Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

November 2021

PHARMAC
TE PĀTAKA WHAIORANGA

Contents

Summary of decisions
EFFECTIVE 1 NOVEMBER 2021

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- Aqueous cream (GEM Aqueous Cream) crm 500 g – new listing and addition of PSS
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- Folic acid (Apo-Folic Acid) tab 0.8 mg – to be delisted 1 May 2022
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- Gentamicin sulphate (DBL Gentamicin) inj 10 mg per ml, 1 ml ampoule – price increase
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Summary of decisions – effective 1 November 2021 (continued)

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- Pyridoxine hydrochloride (Apo-Pyridoxine) tab 50 mg – to be delisted 1 May 2022
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- Sodium chloride (Baxter-Viaflo) inj 0.9%, 50 ml bag and 100 ml bag – new listing
- Testosterone undecanoate (Andriol Testocaps) cap 40 mg – addition of restriction
- Zinc and castor oil (Boucher) oint, 500 g – price increase

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

Section H changes to Part II

Effective 1 November 2021

ALIMENTARY TRACT AND METABOLISM

20 CALCIUM GLUCONATE WITH CALCIUM CARBONATE (new listing)
Tab eff 2.94 g with calcium carbonate 0.3 g (500 mg elemental) — *e.g. Calcium-Sandoz Forte*

24 PYRIDOXINE HYDROCHLORIDE (brand change)
Tab 50 mg — 23.45 — 500 — Pyridoxine multichem
Note – Apo-Pyridoxine tab 50 mg to be delisted 1 May 2022.

28 FOLIC ACID (brand change)
Tab 0.8 mg — 26.60 — 1,000 — Folic Acid multichem
Note – Apo-Folic Acid tab 0.8 mg to be delisted 1 May 2022.

BLOOD AND BLOOD FORMING ORGANS

39 SODIUM CHLORIDE (new listing)
Inj 0.9%, 50 ml bag — 137.25 — 75 — Baxter-Viaflo
Inj 0.9%, 100 ml bag — 97.80 — 60 — Baxter-Viaflo

CARDIOVASCULAR SYSTEM

43 PRAZOSIN — ~~**Restricted**: For continuation only~~ (removal of restriction and listing of section 29)
Tab 1 mg — 5.53 — 100 — Apo-Prazosin
(new listing) — Apo-Prazosin S29
Tab 2 mg — 7.00 — 100 — Apo-Prazosin
(new listing) — Apo-Prazosin S29
Tab 5 mg — 11.70 — 100 — Apo-Prazosin
(new listing) — Apo-Prazosin S29

47 METHYLDOPA (new Pharmacode listing)
Tab 250 mg — 15.10 — 100 — Methyldopa Mylan
Note – this listing is for Pharmacode 2603934.

DERMATOLOGICALS

56 CICLOPIROX OLAMINE (delisting)
Nail soln 8% — 5.72 — 7 ml — Apo-Ciclopirox
Note – Apo-Ciclopirox nail soln 8% brand to be delisted 1 May 2022.

57 ZINC AND CASTOR OIL (↑ price)
Oint — 4.65 — 500 g — Boucher

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

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

57 AQUEOUS CREAM
Crm 100 g (delisting) ..... 1.05 100 g Pharmacy Health SLS-free
Note: DV limit applies to the pack sizes of 100 g or less.
Crm 500 g – **5% DV Apr-22 to 2024** (brand change and addition of PSS) ..... 1.73 500 g **GEM Aqueous Cream**
Note: DV limit applies to the pack sizes of greater than 100 g.
Note – Pharmacy Health SLS-free crm 100 g and Boucher crm 500 g to be delisted 1 April 2022.

57 CETOMACROGOL (delisting)
Crm BP, 100 g ..... 1.42 1 healthE
Note – healthE crm BP, 100 g to be delisted 1 April 2022.

GENITO-URINARY SYSTEM

65 OXYBUTYNIN – Restricted: For continuation only (delisting)
➔Tab 5 mg ..... 11.70 500 Apo-Oxybutynin
Note – Apo-Oxybutynin tab 5 mg brand to be delisted 1 May 2022.

HORMONE PREPARATIONS

66 TESTOSTERONE UNDECANOATE (addition of restriction)
➔Cap 40 mg – **Restricted: For continuation only** ..... 21.00 60 Andriol Testocaps

66 CINACALCET (addition of PSS)
➔Tab 30 mg – **5% DV Apr-22 to 2024** (brand change) ..... 42.06 28 **Cinacalcet Devatis**
➔Tab 60 mg – **5% DV Apr-22 to 2024** (new listing) ..... 84.12 28 **Cinacalcet Devatis**
Note – Sensipar tab 30 mg to be delisted 1 April 2022.

INFECTIONS

76 GENTAMICIN SULPHATE
Inj 10 mg per ml, 1 ml ampoule (↑ price) ..... 95.00 5 DBL Gentamicin
Inj 10 mg per ml, 2 ml ampoule (new presentation listing)

86 FLUCYTOSINE (new presentation listing)
➔Tab 500 mg

91 DARUNAVIR (new Pharmacode listing)
➔Tab 400 mg – **1% DV Apr-21 to 2023** ..... 132.00 60 **Darunavir Mylan**
Note – this listing is for Pharmacode 2591286.

MUSCULOSKELETAL SYSTEM

105 IBUPROFEN (↑ price and addition of PSS)
Oral liq 20 mg per ml – **5% DV Apr-22 to 2024** ..... 2.25 200 ml **Ethics**

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

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

NERVOUS SYSTEM

108 ENTACAPONE (brand change and addition of PSS)
Tab 200 mg – **5% DV Apr-22 to 2024** ..... 18.04 100 **Comtan**
Note – Entapone tab 200 mg to be delisted 1 April 2022.

113 FENTANYL (addition of PSS)
Inj 50 mcg per ml, 2 ml ampoule
– **5% DV Apr-22 to 2024** (↑ price) ..... 3.75 10 **Boucher and Muir**
Inj 50 mcg per ml, 10 ml ampoule – **5% DV Apr-22 to 2024** ..... 9.41 10 **Boucher and Muir**

122 AMISULPRIDE (new Pharmacode listing)
Tab 100 mg – **1% DV Nov-19 to 2022** ..... 5.15 30 **Sulprix**
Note – this listing is for Pharmacode 2609401.

126 MELATONIN (brand change and addition of PSS)
Tab modified-release 2 mg – **5% Apr-22 to 2024** ..... 11.50 30 **Vigisom**
Note – Circadin tab modified-release 2 mg to be delisted 1 April 2022.

130 RIVASTIGMINE (↓ price)
Patch 9.5 mg per 24 hour ..... 35.00 30 Generic Partners
Note – Generic Partners patch 9.5 mg per 24 hour to be delisted 1 February 2022.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

137 BORTEZOMIB (new presentation listing)
➔ Inj 2.5 mg vial

171 INFLIXIMAB (amended restriction criteria – amended criteria shown only)
➔ Inj 100 mg ..... 806.00 1 Remicade

Restricted
Initiation — plaque psoriasis
Dermatologist
Re-assessment required after 3 doses
Either:
1 Both:
1.1 Patient has had an initial Special Authority approval for adalimumab, ~~or~~ etanercept **or secukinumab** for severe chronic plaque psoriasis; and
1.2 Either:
1.2.1 Patient has experienced intolerable side effects from adalimumab, ~~or~~ etanercept **or secukinumab**; or
1.2.2 Patient has received insufficient benefit from adalimumab, ~~or~~ etanercept **or secukinumab** to meet the renewal criteria for adalimumab, ~~or~~ etanercept **or secukinumab** 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, where lesions have been present for at least 6 months from the time of initial diagnosis; or

continued...

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

continued...

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 Notes) 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

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, 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.

185 RITUXIMAB (RIXIMYO) (amended restriction criteria – new criteria shown only)

➔Inj 10 mg per ml, 10 ml vial	275.33	2	Riximyo
➔Inj 10 mg per ml, 50 ml vial	688.20	1	Riximyo

Restricted
Initiation – desensitisation prior to transplant
Limited to 6 weeks treatment
Both:
1 Patient requires desensitisation prior to mismatched allogenic stem cell transplant*; and
2 Patient would receive no more than two doses at 375 mg/m² of body-surface area
Note: Indications marked with * are unapproved indications.

196 SECUKINUMAB (amended restriction criteria – amended criteria shown only)

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

Restricted
Initiation — psoriatic arthritis
Rheumatologist
Re-assessment required after 6 months
Either:
1 Both:
1.1 Patient has had an initial Special Authority approval for adalimumab**,** ~~or~~ etanercept **or infliximab** for psoriatic arthritis; and
1.2 Either:
1.1.1 Patient has experienced intolerable side effects from adalimumab**,** ~~or~~ etanercept **or infliximab**; or
1.1.2 Patient has received insufficient benefit from adalimumab**,** ~~or~~ etanercept **or infliximab** to meet the renewal criteria for adalimumab**,** ~~or~~ etanercept **or infliximab** for psoriatic arthritis; or
2 All of the following:
2.1 Patient has had 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

continued...

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

continued...

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 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.

RESPIRATORY SYSTEM AND ALLERGIES

213	BECLOMETHASONE DIPROPIONATE (↑ price)			
	Aerosol inhaler 50 mcg per dose	14.01	200 dose	Qvar
	Aerosol inhaler 100 mcg per dose	17.52	200 dose	Qvar
221	BIMATOPROST (↑ price and addition of PSS)			
	Eye drops 0.03% – **5% DV Apr-22 to 2024**	5.95	3 ml	**Bimatoprost Multichem**

SENSORY ORGANS

221	NEPAFENAC (delisting delayed)			
	Eye drops 0.3%	13.80	3 ml	Ilevro

Note – this delist has been delayed from 1 November 2021 to 1 February 2022.

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Pharmaceuticals and brands

New Zealand
Permit No. 478

Permit

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