

Pharmaceutical Management Agency  
New Zealand  
Pharmaceutical Schedule

# Section H Update

for Hospital Pharmaceuticals

**October 2020**

Cumulative for August, September and October 2020

The logo for PHARMAC, featuring the word "PHARMAC" in a bold, sans-serif font above the Māori name "TE PĀTAKA WHAIORANGA" in a smaller, all-caps sans-serif font. The text is centered within a white circle that overlaps a background of stylized, concentric, wavy lines in shades of gray and white.

PHARMAC  
TE PĀTAKA WHAIORANGA

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## Summary of decisions

EFFECTIVE 1 OCTOBER 2020

- Aciclovir (Aciclovir-Baxter) inj 250 mg – new listing
- Aciclovir (Aciclovir-Claris) inj 250 mg – to be delisted 1 March 2021
- Ambrisentan (Ambrisentan Mylan) tab 5 mg and 10 mg – new listing and addition of HSS
- Ambrisentan (Volibris) tab 5 mg and 10 mg – to be delisted 1 March 2021
- Amlodipine (Vasorex) tab 2.5 mg – new listing and addition of HSS
- Amlodipine (Apo-Amlodipine) tab 2.5 mg – to be delisted 1 June 2021
- Budesonide with eformoterol (DuoResp Spiromax) powder for inhalation 160 mcg with 4.5 mcg eformoterol fumarate per dose (equivalent to 200 mcg budesonide with 6 mcg eformoterol fumarate metered dose) and powder for inhalation 320 mcg with 9 mcg eformoterol fumarate per dose (equivalent to 400 mcg budesonide with 12 mcg eformoterol fumarate metered dose) – new listing
- Celiprolol (Celol) tab 200 mg – restriction added and to be delisted 1 April 2021
- Cilazapril with hydrochlorothiazide (Apo-Cilazapril/Hydrochlorothiazide) tab 5 mg with hydrochlorothiazide 12.5 mg – delisting delayed until 1 May 2021
- Danazol cap 100 mg (Mylan) and cap 200 mg (Azol) – to be delisted 1 April 2021
- Dexmedetomidine (Dexmedetomidine-Teva) inj 100 mcg per ml, 2 ml vial – new listing and addition of HSS
- Dexmedetomidine (Precedex) inj 100 mcg per ml, 2 ml vial – to be delisted 1 March 2021
- Emulsifying ointment (Emulsifying Ointment ADE) oint BP, 500 g – new listing and addition of HSS
- Emulsifying ointment (AFT) oint BP, 500 g – to be delisted 1 March 2021
- Fluconazole (Diflucan) oral liquid 50 mg per 5 ml, 35 ml – price increase
- Fluoxetine hydrochloride (Fluox) tab dispersible 20 mg, scored and cap 20 mg – addition of HSS
- Fluoxetine hydrochloride (Arrow-Fluoxetine) tab dispersible 20 mg, scored and cap 20 mg – to be delisted 1 February 2021
- Furosemide [frusemide] (Furosemide-Baxter) inj 10 mg per ml, 2 ml ampoule – new listing
- Furosemide [frusemide] (Furosemide-Claris) inj 10 mg per ml, 2 ml ampoule – to be delisted 1 March 2021

## Summary of decisions – effective 1 October 2020 (continued)

- Granisetron (Deva) inj 1 mg per ml, 3 ml ampoule – price increase and addition of HSS
- Hydrogen peroxide soln 3% (10 vol) – new listing
- Ketamine (Ketamine-Baxter) inj 100 mg per ml, 2 ml vial – new listing
- Ketamine (Ketamine-Claris) inj 100 mg per ml, 2 ml vial – to be delisted 1 March 2021
- Loratadine (Lorfast) oral liq 1 mg per ml, 120 ml – price increase
- Losartan potassium (Losartan Actavis) tab 12.5 mg, 25 mg, 50 mg and 100 mg – price increase and addition of HSS
- Mebendazole (De-Worm) tab 100 mg – to be delisted 1 March 2021
- Metoprolol succinate (Betoloc CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – price increase
- Naltrexone hydrochloride (Naltraccord) tab 50 mg – price increase and addition of HSS
- Nicotinic acid (Apo-Nicotinic Acid) tab 50 mg and 500 mg – to be delisted 1 May 2021
- Ondansetron (Ondansetron Kabi) inj 2 mg per ml, 4 ml ampoule – Pharmacode 2504243 delisting revoked, Pharmacode 2565439 delisted 1 October 2020
- Prednisolone sodium (Essential Prednisolone) rectal foam 20 mg per dose (14 applications) – new listing
- Terazosin tab 1 mg and (Apo-Terazosin) tab 2 mg and 5 mg – restriction added
- Triamcinolone acetonide inj 10 mg per ml, 1 ml ampoule (Kenacort-A 10) and inj 40 mg per ml, 1 ml ampoule (Kenacort-A 40) – HSS delayed
- Varicella vaccine [chickenpox vaccine] inj 2000 PFU prefilled syringe plus vial – new listing

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

Effective 1 October 2020

### ALIMENTARY TRACT AND METABOLISM

6	PREDNISOLONE SODIUM (new listing) Rectal foam 20mg per dose (14 applications) .....	74.10	1	Essential Prednisolone
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### CARDIOVASCULAR SYSTEM

38	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE (delisting delayed) → Tab 5 mg with hydrochlorothiazide 12.5 mg.....	10.18	100	Apo-Cilazapril/ Hydrochlorothiazide
Note – Apo- Cilazapril/Hydrochlorothiazide delisting delayed until 1 May 2021.				
39	LOSARTAN POTASSIUM (↑ price and addition of HSS) Tab 12.5 mg – <b>1% DV Jan-21 to 2023</b> .....	1.56	84	<b>Losartan Actavis</b>
	Tab 25 mg – <b>1% DV Jan-21 to 2023</b> .....	1.84	84	<b>Losartan Actavis</b>
	Tab 50 mg – <b>1% DV Jan-21 to 2023</b> .....	2.25	84	<b>Losartan Actavis</b>
	Tab 100 mg – <b>1% DV Jan-21 to 2023</b> .....	3.50	84	<b>Losartan Actavis</b>
40	TERAZOSIN – <b>Restricted: For continuation only</b> (restriction added) → Tab 1 mg → Tab 2 mg.....	7.50	500	Apo-Terazosin
	→ Tab 5 mg.....	10.90	500	Apo-Terazosin
41	CELIPROLOL – <b>Restricted: For continuation only</b> (restriction added and delisting) → Tab 200 mg.....	21.40	180	Celol
Note – Celol tab 200 mg to be delisted from 1 April 2021.				
42	METOPROLOL SUCCINATE (↑ price) Tab long-acting 23.75 mg.....	1.45	30	Betaloc CR
	Tab long-acting 47.5 mg.....	1.43	30	Betaloc CR
	Tab long-acting 95 mg.....	2.15	30	Betaloc CR
	Tab long-acting 190 mg.....	4.27	30	Betaloc CR
42	AMLODIPINE (brand change) Tab 2.5 mg – <b>1% DV Jun-21 to 2023</b> .....	1.08	90	<b>Vasorex</b>
Note – Apo-Amlodipine tab 2.5 mg to be delisted from 1 June 2021.				
44	FUROSEMIDE [FRUSEMIDE] (brand change) Inj 10 mg per ml, 2 ml ampoule – <b>1% DV Oct-19 to 2022</b> .....	1.15	5	<b>Furosemide-Baxter</b>
Note – Frusemide-Claris inj 10 mg per ml, 2 ml ampoule to be delisted from 1 March 2021.				
46	NICOTINIC ACID (delisting) Tab 50 mg.....	4.12	100	Apo-Nicotinic Acid
	Tab 500 mg.....	17.89	100	Apo-Nicotinic Acid
Note – Apo-Nicotinic acid tab 50 mg and 500 mg to be delisted from 1 May 2021.				

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

48	AMBRISENTAN (brand change)			
	→ Tab 5 mg – 1% DV Mar-21 to 2023 .....	1,550.00	30	<b>Ambrisentan Mylan</b>
	→ Tab 10 mg – 1% DV Mar-21 to 2023 .....	1,550.00	30	<b>Ambrisentan Mylan</b>
	Note – Volibris tab 5 mg and 10 mg to be delisted from 1 March 2021.			

## DERMATOLOGICALS

52	HYDROGEN PEROXIDE (new listing) Soln 3% (10 vol)			
54	EMULSIFYING OINTMENT (brand change) Oint BP, 500 g – 1% DV Mar-21 to 2023 .....	3.40	500 g	<b>Emulsifying Ointment ADE</b>
	Note: DV limit applies to pack sizes of greater than 200 g. Note – AFT oint BP, 500 g to be delisted from 1 March 2021.			

## HORMONE PREPARATIONS

64	TRIAMCINOLONE ACETONIDE (HSS delayed) Inj 10 mg per ml, 1 ml ampoule – 5% DV Apr-21 Nov-20 to 2023 .....	20.80	5	<b>Kenacort-A 10</b>
	Inj 40 mg per ml, 1 ml ampoule – 1% DV Apr-21 Nov-20 to 2023 .....	51.10	5	<b>Kenacort-A 40</b>
65	DANAZOL (delisting) Cap 100 mg .....	19.13	28	Mylan
	Cap 200 mg .....	97.83	100	Azol
	Note – Mylan cap 100 mg and Azol cap 200 mg to be delisted from 1 April 2021.			

## INFECTIONS

80	FLUCONAZOLE (↑ price) → Oral liquid 50 mg per 5 ml .....	109.34	35 ml	Diflucan
83	MEBENDAZOLE (delisting) Tab 100 mg .....	24.19	24	De-Worm
	Note – De-Worm tab 100 mg to be delisted from 1 March 2021.			
89	ACICLOVIR (brand change) Inj 250 mg vial – 1% DV Sep-18 to 2021 .....	9.60	5	<b>Aciclovir-Baxter</b>
	Note – Aciclovir-Claris inj 250 mg vial to be delisted from 1 March 2021.			

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

### NERVOUS SYSTEM

105	DEXMEDETOMIDINE (brand change) Inj 100 mcg per ml, 2 ml vial – <b>1% DV Mar-21 to 2023</b> .....	97.88	5	<b>Dexmedetomidine- Teva</b>
	Note – Precedex inj 100 mcg per ml, 2 ml vial to be delisted from 1 March 2021.			
105	KETAMINE (brand change) Inj 100 mg per ml, 2 ml vial .....	155.60	5	Ketamine-Baxter
	Note – Ketamine-Clarix inj 100 mg per ml, 2 ml vial to be delisted from 1 March 2021.			
112	FLUOXETINE HYDROCHLORIDE (addition of HSS) Tab dispersible 20 mg, scored – <b>1% DV Feb-21 to 2022</b> .....	1.98	30	<b>Fluox Fluox</b>
	Cap 20 mg – <b>1% DV Feb-21 to 2022</b> .....	2.91	84	
112	FLUOXETINE HYDROCHLORIDE (delisting) Tab dispersible 20 mg, scored .....	9.93	30	Arrow-Fluoxetine
	Cap 20 mg .....	7.49	90	Arrow-Fluoxetine
	Note – Arrow-Fluoxetine tab dispersible 20 mg, scored and cap 20 mg to be delisted from 1 February 2021.			
117	GRANISETRON (↑ price and addition of HSS) Inj 1 mg per ml, 3 ml ampoule – <b>1% DV Jan-21 to 2023</b> .....	1.20	1	<b>Deva</b>
117	ONDANSETRON (Pharmacode delisting revoked) Inj 2 mg per ml, 4 ml ampoule .....	2.20	5	Ondansetron Kabi
	Note – Pharmacode 2504243 will not be delisted.			
117	ONDANSETRON (delisted) Inj 2 mg per ml, 4 ml ampoule .....	2.20	5	Ondansetron Kabi
	Note – Pharmacode 2565439 delisted from 1 October 2020.			
127	NALTREXONE HYDROCHLORIDE (↑ price and addition of HSS) → Tab 50 mg – <b>1% DV Jan-21 to 2023</b> .....	133.33	30	<b>Naltracord</b>

### RESPIRATORY SYSTEM AND ALLERGIES

207	LORATADINE (↑ price) Oral liq 1 mg per ml .....	2.95	120 ml	Lorfast
211	BUDESONIDE WITH EFORMOTEROL (new listing) Powder for inhalation 160 mcg with 4.5 mcg eformoterol fumarate per dose (equivalent to 200 mcg budesonide with 6 mcg eformoterol fumarate metered dose).....	41.50	120 dose	DuoResp Spiromax
	Powder for inhalation 320 mcg with 9 mcg eformoterol fumarate per dose (equivalent to 400 mcg budesonide with 12 mcg eformoterol fumarate metered dose).....	82.50	120 dose	DuoResp Spiromax

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

### VACCINES

256 VARICELLA VACCINE [CHICKENPOX VACCINE] (new listing)

→ Inj 2000 PFU prefilled syringe plus vial

Restricted

Initiation – infants between 9 and 12 months of age

Therapy limited to 2 doses

Any of the following:

1 Any of the following:

For non-immune patients:

1.1 with chronic liver disease who may in future be candidates for transplantation; or

1.2 with deteriorating renal function before transplantation; or

1.3 prior to solid organ transplant; or

1.4 prior to any elective immunosuppression\*, or

1.5 for post exposure prophylaxis who are immune competent inpatients.; or

2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist, or

3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist, or

4 For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist, or

5 For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella, or

6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella, or

7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

Note: \* immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days



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

### BLOOD AND BLOOD FORMING ORGANS

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

continued...

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

continued...

2 Either:

2.1 Patient has demonstrated clopidogrel resistance using the P2Y12 (VerifyNow) assay **or another appropriate platelet function assay** and requires antiplatelet treatment with ticagrelor; or

2.2 Either:

2.2.1 Clopidogrel resistance has been demonstrated by the occurrence of a new cerebral ischemic event; **or**

2.2.2 **Clopidogrel resistance has been demonstrated by the occurrence of transient ischemic attack symptoms referable to the stent.**

Continuation – thrombosis prevention post neurological stenting

*Re-assessment required after 12 months*

Both:

1 Patient is continuing to benefit from treatment; and

2 Treatment continues to be clinically appropriate.

**Initiation – Percutaneous coronary intervention with stent deployment**

**Limited to 12 months treatment**

All of the following:

1 Patient has undergone percutaneous coronary intervention; and

2 Patient has had a stent deployed in the previous 4 weeks; and

3 Patient is clopidogrel-allergic\*\*

**Initiation – Stent thrombosis**

**Patient has experienced cardiac stent thrombosis whilst on clopidogrel**

**Initiation – Myocardial infarction**

**Limited to 1 week treatment**

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

Note: indications marked with \* are unapproved indications.

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

## CARDIOVASCULAR SYSTEM

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

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

### DERMATOLOGICALS

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

### GENITO-URINARY SYSTEM

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

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

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

### MUSCULOSKELETAL SYSTEM

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

### NERVOUS SYSTEM

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

→ Restriction

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

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

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

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

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

### RESPIRATORY SYSTEM AND ALLERGIES

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

### SENSORY ORGANS

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

### SPECIAL FOODS

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

→ Restriction

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

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

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

### Restricted

#### Initiation

All of the following:

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

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

#### Continuation

Both:

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

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

### ALIMENTARY TRACT AND METABOLISM

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

### BLOOD AND BLOOD FORMING ORGANS

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

### CARDIOVASCULAR SYSTEM

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

→ Restriction

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



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

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

### DERMATOLOGICALS

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

### GENITO-URINARY SYSTEM

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

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

### INFECTIONS

73	CEFAZOLIN (addition of HSS) Inj 500 mg vial – <b>1% DV Nov-20 to 2023</b> ..... 3.39	5	<b>AFT</b>
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	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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### Changes to Section H Part II – effective 1 August 2020 (continued)

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

→ Restriction

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

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

86	LAMIVUDINE (new listing and addition of HSS) → Tab 150 mg – 1% DV Nov-20 to 2023.....	84.50	60	<b>Lamivudine Alphapharm</b>
	Restricted Initiation – Confirmed HIV Patient has confirmed HIV infection. Initiation – Prevention of maternal transmission Either: 1 Prevention of maternal foetal transmission; or 2 Treatment of the newborn for up to eight weeks. Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV Both: 1 Treatment course to be initiated within 72 hours post exposure; and 2 Any of the following: 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or 2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required. Initiation – Percutaneous exposure Patient has percutaneous exposure to blood known to be HIV positive.			
88	LAMIVUDINE (↑ price and addition of HSS) Tab 100 mg – 1% DV Nov-20 to 2023.....	6.95	28	<b>Zetlam</b>

### MUSCULOSKELETAL SYSTEM

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

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

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

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

→ Restriction

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

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

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

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

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

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

168 INFLIXIMAB (addition of HSS and amended restrictions – affected and new criteria shown only)  
 → Inj 100 mg – 5% DV Sep-20 to 2024..... 806.00 1 **Remicade**

Restricted  
 Initiation – plaque psoriasis  
 Dermatologist  
*Re-assessment required after 3 doses*

Either:

1 Both:

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

1.2 Either:

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

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

2 All of the following:

2.1 Either:

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

2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and

2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and

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

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

Note: “Inadequate response” is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than **10 ±5**, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

**Initiation - pyoderma gangrenosum**

**Dermatologist**

**All of the following:**

**1 Patient has pyoderma gangrenosum\*;** and

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

**3 A maximum of 8 doses.**

Note: Indications marked with \* are unapproved indications.

**Continuation – pyoderma gangrenosum**

**Dermatologist**

**All of the following:**

**1 Patient has shown clinical improvement;** and

**2 Patient continues to require treatment;** and

**3 A maximum of 8 doses.**

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

### VARIOUS

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

### SPECIAL FOODS

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

Note – e.g. Nutrison Advanced Peptisorb liquid 4 g protein, 17.6 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bag to be delisted 1 February 2021.



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