Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

October 2023

PHARMAC
TE PĀTAKA WHAIORANGA

Contents

Summary of decisions
EFFECTIVE 1 OCTOBER 2023

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- Bendroflumethiazide [Bendrofluazide] (Arrow-Bendrofluazide) tab 2.5 mg and 5 mg – price increase and addition of PSS
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- Cefazolin (Cefazolin-AFT) inj 1 g vial – price increase, addition of PSS and amendment of brand name
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- Emicizumab (Hemlibra) inj 30 mg in 0.1 ml vial, inj 60 mg in 0.4 ml vial, inj 105 mg in 0.7 ml vial and inj 150 mg in 1 ml vial – amended restriction criteria
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- Losartan potassium (Losartan Actavis) tab 12.5 mg, 25 mg, 50 mg and 100 mg – price increase and addition of PSS
- Macrogol 3350 with ascorbic acid, potassium chloride and sodium chloride (Glycoprep-O) powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet – extend PSS end date
- Macrogol 3350 with ascorbic acid, potassium chloride and sodium chloride (Glycoprep-O) powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet, 12 pack – new pack size listing
- Mepolizumab (Nucala) inj 100 mg vial – to be delisted 1 August 2024
- Metoclopramide hydrochloride (Metoclopramide Actavis 10) tab 10 mg – price increase and addition of PSS
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Summary of decisions – effective 1 October 2023 (continued)

- Nimodipine (Nimotop) inj 200 mcg per ml, 50 ml vial, 5 inj pack – new pack size listing
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- Ocrelizumab (Ocrevus) inj 30 mg per ml, 10 ml vial – chemical moved to new TG3 and new restriction criteria
- Omeprazole cap 10 mg (Omeprazole actavis 10), cap 20 mg (Omeprazole actavis 20) and cap 40 mg (Omeprazole actavis 40) – price increase and addition of PSS
- Ondansetron (Ondansetron ODT-DRLA) tab dispersible 4 mg and 8 mg – to be delisted from 1 March 2024
- Ondansetron (Periset ODT) tab dispersible 4 mg and 8 mg – new listing and addition of PSS
- Pertuzumab (Perjeta) inj 30 mg per ml, 14 ml vial – amended restriction criteria
- Prochlorperazine (Nausafix) tab 5 mg – price increase and addition of PSS
- Risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg (Risperidone (Teva)) and oral liq 1 mg per ml (Risperon) – price increase and addition of PSS
- Simvastatin (Simvastatin Mylan) tab 10 mg, 20 mg, 40 mg and 80 mg – addition of PSS, price increase and revoke delisting
- Simvastatin (Simvastatin Viatris) tab 10 mg, 20 mg, 40 mg and 80 mg – removal of PSS
- Temozolomide (Temaccord) cap 5 mg, 20 mg, 100 mg, 140 mg and 250 mg – amended restriction criteria
- Timolol (Arrow-Timolol) eye drops 0.25% and 0.5% – price increase and addition of PSS
- Trastuzumab (Herceptin) inj 150 mg vial and inj 440 mg vial – amended restriction criteria
- Zidovudine [AZT] with lamivudine (Lamivudine/Zidovudine Viatris) tab 300 mg with lamivudine 150 mg – new listing

Changes to General Rules

Effective 1 October 2023

Editorial amendments

We have changed all Health NZ references to Te Whatu Ora. There are corresponding amendments to the General Rules of the Pharmaceutical Schedule.

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

Section H changes to Part II

Effective 1 October 2023

ALIMENTARY TRACT AND METABOLISM

8 OMEPRAZOLE (↑ price and addition of PSS)

Cap 10 mg – **5% DV Mar-24 to 2026**	2.06	90	**Omeprazole actavis 10**
Cap 20 mg – **5% DV Mar-24 to 2026**	2.02	90	**Omeprazole actavis 20**
Cap 40 mg – **5% DV Mar-24 to 2026**	3.18	90	**Omeprazole actavis 40**

14 MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE (extend PSS end date)

Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet

– **5% DV Aug-22 to** ~~01 Jan 2024~~ **30 Jun 2024**	13.68	3	**Glycoprep-O**

14 MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE (new listing)

Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet 54.72 12 Glycoprep-O

Note – new pack size listing, Pharmacode 2637995.

BLOOD AND BLOOD FORMING ORGANS

31 EMICIZUMAB (amended restriction criteria)

➔ Inj 30 mg in 1 ml vial	3,570.00	1	Hemlibra
➔ Inj 60 mg in 0.4 ml vial	7,138.00	1	Hemlibra
➔ Inj 105 mg in 0.7 ml vial	12,492.00	1	Hemlibra
➔ Inj 150 mg in 1 ml vial	17,846.00	1	Hemlibra

Restricted
Initiation – **Severe Haemophilia A with or without FVIII inhibitors**
Haematologist
~~*Re-assessment required after 6 months*~~
All of the following:

1 Patient has severe congenital haemophilia A with a severe bleeding phenotype (endogenous factor VIII activity less than or equal to 2%); and

2 Emicizumab is to be administered at a dose of no greater than 3 mg/kg weekly for 4 weeks followed by the equivalent of 1.5 mg/kg weekly.

~~1 Patient has severe congenital haemophilia A and history of bleeding and bypassing agent usage within the last six months; and~~

~~2 Either:~~

~~2.1 Patient has had greater than or equal to 6 documented and treated spontaneous bleeds within the last 6 months if on an on-demand bypassing agent regimen; or~~

~~2.2 Patient has had greater than or equal to 2 documented and treated spontaneous bleeds within the last 6 months if on a bypassing agent prophylaxis regimen; and~~

~~3 Patient has a high-titre inhibitor to Factor VIII (greater than or equal to 5 Bethesda units per ml) which has persisted for six months or more; and~~

~~4 There is no immediate plan for major surgery within the next 12 months; and~~

~~5 Either:~~

~~5.1 Patient has failed immune tolerance induction (ITI) after an initial period of 12 months; or~~

~~5.2 The Haemophilia Treaters Group considers the patient is not a suitable candidate for ITI; and~~

continued...

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

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

continued...

~~6 Treatment is to be administered at a maximum dose of 3 mg/kg weekly for 4 weeks followed by the equivalent of 1.5 mg/kg weekly.~~

~~Continuation~~
~~Haematologist~~
~~*Re-assessment required after 6 months*~~
~~Both:~~
~~1 Patient has had no more than two spontaneous and clinically significant treated bleeds after the end of the loading dose period (i.e. after the first four weeks of treatment until the end of the 24-week treatment period); and~~
~~2 The treatment remains appropriate and the patient is benefiting from treatment.~~

CARDIOVASCULAR SYSTEM

44	LOSARTAN POTASSIUM (↑ price and addition of PSS)			
	Tab 12.5 mg – **5% DV Mar-24 to 2026**	2.00	84	**Losartan Actavis**
	Tab 25 mg – **5% DV Mar-24 to 2026**	2.29	84	**Losartan Actavis**
	Tab 50 mg – **5% DV Mar-24 to 2026**	2.86	84	**Losartan Actavis**
	Tab 100 mg – **5% DV Mar-24 to 2026**	4.57	84	**Losartan Actavis**
48	NIFEDIPINE (↑ price)			
	Tab long-acting 10 mg	19.42	56	Tensipine MR10
48	NIMODIPINE (new listing)			
	Inj 200 mcg per ml, 50 ml vial	337.50	5	Nimotop
	Note – new pack size listing. Nimotop inj 200 mcg per ml, 50 ml vial, 1 inj pack to be delisted 1 April 2024.			
50	BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] (↑ price and addition of PSS)			
	Tab 2.5 mg – **5% DV Mar-24 to 2026**	51.50	500	**Arrow-Bendrofluazide**
	Tab 5 mg – **5% DV Mar-24 to 2026**	61.00	500	**Arrow-Bendrofluazide**
52	SIMVASTATIN (removal of PSS)			
	Tab 10 mg – ~~5% DV Feb-24 to 2026~~	1.68	90	Simvastatin Viatris
	Tab 20 mg – ~~5% DV Feb-24 to 2026~~	2.54	90	Simvastatin Viatris
	Tab 40 mg – ~~5% DV Feb-24 to 2026~~	4.11	90	Simvastatin Viatris
	Tab 80 mg – ~~5% DV Feb-24 to 2026~~	8.81	90	Simvastatin Viatris
52	SIMVASTATIN (addition of PSS, ↑ price and revoke delisting)			
	Tab 10 mg – **5% DV Mar-24 to 2026**	1.68	90	**Simvastatin Mylan**
	Tab 20 mg – **5% DV Mar-24 to 2026**	2.54	90	**Simvastatin Mylan**
	Tab 40 mg – **5% DV Mar-24 to 2026**	4.11	90	**Simvastatin Mylan**
	Tab 80 mg – **5% DV Mar-24 to 2026**	8.81	90	**Simvastatin Mylan**
	~~Note – Simvastatin (Mylan) tab 10 mg, 20 mg, 40 mg and 80 mg to be delisted 1 February 2024.~~			

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

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

54 ALPROSTADIL (new listing)
➔Inj 10 mcg vial
➔Inj 20 mcg vial

Restricted
Initiation
Both:
1 Patient has erectile dysfunction; and
2 Patient is to receive a penile Doppler ultrasonography.

DERMATOLOGICALS

67	CALAMINE (new listing)			
	Crm, aqueous, BP	3.45	100 g	healthE Calamine Aqueous

INFECTIONS

88	CEFALEXIN (new listing)			
	Grans for oral liq 50 mg per ml	11.75	100 ml	Cefalexin Sandoz
88	CEFAZOLIN (addition of PSS and amendment of brand name)			
	Inj 500 mg vial – **5% DV Mar-24 to 2026**	3.39	5	**Cefazolin-AFT**
88	CEFAZOLIN (↑ price, addition of PSS and amendment of brand name)			
	Inj 1 g vial – **5% DV Mar-24 to 2026**	3.59	5	**Cefazolin-AFT**
88	CEFAZOLIN (new listing and addition of PSS)			
	Inj 2 g vial – **5% DV Mar-24 to 2026**	7.09	5	**Cefazolin-AFT**
102	ZIDOVUDINE [AZT] WITH LAMIVUDINE (new listing)			
	➔Tab 300 mg with lamivudine 150 mg	92.40	60	Lamivudine/Zidovudine Viatris
103	ENTECAVIR (new listing and addition of PSS)			
	Tab 0.5 mg – **5% DV Mar-24 to 2026**	12.04	30	**Entecavir (Rex)**
	Note – Entecavir Sandoz tab 0.5 mg to be delisted from 1 March 2024.			

NERVOUS SYSTEM

124	AMITRIPTYLINE (↑ price and addition of PSS)			
	Tab 10 mg – **5% DV Mar-24 to 2026**	2.99	100	**Arrow-Amitriptyline**
	Tab 25 mg – **5% DV Mar-24 to 2026**	1.99	100	**Arrow-Amitriptyline**
	Tab 50 mg – **5% DV Mar-24 to 2026**	3.14	100	**Arrow-Amitriptyline**

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

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

130 METOCLOPRAMIDE HYDROCHLORIDE (↑ price and addition of PSS)

Tab 10 mg – **5% DV Mar-24 to 2026**	1.57	100	**Metoclopramide Actavis 10**

130 ONDANSETRON (new listing and addition of PSS)

Tab dispersible 4 mg – **5% DV Mar-24 to 2026**	0.56	10	**Periset ODT**
Tab dispersible 8 mg – **5% DV Mar-24 to 2026**	0.90	10	**Periset ODT**

Note – Ondansetron ODT-DRLA tab dispersible 4 mg and 8 mg to be delisted 1 March 2024.

130 PROCHLORPERAZINE (↑ price and addition of PSS)

Tab 5 mg – **5% DV Mar-24 to 2026**	25.00	250	**Nausafix**

132 RISPERIDONE (↑ price and addition of PSS)

Tab 0.5 mg – **5% DV Mar-24 to 2026**	2.17	60	**Risperidone (Teva)**
Tab 1 mg – **5% DV Mar-24 to 2026**	2.44	60	**Risperidone (Teva)**
Tab 2 mg – **5% DV Mar-24 to 2026**	2.72	60	**Risperidone (Teva)**
Tab 3 mg – **5% DV Mar-24 to 2026**	4.50	60	**Risperidone (Teva)**
Tab 4 mg – **5% DV Mar-24 to 2026**	6.25	60	**Risperidone (Teva)**
Oral liq 1 mg per ml – **5% DV Mar-24 to 2026**	10.29	30 ml	**Risperon**

134 DIAZEPAM (↑ price and addition of PSS)

Tab 2 mg – **5% DV Mar-24 to 2026**	95.00	500	**Arrow-Diazepam**
Tab 5 mg – **5% DV Mar-24 to 2026**	115.00	500	**Arrow-Diazepam**

134 Multiple Sclerosis Treatments (amended restriction criteria)

Initiation – Multiple **S**~~s~~clerosis – **dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab and teriflunomide**

~~Neurologist or general physician~~ **Any relevant practitioner**

Re-assessment required after 12 months

Either:

1 All of the following:

1.1 ~~1~~ Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist; and

1.2 ~~2~~ Patients has an EDSS score between 0 – 6.0; and

1.3 ~~3~~ Patient has had at least one significant attack of MS in the previous 12 months or two significant attacks in the past 24 months; and

1.4 ~~4~~ All of the following:

1.4.1 ~~4.1~~ Each significant attack must be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the attack, but the neurologist/ physician must be satisfied that the clinical features were characteristic); and

1.4.2 ~~4.2~~ Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s); and

1.4.3 ~~4.3~~ Each significant attack has lasted at least one week and has started at least one month after the onset of a previous attack (where relevant); and

1.4.4 ~~4.4~~ Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever (T> 37.5°C); and

1.4.5 ~~4.5~~ Either:

1.4.5.1 ~~4.5.1~~ Each significant attack is severe enough to change either the EDSS or at least one of the Kurtze Functional System scores by at least 1 point; or

1.4.5.2 ~~4.5.2~~ Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom); and

continued...

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

continued...

1.5 ~~5~~ Evidence of new inflammatory activity on an MRI scan within the past 24 months; and

1.6 ~~6~~ Any of the following:

1.6.1 ~~6.1~~ A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion; or

1.6.2 ~~6.2~~ A sign of that new inflammatory activity is a lesion showing diffusion restriction; or

1.6.3 ~~6.3~~ A sign of that new inflammatory is a T2 lesion with associated local swelling; or

1.6.4 ~~6.4~~ A sign of that new inflammatory activity is a prominent T2 lesion that clearly is responsible for the clinical features of a recent attack that occurred within the last 2 years; or

1.6.5 ~~6.5~~ A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan~~.~~**; or**

2 Patient has an active approval for ocrelizumab and does not have primary progressive MS.

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Continuation – Multiple **S**~~s~~clerosis – **dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab and teriflunomide**

~~Neurologist or general physician~~ **Any relevant practitioner**

Patient has had an EDSS score of 0 to 6.0 (inclusive) with or without the use unilateral or bilateral aids at any time in the last six months (**ie** ~~i.e.~~ the patient has walked 100 metres or more with or without aids in the last six months).

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

DIMETHYL FUMARATE

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

➔ Cap 120 mg	520.00	14	Tecfidera
➔ Cap 240 mg	2,000.00	56	Tecfidera

FINGOLIMOD

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

➔ Cap 0.5 mg	2,200.00	28	Gilenya

GLATIRAMER ACETATE

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

➔ Inj 40 mg prefilled syringe – **5% DV Oct-22 to 2025**	1,137.48	12	**Copaxone**

INTERFERON BETA-1-ALPHA

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

➔ Inj 6 million iu in 0.5 ml pen injector	1,170.00	4	Avonex Pen
➔ Inj 6 million iu in 0.5 ml syringe	1,170.00	4	Avonex

INTERFERON BETA-1-BETA

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

➔ Inj 8 million iu per ml, 1 ml vial

NATALIZUMAB

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

➔ Inj 20 mg per ml, 15 ml vial	1,750.00	1	Tysabri

TERIFLUNOMIDE

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

➔ Tab 14 mg	659.90	28	Aubagio

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

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

136 **Multiple Sclerosis Treatments – Other**

OCRELIZUMAB (chemical moved to new TG3 and new restriction criteria)
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.
➔ Inj 30 mg per ml, 10 ml vial ..... 9,346.00 1 Ocrevus

Restricted
Initiation — Multiple Sclerosis – ocrelizumab
Any relevant practitioner
Re-assessment required after 12 months.
Either:
1 All of the following:
1.1 Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist; and
1.2 Patients has an EDSS score between 0 – 6.0; and
1.3 Patient has had at least one significant attack of MS in the previous 12 months or two significant attacks in the past 24 months; and
1.4 All of the following:
1.4.1 Each significant attack must be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the attack, but the neurologist/physician must be satisfied that the clinical features were characteristic); and
1.4.2 Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s); and
1.4.3 Each significant attack has lasted at least one week and has started at least one month after the onset of a previous attack (where relevant); and
1.4.4 Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever (T> 37.5°C); and
1.4.5 Either:
1.4.5.1 Each significant attack is severe enough to change either the EDSS or at least one of the Kurtze Functional System scores by at least 1 point; or
1.4.5.2 Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom); and
1.5 Evidence of new inflammatory activity on an MRI scan within the past 24 months; and
1.6 Any of the following:
1.6.1 A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion; or
1.6.2 A sign of that new inflammatory activity is a lesion showing diffusion restriction; or
1.6.3 A sign of that new inflammatory is a T2 lesion with associated local swelling; or
1.6.4 A sign of that new inflammatory activity is a prominent T2 lesion that clearly is responsible for the clinical features of a recent attack that occurred within the last 2 years; or
1.6.5 A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan; or
2 Patient has an active Special Authority approval for either dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab or teriflunomide.
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Continuation — Multiple Sclerosis – ocrelizumab
Any relevant practitioner
Patient has had an EDSS score of 0 to 6.0 (inclusive) with or without the use of unilateral or bilateral aids at any time in the last six months (ie the patient has walked 100 metres or more with or without aids in the last six months).
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

continued...

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

continued...

Initiation — Primary Progressive Multiple Sclerosis
Any relevant practitioner
Re-assessment required after 12 months.
All of the following:
1 Diagnosis of primary progressive multiple sclerosis (PPMS) meets the 2017 McDonald criteria and has been confirmed by a neurologist; and
2 Patient has an EDSS 2.0 (score equal to or greater than 2 on pyramidal functions) to EDSS 6.5; and
3 Patient has no history of relapsing remitting multiple sclerosis.

Continuation – (Primary Progressive Multiple Sclerosis)
Any relevant practitioner
Patient has had an EDSS score of 2.0 to 6.5 (inclusive) at any time in the last six months (ie patient has walked 20 metres with bilateral assistance/aids, without rest in the last six months).

141 NALTREXONE HYDROCHLORIDE (new listing)

➔ Tab 50 mg	77.77	28	Naltrexone AOP

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

151 TEMOZOLOMIDE (amended restriction criteria – amended criteria shown only)

➔ Cap 5 mg	9.13	5	Temaccord
➔ Cap 20 mg	16.38	5	Temaccord
➔ Cap 100 mg	35.98	5	Temaccord
➔ Cap 140 mg	50.12	5	Temaccord
➔ Cap 250 mg	86.34	5	Temaccord

Restricted
Initiation – ~~High grade~~ gliomas
Re-assessment required after 12 months
Patient has a glioma.
~~All of the following:~~
~~1 Either:~~
~~1.1 Patient has newly diagnosed glioblastoma multiforme; or~~
~~1.2 Patient has newly diagnosed anaplastic astrocytoma*; and~~
~~2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and~~
~~3 Following concomitant treatment temozolomide is to be used for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m^2 per day.~~

Continuation – ~~High grade~~ gliomas
Re-assessment required after 12 months
Treatment remains appropriate and patient is benefitting from treatment.
~~Either:~~
~~1 Both:~~
~~1.1 Patient has glioblastoma multiforme; and~~
~~1.2 The treatment remains appropriate and the patient is benefitting from treatment; or~~
~~2 All of the following:~~
~~2.1 Patient has anaplastic astrocytoma*; and~~
~~2.2 The treatment remains appropriate and the patient is benefitting from treatment; and~~
~~2.3 Adjuvant temozolomide is to be used for a maximum of 24 months.~~

200 MEPOLIZUMAB (delisting)

➔ Inj 100 mg vial	1,638.00	1	Nucala

Note – Nucala inj 100 mg vial to be delisted 1 August 2024.

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

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

204 PERTUZUMAB (amended restriction criteria)

➔ Inj 30 mg per ml, 14 ml vial	3,927.00	1	Perjeta

Restricted
Initiation
Re-assessment required after 12 months
All of the following:
1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 Either:
  2.1 Patient is chemotherapy treatment naive; or
  2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo) adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
3 The patient has good performance status (ECOG grade 0-1); and
4 Pertuzumab to be administered in combination with trastuzumab; and
5 Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks; and
6 Pertuzumab to be discontinued at disease progression.

Continuation
Re-assessment required after 12 months
~~Both~~ **Either**:
1 Both:
  1.1 ~~1~~ The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
  1.2 ~~2~~ The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab~~.~~**; or**
2 All of the following:
  2.1 Patient has previously discontinued treatment with pertuzumab and trastuzumab 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 pertuzumab and trastuzumab.

225 TRASTUZUMAB (amended restriction criteria)

➔ Inj 150 mg vial	1,350.00	1	Herceptin
➔ Inj 440 mg vial	3,875.00	1	Herceptin

Restricted
Initiation – Early breast cancer
Limited to 12 months treatment
All of the following:
1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 Maximum cumulative dose of 106 mg/kg (12 months' treatment); and
3 Any of the following:
  3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or
  3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
  3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
  3.4 12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned; or
  3.5 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

Initiation – Metastatic breast cancer (patients previously treated with trastuzumab)
Limited to 12 months treatment
~~All of the following~~ **Either**:

continued...

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

continued...

1 All of the following:

1.1 ~~1~~ The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and

1.2 ~~2~~ Either:

1.2.1 ~~2.1~~ The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or

1.2.2 ~~2.2~~ Both:

1.2.2.1 ~~2.2.1~~ The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to ~~intolerance~~ **intolerable side effects**; and

1.2.2.2 ~~2.2.2~~ The cancer did not progress whilst on lapatinib; and

1.3 ~~3~~ Either:

1.3.1 ~~3.1~~ Trastuzumab will not be given in combination with pertuzumab; or

1.3.2 ~~3.2~~ All of the following:

1.3.2.1 ~~3.2.1~~ Trastuzumab to be administered in combination with pertuzumab; and

1.3.2.2 ~~3.2.2~~ Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo) adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and

1.3.2.3 ~~3.2.3~~ The patient has good performance status (ECOG grade 0-1); and

1.4 ~~4~~ Trastuzumab not to be given in combination with lapatinib; and

1.5 ~~5~~ Trastuzumab to be discontinued at disease progression~~.~~**; or**

2 All of the following:

2.1 Patient has previously discontinued treatment with trastuzumab in the metastatic setting 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 trastuzumab.

Initiation – Metastatic breast cancer (trastuzumab-naive patients)
Limited to 12 months treatment
All of the following:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology);and
2 Either:
  2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
  2.2 Both:
    2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
    2.2.2 The cancer did not progress whilst on lapatinib; and
3 Either:
  3.1 Trastuzumab will not be given in combination with pertuzumab; or
  3.2 All of the following:
    3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
    3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo) adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
    3.2.3 The patient has good performance status (ECOG grade 0-1); and
4 Trastuzumab not to be given in combination with lapatinib; and
5 Trastuzumab to be discontinued at disease progression.

Continuation – Metastatic breast cancer
Re-assessment required after 12 months
~~All of the following~~ **Either**:

continued...

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

continued...

1 All of the following

1.1 ~~1~~ The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and

1.2 ~~2~~ The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and

1.3 ~~3~~ Trastuzumab not to be given in combination with lapatinib; and

1.4 ~~4~~ Trastuzumab to be discontinued at disease progression.**; or**

2 All of the following:

2.1 Patient has previously discontinued treatment with trastuzumab 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 trastuzumab.

SENSORY ORGANS

253	TIMOLOL (↑ price and addition of PSS)			
	Eye drops 0.25% – **5% DV Mar-24 to 2026**	2.42	5 ml	**Arrow-Timolol**
	Eye drops 0.5% – **5% DV Mar-24 to 2026**	2.50	5 ml	**Arrow-Timolol**
253	LATANOPROST WITH TIMOLOL (↑ price and addition of PSS)			
	Eye drops 0.005% with timolol 0.5% – **5% DV Mar-24 to 2026**	4.95	2.5 ml	**Arrow - Lattim**

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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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