Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

May 2021

PHARMAC
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Contents

Summary of decisions
EFFECTIVE 1 MAY 2021

- Adalimumab inj 20 mg per 0.4 ml syringe and 40 mg per 0.8 ml syringe (Humira) and 40 mg per 0.8 ml pen (HumiraPen) – amended restriction criteria
- Arginine tab 100 mg and cap 500 mg – new listing
- Bendamustine hydrochloride (Ribomustin) inj 25 mg and 100 mg vial – addition of new restriction criteria
- Bupivacaine hydrochloride with fentanyl (Bupafen NRFit) inj 1.25mg with fentanyl 2mcg per ml, 15 ml syringe – new listing
- Carglumic acid tab disp 200 mg – new listing
- Clonazepam (Rivotril) inj 1 mg per ml, 1 ml ampoule – to be delisted 1 October 2021
- Coenzyme Q10 cap 120 mg and 160 mg – new listing
- Escitalopram (Escitalopram-Apotex) tab 10 mg and 20 mg – to be delisted 1 October 2021
- Escitalopram (Escitalopram (Ethics)) tab 10 mg and 20 mg – new listing and addition of HSS
- Etanercept (Enbrel) inj 25 mg autoinjector, 25 mg vial, 50 mg autoinjector, 50 mg syringe – amended restriction criteria
- Fluconazole (Fluconazole-Baxter) inj 2 mg per ml, 100 ml vial – new listing and addition of HSS
- Fluconazole (Fluconazole-Claris) inj 2 mg per ml, 100 ml vial – to be delisted 1 November 2021
- Hypromellose (Methopt) eye drops 0.5 % – increase price
- Infliximab (Remicade) inj 100 mg – amended restriction criteria
- Ketamine (Ketamine-Baxter) inj 100 mg per ml, 2 ml ampoule – to be delisted 1 September 2021
- Lenalidomide (Revlimid) cap 5 mg, 10 mg, 15 mg and 25 mg – amended restriction criteria
- Levocarnitine tab 500 mg, cap 250 mg and oral liquid 500 mg per 10 ml – new listing
- Mixed salt solution for eye irrigation (e.g. Balanced Salt Solution) eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml bag – new listing
- Norethisterone (Primolut N) tab 5 mg, 30 tab – new listing

Summary of decisions – effective 1 May 2021 (continued)

- Norethisterone (Primolut N) tab 5 mg, 100 tab – to be delisted 1 February 2022
- Omeprazole tab dispersible 10 mg – new listing
- Riboflavin tab 100 mg and cap 100 mg – new listing
- Secukinumab (Cosentyx) inj 150 mg per ml, 1 ml prefilled syringe – new pack size listing and amended restriction criteria
- Sodium cromoglicate aerosol inhaler 5 mcg per dose – delisting delayed until 1 November 2021
- Taurine cap 1,000 mg and powder – new listing
- Terazosin (Apo-Terazosin) tab 2 mg and 5 mg – to be delisted 1 August 2021

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

Section H changes to Part II

Effective 1 May 2021

ALIMENTARY TRACT AND METABOLISM

8 OMEPRAZOLE (new listing)
➔ Tab dispersible 10 mg

15 CARGLUMIC ACID (new listing)
➔ Tab disp 200 mg

Restricted
Initiation
Metabolic physician
For the acute in-patient treatment of organic acidaemias as an alternative to haemofiltration.

16 COENZYME Q10 (new listing)
➔ Cap 120 mg
➔ Cap 160 mg

Restricted
Initiation
Metabolic physician
Re-assessment required after 6 months
The patient has a suspected inborn error of metabolism that may respond to coenzyme Q10 supplementation.

Continuation
Metabolic physician
Re-assessment required after 24 months
Both:
1. The patient has a confirmed diagnosis of an inborn error of metabolism that responds to coenzyme Q10 supplementation; and
2 The treatment remains appropriate and the patient is benefiting from treatment.

16 LEVOCARNITINE (new listing)
➔ Tab 500 mg
➔ Cap 250 mg
➔ Oral liq 500 mg per 10 ml

16 RIBOFLAVIN (new listing)
➔ Tab 100 mg
➔ Cap 100 mg

Restricted
Initiation
Metabolic physician or neurologist
Re-assessment required after 6 months
The patient has a suspected inborn error of metabolism that may respond to riboflavin supplementation.

Continuation
Metabolic physician or neurologist
Re-assessment required after 24 months
Both:
1. The patient has a confirmed diagnosis of an inborn error of metabolism that responds to riboflavin supplementation; and
2. The treatment remains appropriate and the patient is benefiting from treatment.

Changes to Section H Part II – effective 1 May 2021 (continued)

16 ARGININE (new listing)
Tab 1,000 mg
Cap 500 mg

16 TAURINE (new listing)
➔ Cap 1,000 mg
➔ Powder

Restricted
Initiation
Metabolic physician
Re-assessment required after 6 months
The patient has a suspected specific mitochondrial disorder that may respond taurine supplementation.

Continuation
Metabolic physician
Re-assessment required after 24 months
Both:
1 The patient has a confirmed diagnosis of a specific mitochondrial disorder which responds to taurine supplementation; and
2 The treatment remains appropriate and the patient is benefiting from treatment.

CARDIOVASCULAR SYSTEM

42 TERAZOSIN (delisting)

➔ Tab 2 mg	7.50	500	Apo-Terazosin
➔ Tab 5 mg	10.90	500	Apo-Terazosin

Note – Apo-Terazosin tab 2 mg and 5 mg to be delisted from 1 August 2021.

HORMONE PREPARATIONS

68 NORETHISTERONE (pack size change)

Tab 5 mg – **1% DV Dec-19 to 2021**	5.49	30	**Primolut N**

Note – Primolut N tab 5 mg, 100 pack to be delisted from 1 February 2022.

INFECTIONS

82 FLUCONAZOLE (brand change)

➔ Inj 2 mg per ml, 100 ml vial – **1% DV Oct-19 to 2022**	3.45	1	**Fluconazole-Baxter**

Note – Fluconazole-Claris inj 2 mg per ml, 100 ml vial to be delisted 1 November 2021.

NERVOUS SYSTEM

107 KETAMINE (delisting)

Inj 100 mg per ml, 2 ml ampoule	155.60	5	Ketamine-Baxter

Note – Ketamine-Baxter inj 100 mg per ml, 2 ml ampoule to be delisted from 1 September 2021.

108 BUPIVACAINE HYDROCHLORIDE WITH FENTANYL (new listing)

Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe	36.00	5	Bupafen NRFit

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

Changes to Section H Part II – effective 1 May 2021 (continued)

114 ESCITALOPRAM (brand change and addition of HSS)

Tab 10 mg – **1% DV Oct-21 to 2023**	1.07	28	**Escitalopram (Ethics)**
Tab 20 mg – **1% DV Oct-21 to 2023**	1.92	28	**Escitalopram (Ethics)**

Note – Escitalopram-Apotex tab 10 mg and tab 20 mg to be delisted from 1 October 2021.

114 CLONAZEPAM (delisting)

Inj 1 mg per ml, 1 ml ampoule	21.00	5	Rivotril

Note – Rivotril inj 1 mg per ml, 1 ml ampoule to be delisted from 1 October 2021.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

130 BENDAMUSTINE HYDROCHLORIDE (amended restriction criteria – new criteria shown only)

➔ Inj 25 mg vial – **5% DV Sep-21 to 2024**	77.00	1	**Ribomustin**
➔ Inj 100 mg vial – **5% DV Sep-21 to 2024**	308.00	1	**Ribomustin**

Restricted
Initiation – Hodgkin's lymphoma*
Limited to 6 months treatment
Relevant specialist or medical practitioner on the recommendation of a relevant specialist
All of the following:
1. Patient has Hodgkin's lymphoma requiring treatment; and
2. Patient has a ECOG performance status of 0-2; and
3. Patient has received one prior line of chemotherapy; and
4. Patient's disease relapsed or was refractory following prior chemotherapy; and
5. Bendamustine is to be administered in combination with gemcitabine and vinorelbine (BeGeV) at a maximum dose of no greater than 90 mg/m^2 twice per cycle, for a maximum of four cycles.
Notes: Indications marked with * are unapproved indications.

135 LENALIDOMIDE (amended restriction criteria – affected criteria shown only)

➔ Cap 5 mg	5,122.76	28	Revlimid
➔ Cap 10 mg	4,655.25	21	Revlimid
	6,207.00	28	Revlimid
➔ Cap 15 mg	5,429.39	21	Revlimid
	7,239.18	28	Revlimid
➔ Cap 25 mg	7,627.00	21	Revlimid

Restricted
Initiation - Maintenance following first-line autologous stem cell transplant (SCT)
Haematologist
Reassessment required after 6 months
All of the following:
1. Patient has newly diagnosed symptomatic multiple myeloma and has undergone first-line treatment that included an autologous stem cell transplantation; and
2. Patient has at least a stable disease response in the first 100 days after transplantation; and
3. Lenalidomide maintenance is to be commenced within 6 months of transplantation; and
~~4. The patient has ECOG performance score of 0-1; and~~
5 4. Lenalidomide to be administered at a maximum dose of 15 mg/day.

Continuation – Maintenance following first line autologous SCT
Haematologist
Reassessment required after 6 months
Both:
1 No evidence of disease progression; and
2 The treatment remains appropriate and patient is benefitting from treatment.

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

Changes to Section H Part II – effective 1 May 2021 (continued)

151 ETANERCEPT (amended restriction criteria – affected criteria only shown)

➔ Inj 25 mg autoinjector – **5% DV Feb-21 to 2024**	690.00	4	**Enbrel**
➔ Inj 25 mg vial – **5% DV Sep-19 to 2024**	690.00	4	**Enbrel**
➔ Inj 50 mg autoinjector – **5% DV Sep-19 to 2024**	1,050.00	4	**Enbrel**
➔ Inj 50 mg syringe – **5% DV Sep-19 to 2024**	1,050.00	4	**Enbrel**

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

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

Changes to Section H Part II – effective 1 May 2021 (continued)

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

168 INFLIXIMAB (amended restriction criteria – affected criteria shown only)

➔Inj 100 mg	806.00	1	Remicade

Restricted
Initiation – psoriatic arthritis
Rheumatologist
Reassessment required after 4 months
Both:
1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept **and/or secukinumab** for psoriatic arthritis; and
2 Either:
  2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept **and/or secukinumab**; or
  2.2 Following 3 to 4 months' initial treatment with adalimumab and/or etanercept **and/or secukinumab**, the patient did not meet the renewal criteria for adalimumab and/or etanercept **and/or secukinumab** for psoriatic arthritis.

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

Changes to Section H Part II – effective 1 May 2021 (continued)

193 SECUKINUMAB (new pack size listing and amended restriction criteria – new criteria shown only)

➔Inj 150 mg per ml, 1 ml prefilled syringe	799.50	1	Cosentyx
➔Inj 150 mg per ml, 1 ml prefilled syringe	1,599.00	2	Cosentyx

Restricted
Initiation — ankylosing spondylitis, second-line biologic
Rheumatologist
Re-assessment required after 3 months
Both:
1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
2 Either
2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

Continuation – ankylosing spondylitis, second-line biologic
Rheumatologist
Re-assessment required after 6 months
All of the following:
1 Following 12 weeks initial treatment of secukinumab treatment, BASDAI has improved by 4 or more points from pre-secukinumab baseline on a 10 point scale, or by 50%, whichever is less; and
2 Physician considers that the patient has benefitted from treatment and that continued treatment is appropriate; and
3 Secukinumab to be administered at doses no greater than 150 mg monthly.

Initiation — psoriatic arthritis
Rheumatologist
Re-assessment required after 6 months
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for adalimumab or etanercept for psoriatic arthritis; 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 psoriatic arthritis; or
2 All of the following:
2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
2.3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
2.4 Either:
2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
2.5 Any of the following:
2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or

continued...

Changes to Section H Part II – effective 1 May 2021 (continued)

continued...

2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation — psoriatic arthritis
Rheumatologist
Re-assessment required after 6 months
Both:
1 Either:
1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior secukinumab treatment in the opinion of the treating physician; and
2 Secukinumab to be administered at doses no greater than 300 mg monthly.

RESPIRATORY SYSTEM AND ALLERGIES

212 SODIUM CROMOGLICATE (delisting delayed)
Aerosol inhaler 5 mg per dose
Note – delisting delayed until 1 November 2021.

SENSORY ORGANS

218 MIXED SALT SOLUTION FOR EYE IRRIGATION (new listing)
Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml bag — *e.g. Balanced Salt Solution*

220 HYPROMELLOSE (↑ price)
Eye drops 0.5% ..... 19.50 — 15 ml — Methopt

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

Changes to Section H Part II – effective 9 April 2021

VACCINES

255 INFLUENZA VACCINE (new listing and amended restriction criteria)
Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) ... 9.00 1 Influvac Tetra (2021 Formulation)

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

Initiation – chronic respiratory disease for patients 3 and 4 years of age (inclusive)
Either:
1 Asthma, if on a regular preventative therapy; or
2 Other chronic respiratory disease with impaired lung function.
Note: asthma not requiring regular preventative therapy is excluded from funding.

Initiation – Other conditions for patients 3 and 4 years of age (inclusive)
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
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 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.

continued...

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

Changes to Section H Part II – effective 9 April 2021 (continued)

continued...

Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)	90.00	10	Afluria Quad (2021 Formulation)

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

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

Initiation – chronic respiratory disease for patients ~~3~~ **5** years and over
Either:
1 Asthma, if on a regular preventative therapy; or
2 Other chronic respiratory disease with impaired lung function.
Note: asthma not requiring regular preventative therapy is excluded from funding.

Initiation – Other conditions for patients ~~3~~ **5** years and over
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
  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 or less (but over three years) 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.
Note – this listing is from 9 April 2021

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Pharmaceuticals and brands

New Zealand
Permit No. 478

Permit

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