Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

April 2023

PHARMAC
TE PĀTAKA WHAIORANGA

Contents

Summary of decisions
EFFECTIVE 1 APRIL 2023

- Amikacin (Biomed) inj 5 mg per ml, 5 ml syringe – price increase
- Atezolizumab (Tecentriq) inj 60 mg per ml, 20 ml vial – new listing
- Bupivacaine hydrochloride with fentanyl (Biomed) inj 0.625 mcg with fentanyl 2 mcg per ml, 200 ml bag and inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe – price increase
- Cetirizine hydrochloride (Zista) tab 10 mg – price decrease and addition of PSS
- Chloramphenicol (Chlorsig) eye drops 0.5%, 10 ml – new listing and addition of PSS
- Chloramphenicol (Chlorafast) eye drops 0.5%, 10ml – to be delisted from 1 September 2023
- Ciprofloxacin (Ciprofloxacin Kabi) inj 2 mg per ml, 100 ml bag – new listing
- Darunavir (Darunavir Viatris) tab 400 mg – new listing
- Dexamethasone (Biomed) oral liq 1 mg per ml, 25 ml – price increase
- Dorzolamide eye drops 2% – restriction criteria added
- Elexacaftor with tezacaftor, ivacaftor and ivacaftor (Trikafta) tab elexacaftor 50 mg with tezacaftor 25 mg, ivacaftor 37.5 mg and ivacaftor 75 mg and tab elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg and ivacaftor 150 mg – new listing
- Enalapril maleate (Acetec) tab 5 mg, 10 mg and 20 mg – new 90 tab pack size listing and addition of PSS
- Enalapril maleate (Acetec) tab 5 mg, 10 mg and 20 mg, 100 tab pack size – to be delisted 1 September 2023
- Fentanyl (Biomed) inj 20 mcg per ml, 50 ml syringe – price increase
- Fluconazole (Diflucan) oral liq 50 mg per 5 ml, 35 ml – price decrease
- Folic Acid (Biomed) oral liq 50 mcg per ml, 25 ml – price increase
- Glycopyronium bromide (Robinul) inj 200 mcg per ml, 1 ml ampoule – new listing and addition of PSS
- Glycopyronium bromide (Max Heath) inj 200 mcg per ml, 1 ml ampoule – to be delisted 1 September 2023
- Heparin sodium (Pfizer) inj 5,000 iu per ml, 5 ml ampoule – price increase
- Influenza vaccine inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) (Afluria Quad Junior (2023 Formulation)) and inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) (Afluria Quad (2023 Formulation)) – amended restriction criteria

Summary of decisions – effective 1 April 2023 (continued)

- Levetiracetam (Everet) tab 250 mg, 500 mg, 750 mg and 1,000 mg – price increase
- Lidocaine [Lignocaine] hydrochloride (Mucosoothe) oral (gel) soln 2%, 200 ml – price increase
- Macrogol 3350 with potassium chloride, sodium bicarbonate, sodium chloride and sodium sulphate (Klean Prep) powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulphate 5.685 g per sachet – to be delisted 1 April 2024
- Midazolam (Midazolam Viatris) inj 5 mg per ml, 3 ml ampoule – new listing
- Pembrolizumab (Keytruda) inj 25 mg per ml, 4 ml vial – amended restriction criteria
- Sodium bicarbonate (Biomed) inj 8.4%, 50 ml and 100 ml vial – price increase
- Sodium dihydrogen phosphate [sodium acid phosphate] inj 1 mmol per ml, 20 ml ampoule – price increase
- Spironolactone (Biomed) oral liq 5 mg per ml, 25 ml – price increase
- Timolol (Timoptol XE) eye drops 0.5%, gel forming, 2.5 ml – restriction criteria added
- Water (Multichem) inj 10 ml ampoule – new listing and addition of PSS
- Water (Pfizer) inj 10 ml ampoule – to be delisted from 1 September 2023

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

Section H changes to Part II

Effective 1 April 2023

ALIMENTARY TRACT AND METABOLISM

7 GLYCOPYRRONIUM BROMIDE (new listing and addition of PSS)

Inj 200 mcg per ml, 1 ml ampoule – **5% DV Sep-23 to 2025**	19.00	5	**Robinul**

Note – Max Health inj 200 mcg per ml, 1 ml ampoule to be delisted from 1 September 2023

14 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE AND SODIUM SULPHATE (delisting)

Powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulphate 5.685 g per sachet	14.31	4	Klean Prep

Note – Klean Prep to be delisted from 1 April 2024.

BLOOD AND BLOOD FORMING ORGANS

29 FOLIC ACID (↑ price)

Oral liq 50 mcg per ml	28.82	25 ml	Biomed

35 HEPARIN SODIUM (↑ price)

Inj 5,000 iu per ml, 5 ml ampoule	350.40	50	Pfizer

40 SODIUM BICARBONATE (↑ price)

Inj 8.4%, 50 ml vial	22.40	1	Biomed
Inj 8.4%, 100 ml vial	22.95	1	Biomed

41 SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE] (↑ price)

Inj 1 mmol per ml, 20 ml ampoule	53.60	5	Biomed

41 WATER (new listing and addition of PSS)

Inj 10 ml ampoule – **5% DV Sep-23 to 2025**	7.60	50	**Multichem**

Note – Pfizer inj 10 ml ampoule to be delisted from 1 September 2023.

CARDIOVASCULAR SYSTEM

43 ENALAPRIL MALEATE (new pack size listing and addition of PSS)

Tab 5 mg – **5% DV Sep-23 to 2025**	1.75	90	**Acetec**
Tab 10 mg – **5% DV Sep-23 to 2025**	1.97	90	**Acetec**
Tab 20 mg – **5% DV Sep-23 to 2025**	2.35	90	**Acetec**

Note – Acetec tab 5 mg, 10 mg and 20 mg, 100 tab pack to be delisted from 1 September 2023

49 SPIRONOLACTONE (↑ price)

Oral liq 5 mg per ml	33.00	25 ml	Biomed

HORMONE PREPARATIONS

70 DEXAMETHASONE (↑ price)

Oral liq 1 mg per ml	49.50	25 ml	Biomed

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

Changes to Section H Part II – effective 1 April 2023 (continued)

INFECTIONS

79	AMIKACIN (↑ price)			
	➔Inj 5 mg per ml, 5 ml syringe	21.43	1	Biomed
84	CIPROFLOXACIN (new listing)			
	➔Inj 2 mg per ml, 100 ml bag	125.00	10	Ciprofloxacin Kabi
87	FLUCONAZOLE (↓ price)			
	➔Oral liquid 50 mg per 5 ml	109.34	35 ml	Diflucan
95	DARUNAVIR (new listing)			
	➔Tab 400 mg	132.00	60	Darunavir Viatris

NERVOUS SYSTEM

112	BUPIVACAINE HYDROCHLORIDE WITH FENTANYL (↑ price)			
	Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag	160.00	5	Biomed
	Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe	52.50	5	Biomed
116	FENTANYL (↑ price)			
	Inj 20 mcg per ml, 50 ml syringe	26.50	1	Biomed
121	LEVETIRACETAM (↑ price)			
	Tab 250 mg	5.84	60	Everet
	Tab 500 mg	10.51	60	Everet
	Tab 750 mg	16.71	60	Everet
	Tab 1,000 mg	21.82	60	Everet
113	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↑ price)			
	Oral (gel) soln 2%	44.00	200 ml	Mucosoothe
130	MIDAZOLAM (new listing)			
	Inj 5 mg per ml, 3 ml ampoule	3.52	5	Midazolam Viatris

Changes to Section H Part II – effective 1 April 2023 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

222 ATEZOLIZUMAB (new listing)

➔ Inj 60 mg per ml, 20 ml vial ..... 9,503.00 1 Tecentriq

Restricted

Initiation - non-small cell lung cancer second line monotherapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Reassessment required after 4 months

Either:

1 Patient is currently on treatment with atezolizumab and met all remaining criteria below prior to commencing treatment; or

2 All of the following:
- 2.1 Patient has locally advanced or metastatic non-small cell lung cancer; and
- 2.2 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- 2.3 There is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
- 2.4 Patient has an ECOG 0-2; and
- 2.5 Patient has documented disease progression following treatment with at least two cycles of platinum-based chemotherapy; and
- 2.6 Atezolizumab is to be used as monotherapy at a dose of 1200 mg every three weeks (or equivalent) for a maximum of 12 weeks; and
- 2.7 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation - non-small cell lung cancer second line monotherapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Re-assessment required after 4 months

All of the following

1 Any of the following:
- 1.1 Patient's disease has had a complete response to treatment; or
- 1.2 Patient's disease has had a partial response to treatment; or
- 1.3 Patient has stable disease; and

2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; and

3 No evidence of disease progression; and

4 The treatment remains clinically appropriate and patient is benefitting from treatment; and

5 Atezolizumab to be used at a maximum dose of 1200 mg every three weeks (or equivalent); and

6 Treatment with atezolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

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

Changes to Section H Part II – effective 1 April 2023 (continued)

224 PEMBROLIZUMAB (amended restriction criteria – new criteria shown only)
➔Inj 25 mg per ml, 4 ml vial ..... 4,680.00 1 Keytruda

Restricted

Initiation – non-small cell lung cancer first-line monotherapy
Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist
Reassessment required after 4 months
Either:

1 Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or
2 All of the following:
2.1 Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and
2.2 Patient has not had chemotherapy for their disease in the palliative setting; and
2.3 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
2.4 There is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
2.5 Pembrolizumab to be used as monotherapy; and
2.6 Either:
2.6.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 50% as determined by a validated test unless not possible to ascertain; or
2.6.2 Both:
2.6.2.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 1% as determined by a validated test unless not possible to ascertain; and
2.6.2.2 Chemotherapy is determined to be not in the best interest of the patient based on clinician assessment; and
2.7 Patient has an ECOG 0-2; and
2.8 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 12 weeks; and
2.9 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation – non-small cell lung cancer first-line monotherapy
Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist
Re-assessment required after 4 months
All of the following

1 Any of the following:
1.1 Patient's disease has had a complete response to treatment; or
1.2 Patient's disease has had a partial response to treatment; or
1.3 Patient has stable disease; and
2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; and
3 No evidence of disease progression; and
4 The treatment remains clinically appropriate and patient is benefitting from treatment; and
5 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent); and
6 Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

continued...

Changes to Section H Part II – effective 1 April 2023 (continued)

continued...

Initiation – non-small cell lung cancer first-line combination therapy
Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist
Reassessment required after 4 months
Either:

1 Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or
2 All of the following:
2.1 Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and
2.2 The patient has not had chemotherapy for their disease in the palliative setting; and
2.3 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
2.4 There is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
2.5 Pembrolizumab to be used in combination with platinum-based chemotherapy; and
2.6 Patient has an ECOG 0-2; and
2.7 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 12 weeks; and
2.8 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation – non-small cell lung cancer first-line combination therapy
Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist
Re-assessment required after 4 months
All of the following

1 Any of the following:
1.1 Patient's disease has had a complete response to treatment; or
1.2 Patient's disease has had a partial response to treatment; or
1.3 Patient has stable disease; and
2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; and
3 No evidence of disease progression; and
4 The treatment remains clinically appropriate and patient is benefitting from treatment; and
5 Pembrolizumab to be used at a maximum dose of 200mg every three weeks (or equivalent); and
6 Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

RESPIRATORY SYSTEM AND ALLERGIES

231	CETIRIZINE HYDROCHLORIDE (↓ price and addition of PSS)			
	Tab 10 mg – **5% DV Sep-23 to 2026**	1.71	100	**Zista**

Changes to Section H Part II – effective 1 April 2023 (continued)

237 ELEXACAFTOR WITH TEZACAFTOR, IVACAFTOR AND IVACAFTOR (new listing)

➔Tab elexacaftor 50 mg with tezacaftor 25 mg, ivacaftor 37.5 mg and ivacaftor 75 mg ..... 27,647.39 84 Trikafta

➔Tab elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg and ivacaftor 150 mg ..... 27,647.39 84 Trikafta

Restricted
Initiation
All of the following:
1 Patient has been diagnosed with cystic fibrosis; and
2 Patient is 6 years of age or older; and
3 Either:
  3.1 Patient has two cystic fibrosis-causing mutations in the cystic fibrosis transmembrane regulator (CFTR) gene (one from each parental allele); or
  3.2 Patient has a sweat chloride value of at least 60 mmol/L by quantitative pilocarpine iontophoresis or by Macroduct sweat collection system; and
4 Either:
  4.1 Patient has a heterozygous or homozygous F508del mutation; or
  4.2 Patient has a G551D mutation or other mutation responsive in vitro to elexacaftor/tezacaftor/ivacaftor (see note a); and
5 The treatment must be the sole funded CFTR modulator therapy for this condition; and
6 Treatment with elexacaftor/tezacaftor/ivacaftor must be given concomitantly with standard therapy for this condition.

Note:
a) Eligible mutations are listed in the Food and Drug Administration (FDA) Trikafta prescribing information https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/212273s004lbl.pdf.

SENSORY ORGANS

238 CHLORAMPHENICOL (new listing and addition of PSS)

Eye drops 0.5% – **5% DV Sep-23 to 2025** ..... 1.45 10 ml **Chlorsig**

Note – Chlorafast eye drops 0.5%, 10 ml to be delisted from 1 September 2023.

242 TIMOLOL (restriction criteria added)

➔Eye drops 0.5%, gel forming

– **Restricted: For continuation only** ..... 3.78 2.5 ml Timoptol XE

242 DORZOLAMIDE – **Restricted: For continuation only** (restriction criteria added)

➔Eye drops 2%

Changes to Section H Part II – effective 1 April 2023 (continued)

VACCINES

279 INFLUENZA VACCINE (amended restriction criteria)
➔ Inj 30 mcg in 0.25 ml syringe
(paediatric quadrivalent vaccine) ..... 11.00 1 Afluria Quad Junior (2023 Formulation)

Restricted
Initiation – children 6 months to 35 months of age
Children 6 months to 35 months of age (inclusive) from 1 April 2023 to 31 December 2023.

~~Initiation – cardiovascular disease for patients aged 6 months to 35 months~~
~~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 aged 6 months to 35 months~~
~~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 aged 6 months to 35 months~~
~~Any of the following:~~
~~1 Diabetes; or~~
~~2 Chronic renal disease; or~~
~~3 Any cancer, excluding basal and squamous skin cancers if not invasive; or~~
~~4 Autoimmune disease; or~~
~~5 Immune suppression or immune deficiency; or~~
~~6 HIV; or~~
~~7 Transplant recipient; or~~
~~8 Neuromuscular and CNS diseases/ disorders; or~~
~~9 Haemoglobinopathies; or~~
~~10 Is a child on long term aspirin; or~~
~~11 Has a cochlear implant; or~~
~~12 Errors of metabolism at risk of major metabolic decompensation; or~~
~~13 Pre and post splenectomy; or~~
~~14 Down syndrome; or~~
~~15 Child who has been hospitalised for respiratory illness or has a history of significant respiratory illness.~~

279 INFLUENZA VACCINE (amended restriction criteria – affected criteria shown only)
➔ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) ..... 110.00 10 Afluria Quad (2023 Formulation)

Restricted
Initiation – People of Māori or any Pacific ethnicity
People 55 to 64 years of age (inclusive) and is Māori or **of** any Pacific ethnicity, from **1 April 2023 to 31 December 2023.**

Initiation – children from 3 to 12 years of age (inclusive)
Children 3 to 12 years of age (inclusive) from ~~1 July 2022 to 31 December 2022~~ **1 April 2023 to 31 December 2023.**

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Pharmaceuticals and brands

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - www.pharmac.govt.nz
Email: enquiry@pharmac.govt.nz

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