Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

April 2022

PHARMAC
TE PĀTAKA WHAIORANGA

Contents

Summary of decisions
EFFECTIVE 1 APRIL 2022

- Abiraterone acetate (Zytiga) tab 250 mg – amended restriction criteria
- Amnio acid formula (Alfamino) powder 13.3 g protein, 57 g carbohydrate and 24.6 g fat per 100 g, can, 400 g (Pharmacode 2632187) – new Pharmacode listing
- Amnio acid formula (Alfamino) powder 13.3 g protein, 57 g carbohydrate and 24.6 g fat per 100 g, can, 400 g (Pharmacode 2608227) – to be delisted 1 November 2022
- Amino acid formula (Alfamino Junior) powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can, 400 g (Pharmacode 2634848) – new Pharmacode listing
- Amino acid formula (Alfamino Junior) powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can, 400 g (Pharmacode 2510537) – to be delisted 1 November 2022
- Amisulpride (Sulprix) tab 100 mg (Pharmacode 2500132) – to be delisted 1 November 2022
- Aqueous cream (Boucher) crm 500 g – delist delayed to 1 August 2022 and price decrease
- Azathioprine (Imuran) inj 50 mg vial – brand to be delisted 1 January 2023
- Bupivacaine hydrochloride with glucose (Marcain Heavy) inj 0.5% with glucose 8%, 4 ml ampoule – price decrease and addition of PSS
- Carbimazole (Neo-Mercazole) tab 5 mg – new listing and addition of PSS
- Carmustine (BiCNU) inj 100 mg vial – price decrease and addition of PSS
- Carmustine (Bicnu Heritage) inj 100 mg vial – to be delisted 1 September 2022
- Colchicine (Colgout) tab 500 mcg – price decrease and addition of PSS
- Erlotinib (Tarceva) tab 100 mg and 150 mg – amended restriction criteria
- Erythromycin (as ethylsuccinate) (E-Mycin) grans for oral liq 200 mg per 5 ml (Pharmacode 243078), 100 ml – Pharmacode to be delisted 1 October 2022
- Erythromycin (as ethylsuccinate) (E-Mycin) grans for oral liq 400 mg per 5 ml (Pharmacode 243086), 100 ml – Pharmacode to be delisted 1 November 2022
- Gefitinib (Iressa) tab 250 mg – amended restriction criteria
- High arginine oral feed 1.4 kcal/ml (Impact Advanced Recovery) liquid 10.4 g protein, 8 g carbohydrate, 4.4 g fat and 0 g fibre per 100 ml, 250 ml carton, 10 pack – new listing
- High arginine oral feed 1.4 kcal/ml (Impact Advanced Recovery) liquid 10.1 g protein, 15 g carbohydrate, 4.5 g fat and 0 g fibre per 100 ml, carton, 178 ml – to be delisted 1 October 2022

Summary of decisions – effective 1 April 2022 (continued)

- Ibuprofen (Relieve) tab 200 mg – 1,000 tablet pack – presentation description change
- Ibuprofen tab 200 mg – 12 tablet pack, 20 tablet pack, 24 tablet pack and 48 tablet pack – new listing
- Nivolumab (Opdivo) inj 10 mg per ml, 4 ml and 10 ml vial – amended restriction criteria
- Octreotide (Octreotide Depot Teva) inj depot 10 mg, 20 mg and 30 mg prefilled syringe – amended restriction criteria
- Oil in water emulsion (Fatty Cream AFT) crm, 500 g – new listing and addition of PSS
- Oil in water emulsion (O/W Fatty Emulsion Cream) crm, 500 g – to be delisted 1 September 2022
- Paracetamol (Pacimol) tab 500 mg – blister pack – 1,000 tablet pack – presentation description change
- Paracetamol tab 500 mg – blister pack – 12 tablet pack and 20 tablet pack – new listing
- Pembrolizumab (Keytruda) inj 25 mg per ml, 4 ml vial – amended restriction criteria
- Promethazine hydrochloride (Allersoothe) tab 10 mg and 25 mg – price decrease and addition of PSS
- Salbutamol (Ventolin) aerosol inhaler, 100 mcg per dose, 200 dose – price increase
- Salmeterol aerosol inhaler 25 mcg per dose, 120 dose (Serevent) and powder for inhalation 50 mcg per dose, 60 dose (Serevent Accuhaler) – price increase
- Spironolactone (Spiractin) tab 25 mg and 100 mg – price decrease and addition of PSS
- Sunitinib (Sunitinib Pfizer and Sutent) cap 12.5 mg, 25 mg and 50 mg – amended restriction criteria
- Rituximab (riximyo) inj 10 mg per ml, 10 ml vial and inj 10 mg per ml, 50 ml vial – amended restriction criteria
- Urokinase inj 250,000 iu vial – new presentation listing
- Zoledronic acid (Zoledronic acid Mylan) inj 4 mg per 5 ml, vial – amended restriction criteria
- Zoledronic acid (Aclasta) inj 5 mg per 100 ml, vial – amended restriction criteria

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

Section H changes to Part II

Effective 1 April 2022

BLOOD AND BLOOD FORMING ORGANS

36 UROKINASE (new presentation lisitng)
Inj 250,000 iu vial

CARDIOVASCULAR SYSTEM

47 SPIRONOLACTONE (↓ price and addition of PSS)

Tab 25 mg – **5% DV Sep-22 to 2025**	3.68	100	**Spiractin**
Tab 100 mg – **5% DV Sep-22 to 2025**	10.65	100	**Spiractin**

DERMATOLOGICALS

58 AQUEOUS CREAM (delay delist and ↓ price)

Crm 500 g	1.73	500 g	Boucher

Note: DV limit applies to the pack sizes of greater than 100 g
Note – delist of Boucher crm 500 g is delayed from 1 April 2022 to 1 August 2022.

58 OIL IN WATER EMULSION (brand change and addition of PSS)

Crm, 500 g – **5% DV Sep-22 to 2024**	2.04	500 g	**Fatty Cream AFT**

Note: DV limit applies to the pack sizes of greater than 100 g.
Note – O/W Fatty Emulsion Cream crm, 500 g to be delisted from 1 September 2022.

HORMONE PREPARATIONS

68 ZOLEDRONIC ACID (amended restriction criteria – affected criteria shown only)

➔ Inj 4 mg per 5 ml, vial – **5% DV Dec-21 to 2024**	18.00	1	**Zoledronic acid Mylan**

Restricted
Initiation — early breast cancer*
All of the following:
1 Treatment to be used as adjuvant therapy for early breast cancer; and
2 Patient has been amenorrhoeic for 12 months or greater, either naturally or induced, with endocrine levels consistent with a postmenopausal state; and
3 Treatment to be administered at a minimum interval of 6-monthly for a maximum of ~~2 years~~ **3 years**.
Note: Indications marked with * are unapproved indications.

Initiation — symptomatic hypercalcaemia*
Patient has symptomatic hypercalcaemia.
Note: Indications marked with * are unapproved indications.

76 CARBIMAZOLE (new listing and addition of PSS)

Tab 5 mg – **5% DV Sep-22 to 2025**	7.56	100	**Neo-Mercazole**

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

Changes to Section H Part II – effective 1 April 2022 (continued)

INFECTIONS

80 ERYTHROMYCIN (AS ETHYLSUCCINATE) (delisting)

Grans for oral liq 200 mg per 5 ml	5.00	100 ml	E-Mycin
Grans for oral liq 400 mg per 5 ml	6.77	100 ml	E-Mycin

Note – this delist is for E-Mycin grans for oral liq 200 mg per 5 ml (Pharmacode 243078) from 1 October 2022 and E-Mycin grans for oral liq 400 mg per 5 ml (Pharmacode 243086) from 1 November 2022.

MUSCULOSKELETAL SYSTEM

102 ZOLEDRONIC ACID (amended restriction criteria – affected criteria shown only)

➔ Inj 5 mg per 100 ml, vial – **1% DV Oct-19 to 2022** 60.00 100 ml **Aclasta**

Restricted

Initiation — spinal cord injury*

Re-assessment required after 12 months

All of the following:

1 Patient has experienced an acute traumatic spinal cord injury in the last six months; and

2 Patient is being managed by a specialist spinal acute care and rehabilitation unit; and

3 The patient will not be prescribed more than 5 mg of zoledronic acid in a 12-month period.

Note: Indications marked with * are unapproved indications.

Continuation — spinal cord injury*

Re-assessment required after 6 months

Both:

1 The patient will not be prescribed more than 5 mg of zoledronic acid in a 12-month period; and

2 The patient has not received more than two doses of zoledronic acid for this indication.

Note: The patient must not have had more than 1 prior approval. No further renewals will be subsidised.

A maximum of 2 vials of zoledronic acid treatment for spinal cord injury will be subsidised.

Indications marked with * are unapproved indications.

106 COLCHICINE (↓ price and addition of PSS)

Tab 500 mcg – **5% DV Sep-22 to 2025** 6.00 100 **Colgout**

108 IBUPROFEN (presentation description change)

Tab 200 mg – **1,000 tablet pack** – **1% DV Feb-21 to 2024** 21.40 1,000 **Relieve**

108 IBUPROFEN (new listing)

Tab 200 mg – 12 tablet pack
Tab 200 mg – 20 tablet pack
Tab 200 mg – 24 tablet pack
Tab 200 mg – 48 tablet pack

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

Changes to Section H Part II – effective 1 April 2022 (continued)

NERVOUS SYSTEM

114 BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE (↓ price and addition of PSS)
Inj 0.5% with glucose 8%, 4 ml ampoule
– **5% DV Sep-22 to 2025** ..... 26.67 5 **Marcain Heavy**

115 PARACETAMOL (presentation description change)
Tab 500 mg - blister pack – **1,000 tablet pack**
– **1% DV Feb-22 to 2024** ..... 19.75 1,000 **Pacimol**

115 PARACETAMOL (new listings)
Tab 500 mg - blister pack – 12 tablet pack
Tab 500 mg - blister pack – 20 tablet pack

123 AMISULPRIDE (delisting)
Tab 100 mg ..... 5.15 30 Sulprix
Note – this delist is for Pharmacode 2500132 from 1 November 2022.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

136 CARMUSTINE (brand change)
Inj 100 mg vial – **5% DV Sep-22 to 2025**
(↓ price and addition of PSS) ..... 710.00 1 **BiCNU**
Note – Bicnu Heritage inj 100 mg vial to be delisted from 1 September 2022.

145 ERLOTINIB (amended restriction criteria – affected criteria shown only)
➔ Tab 100 mg ..... 764.00 30 Tarceva
➔ Tab 150 mg ..... 1,146.00 30 Tarceva

Restricted
Continuation — pandemic circumstances
Re-assessment required after 6 months
All of the following:
1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
2 Erlotinib to be discontinued at progression; and
3 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

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

Changes to Section H Part II – effective 1 April 2022 (continued)

146 GEFITINIB (amended restriction criteria – affected criteria shown only)

➔ Tab 250 mg	1,700.00	30	Iressa

Restricted
Continuation — pandemic circumstances
Re-assessment required after 6 months
All of the following:
1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
2 Gefitinib to be discontinued at progression; and
3 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

150 SUNITINIB (amended restriction criteria – affected criteria shown only)

➔ Cap 12.5 mg – **5% DV Jul-22 to 2024**	208.38	28	**Sunitinib Pfizer**
	2,315.38		Sutent
➔ Cap 25 mg – **5% DV Jul-22 to 2024**	416.77	28	**Sunitinib Pfizer**
	4,630.77		Sutent
➔ Cap 50 mg – **5% DV Jul-22 to 2024**	694.62	28	**Sunitinib Pfizer**
	9,261.54		Sutent

Restricted
Continuation — GIST pandemic circumstances
Re-assessment required after 6 months
All of the following:
1 The patient has unresectable or metastatic malignant gastrointestinal stromal tumour (GIST); and
2 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
3 Sunitinib is to be discontinued at progression; and
4 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

152 ABIRATERONE ACETATE (amended restriction criteria – affected criteria shown only)

➔ Tab 250 mg	4,276.19	120	Zytiga

Restricted
Continuation — pandemic circumstances
Re-assessment required after 6 months
All of the following:
1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
2 Abiraterone acetate to be discontinued at progression; and
3 No initiation of taxane chemotherapy with abiraterone; and
4 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

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

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

Changes to Section H Part II – effective 1 April 2022 (continued)

153 OCTREOTIDE (amended restriction criteria – affected criteria shown only)

➔Inj depot 10 mg prefilled syringe – **5% DV Mar-22 to 2024**	439.97	1	**Octreotide Depot Teva**
➔Inj depot 20 mg prefilled syringe – **5% DV Mar-22 to 2024**	647.03	1	**Octreotide Depot Teva**
➔Inj depot 30 mg prefilled syringe – **5% DV Mar-22 to 2024**	718.55	1	**Octreotide Depot Teva**

Restricted
Continuation — Acromegaly-pandemic circumstances
Re-assessment required after 6 months
All of the following:
1 Patient has acromegaly; and
2 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
3 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

191 RITUXIMAB (RIXIMYO) (amended restriction criteria – affected 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 — pemphigus*
Dermatologist or relevant specialist
Re-assessment required after 6 months
Either:
1 All of the following:
1.1 Patient has severe rapidly progressive pemphigus; and
1.2 Is used in combination with systemic corticosteroids (20 mg/day); and
1.3 Any of the following:
1.3.1 Skin involvement is at least 5% body surface area; or
1.3.2 Significant mucosal involvement (10 or more mucosal erosions) or diffuse gingivitis or confluent large erosions; or
1.3.3 Involvement of two or more mucosal sites; or
2 Both:
2.1 Patient has pemphigus; and
2.2 Patient has not experienced adequate clinical benefit from systemic corticosteroids (20 mg/day) in combination with a steroid sparing agent, unless contraindicated.
Note: Indications marked with * are unapproved indications.

Continuation — pemphigus*
Dermatologist or relevant specialist
Re-assessment required after 6 months
Both:
1 Patient has experienced adequate clinical benefit from rituximab treatment, with improvement in symptoms and healing of skin ulceration and reduction in corticosteroid requirement; and
2 Patient has not received rituximab in the previous 6 months.
Note: Indications marked with * are unapproved indications.

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

Changes to Section H Part II – effective 1 April 2022 (continued)

209 AZATHIOPRINE (delisting)

Inj 50 mg vial – **1% DV Nov-19 to 2022** ..... 199.00 1 **Imuran**

Note – Imuran inj 50 mg vial brand only to be delisted from 1 January 2023.

210 NIVOLUMAB (amended restriction criteria – affected criteria shown only)

➔ Inj 10 mg per ml, 4 ml vial ..... 1,051.98 1 Opdivo

➔ Inj 10 mg per ml, 10 ml vial ..... 2,629.96 1 Opdivo

Restricted
Continuation
Medical oncologist
Re-assessment required after 4 months
Either:

1 All of the following:
  1.1 Any of the following:
    1.1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
    1.1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
    1.1.3 Patient has stable disease according to RECIST criteria (see Note); and
  ~~1.2 Either:~~
    ~~1.2.1 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; or~~
    ~~1.2.2 Both:~~
      ~~1.2.2.1 Patient has measurable disease as defined by RECIST version 1.1; and~~
      ~~1.2.2.2~~**1.2** Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and
  1.3 No evidence of progressive disease according to RECIST criteria (see Note); and
  1.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or
2 All of the following:
  2.1 Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and
  2.2 Patient has signs of disease progression; and
  2.3 Disease has not progressed during previous treatment with nivolumab.

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

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

Changes to Section H Part II – effective 1 April 2022 (continued)

211 PEMBROLIZUMAB (amended restriction criteria – affected criteria shown only)

➔ Inj 25 mg per ml, 4 ml vial ..... 4,680.00 1 Keytruda

Restricted
Continuation
Medical oncologist
Re-assessment required after 4 months
Either:
1 All of the following:
1.1 Any of the following:
1.1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
1.1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
1.1.3 Patient has stable disease according to RECIST criteria (see Note); and
~~1.2 Either:~~
~~1.2.1 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; or~~
~~1.2.2 Both:~~
~~1.2.2.1 Patient has measurable disease as defined by RECIST version 1.1; and~~
~~1.2.2.2~~ **1.2** Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and
1.3 No evidence of progressive disease according to RECIST criteria (see Note); and
1.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or
2 All of the following:
2.1 Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression; and
2.2 Patient has signs of disease progression; and
2.3 Disease has not progressed during previous treatment with pembrolizumab.

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

Changes to Section H Part II – effective 1 April 2022 (continued)

RESPIRATORY SYSTEM AND ALLERGIES

218	PROMETHAZINE HYDROCHLORIDE (↓ price and addition of PSS)			
	Tab 10 mg – **5% DV Sep-22 to 2025**	1.39	50	**Allersoothe**
	Tab 25 mg – **5% DV Sep-22 to 2025**	1.58	50	**Allersoothe**
217	SALBUTAMOL (↑ price)			
	Aerosol inhaler, 100 mcg per dose	6.20	200 dose	Ventolin
222	SALMETEROL (↑ price)			
	Aerosol inhaler 25 mcg per dose	26.25	120 dose	Serevent
	Powder for inhalation 50 mcg per dose	26.25	60 dose	Serevent Accuhaler

SPECIAL FOODS

248 AMINO ACID FORMULA (Pharmacode change)
➔ Powder 13.3 g protein, 57 g carbohydrate and 24.6 g fat per 100 g, can ..... 43.60 400 g Alfamino
Note – this is a new listing for Pharmacode 2632187. Pharmacode 2608227 to be delisted from 1 November 2022.

248 AMINO ACID FORMULA (Pharmacode change)
➔ Powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can ..... 43.60 400 g Alfamino Junior
Note – the new listing is for Pharmacode is 2634848. Pharmacode 2510537 to be delisted 1 November 2022.

252 HIGH ARGININE ORAL FEED 1.4 KCAL/ML (pack size change)
➔ Liquid 10.4 g protein, 8 g carbohydrate, 4.4 g fat and 0 g fibre per 100 ml, 250 ml carton..... 56.00 10 Impact Advanced Recovery
Note – Impact Advanced Recovery 178 ml carton (Pharmacode 2505533) to be delisted 1 July 2022.

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

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 - www.pharmac.govt.nz
Email: enquiry@pharmac.govt.nz

ISSN 1172-3694 (Print)
ISSN 1179-3708 (Online)

Te Kāwanatanga o Aotearoa New Zealand Government

While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the update.

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