Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

October 2024

PHARMAC
TE PĀTAKA WHAIORANGA

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Summary of decisions
EFFECTIVE 1 OCTOBER 2024

- Amino acid formula (Neocate SYNEO) powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, can, 400 g – new Pharmacode listing
- Amino acid formula (Neocate SYNEO) powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, can, 400 g – Pharmacodes 2587955 and 2555271 to be delisted 1 April 2025
- Aqueous cream (Evara) crm 100 g and 500 g – new listing and addition of PSS
- Aqueous cream (GEM Aqueous Cream) crm 500 g – to be delisted 1 March 2025
- Atracurium besylate (Tracrium) inj 10 mg per ml, 2.5 ml and 5 ml ampoule – price increase
- Azacitidine (Azacitidine Dr Reddy's) inj 100 mg vial – price decrease and addition of PSS
- Baclofen (Sintetica Baclofen Intrathecal) inj 2 mg per ml, 5 ml ampoule – new listing and addition of PSS
- Baclofen (Medsurge) inj 2 mg per ml, 5 ml ampoule – to be delisted 1 March 2025
- Betaxolol eye drops 0.25%, 5 ml (Betoptic S) and eye drops 0.5%, 5 ml (Betoptic) – delisting delayed
- Bezafibrate tab 200 mg (Bezalip) and tab long-acting 400 mg (Bezalip Retard) – price increase and addition of PSS
- Brimonidine tartrate (Arrow-Brimonidine) eye drops 0.2%, 5 ml – price increase and addition of PSS
- Calcitriol (Calcitriol-AFT) cap 0.5 mcg – new listing
- Ciprofloxacin (Ciprofloxacin Teva) eye drops 0.3%, 5 ml – price increase and addition of PSS
- Dasatinib (Dasatinib-Teva) tab 20 mg, 50 mg and 70 mg – new listing, addition of PSS and amended restriction criteria
- Dasatinib (Sprycel) tab 20 mg, 50 mg and 70 mg – to be delisted 1 March 2025
- Diatrizoate meglumine with sodium amidotrizoate (Urografin) inj 260 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle – price increase
- Diazepam oral liq 10 mg per 10 ml – new listing
- Dopamine hydrochloride (Dopamine Basi) inj 40 mg per ml, 5 ml ampoule – new listing
- Emtricitabine with tenofovir disoproxil (Teva) tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) – new listing
- Ethinyloestradiol with norethisterone (Alyacen) tab 35 mcg with norethisterone 1 mg and 7 inert tab – new listing

Summary of decisions – effective 1 October 2024 (continued)

- Gadobutrol (Gadovist 1.0) inj 604.72 mg per ml (equivalent to 1 mmol per ml), 5 ml, 7.5 ml and 15 ml prefilled syringe – price increase
- Gentamicin sulphate (Gentamicin Noridem) inj 40 mg per ml, 2 ml ampoule – new listing
- Glipizide (Minidiab) tab 5 mg – price increase and addition of PSS
- Heparin sodium inj 1,000 iu per ml, 5 ml ampoule (Wockhardt) and inj 1,000 iu per ml, 10 ml vial (Pfizer) – new listing
- Hydroxychloroquine (Plaquenil) tab 200 mg – Pharmacode 208264 to be delisted 1 May 2025
- Hyoscine hydrobromide (Scopolamine – Mylan) patch 1 mg per 72 hours – Pharmacode 2674181 to be delisted 1 February 2025
- Imipramine hydrochloride (Imipramine Crescent) tab 25 mg – new listing
- Intra-uterine device (Cu 375 Standard) IUD 35.5 mm length × 19.6 mm width – new listing
- Latanoprost (Teva) eye drops 0.005%, 2.5 ml – price increase and addition of PSS
- Meglumine iotroxate (Biliscopin) inj 105 mg per ml, 100 ml bottle, 100 ml – price increase
- Metronidazole (Metronidamed) tab 200 mg and 400 mg – new listing and addition of PSS
- Metronidazole (Metrogyl) tab 200 mg and 400 mg – to be delisted 1 March 2025
- Midazolam (Midazolam-Pfizer) inj 5 mg per ml, 1 ml plastic ampoule – new listing
- Omeprazole (Omeprazole Teva) cap 10 mg, 20 mg and 40 mg – new listing
- Oral feed 1.5 kcal/ml (Ensure Plus (Banana, chocolate, fruit of the forest and vanilla)) liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, bottle, 200 ml – new listing
- Oral feed 1.5 kcal/ml (Ensure Plus (Banana, chocolate, fruit of the forest and vanilla)) liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton, 200 ml – to be delisted 1 April 2025
- Ornidazole (Arrow-Ornidazole) tab 500 mg – price increase and addition of PSS
- Paracetamol (Avallon) oral liq 120 mg per 5 ml, 200 ml – delisted 1 October 2024
- Pembrolizumab (Keytruda) inj 25 mg per ml, 4 ml vial – amended restriction criteria
- Posaconazole tab modified-release 100 mg (Posaconazole Juno) and oral liq 40 mg per ml, 105 ml (Devatis) – amended restriction criteria
- Povidone iodine (Riodine) antiseptic solution 10%, 100 ml – price increase
- Pregnancy test – HCG urine (David One Step Cassette Pregnancy Test) cassette, 40 test – new listing and addition of PSS

Summary of decisions – effective 1 October 2024 (continued)

- Pregnancy test – HCG urine (Smith BioMed Rapid Pregnancy Test) cassette, 40 test – to be delisted 1 March 2025
- Quinapril tab 5 mg (Arrow-Quinapril 5), tab 10 mg (Arrow-Quinapril 10) and tab 20 mg (Arrow-Quinapril 20) – price increase and addition of PSS
- Rivastigmine patch 4.6 mg per 24 hour (Rivastigmine Patch BNM 5) and patch 9.5 mg per 24 hour (Rivastigmine Patch BNM 10) – price increase and addition of PSS
- Tranexamic acid (Tranexamic-AFT) inj 100 mg per ml, 5 ml ampoule – price decrease and addition of PSS
- Tranexamic acid (Tranexamic-AFT) inj 100 mg per ml, 10 ml ampoule – price increase and addition of PSS
- Tetracosactide [tetracosactrin] (UK Synacthen) inj 250 mcg per ml, 1 ml ampoule – new listing
- Voriconazole tab 50 mg and 200 mg (Vttack), powder for oral suspension 40 mg per ml, 70 ml (Vfend) and inj 200 mg vial (AFT) – amended restriction criteria

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

Section H changes to Part II

Effective 1 October 2024

ALIMENTARY TRACT AND METABOLISM

8	OMEPRAZOLE (new listing)			
	Cap 10 mg	2.06	90	Omeprazole Teva
	Cap 20 mg	2.02	90	Omeprazole Teva
	Cap 40 mg	3.18	90	Omeprazole Teva
10	GLIPIZIDE (↑ price and addition of PSS)			
	Tab 5 mg – **5% DV Mar-25 to 2027**	6.86	100	**Minidiab**
26	CALCITRIOL (new listing)			
	Cap 0.5 mcg	13.68	100	Calcitriol-AFT

BLOOD AND BLOOD FORMING ORGANS

32	TRANEXAMIC ACID (↓ price and addition of PSS)			
	Inj 100 mg per ml, 5 ml ampoule – **5% DV Mar-25 to 2027**	5.39	5	**Tranexamic-AFT**
32	TRANEXAMIC ACID (↑ price and addition of PSS)			
	Inj 100 mg per ml, 10 ml ampoule – **5% DV Mar-25 to 2027**	7.99	5	**Tranexamic-AFT**
35	HEPARIN SODIUM (new listing)			
	Inj 1,000 iu per ml, 5 ml ampoule	25.49	10	Wockhardt
	Inj 1,000 iu per ml, 10 ml vial	127.44	25	Pfizer

CARDIOVASCULAR SYSTEM

42	QUINAPRIL (↑ price and addition of PSS)			
	Tab 5 mg – **5% DV Mar-25 to 2027**	10.24	90	**Arrow-Quinapril 5**
	Tab 10 mg – **5% DV Mar-25 to 2027**	12.51	90	**Arrow-Quinapril 10**
	Tab 20 mg – **5% DV Mar-25 to 2027**	14.83	90	**Arrow-Quinapril 20**
49	BEZAFIBRATE (↑ price and addition of PSS)			
	Tab 200 mg – **5% DV Mar-25 to 2027**	22.65	90	**Bezalip**
	Tab long-acting 400 mg – **5% DV Mar-25 to 2027**	21.54	30	**Bezalip Retard**
52	DOPAMINE HYDROCHLORIDE (new listing)			
	Inj 40 mg per ml, 5 ml ampoule	46.38	10	Dopamine Basi

DERMATOLOGICALS

67	AQUEOUS CREAM (new listing and addition of PSS)			
	Crm 100 g – **5% DV Mar-25 to 2027**	1.25	100 g	**Evara**
	Note: DV limit applies to the pack sizes of 100 g or less.			
	Crm 500 g – **5% DV Mar-25 to 2027**	1.65	500 g	**Evara**
	Note: DV limit applies to the pack sizes of greater than 100 g.			
	Note – GEM Aqueous Cream crm 500 g to be delisted from 1 March 2025.			

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

Changes to Section H Part II – effective 1 October 2024 (continued)

GENITO-URINARY SYSTEM

72 ETHINYLOESTRADIOL WITH NORETHISTERONE (new listing)
Tab 35 mcg with norethisterone 1 mg and 7 inert tab ..... 12.25 — 84 — Alyacen

73 INTRA-UTERINE DEVICE (new listing)
IUD 35.5 mm length × 19.6 mm width ..... 33.00 — 1 — Cu 375 Standard

HORMONE PREPARATIONS

80 TETRACOSACTIDE [TETRACOSACTRIN] (new listing)
Inj 250 mcg per ml, 1 ml ampoule..... 86.25 — 1 — UK Synacthen

INFECTIONS

86 GENTAMICIN SULPHATE (new listing)
Inj 40 mg per ml, 2 ml ampoule ..... 91.90 — 50 — Gentamicin Noridem

95 POSACONAZOLE (amended restriction criteria – new criteria shown only)
➔ Tab modified-release 100 mg – **5% DV Apr-23 to 2025** ..... 206.00 — 24 — **Posaconazole Juno**
➔ Oral liq 40 mg per ml – **5% DV May-23 to 2025** ..... 342.51 — 105 ml — **Devatis**

Restricted
Initiation – Invasive fungal infection prophylaxis
Any relevant practitioner
Re-assessment required after 6 months
Both:
1 The patient is at risk of invasive fungal infection; and
2 Either:
2.1 Posaconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist; or
2.2 Prescribing posaconazole is in accordance with a protocol or guideline that has been endorsed by the Health New Zealand - Te Whatu Ora Hospital in the specific settings where there is a greater than 10% risk of invasive fungal infection (IFI).

Continuation – Invasive fungal infection prophylaxis
Any relevant practitioner
Re-assessment required after 6 months
Both:
1 The patient is at risk of invasive fungal infection; and
2 Either:
2.1 Posaconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist; or
2.2 Prescribing posaconazole is in accordance with a protocol or guideline that has been endorsed by the Health New Zealand - Te Whatu Ora Hospital in the specific settings where there is a greater than 10% risk of invasive fungal infection (IFI).

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

Changes to Section H Part II – effective 1 October 2024 (continued)

95 VORICONAZOLE (amended restriction criteria – new criteria shown only)

➔Tab 50 mg	91.00	56	Vttack
➔Tab 200 mg	350.00	56	Vttack
➔Powder for oral suspension 40 mg per ml	1,523.22	70 ml	Vfend
➔Inj 200 mg vial – **5% DV Aug-23 to 2025**	19.85	1	**AFT**

Restricted

Initiation – Invasive fungal infection prophylaxis
Any relevant practitioner
Re-assessment required after 6 months
Both:
1 The patient is at risk of invasive fungal infection; and
2 Either:
2.1 Voriconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist; or
2.2 Prescribing voriconazole is in accordance with a protocol or guideline that has been endorsed by the Health New Zealand - Te Whatu Ora Hospital in the specific settings where there is a greater than 10% risk of invasive fungal infection (IFI).

Continuation – Invasive fungal infection prophylaxis
Any relevant practitioner
Re-assessment required after 6 months
Both:
1 The patient is at risk of invasive fungal infection; and
2 Either:
2.1 Voriconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist; or
2.2 Prescribing voriconazole is in accordance with a protocol or guideline that has been endorsed by the Health New Zealand - Te Whatu Ora Hospital in the specific settings where there is a greater than 10% risk of invasive fungal infection (IFI).

98 METRONIDAZOLE (new listing and addition of PSS)

Tab 200 mg – **5% DV Mar-25 to 2026**	25.86	250	**Metronidamed**
Tab 400 mg – **5% DV Mar-25 to 2026**	4.29	21	**Metronidamed**

Note – Metrogyl tab 200 mg and 400 mg to be delisted from 1 March 2025.

99 ORNIDAZOLE (↑ price and addition of PSS)

Tab 500 mg – **5% DV Mar-25 to 2027**	36.52	10	**Arrow-Ornidazole**

105 EMTRICITABINE WITH TENOFOVIR DISOPROXIL (new listing)

➔Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate)	15.45	30	Teva

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

Changes to Section H Part II – effective 1 October 2024 (continued)

MUSCULOSKELETAL SYSTEM

110 HYDROXYCHLOROQUINE (delisting)
➔ Tab 200 mg ..... 8.78 100 Plaquenil
Note – Pharmacode 208264 to be delisted from 1 May 2025.

114 ATRACURIUM BESYLATE (↑ price)
Inj 10 mg per ml, 2.5 ml ampoule ..... 18.40 5 Tracrium
Inj 10 mg per ml, 5 ml ampoule ..... 20.45 5 Tracrium

114 BACLOFEN (new listing and addition of PSS)
Inj 2 mg per ml, 5 ml ampoule – **5% DV Mar-25 to 2027** ..... 490.91 10 **Sintetica Baclofen Intrathecal**
Note – Medsurge inj 2 mg per ml, 5 ml ampoule to be delisted from 1 March 2025.

NERVOUS SYSTEM

122 PARACETAMOL (delisted)
Oral liq 120 mg per 5 ml ..... 10.50 200 ml Avallon
Note – Avallon oral liq 120 mg per 5 ml delisted 1 October 2024.

125 IMIPRAMINE HYDROCHLORIDE (new listing)
Tab 25 mg ..... 4.93 28 Imipramine Crescent

130 HYOSCINE HYDROBROMIDE (delisting)
➔ Patch 1 mg per 72 hours ..... 88.50 10 Scopolamine - Mylan
Note – Pharmacode 2674181 to be delisted from 1 February 2025.

135 DIAZEPAM (new listing)
➔ Oral liq 10 mg per 10 ml
Restricted
Initiation
Relevant specialist
Only for use in children where diazepam tablets are not appropriate

142 RIVASTIGMINE (↑ price and addition of PSS)
➔ Patch 4.6 mg per 24 hour – **5% DV Mar-25 to 2027** ..... 49.40 30 **Rivastigmine Patch BNM 5**
➔ Patch 9.5 mg per 24 hour – **5% DV Mar-25 to 2027** ..... 49.40 30 **Rivastigmine Patch BNM 10**

143 MIDAZOLAM (new listing)
Inj 5 mg per ml, 1 ml plastic ampoule ..... 22.50 10 Midazolam-Pfizer

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

147 AZACITIDINE (↓ price and addition of PSS)
➔ Inj 100 mg vial – **5% DV Mar-25 to 2027** ..... 50.00 1 **Azacitidine Dr Reddy's**

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

Changes to Section H Part II – effective 1 October 2024 (continued)

157 DASATINIB (new listing, addition of PSS and amended restriction criteria)

➔ Tab 20 mg – **5% DV Mar-25 to 2027**	132.88	60	**Dasatinib-Teva**
➔ Tab 50 mg – **5% DV Mar-25 to 2027**	304.13	60	**Dasatinib-Teva**
➔ Tab 70 mg – **5% DV Mar-25 to 2027**	415.75	60	**Dasatinib-Teva**

Restricted
Initiation
Haematologist or any relevant practitioner on the recommendation of a haematologist
Re-assessment required after 6 months
Any of the following:
1 ~~Both:~~
~~1.1~~ The patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis or accelerated phase; **or** ~~and~~
~~1.2 Maximum dose of 140 mg/day; or~~
2 ~~Both:~~
~~2.1~~ The patient has a diagnosis of Philadelphia chromosome-positive acute lymphoid leukaemia (Ph+ ALL); **or** ~~and~~
~~2.2 Maximum dose of 140 mg/day; or~~
3 ~~All of the following~~ **Both**:
3.1 The patient has a diagnosis of CML in chronic phase; and
~~3.2 Maximum dose of 100 mg/day; and~~
3.2 ~~3.3~~ Any of the following:
3.2.1 ~~3.3.1~~ Patient has documented treatment failure* with imatinib; or
3.2.2 ~~3.3.2~~ Patient has experienced treatment-limiting toxicity with imatinib precluding further treatment with imatinib; or
3.2.3 ~~3.3.3~~ Patient has high-risk chronic-phase CML defined by the Sokal or EURO scoring system.~~; or~~
~~3.3.4 Patients is enrolled in the KISS study** and requires dasatinib treatment according to the study protocol.~~

Continuation
Haematologist or any relevant practitioner on the recommendation of a haematologist
Re-assessment required after 6 months
Both ~~All of the following~~:
1 Lack of treatment failure while on dasatinib*; and
2 Dasatinib treatment remains appropriate and the patient is benefiting from treatment~~; and~~
~~3 Maximum dasatinib dose of 140 mg/day for accelerated or blast phase CML and Ph+ ALL, and 100 mg/day for chronic phase CML.~~
Note: *treatment failure for CML as defined by Leukaemia Net Guidelines~~. **Kinase-Inhibition Study with Sprycel Start-up https://www.cancertrialsnz.ac.nz/kiss/~~
Note – Sprycel tab 20 mg, 50 mg and 70 mg to be delisted from 1 March 2025.

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

Changes to Section H Part II – effective 1 October 2024 (continued)

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

Restricted

Initiation – breast cancer, advanced
Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist
Re-assessment required after 6 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 Either:
2.1.1 Patient has recurrent or de novo unresectable, inoperable locally advanced triple-negative breast cancer (that does not express ER, PR or HER2 IHC3+ or ISH+ [including FISH or other technology]); or
2.1.2 Patient has recurrent or de novo metastatic triple-negative breast cancer (that does not express ER, PR or HER2 IHC3+ or ISH+ [including FISH or other technology]; and
2.2 Patient is treated with palliative intent; and
2.3 Patient's cancer has confirmed PD-L1 Combined Positive Score (CPS) is greater than or equal to 10; and
2.4 Patient has received no prior systemic therapy in the palliative setting; and
2.5 Patient has an ECOG score of 0–2; and
2.6 Pembrolizumab is to be used in combination with chemotherapy; and
2.7 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
2.8 Pembrolizumab is to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks.

Continuation – breast cancer, advanced
Any relevant practitioner
Re-assessment required after 6 months
All of the following:

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

Initiation – head and neck squamous cell carcinoma
Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist
Re-assessment 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 recurrent or metastatic head and neck squamous cell carcinoma of mucosal origin (excluding nasopharyngeal carcinoma) that is incurable by local therapies; and
2.2 Patient has not received prior systemic therapy in the recurrent or metastatic setting; and
2.3 Patient has a positive PD-L1 combined positive score (CPS) of greater than or equal to 1; and
2.4 Patient has an ECOG performance score of 0-2; and

continued...

Changes to Section H Part II – effective 1 October 2024 (continued)

continued...

2.5 Either:
2.5.1 Pembrolizumab to be used in combination with platinum-based chemotherapy; or
2.5.2 Pembrolizumab to be used as monotherapy.
2.6 Pembrolizumab is to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks.

Continuation – head and neck squamous cell carcinoma
Any relevant practitioner
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 No evidence of disease progression; and
3 Pembrolizumab is to be used at a maximum dose of 200 mg every three weeks (or equivalent); and
4 Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Initiation – MSI-H/dMMR advanced colorectal cancer
Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist
Re-assessment 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 Either:
2.1.1 Patient has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) metastatic colorectal cancer; or
2.1.2 Patient has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) unresectable colorectal cancer; and
2.2 Patient is treated with palliative intent; and
2.3 Patient has not previously received funded treatment with pembrolizumab; and
2.4 Patient has an ECOG performance score of 0-2; and
2.5 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
2.6 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks.

Continuation – MSI-H/dMMR advanced colorectal cancer
Any relevant practitioner
Re-assessment required after 4 months
All of the following:
1 No evidence of disease progression; and
2 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent); and
3 Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Initiation – Urothelial carcinoma
Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist
Re-assessment required after 4 months
Either:
1 Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or

continued...

Changes to Section H Part II – effective 1 October 2024 (continued)

continued...

2 All of the following:
2.1 Patient has inoperable locally advanced (T4) or metastatic urothelial carcinoma; and
2.2 Patient has an ECOG performance score of 0-2; and
2.3 Patient has documented disease progression following treatment with chemotherapy; and
2.4 Pembrolizumab to be used as monotherapy at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks.

Continuation – Urothelial carcinoma
Any relevant practitioner
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 No evidence of disease progression; and
3 Pembrolizumab is to be used as monotherapy at a maximum dose of 200 mg every three weeks (or equivalent); and
4 Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Initiation – relapsed/refractory Hodgkin lymphoma
Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist
Re-assessment 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 Either:
2.1.1 Both:
2.1.1.1 Patient has relapsed/refractory Hodgkin lymphoma after two or more lines of chemotherapy; and
2.1.1.2 Patient is ineligible for autologous stem cell transplant; or
2.1.2 Patient has relapsed/refractory Hodgkin lymphoma and has previously undergone an autologous stem cell transplant; and
2.2 Patient has not previously received funded pembrolizumab; and
2.3 Pembrolizumab to be administered at doses no greater than 200 mg once every 3 weeks.

Continuation – relapsed/refractory Hodgkin lymphoma
Any relevant practitioner
Re-assessment required after 6 months
Both:
1 Patient has received a partial or complete response to pembrolizumab; and
2 Treatment with pembrolizumab is 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 October 2024 (continued)

SENSORY ORGANS

254 CIPROFLOXACIN (↑ price and addition of PSS)
Eye drops 0.3% – **5% DV Mar-25 to 2027** ..... 10.85 5 ml **Ciprofloxacin Teva**

258 BETAXOLOL (delisting delay)
Eye drops 0.25% ..... 11.80 5 ml Betoptic S
Eye drops 0.5% ..... 7.50 5 ml Betoptic
Note – delisting delayed until 1 December 2025.

259 LATANOPROST (↑ price and addition of PSS)
Eye drops 0.005% – **5% DV Mar-25 to 2027** ..... 2.08 2.5 ml **Teva**

259 BRIMONIDINE TARTRATE (↑ price and addition of PSS)
Eye drops 0.2% – **5% DV Mar-25 to 2027** ..... 5.16 5 ml **Arrow-Brimonidine**

VARIOUS

263 POVIDONE-IODINE (↑ price)
Soln 10% ..... 4.99 100 ml Riodine

264 DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE (↑ price)
Inj 260 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle ..... 120.00 1 Urografin

265 GADOBUTROL (↑ price)
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 5 ml prefilled syringe ..... 126.00 5 Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe ..... 189.00 5 Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe ..... 735.00 10 Gadovist 1.0

265 MEGLUMINE IOTROXATE (↑ price)
Inj 105 mg per ml, 100 ml bottle ..... 169.15 100 ml Biliscopin

SPECIAL FOODS

282 AMINO ACID FORMULA (new Pharmacode listing)
➔ Powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, can ..... 55.61 400 g Neocate SYNEO
Note – this is a new Pharmacode listing, 2684713.

282 AMINO ACID FORMULA (delisting)
➔ Powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, can ..... 55.61 400 g Neocate SYNEO
Note – Pharmacodes 2587955 and 2555271 to be delisted from 1 April 2025.

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

Changes to Section H Part II – effective 1 October 2024 (continued)

289 ORAL FEED 1.5 KCAL/ML (new listing)
➔ Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, bottle ..... 1.56 — 200 ml — Ensure Plus (Banana); Ensure Plus (Chocolate); Ensure Plus (Fruit of the Forest); Ensure Plus (Vanilla)

289 ORAL FEED 1.5 KCAL/ML (delisting)
➔ Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton ..... 1.56 — 200 ml — Ensure Plus (Banana); Ensure Plus (Chocolate); Ensure Plus (Fruit of the Forest); Ensure Plus (Vanilla)

Note – Ensure plus (Banana, Chocolate, Fruit of the Forest and Vanilla) liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton to be delisted from 1 April 2025.

OPTIONAL PHARMACEUTICALS

302 PREGNANCY TEST - HCG URINE (new listing and addition of PSS)
Cassette – **5% DV Mar-25 to 2027** ..... 16.00 — 40 test — **David One Step Cassette Pregnancy Test**

Note – Smith BioMed Rapid Pregnancy Test cassette to be delisted from 1 March 2025.

Effective 1 September 2024

CARDIOVASCULAR SYSTEM

44 ATROPINE SULPHATE (new listing)
Inj 600 mcg per ml, 1 ml ampoule ..... 16.10 — 10 — Juno

MUSCULOSKELETAL SYSTEM

110 HYDROXYCHLOROQUINE (new Pharmacode listing)
➔ Tab 200 mg ..... 8.78 — 100 — Plaquenil

Note – this is a new Pharmacode listing, 2689405.

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