
1 Either:
  1.1 Both:
    1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
    1.1.2 **Either:**
      1.1.2.1 Following each prior adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or
      1.1.2.2 Following each prior adalimumab treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or
  1.2 Both:
    1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
    1.2.2 Either:
      1.2.2.1 Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
      1.2.2.2 Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-etanercept treatment baseline value; and
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

➔ 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 July 2019 (continued)				
183	PEMBROLIZUMAB (new listing)			
	➔ Inj 25 mg per ml, 4 ml vial	4,680.00	1	Keytruda
	Note – Keytruda inj 50 mg vial to be delisted from 1 October 2019.			
RESPIRATORY SYSTEM AND ALLERGIES				
192	MONTELUKAST (brand change)			
	Tab 5 mg – **1% DV Jan-20 to 2022**	4.25	28	**Montelukast Mylan**
	Note – Apo Montelukast tab 5 mg to be delisted from 1 January 2020.			
SENSORY ORGANS				
195	CHLORAMPHENICOL (↓ price)			
	Eye drops 0.5%	1.54	10 ml	Chlorafast
198	SODIUM HYALURONATE [HYALURONIC ACID] (addition of HSS)			
	Inj 14 mg per ml, 0.85 ml syringe – **1% DV Oct-19 to 2022**	50.00	1	**Healon GV**
	Inj 14 mg per ml, 0.55 ml syringe – **1% DV Oct-19 to 2022**	50.00	1	**Healon GV**
	Inj 23 mg per ml, 0.6 ml syringe – **1% DV Oct-19 to 2022**	60.00	1	**Healon 5**
	Inj 10 mg per ml, 0.85 ml syringe – **1% DV Oct-19 to 2022**	28.50	1	**Healon**
201	POLYVINYL ALCOHOL (delisting)			
	Eye drops 1.4%	2.62	15 ml	Vistil
	Note – Vistil eye drops 1.4% to be delisted from 1 September 2019.			
201	POLYVINYL ALCOHOL (delisting)			
	Eye drops 3%	3.68	15 ml	Vistil Forte
	Note – Vistil Forte eye drops 3% to be delisted from 1 January 2020.			
VARIOUS				
205	IODISED OIL (↑ price)			
	Inj 38% w/w (480 mg per ml), 10 ml ampoule	410.00	1	Lipiodol Ultra Fluid

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

Changes to Section H Part II – effective 1 June 2019

BLOOD AND BLOOD FORMING ORGANS

27 FACTOR EIGHT INHIBITOR BYPASSING FRACTION (↓ price)

➔ Inj 500 U	1,315.00	1	FEIBA NF

CARDIOVASCULAR SYSTEM

40 LABETALOL (new listing)

Tab 100 mg	11.36	100	Presolol
Tab 200 mg	29.74	100	Presolol

INFECTIONS

75 ROXITHROMYCIN (↑ price and addition of HSS)

Tab 150 mg – **1% DV Sep-19 to 2022**	8.28	50	**Arrow-Roxithromycin**
Tab 300 mg – **1% DV Sep-19 to 2022**	16.33	50	**Arrow-Roxithromycin**

NERVOUS SYSTEM

106 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↓ price and addition of HSS)

Gel 2%, 10 ml urethral syringe – **1% DV Nov-19 to 2022**	105.00	25	**Cathejell**

Note – Pfizer gel 2%, 10 ml urethral syringe to be delisted from 1 November 2019.

108 METHADONE HYDROCHLORIDE (new listing)

Tab 5 mg – **1% DV Sep-19 to 2022**	1.40	10	**Methatabs**

108 METHADONE HYDROCHLORIDE (↓ price, amended presentation and delisting)

Tab 5 mg – **bottle pack**	1.40	10	Methatabs

Note – Methatabs tab 5 mg – bottle pack to be delisted from 1 December 2019.

111 DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – **Restricted: For continuation only** (restriction added)

Tab 75 mg	11.19	100	Dopress
Cap 25 mg	6.45	100	Dopress

Note – Dopress tab 75 mg to be delisted from 1 August 2020 and Dopress cap 25 mg to be delisted from 1 January 2020.

118 LEVOMEPROMAZINE (new listing)

Tab 25 mg – **1% DV Sep-19 to 2022**	16.10	100	**Nozinan**
Tab 100 mg – **1% DV Sep-19 to 2022**	41.75	100	**Nozinan**

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

136 DASATINIB (delisted)

➔ Tab 100 mg	6,214.20	30	Sprycel

Note – Sprycel tab 100 mg delisted from 1 June 2019.

➔ Restriction

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

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

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

136 DASATINIB (amended restriction criteria)

➔ Tab 20 mg	3,774.06	60	Sprycel
➔ Tab 50 mg	6,214.20	60	Sprycel
➔ Tab 70 mg	7,692.58	60	Sprycel

Restricted
Initiation
~~For use in patients with approval from the CML/GIST Co-ordinator.~~
Haematologist or any relevant practitioner on the recommendation of a haematologist
Re-assessment required after 6 months
Any of the following:

1 Both:
- **1.1 The patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis or accelerated phase; and**
- **1.2 Maximum dose of 140 mg/day; or**

2 Both:
- **2.1 The patient has a diagnosis of Philadelphia chromosome-positive acute lymphoid leukaemia (Ph+ ALL); and**
- **2.2 Maximum dose of 140 mg/day; or**

3 All of the following:
- **3.1 The patient has a diagnosis of CML in chronic phase; and**
- **3.2 Maximum dose of 100 mg/day; and**
- **3.3 Any of the following:**
  - **3.3.1 Patient has documented treatment failure* with imatinib; or**
  - **3.3.2 Patient has experienced treatment-limiting toxicity with imatinib precluding further treatment with imatinib; or**
  - **3.3.3 Patient has high-risk chronic-phase CML defined by the Sokal or EURO scoring system; or**
  - **3.3.4 Patients is enrolled in the KISS study** and requires dasatinib treatment according to the study protocol.**

Continuation
Haematologist or any relevant practitioner on the recommendation of a haematologist
Re-assessment required after 6 months
All of the following:

1 Lack of treatment failure while on dasatinib*; and
2 Dasatinib treatment remains appropriate and the patient is benefiting from treatment; and
3 Maximum dasatinib dose of 140 mg/day for accelerated or blast phase CML and Ph+ ALL, and 100 mg/day for chronic phase CML.

Note: *treatment failure for CML as defined by Leukaemia Net Guidelines. **Kinase-Inhibition Study with Sprycel Start-up https://www.cancertrialsnz.ac.nz/kiss/

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

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

OPTIONAL PHARMACEUTICALS

237 INSULIN PEN NEEDLES (moved to addendum in Part III)

29 g × 12.7 mm	10.50	100	B-D Micro-Fine
31 g × 5 mm	11.75	100	B-D Micro-Fine
31 g × 6 mm	10.50	100	ABM
31 g × 8 mm	10.50	100	B-D Micro-Fine
32 g × 4 mm	10.50	100	B-D Micro-Fine

237 INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE (moved to addendum in Part III)

Syringe 0.3 ml with 29 g × 12.7 mm needle	13.00	100	B-D Ultra Fine
Syringe 0.3 ml with 31 g × 8 mm needle	13.00	100	B-D Ultra Fine II
Syringe 0.5 ml with 29 g × 12.7 mm needle	13.00	100	B-D Ultra Fine
Syringe 0.5 ml with 31 g × 8 mm needle	13.00	100	B-D Ultra Fine II
Syringe 1 ml with 29 g × 12.7 mm needle	13.00	100	B-D Ultra Fine
Syringe 1 ml with 31 g × 8 mm needle	13.00	100	B-D Ultra Fine II

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

Changes to Section H Part II – effective 1 May 2019

ALIMENTARY TRACT AND METABOLISM

11 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE AND SODIUM SULPHATE (addition of HSS)
Powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulphate 5.685 g per sachet
– 1% DV Aug-19 to 2022 ..... 14.31 4 **Klean Prep**

18 MAGNESIUM AMINO ACID CHELATE (new listing)
Cap 750 mg (150 mg elemental)

18 MAGNESIUM OXIDE WITH MAGNESIUM ASPARTATE, MAGNESIUM AMINO ACID CHELATE AND MAGNESIUM CITRATE (new listing)
Cap 500 mg with magnesium aspartate 100 mg, magnesium amino acid chelate 100 mg and magnesium citrate 100 mg (360 mg elemental magnesium)

20 RETINOL (new listing)
Oral liq 5,000 iu per drop, 30 ml

BLOOD AND BLOOD FORMING ORGANS

27 EFTRENONACOG ALFA [RECOMBINANT FACTOR IX] (new listing)

➔ Inj 250 iu vial	612.50	1	Alprolix
➔ Inj 500 iu vial	1,225.00	1	Alprolix
➔ Inj 1,000 iu vial	2,450.00	1	Alprolix
➔ Inj 2,000 iu vial	4,900.00	1	Alprolix
➔ Inj 3,000 iu vial	7,350.00	1	Alprolix

Restricted
Initiation
For patients with haemophilia B receiving prophylaxis treatment. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

27 EPTACOG ALFA [RECOMBINANT FACTOR VIIA] (amended restriction criteria)

➔ Inj 1 mg syringe	1,178.30	1	NovoSeven RT
➔ Inj 2 mg syringe	2,356.60	1	NovoSeven RT
➔ Inj 5 mg syringe	5,891.50	1	NovoSeven RT
➔ Inj 8 mg syringe	9,426.40	1	NovoSeven RT

Restricted
Initiation
~~When used in the treatment of haemophilia, access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group~~.
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

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

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

27 FACTOR EIGHT INHIBITOR BYPASSING FRACTION (↓ price and amended restriction criteria)

➔ Inj 500 U	1,315.50	1	FEIBA NF
➔ Inj 1,000 U	2,630.00	1	FEIBA NF
➔ Inj 2,500 U	6,575.00	1	FEIBA NF

Restricted
Initiation
~~When used in the treatment of haemophilia, access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.~~
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

28 MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] (amended restriction criteria)

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

Restricted
Initiation
~~Note: Preferred Brand of recombinant factor VIII from 1 March 2016. When used in the treatment of haemophilia, funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.~~
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

28 NONACOG ALFA [RECOMBINANT FACTOR IX] (delisting)

➔ Inj 250 iu vial	310.00	1	BeneFIX
➔ Inj 500 iu vial	620.00	1	BeneFIX
➔ Inj 1,000 iu vial	1,240.00	1	BeneFIX
➔ Inj 2,000 iu vial	2,480.00	1	BeneFIX
➔ Inj 3,000 iu vial	3,720.00	1	BeneFIX

Note – BeneFIX inj 250 iu via, 500 iu vial, 1,000 iu vial, 2,000 iu vial and 3,000 iu vial to be delisted from 1 November 2019.

28 NONACOG GAMMA, [RECOMBINANT FACTOR IX] (↓ price and amended restriction criteria)

➔ Inj 500 iu vial	435.00	1	RIXUBIS
➔ Inj 1,000 iu vial	870.00	1	RIXUBIS
➔ Inj 2,000 iu vial	1,740.00	1	RIXUBIS
➔ Inj 3,000 iu vial	2,610.00	1	RIXUBIS

Restricted
Initiation
~~When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.~~
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

28 NONACOG GAMMA, [RECOMBINANT FACTOR IX] (delisted)

➔ Inj 250 iu vial	287.50	1	RIXUBIS

Note – RIXUBIS inj 250 iu vial delisted from 1 May 2019.

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

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

28 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (ADVATE) (↓ price and amended restriction criteria)

➔ Inj 250 iu vial	210.00	1	Advate
➔ Inj 500 iu vial	420.00	1	Advate
➔ Inj 1,000 iu vial	840.00	1	Advate
➔ Inj 1,500 iu vial	1,260.00	1	Advate
➔ Inj 2,000 iu vial	1,680.00	1	Advate
➔ Inj 3,000 iu vial	2,520.00	1	Advate

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

~~The Co-ordinator, Haemophilia Treatments Panel~~
~~PHARMAC PO Box 10 254~~
~~Wellington~~
~~Phone: 0800 023 588 Option 2~~
~~Facsimile: (04) 974 4881~~
~~Email: haemophilia@pharmac.govt.nz~~

For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

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

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

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

~~The Co-ordinator, Haemophilia Treatments Panel~~
~~PHARMAC PO Box 10 254~~
~~Wellington~~
~~Phone: 0800 023 588 Option 2~~
~~Facsimile: (04) 974 4881~~
~~Email: haemophilia@pharmac.govt.nz~~

For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

29 RURIOCTOCOG ALFA PEGOL [RECOMBINANT FACTOR VIII] (new listing)

➔ Inj 250 iu vial	300.00	1	Adynovate
➔ Inj 500 iu vial	600.00	1	Adynovate
➔ Inj 1,000 iu vial	1,200.00	1	Adynovate
➔ Inj 2,000 iu vial	2,400.00	1	Adynovate

Restricted
Initiation
For patients with haemophilia A receiving prophylaxis treatment. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

INFECTIONS

72 ERTAPENEM (↓ price and addition of HSS)

➔ Inj 1 g vial – **1% DV Aug-19 to 2022**	70.00	1	**Invanz**

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

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

78 DOXYCYCLINE (new pack size)
Tab 100 mg ..... 64.43 500 Doxine

78 DOXYCYCLINE (delisting)
Tab 100 mg ..... 6.75 250 Doxine
Note – Doxine tab 100 mg, 250 tab pack to be delisted from 1 November 2019.

84 METRONIDAZOLE (pack size change)
Inj 5 mg per ml, 100 ml bag..... 264.00 48 Baxter
Note – Baxter inj 5 mg per ml, 100 ml bag, 10 inj pack to be delisted from 1 November 2019.

NERVOUS SYSTEM

104 LEVODOPA WITH CARBIDOPA (new listing)
Tab long-acting 100 mg with carbidopa 25 mg

105 BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE (↓ price and addition of HSS)
Inj 2.5 mg per ml with adrenaline 1:400,000,
20 ml vial – **1% DV Aug-19 to 2022** ..... 94.50 5 **Marcain with Adrenaline**

Inj 5 mg per ml with adrenaline 1:200,000,
20 ml vial – **1% DV Aug-19 to 2022** ..... 80.50 5 **Marcain with Adrenaline**

114 LAMOTRIGINE (↓ price and addition of HSS)
Tab dispersible 25 mg – **5% DV Oct-19 to 2022**..... 2.76 56 **Logem**
Tab dispersible 50 mg – **5% DV Oct-19 to 2022**..... 3.31 56 **Logem**
Tab dispersible 100 mg – **5% DV Oct-19 to 2022**..... 4.40 56 **Logem**

114 LAMOTRIGINE (delisting)
Tab dispersible 25 mg ..... 20.40 56 Arrow-Lamotrigine
29.09 Lamictal
Tab dispersible 50 mg ..... 34.70 56 Arrow-Lamotrigine
47.89 Lamictal
Tab dispersible 100 mg ..... 59.90 56 Arrow-Lamotrigine
79.16 Lamictal
Note – Arrow-Lamotrigine and Lamictal tab dispersible 25 mg, 50 mg and 100 mg to be delisted from 1 October 2019.

114 LEVETIRACETAM (↓ price and addition of HSS)
Tab 250 mg – **1% DV Aug-19 to 2022** ..... 4.99 60 **Everet**
Tab 500 mg – **1% DV Aug-19 to 2022** ..... 8.79 60 **Everet**
Tab 750 mg – **1% DV Aug-19 to 2022** ..... 14.39 60 **Everet**
Tab 1,000 mg – **1% DV Aug-19 to 2022** ..... 18.59 60 **Everet**

116 PIZOTIFEN (delisting)
Tab 500 mcg..... 23.21 100 Sandomigran
Note – Sandomigran tab 500 mcg (Pharmacode 251666) to be delisted from 1 November 2019.

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

VARIOUS

202 FLUMAZENIL (pack size change)
Inj 0.1 mg per ml, 5 ml ampoule – **1% DV Dec-18 to 2021** .... 132.68 10 **Hameln**
Note – Hameln inj 0.1 mg per ml, 5 ml ampoule, 5 inj pack to be delisted from 1 August 2019.

207 CHLORHEXIDINE WITH CETRIMIDE (new listing)
➔ Irrigation soln 0.015% with cetrimide 0.15%, 500 ml bottle

Restricted
Initiation
Re-assessment required after 3 months
All of the following:
1 Patient has burns that are greater than 30% of total body surface area (BSA); and
2 For use in the perioperative preparation and cleansing of large burn areas requiring debridement/skin grafting; and
3 The use of 30 ml ampoules is impractical due to the size of the area to be covered.

Continuation
Re-assessment required after 3 months
The treatment remains appropriate for the patient and the patient is benefiting from the treatment.

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

209 COMPOUND HYDROXYBENZOATE (new listing)
Soln – **1% DV Aug-19 to 2022** ..... 30.00 100 ml **Midwest**

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

Changes to Section H Part II – effective 1 April 2019

ALIMENTARY TRACT AND METABOLISM

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

CARDIOVASCULAR SYSTEM

39 AMIODARONE HYDROCHLORIDE (HSS suspended)
Inj 50 mg per ml, 3 ml ampoule
– 1% DV Jun-17 to ~~2019~~ **31 March 2019** ..... 9.98 5 Lodi

39 AMIODARONE HYDROCHLORIDE (new listing)
Inj 50 mg per ml, 3 ml ampoule ..... 11.98 6 Cordarone-X

DERMATOLOGICALS

54 HYDROCORTISONE BUTYRATE (↑ price)
Crm 0.1% ..... 3.42 30 g Locoid Lipocream

INFECTIONS

72 IMIPENEM WITH CILASTATIN (addition of HSS)
➔ Inj 500 mg with 500 mg cilastatin
vial – **1% DV Jul-19 to 2022** ..... 60.00 1 **Imipenem + Cilastatin RBX**

86 EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL (new listing)
➔ Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) – **1% DV Jun-19 to 2022** .. 106.88 30 **Mylan**

86 EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL ~~FUMARATE~~ (amended chemical and presentation name and delisting)
➔ Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil **245 mg (**300 mg **as a** fumarate**)** ..... 237.52 30 Atripla
Note – Atripla to be delisted from 1 June 2019.

87 ATAZANAVIR SULPHATE (brand change)
➔ Cap 150 mg – **1% DV Jun-19 to 2022** ..... 141.68 60 **Teva**
➔ Cap 200 mg – **1% DV Jun-19 to 2022** ..... 188.91 60 **Teva**
Note – Reyataz cap 150 mg and 200 mg to be delisted from 1 June 2019.

90 EMTRICITABINE WITH TENOFOVIR DISOPROXIL (new listing)
➔ Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) – **1% DV Jun-19 to 2022** ..... 61.15 30 **Teva**

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

90 EMTRICITABINE WITH TENOFOVIR DISOPROXIL ~~FUMARATE~~ (amended chemical and presentation name and delisting)
➔ Tab 200 mg with tenofovir disoproxil **245 mg (**300 mg **as a** fumarate**)** ..... 190.02 30 Truvada
Note – Truvada to be delisted from 1 June 2019.

NERVOUS SYSTEM

109 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (addition of HSS)
Spray 10% – **1% DV Jul-19 to 2022** ..... 75.00 50 ml **Xylocaine**

109 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↓ price and addition of HSS)
Inj 1%, 20 ml vial – **1% DV Jul-19 to 2022** ..... 6.20 5 **Lidocaine-Claris**
Inj 2%, 20 ml vial – **1% DV Jul-19 to 2022** ..... 6.45 5 **Lidocaine-Claris**

109 PRILOCAINE HYDROCHLORIDE (delisting)
Inj 2%, 5 ml ampoule ..... 55.00 10 Citanest
Note – Citanest inj 2%, 5 ml ampoule to be delisted from 1 October 2019.

119 METOCLOPRAMIDE HYDROCHLORIDE (↑ price)
Inj 5 mg per ml, 2 ml ampoule ..... 13.56 10 Pfizer

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

133 MERCAPTOPURINE (↓ price and addition of HSS)
Tab 50 mg – **1% DV Jul-19 to 2022** ..... 37.00 25 **Puri-nethol**

135 ETOPOSIDE (addition of HSS)
Cap 50 mg – **1% DV Jul-19 to 2022** ..... 340.73 20 **Vepesid**
Cap 100 mg – **1% DV Jul-19 to 2022** ..... 340.73 10 **Vepesid**

138 CARBOPLATIN (brand change)
Inj 10 mg per ml, 45 ml vial – **1% DV Jun-19 to 2021** ..... 45.20 1 **Carboplatin Ebewe**
Note – DBL Carboplatin inj 10 mg per ml,45 ml vial to be delisted from 1 June 2019.

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

212 GLYCERIN WITH SODIUM SACCHARIN (↓ price and addition of HSS)
Suspension – **1% DV Jul-19 to 2022** ..... 30.95 473 ml **Ora-Sweet SF**

212 GLYCERIN WITH SUCROSE (↓ price and addition of HSS)
Suspension – **1% DV Jul-19 to 2022** ..... 30.95 473 ml **Ora-Sweet**

212 METHYL HYDROXYBENZOATE (new listing)
Powder – **1% DV Jul-19 to 2022** ..... 8.98 25 g **Midwest**

212 METHYLCELLULOSE (new listing)
Powder – **1% DV Jul-19 to 2022** ..... 36.95 100 g **Midwest**

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

212 METHYLCELLULOSE (↓ price and addition of HSS)
Suspension – **1% DV Jul-19 to 2022**..... 30.95 473 ml **Ora-Plus**

212 METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN (↓ price and addition of HSS)
Suspension – **1% DV Jul-19 to 2022**..... 30.95 473 ml **Ora-Blend SF**

212 METHYLCELLULOSE WITH GLYCERIN AND SUCROSE (↓ price and addition of HSS)
Suspension – **1% DV Jul-19 to 2022**..... 30.95 473 ml **Ora-Blend**

VACCINES

235 INFLUENZA VACCINE (Pharmacode change)
➔ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) ..... 90.00 10 Influvac Tetra
Note – this is a new Pharmacode listing, 2558483. Pharmacode 2538466 to be delisted from 1 July 2019.

235 INFLUENZA VACCINE (amended restriction – affected criteria only shown)
➔ Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) .. 9.00 1 Fluarix Tetra
Restricted
Initiation – Other conditions for patients aged 6 months to 35 months
~~Any of the following:~~
1 Any of the following:
1.1 Diabetes; or
1.2 Chronic renal disease; or
1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
1.4 Autoimmune disease; or
1.5 Immune suppression or immune deficiency; or
1.6 HIV; or
1.7 Transplant recipient; or
1.8 Neuromuscular and CNS diseases/ disorders; or
1.9 Haemoglobinopathies; or
1.10 Is a child on long term aspirin; or
1.11 Has a cochlear implant; or
1.12 Errors of metabolism at risk of major metabolic decompensation; or
1.13 Pre and post splenectomy; or
1.14 Down syndrome; or
1.15 Child who has been hospitalised for respiratory illness or has a history of significant respiratory illness~~;~~
~~or~~
~~2 Child is living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board)~~

➔ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) ..... 90.00 10 Influvac Tetra
Initiation – Other conditions for patients 3 years and over
~~Any of the following:~~ **Either:**
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

continued...

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

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

continued...

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)~~

Index
Pharmaceuticals and brands

Index
Pharmaceuticals and brands

Index
Pharmaceuticals and brands

New Zealand
Permit No. 478

Permit

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand
Phone: 64 4 460 4990
Fax: 64 4 460 4995
Website: www.pharmac.govt.nz
Email: enquiry@pharmac.govt.nz

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

If Undelivered, Return To: PO Box 10254, Wellington 6143, New Zealand