Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

December 2022

PHARMAC
TE PĀTAKA WHAIORANGA

Contents

Summary of decisions
EFFECTIVE 1 DECEMBER 2022

- Abacavir sulphate with lamivudine (Abacavir/Lamivudine Viatris) tab 600 mg with lamivudine 300 mg – new listing and addition of PSS
- Abacavir sulphate with lamivudine (Kivexa) tab 600 mg with lamivudine 300 mg – to be delisted from 1 May 2023
- Aspirin (Ethics Aspirin EC) tab 100 mg – price increase
- Atazanavir sulphate (Atazanavir Mylan) cap 150 mg and 200 mg – new listing and addition of PSS
- Atazanavir sulphate (Teva) cap 150 mg and 200 mg – to be delisted from 1 May 2023
- Atenolol (Viatris) tab 50 mg – new listing
- Bortezomib (DBL Bortezomib) inj 3.5 mg vial – new listing and addition of PSS
- Bortezomib (Bortezomib Dr Reddy's) inj 3.5 mg vial – to be delisted from 1 May 2023
- Cinacalcet (Cinacalcet Devatis) tab 30 mg and 60 mg – amended restriction criteria
- Clopidogrel (Arrow - Clopid) tab 75 mg – new listing and addition of PSS
- Clopidogrel (Clopidogrel Multichem) tab 75 mg – to be delisted from 1 May 2023
- Codeine phosphate (Noumed) tab 15 mg – new listing and addition of PSS
- Codeine phosphate (PSM) tab 15 mg – to be delisted from 1 May 2023
- Copper chloride inj 0.4 mg per ml, 10 ml vial – new listing
- Diltiazem hydrochloride (Diltiazem CD Clinect) cap long-acting 120 mg – new listing and addition of PSS
- Diltiazem hydrochloride cap long-acting 120 mg (Apo-Diltiazem CD) and cap extended-release 120 mg (Accord) – to be delisted from 1 June 2023
- Ibrutinib (Imbruvica) tab 140 mg and 420 mg – new listing
- Melphalan (Melpha) inj 50 mg vial – new listing
- Meningococcal (A, C, Y and W-135) conjugate vaccine (Menactra) inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – amended restriction criteria and sole supply suspended
- Meningococcal (A, C, Y and W-135) conjugate vaccine (MenQuadfi) inj 10 mcg of each meningococcal polysaccharide conjugated to a total of approximately 55 mcg of tetanus toxoid carrier per 0.5ml vial – new listing

Summary of decisions – effective 1 December 2022 (continued)

- Meningococcal C conjugate vaccine (Neisvac-C) inj 10 mcg in 0.5 ml syringe – amended restriction criteria
- Nortriptyline hydrochloride (Norpress) tab 10 mg and 25 mg – price increase and addition of PSS
- Paliperidone palmitate (Invega Trinza) inj 175 mg, 263 mg, 350 mg and 525 mg syringe – new listing
- Paraffin (White Soft Liquid Paraffin AFT) oint liquid paraffin 50% with white soft paraffin 50%, 100 g – new listing and addition of PSS
- Paraffin (healthE) oint liquid paraffin 50% with white soft paraffin 50%, 100 g – to be delisted from 1 May 2023
- Pneumococcal (PCV13) conjugate vaccine (Prevenar 13) inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5 ml syringe – amended restriction criteria
- Posaconazole (Devatis) oral liq 40 mg per ml, 105 ml – new listing and addition of PSS
- Posaconazole (Noxafil) oral liq 40 mg per ml, 105 ml – to be delisted from 1 May 2023
- Progesterone (Utrogestan) cap 100 mg – price decrease, addition of PSS and restrictions removed
- Ramipril (Tryzan) cap 1.25 mg, 2.5 mg, 5 mg and 10 mg – new listing and addition of PSS
- Ropivacaine hydrochloride with fentanyl (Naropin) inj 2 mg with fentanyl 2 mcg per ml, 100 ml and 200 ml bag – to be delisted from 1 July 2024
- Selenium oral liq 150 mcg per 3 drops (e.g Clinicians selenium oral drops) and inj 300 mcg per ml, 1 ml ampoule – new listing
- Sotrovimab (Xevudy) inj 62.5 mg per ml, 8 ml vial – delisted 1 December 2022
- Tobramycin (Viatris) inj 40 mg per ml, 2 ml vial – new listing
- Tolvaptan (Jinarc) tab 15 mg, 30 mg, 45 mg + 15 mg, 60 mg + 30 mg and 90 mg + 30 mg – new listing

Section H changes to Part II

Effective 1 December 2022

ALIMENTARY TRACT AND METABOLISM

22 COPPER CHLORIDE (new listing)
➔Inj 0.4 mg per ml, 10 ml vial

Restricted
Initiation – Moderate to severe burns
Limited to 3 months treatment
Both:
1 Patient has been hospitalised with moderate to severe burns; and
2 Treatment is recommended by a National Burns Unit specialist.

23 SELENIUM (new listing)
➔Oral liq 150 mcg per 3 drops — *eg Clinicians selenium oral drops*

➔Inj 300 mcg per ml, 1 ml ampoule

Restricted
Initiation – Moderate to severe burns
Limited to 3 months treatment
Both:
1 Patient has been hospitalised with moderate to severe burns; and
2 Treatment is recommended by a National Burns Unit specialist.

BLOOD AND BLOOD FORMING ORGANS

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer
36	ASPIRIN (↑ price)			
	Tab 100 mg	14.95	990	Ethics Aspirin EC
36	CLOPIDOGREL (new listing and addition of PSS)			
	Tab 75 mg – **5% DV May-23 to 2025**	5.07	84	**Arrow - Clopid**
	Note – Clopidogrel Multichem tab 75 mg to be delisted from 1 May 2023.			

CARDIOVASCULAR SYSTEM

43	RAMIPRIL (new listing and addition of PSS)			
	Cap 1.25 mg – **5% DV May-23 to 2024**	6.90	90	**Tryzan**
	Cap 2.5 mg – **5% DV May-23 to 2024**	6.60	90	**Tryzan**
	Cap 5 mg – **5% DV May-23 to 2024**	6.75	90	**Tryzan**
	Cap 10 mg – **5% DV May-23 to 2024**	7.05	90	**Tryzan**
46	ATENOLOL (new listing)			
	Tab 50 mg	9.33	500	Viatris
48	DILTIAZEM HYDROCHLORIDE (new listing and addition of PSS)			
	Cap long-acting 120 mg – **5% DV Jun-23 to 2025**	65.35	500	**Diltiazem CD Clinect**
	Note – Apo-Diltiazem CD cap long-acting 120 mg and Accord cap extended-release 120 mg to be delisted from 1 June 2023.			

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

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

49 TOLVAPTAN (new listing)

➔Tab 15 mg	873.50	28	Jinarc
➔Tab 30 mg	873.50	28	Jinarc
➔Tab 45 mg + 15 mg	1,747.00	56	Jinarc
➔Tab 60 mg + 30 mg	1,747.00	56	Jinarc
➔Tab 90 mg + 30 mg	1,747.00	56	Jinarc

Restricted
Initiation – autosomal dominant polycystic kidney disease
Renal physician or any relevant practitioner on the recommendation of a renal physician
Re-assessment required after 12 months
All of the following:
1 Patient has a confirmed diagnosis of autosomal dominant polycystic kidney disease; and
2 Patient has an estimated glomerular filtration rate (eGFR) of greater than or equal to 25 ml/min/1.73 m^2 at treatment initiation; and
3 Either:
- 3.3 Patient's disease is rapidly progressing, with a decline in eGFR of greater than or equal to 5 mL/min/1.73 m^2 within one-year; or
- 3.4 Patient's disease is rapidly progressing, with an average decline in eGFR of greater than or equal to 2.5 mL/min/1.73 m^2 per year over a five-year period.

Continuation – autosomal dominant polycystic kidney disease
Renal physician or any relevant practitioner on the recommendation of a renal physician
Re-assessment required after 12 months
Both:
1 Patient has not developed end-stage renal disease, defined as an eGFR of less than 15 mL/min/1.73 m^2; and
2 Patient has not undergone a kidney transplant.

DERMATOLOGICALS

59 PARAFFIN (new listing and addition of PSS)

Oint liquid paraffin 50% with white soft paraffin 50% – **5% DV May-23 to 2025**	1.84	100 g	**White Soft Liquid Paraffin AFT**

Note: DV limit applies to the pack sizes of 100 g or less.
Note – healthE oint liquid paraffin 50% with white soft paraffin 50%, 100 g to be delisted from 1 May 2023.

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

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

GENITO-URINARY SYSTEM

65 PROGESTERONE (↓ price, addition of PSS and restrictions removed)

➔ Cap 100 mg – **5% DV May-23 to 2025** ..... 14.85 30 **Utrogestan**

~~Restricted~~
~~Initiation~~
~~Gynaecologist or obstetrician~~
~~*Re-assessment required after 12 months*~~
~~Both:~~
~~1 For the prevention of pre-term labour*; and~~
~~2 Either:~~
~~2.1 The patient has a short cervix on ultrasound (defined as < 25mm at 16 to 28 weeks); or~~
~~2.2 The patient has a history of pre-term birth at less than 28 weeks.~~

~~Continuation~~
~~Gynaecologist or obstetrician~~
~~*Re-assessment required after 12 months*~~
~~All of the following:~~
~~1 For the prevention of pre-term labour*; and~~
~~2 Treatment is required for second or subsequent pregnancy; and~~
~~3 Either:~~
~~3.1 The patient has a short cervix on ultrasound (defined as < 25mm at 16 to 28 weeks); or~~
~~3.2 The patient has a history of pre-term birth at less than 28 weeks.~~
~~Note: Indications marked with * are unapproved indications.~~

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

HORMONE PREPARATIONS

68 CINACALCET (amended restriction criteria – new criteria shown only)

➔ Tab 30 mg – **5% DV Apr-22 to 2024** ..... 42.06 28 **Cinacalet Devatis**

➔ Tab 60 mg – **5% DV Apr-22 to 2024** ..... 84.12 28 **Cinacalet Devatis**

Restricted

Initiation – primary hyperparathyroidism

All of the following:

1 Patient has primary hyperparathyroidism; and

2 Either:

2.1 Patient has hypercalcaemia of more than 3 mmol/L with or without symptoms; or

2.2 Patient has hypercalcaemia of more than 2.85 mmol/L with symptoms; and

3 Surgery is not feasible or has failed; and

4 Patient has other comorbidities, severe bone pain, or calciphylaxis.

Initiation – secondary or tertiary hyperparathyroidism

Re-assessment required after 6 months

All of the following:

1 Either:

1.1 Patient has tertiary hyperparathyroidism and markedly elevated parathyroid hormone (PTH) with hypercalcaemia; or

1.2 Patient has symptomatic secondary hyperparathyroidism and elevated PTH; and

2 Patient is on renal replacement therapy; and

3 Any of the following:

3.1 Residual parathyroid tissue has not been localised despite repeat unsuccessful parathyroid explorations; or

3.2 Parathyroid tissue is surgically inaccessible; or

3.3 Parathyroid surgery is not feasible.

Continuation – secondary or tertiary hyperparathyroidism

Re-assessment required after 12 months

Either:

1 The patient has had a kidney transplant, and following a treatment free interval of at least 12 weeks a clinically acceptable parathyroid hormone (PTH) level to support ongoing cessation of treatment has not been reached; or

2 The patient has not received a kidney transplant and trial of withdrawal of cinacalcet is clinically inappropriate.

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

INFECTIONS

79 TOBRAMYCIN (new listing)
➔ Inj 40 mg per ml, 2 ml vial ..... 18.50 | 5 | Viatris

88 POSACONAZOLE (new listing and addition of PSS)
➔ Oral liq 40 mg per ml – **5% DV May-23 to 2025** ..... 342.51 | 105 ml | **Devatis**
Note – Noxafil oral liq 40 mg per ml to be delisted from 1 May 2023.

93 ABACAVIR SULPHATE WITH LAMIVUDINE (new listing and addition of PSS)
➔ Tab 600 mg with lamivudine
300 mg – **5% DV May-23 to 2025** ..... 29.50 | 30 | **Abacavir/Lamivudine Viatris**
Note – Kivexa tab 600 mg with lamivudine 300 mg to be delisted from 1 May 2023.

94 ATAZANAVIR SULPHATE (new listing and addition of PSS)
➔ Cap 150 mg – **5% DV May-23 to 2025** ..... 85.00 | 60 | **Atazanavir Mylan**
➔ Cap 200 mg – **5% DV May-23 to 2025** ..... 110.00 | 60 | **Atazanavir Mylan**
Note – Teva cap 150 mg and 200 mg to be delisted from 1 May 2023.

NERVOUS SYSTEM

115 ROPIVACAINE HYDROCHLORIDE WITH FENTANYL (delisting)
Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag ..... 198.50 | 5 | Naropin
Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag ..... 270.00 | 5 | Naropin
Note – Naropin inj 2 mg with fentanyl 2 mcg per ml, 100 ml and 200 ml bag to be delisted from 1 July 2024.

117 CODEINE PHOSPHATE (new listing and addition of PSS)
Tab 15 mg – **5% DV May-23 to 2025** ..... 5.92 | 100 | **Noumed**
Note – PSM tab 15 mg to be delisted from 1 May 2023.

120 NORTRIPTYLINE HYDROCHLORIDE (↑ price and addition of PSS)
Tab 10 mg – **5% DV May-23 to 2025** ..... 2.46 | 100 | **Norpress**
Tab 25 mg – **5% DV May-23 to 2025** ..... 6.29 | 180 | **Norpress**

128 PALIPERIDONE PALMITATE (new listing)
➔ Inj 175 mg syringe ..... 815.85 | 1 | Invega Trinza
➔ Inj 263 mg syringe ..... 1,072.26 | 1 | Invega Trinza
➔ Inj 350 mg syringe ..... 1,305.36 | 1 | Invega Trinza
➔ Inj 525 mg syringe ..... 1,305.36 | 1 | Invega Trinza

Restricted
Initiation
Re-assessment required after 12 months
Both:
1 The patient has schizophrenia; and
2 The patient has had an initial Special Authority approval for paliperidone once-monthly depot injection.

Continuation
Re-assessment required after 12 months
The initiation of paliperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.

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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

138 MELPHALAN (new listing)
Inj 50 mg vial ..... 65.00 | 1 | Melpha

141 BORTEZOMIB (new listing and addition of PSS)
➔ Inj 3.5 mg vial – **5% DV May-23 to 2025** ..... 74.93 | 1 | **DBL Bortezomib**
Note – Bortezomib Dr Reddy's inj 3.5 mg vial to be delisted from 1 May 2023.

142 IBRUTINIB (new listing)
➔ Tab 140 mg ..... 3,217.00 | 30 | Imbruvica
➔ Tab 420 mg ..... 9,652.00 | 30 | Imbruvica

Restricted
Initiation – chronic lymphocytic leukaemia (CLL)
Re-assessment required after 6 months
All of the following:
1 Patient has chronic lymphocytic leukaemia (CLL) requiring therapy; and
2 Patient has not previously received funded ibrutinib; and
3 Ibrutinib is to be used as monotherapy; and
4 Any of the following:
- 4.1 Both:
  - 4.1.1 There is documentation confirming that patient has 17p deletion or TP53 mutation; and
  - 4.1.2 Patient has experienced intolerable side effects with venetoclax monotherapy; or
- 4.2 All of the following:
  - 4.2.1 Patient has received at least one prior immunochemotherapy for CLL; and
  - 4.2.2 Patient's CLL has relapsed within 36 months of previous treatment; and
  - 4.2.3 Patient has experienced intolerable side effects with venetoclax in combination with rituximab regimen; or
- 4.3 Patient's CLL is refractory to or has relapsed within 36 months of a venetoclax regimen.

Continuation – chronic lymphocytic leukaemia (CLL)
Re-assessment required after 12 months
Both:
1 No evidence of clinical disease progression; and
2 The treatment remains appropriate and the patient is benefitting from treatment.
Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL) and B-cell prolymphocytic leukaemia (B-PLL)*. Indications marked with * are Unapproved indications.

214 SOTROVIMAB (delisted)
➔ Inj 62.5 mg per ml, 8 ml vial ..... 0.00 | 1 | Xevudy
Note – Xevudy inj 62.5 mg per ml, 8 ml vial delisted 1 December 2022.

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

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

VACCINES

272 MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE (new listing)
➔ Inj 10 mcg of each meningococcal polysaccharide conjugated to a total of approximately 55 mcg of tetanus toxoid carrier per 0.5 ml vial ..... 0.00 1 MenQuadfi

272 MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE (Sole supply suspended and amended restriction criteria)
➔ Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – 0% DV Oct-20 to ~~2024~~ **30-11-22** ..... 0.00 1 Menactra

Restricted
Initiation
Either:
1 Any of the following:
1.1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
1.2 One dose for close contacts of meningococcal cases of any group; or
1.3 One dose for person who has previously had meningococcal disease of any group; or
1.4 A maximum of two doses for bone marrow transplant patients; or
1.5 A maximum of two doses for person pre and post-immunosuppression*; or
2 Both:
2.1 Person is aged between 13 and 25 years, inclusive; and
~~2.2 Either:~~
~~2.2.1~~ **2.2** One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons~~; or~~
~~2.2.2 One dose for individuals who are currently living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons, from 1 December 2019 to 30 November 2021~~.
Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.
*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

273 MENINGOCOCCAL C CONJUGATE VACCINE (amended restriction criteria)
➔ Inj 10 mcg in 0.5 ml syringe ..... 0.00 1 Neisvac-C

Restricted
Initiation – Children under ~~9~~ **12** months of age
Any of the following:
1 Up to three doses for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
2 Two doses for close contacts of meningococcal cases of any group; or
3 Two doses for child who has previously had meningococcal disease of any group; or
4 A maximum of two doses for bone marrow transplant patients; or
5 A maximum of two doses for child pre- and post-immunosuppression*.
Notes: children under ~~nine~~ **12** months of age require two doses 8 weeks apart. Refer to the Immunisation Handbook for **recommended** booster schedules with meningococcal ACWY vaccine.
*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

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

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

274 PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE (amended restriction criteria)

➔ Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5 ml syringe ..... 0.00 — 1 — Prevenar 13

10 — Prevenar 13

Restricted

Initiation – Primary course for previously unvaccinated children aged under 5 years

Therapy limited to 3 doses

A primary course of three doses for previously unvaccinated children up to the age of 59 months inclusive.

Initiation – High risk ~~children~~ **individuals** who have received PCV10

*Therapy limited to ~~1~~ **2** dose**s***

Two doses are funded for high risk ~~children~~ **individuals** (over the age of 12 months and under 18 years) who have previously received two doses of the primary course of PCV10.

Initiation – High risk children aged under 5 years

Therapy limited to 4 doses

Both:

1 1 Up to an additional four doses (as appropriate) are funded **for the (re)immunisation of** ~~for~~ high-risk children aged under 5 years ~~for (re-)immunisation of patients~~; and

2 Any of the following:

- 2.1 on immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
- 2.2 ~~with~~ primary immune deficiencies; or
- 2.3 ~~with~~ HIV infection; or
- 2.4 ~~with~~ renal failure, or nephrotic syndrome; or
- 2.5 ~~who~~ are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
- 2.6 ~~with~~ cochlear implants or intracranial shunts; or
- 2.7 ~~with~~ cerebrospinal fluid leaks; or
- 2.8 receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
- 2.9 ~~with~~ chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
- 2.10 pre-term infants, born before 28 weeks gestation; or
- 2.11 ~~with~~ cardiac disease, with cyanosis or failure; or
- 2.12 ~~with~~ diabetes; or
- 2.13 ~~with~~ Down syndrome; or
- 2.14 who are pre-or post-splenectomy, or with functional asplenia.

Initiation – High risk ~~adults and children~~ **individuals** 5 years and over

Therapy limited to 4 doses

Up to an additional four doses (as appropriate) are funded for the (re-)immunisation of ~~patients~~ **individuals** 5 years and over with HIV, ~~for patients~~ pre or post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, intracranial shunts, cerebrospinal fluid leaks or primary immunodeficiency.

Initiation – Testing for primary immunodeficiency diseases

For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

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Pharmaceuticals and brands

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