

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

January 2025

The logo for PHARMAC, featuring the word "PHARMAC" in a bold, uppercase, sans-serif font, with "TE PĀTAKA WHAIORANGA" in a smaller, uppercase, sans-serif font below it. The logo is centered within a white circle that overlaps a background of stylized, wavy, concentric lines in shades of gray and white.

PHARMAC
TE PĀTAKA WHAIORANGA

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Summary of decisions

EFFECTIVE 1 JANUARY 2025

- Amikacin (Biomed) inj 5 mg per ml, 5 ml syringe – price increase
- Amiloride hydrochloride (Biomed) oral liq 1 mg per ml, 25 ml – price increase
- Atracurium besylate (Medsurge) inj 10 mg per ml, 2.5 ml and 5 ml ampoule – new listing and addition of PSS
- Atracurium besylate (Tracrium) inj 10 mg per ml, 2.5 ml and 5 ml ampoule – to be delisted 1 June 2025
- Atropine sulphate (Hikma) inj 600 mcg per ml, 1 ml ampoule – new listing
- Budesonide with glycopyrronium and eformoterol (Breztri Aerosphere) aerosol inhaler budesonide 160 mcg with glycopyrronium 7.2 mcg and formoterol 5 mcg per dose, 120 dose – new listing
- Bupivacaine hydrochloride with fentanyl (Biomed) inj 0.625 mg 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
- Caffeine citrate (Biomed) oral liq 20 mg per ml (caffeine 10 mg per ml), 25 ml and inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule – price increase
- Calcitriol (Calcitriol-AFT) cap 0.25 mcg – new listing
- Cetirizine hydrochloride (Histaclear) oral liq 1 mg per ml, 200 ml – price increase
- Cetomacrogol (Cetomacrogol Cream AFT) crm BP, 100 g – new listing and addition of PSS
- Clomipramine hydrochloride (Clomipramine Teva) cap 10 mg and 25 mg – price increase
- Chlorothiazide (Biomed) oral liq 50 mg per ml, 25 ml – price increase
- Cocaine hydrochloride (Biomed) soln 4%, 2 ml syringe – price increase
- Covid-19 vaccine (Comirnaty Omicron (JN.1)) inj 3 mcg bretovameran per 0.3 ml, 0.48 ml vial; infant vaccine, yellow cap; inj 10 mcg bretovameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap and inj 30 mcg bretovameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap – new listing
- Covid-19 vaccine (Comirnaty Omicron (XBB.1.5)) inj 3 mcg raxtozinameran per 0.2 ml, 0.4 ml vial; infant vaccine, maroon cap; inj 10 mcg raxtozinameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap; inj 30 mcg raxtozinameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap and Inj 30 mcg raxtozinameran per 0.3 ml, 2.25 ml vial; adult vaccine, dark grey cap – to be delisted 1 February 2025
- Cyclopentolate hydrochloride (Cyclogyl) eye drops 1%, 15 ml – price increase
- Cytarabine (Pfizer) inj 20 mg per ml, 5 ml vial – new Pharmacode listing
- Dantrolene (Dantrium) cap 25 mg – new Pharmacode listing

Summary of decisions – effective 1 January 2025 (continued)

- Dantrolene (Dantrium) cap 25 mg – Pharmacode 252409 to be delisted 1 April 2025
- Dexamethasone (Biomed) oral liq 1 mg per ml, 25 ml – price increase
- Durvalumab (Imfinzi) inj 50 mg per ml, 2.4 ml and 10 ml vial – amended restriction criteria
- Econazole nitrate (Pevaryl) crm 1%, 20 g – new listing, addition of PSS and restrictions removed
- Eftrenonacog alfa [recombinant factor IX] (Alprolix) inj 250 iu, 500 iu, 1,000 iu, 2,000 iu, 3,000 iu and 4,000 iu vial – new Pharmacode listing
- Erlotinib (Alchemy) tab 100 mg and 150 mg – amended restriction criteria
- Erythromycin (as ethylsuccinate) (E-Mycin) tab 400 mg and grans for oral liq 200 mg and 400 mg per 5 ml, 100 ml – price increase
- Flecainide acetate (Tambocor German) inj 10 mg per ml, 15 ml ampoule – new listing
- Fluconazole (Fluconazole-Baxter) inj 2 mg per ml, 50 ml and 100 ml vial – price increase
- Folic acid (Biomed) oral liq 50 mcg per ml – price increase
- Gefitinib (Iressa) tab 250 mg – amended restriction criteria
- High protein oral feed 2.4 kcal/ml (e.g. Fortisip Compact Protein) liquid 14.6 g protein, 25.3 g carbohydrate and 9.6 g fat per 100 ml, 125 ml bottle – removal of note and delisted date revoked
- Hydrocortisone acetate (Colifoam) rectal foam 10%, CFC free (14 applications), 15 g – price increase
- Iohexol (Omnipaque) inj 350 mg per ml (iodine equivalent), 75 ml bottle – to be delisted 1 June 2025
- Iron polymaltose (Ferrosig) inj 50 mg per ml, 2 ml ampoule – price increase
- Ketamine (Biomed) inj 1 mg per ml, 100 ml bag and inj 10 mg per ml, 10 ml syringe – price increase
- Lidocaine [lignocaine] hydrochloride (Lidocaine-Baxter) inj 1%, 5 ml ampoule and 20 ml vial and inj 2%, 5 ml ampoule and 20 ml vial – price increase
- Lidocaine [lignocaine] hydrochloride with adrenaline and tetracaine hydrochloride (Topicaine) soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe – price increase
- Methylphenidate hydrochloride tab immediate-release 10 mg (Ritalin) and cap modified-release 10 mg, 20 mg, 30 mg and 40 mg (Ritalin LA) – price increase
- Osimertinib (Tagrisso) tab 40 mg and 80 mg – new listing
- Palivizumab (Synagis) inj 100 mg per ml, 1 ml vial – new listing
- Potassium citrate (Biomed) oral liq 3 mmol per ml, 200 ml – price increase

Summary of decisions – effective 1 January 2025 (continued)

- Promethazine hydrochloride (Phenergan Elixir) oral liq 1 mg per ml, 100 ml – new listing
- Risperidone (Risperdal) tab 4 mg – new listing
- Spironolactone (Biomed) oral liq 5 mg per ml, 25 ml – price increase
- Sodium bicarbonate (Biomed) inj 8.4%, 50 ml and 100 ml vial – price increase
- Sodium chloride (Biomed) inj 23.4% (4 mmol/ml), 20 ml ampoule – price increase
- Sodium chloride (Biomed) nebuliser soln 7%, 90 ml bottle, 90 ml – price increase
- Sodium dihydrogen phosphate [sodium acid phosphate] (Biomed) inj 1 mmol per ml, 20 ml ampoule – price increase
- Sodium fusidate [fusidic acid] (Fucithalmic) eye drops 1%, 5 g – new listing
- Solifenacin succinate (Solifenacin succinate Max Health) tab 5 mg and 10 mg – new listing and addition of PSS
- Solifenacin succinate (Solifenacin Viatrix) tab 5 mg and 10 mg – to be delisted 1 June 2025
- Sucrose (Biomed) oral liq 25%, 25 ml – price increase
- Trastuzumab deruxtecan (Enhertu) inj 100 mg per ml, 1 ml vial – new listing
- Trastuzumab emtansine (Kadcyla) inj 100 mg and 160 mg vial – amended restriction criteria
- Tropicamide (Mydriacyl) eye drops 0.5% and 1%, 15 ml – price increase

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Section H changes to Part II

Effective 1 January 2025

ALIMENTARY TRACT AND METABOLISM

6	HYDROCORTISONE ACETATE (↑ price) Rectal foam 10%, CFC free (14 applications).....	57.09	15 g	Colifoam
23	IRON POLYMALTOSE (↑ price) Inj 50 mg per ml, 2 ml ampoule	37.95	5	Ferrosig
27	CALCITRIOL (new listing) Cap 0.25 mcg.....	7.89	100	Calcitriol-AFT

BLOOD AND BLOOD FORMING ORGANS

30	FOLIC ACID (↑ price) Oral liq 50 mcg per ml	31.77	25 ml	Biomed
33	EFTRENACOG ALFA [RECOMBINANT FACTOR IX] (new Pharmacode listing)			
	→ Inj 250 iu vial.....	612.50	1	Alprolix
	→ Inj 500 iu vial.....	1,225.00	1	Alprolix
	→ Inj 1,000 iu vial.....	2,450.00	1	Alprolix
	→ Inj 2,000 iu vial.....	4,900.00	1	Alprolix
	→ Inj 3,000 iu vial.....	7,350.00	1	Alprolix
	→ Inj 4,000 iu vial.....	9,800.00	1	Alprolix
	Note – these are new Pharmacode listings 2696150, 2696169, 2696177, 2696185, 2696193 and 2696207.			
41	SODIUM BICARBONATE (↑ price) Inj 8.4%, 50 ml vial.....	24.70	1	Biomed
	Inj 8.4%, 100 ml vial.....	25.31	1	Biomed
41	SODIUM CHLORIDE (↑ price) Inj 23.4% (4 mmol/ml), 20 ml ampoule.....	40.15	5	Biomed
41	SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE] (↑ price) Inj 1 mmol per ml, 20 ml ampoule.....	59.10	5	Biomed

CARDIOVASCULAR SYSTEM

45	ATROPINE SULPHATE (new listing) Inj 600 mcg per ml, 1 ml ampoule.....	16.10	10	Hikma
45	FLECAINIDE ACETATE (new listing) Inj 10 mg per ml, 15 ml ampoule	108.16	5	Tambacor German
49	AMILORIDE HYDROCHLORIDE (↑ price) Oral liq 1 mg per ml	35.40	25 ml	Biomed
49	SPIRONOLACTONE (↑ price) Oral liq 5 mg per ml.....	35.70	25 ml	Biomed

→ Restriction

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2025 (continued)

49	CHLOROTHIAZIDE († price) Oral liq 50 mg per ml	30.67	25 ml	Biomed
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DERMATOLOGICALS

66	ECONAZOLE NITRATE (new listing, addition of PSS and restrictions removed) Crm 1% – Restricted: For continuation only 5% DV Jun-25 to 2027	8.04	20 g	Pevaryl
67	CETOMACROGOL (new listing and addition of PSS) Crm BP, 100 g – 5% DV Jun-25 to 2027	0.99	100 g	Cetomacrogol Cream AFT

GENITO-URINARY SYSTEM

75	POTASSIUM CITRATE († price) → Oral liq 3 mmol per ml	37.49	200 ml	Biomed
76	SOLIFENACIN SUCCINATE (new listing and addition of PSS) Tab 5 mg – 5% DV Jun-25 to 2027	1.95	30	Solifenacin succinate Max Health
	Tab 10 mg – 5% DV Jun-25 to 2027	3.53	30	Solifenacin succinate Max Health
Note – Solifenacin Viatrix tab 5 mg and 10 mg to be delisted from 1 June 2025.				

HORMONE PREPARATIONS

78	DEXAMETHASONE († price) Oral liq 1 mg per ml	53.86	25 ml	Biomed
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INFECTIONS

87	AMIKACIN († price) → Inj 5 mg per ml, 5 ml syringe	22.93	1	Biomed
90	ERYTHROMYCIN (AS ETHYLSUCCINATE) († price) Tab 400 mg	35.82	100	E-Mycin
	Grans for oral liq 200 mg per 5 ml	6.53	100 ml	E-Mycin
	Grans for oral liq 400 mg per 5 ml	9.41	100 ml	E-Mycin
95	FLUCONAZOLE († price) → Inj 2 mg per ml, 50 ml vial	11.20	1	Fluconazole-Baxter
	→ Inj 2 mg per ml, 100 ml vial	5.20	1	Fluconazole-Baxter

MUSCULOSKELETAL SYSTEM

115	ATRACURIUM BESYLATE (new listing and addition of PSS) Inj 10 mg per ml, 2.5 ml ampoule – 5% DV Jun-25 to 2026	7.69	5	Medsurge
	Inj 10 mg per ml, 5 ml ampoule – 5% DV Jun-25 to 2026	9.86	5	Medsurge
Note – Tracrium inj 10 mg per ml, 2.5 ml and 5 ml ampoule to be delisted from 1 June 2025.				
115	DANTROLENE (new Pharmacode listing) Cap 25 mg	112.13	100	Dantrium
Note – this is a new Pharmacode listing 2648946. Pharmacode 252409 to be delisted from 1 April 2025.				

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2025 (continued)

NERVOUS SYSTEM

119	KETAMINE († price)			
	Inj 1 mg per ml, 100 ml bag.....	146.00	5	Biomed
	Inj 10 mg per ml, 10 ml syringe	76.00	5	Biomed
120	BUPIVACAINE HYDROCHLORIDE WITH FENTANYL († price)			
	Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag.....	165.00	5	Biomed
	Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe	57.35	5	Biomed
121	COCAINE HYDROCHLORIDE († price)			
	Soln 4%, 2 ml syringe.....	30.77	1	Biomed
121	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE († price)			
	Inj 1%, 5 ml ampoule	15.00	25	Lidocaine-Baxter
	Inj 1%, 20 ml vial.....	19.50	5	Lidocaine-Baxter
	Inj 2%, 5 ml ampoule	27.50	25	Lidocaine-Baxter
	Inj 2%, 20 ml vial.....	14.00	5	Lidocaine-Baxter
121	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE († price)			
	Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe	20.50	1	Topicaïne
123	SUCROSE († price)			
	Oral liq 25%.....	14.61	25 ml	Biomed
125	CLOMIPRAMINE HYDROCHLORIDE († price)			
	Cap 10 mg	35.50	28	Clomipramine Teva
	Cap 25 mg	35.50	28	Clomipramine Teva
133	RISPERIDONE (new listing)			
	Tab 4 mg.....	6.25	60	Risperdal
143	METHYLPHENIDATE HYDROCHLORIDE († price)			
	Tab immediate-release 10 mg.....	4.00	30	Ritalin
	Cap modified-release 10 mg	19.41	30	Ritalin LA
	Cap modified-release 20 mg	27.72	30	Ritalin LA
	Cap modified-release 30 mg	34.39	30	Ritalin LA
	Cap modified-release 40 mg	38.67	30	Ritalin LA

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

150	CYTARABINE (new Pharmacode listing)			
	Inj 20 mg per ml, 5 ml vial	472.00	5	Pfizer
	Note – this is a new Pharmacode listing 2695758.			

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2025 (continued)

159	ERLOTINIB (amended restriction criteria)			
	→ Tab 100 mg – 5% DV Oct-24 to 2027	280.84	30	Alchemy
	→ Tab 150 mg – 5% DV Oct-24 to 2027	484.24	30	Alchemy
	Restricted Initiation			
	<i>Re-assessment required after 4 months</i>			
	All of the following:			
	1 Patient has locally advanced, or metastatic, unresectable, non-squamous non-small cell lung cancer (NSCLC); and			
	2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase EGFR ; and			
	3 Either Any of the following:			
	3.1 Patient is treatment naïve; or			
	3.2 Patient has received prior treatment in the adjuvant setting and/or while awaiting EGFR results; or			
	3.3 Both:			
	3.3.1 The patient has discontinued osimertinib or gefitinib due to intolerance; and			
	3.3.2 The cancer did not progress while on osimertinib or gefitinib ; and			
	4 Erlotinib is to be given for a maximum of 3 months			
	Continuation			
	<i>Re-assessment required after 6 months</i>			
	4 Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed; and			
	2 Erlotinib is to be given for a maximum of 3 months			
	Continuation – pandemic circumstances			
	<i>Reassessment required after 6 months</i>			
	1 The patient is clinically benefitting from treatment and continued treatment remains appropriate			
	2 Erlotinib to be discontinued at progression			
	3 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on health sector			
160	GEFITINIB (amended restriction criteria)			
	→ Tab 250 mg.....	918.00	30	Iressa
	Restricted Initiation			
	<i>Re-assessment required after 4 months</i>			
	All of the following:			
	1 Patient has locally advanced, or metastatic, unresectable, non-squamous non-small cell lung cancer (NSCLC); and			
	2 Either Any of the following:			
	2.1 Patient is treatment naïve; or			
	2.2 Patient has received prior treatment in the adjuvant setting and/or while awaiting EGFR results; or			
	2.3 Both:			
	2.3.1 The patient has discontinued osimertinib or erlotinib due to intolerance; and			
	2.3.2 The cancer did not progress while on osimertinib or erlotinib ; and			
	3 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase EGFR ; and			
	4 Gefitinib is to be given for a maximum of 3 months			
	Continuation			
	<i>Re-assessment required after 6 months</i>			
	4 Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed; and			
	2 Gefitinib is to be given for a maximum of 3 months			
	Continuation – pandemic circumstances)			
	<i>Reassessment required after 6 months</i>			
	1 The patient is clinically benefitting from treatment and continued treatment remains appropriate			
	2 Gefitinib to be discontinued at progression			
	3 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on health sector			

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2025 (continued)

163 OSIMERTINIB (new listing)

→ Tab 40 mg.....	9,310.00	30	Tagrisso
→ Tab 80 mg.....	9,310.00	30	Tagrisso

Restricted

Initiation – NSCLC – first line

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC); and
- 2 Any of the following:
 - 2.1 Patient is treatment naïve; or
 - 2.2 Patient has received prior treatment in the adjuvant setting and/or while awaiting *EGFR* results; or
 - 2.3 Both:
 - 2.3.1 The patient has discontinued gefitinib or erlotinib due to intolerance; and
 - 2.3.2 The cancer did not progress while on gefitinib or erlotinib; and
- 3 There is documentation confirming that the disease expresses activating mutations of *EGFR*; and
- 4 Patient has an ECOG performance status 0-3; and
- 5 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation – NSCLC – first line

Re-assessment required after 6 months

Response to or stable disease with treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period.

Initiation – NSCLC – second line

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC); and
- 2 Patient has an ECOG performance status 0-3; and
- 3 The patient must have received previous treatment with erlotinib or gefitinib; and
- 4 There is documentation confirming that the disease expresses T790M mutation of *EGFR* following progression on or after erlotinib or gefitinib; and
- 5 The treatment must be given as monotherapy; and
- 6 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation – NSCLC – second line

Reassessment required after 6 months

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

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2025 (continued)

212	PALIVIZUMAB (new listing) → Inj 100 mg per ml, 1 ml vial	1,700.00	1	Synagis
	Restricted Initiation <i>Re-assessment required after 6 months</i> Both:			
	1 Palivizumab to be administered during the annual RSV season; and			
	2 Either:			
	2.1 Both:			
	2.1.1 Infant was born in the last 12 months; and			
	2.1.2 Infant was born at less than 32 weeks zero days' gestation; or			
	2.2 Both:			
	2.2.1 Child was born in the last 24 months; and			
	2.2.2 Any of the following:			
	2.2.2.1 Child has severe lung, airway, neurological or neuromuscular disease that requires ongoing ventilatory/respiratory support (see Note A) in the community; or			
	2.2.2.2 Both:			
	2.2.2.2.1 Child has haemodynamically significant heart disease; and			
	2.2.2.2.2 Any of the following:			
	2.2.2.2.2.1 Child has unoperated simple congenital heart disease with significant left to right shunt (see Note B); or			
	2.2.2.2.2.2 Child has unoperated or surgically palliated complex congenital heart disease; or			
	2.2.2.2.2.3 Child has severe pulmonary hypertension (see Note C); or			
	2.2.2.2.2.4 Child has moderate or severe left ventricular (LV) failure (see Note D); or			
	2.2.2.3 Child has severe combined immune deficiency, confirmed by an immunologist, but has not received a stem cell transplant; or			
	2.2.2.4 Child has inborn errors of immunity (see Note E) that increase susceptibility to life-threatening viral respiratory infections, confirmed by an immunologist.			

Continuation

Re-assessment required after 6 months

All of the following:

- 1 Palivizumab to be administered during the annual RSV season; and
- 2 Child was born in the last 24 months; and
- 3 Any of the following:
 - 3.1 Child has severe lung, airway, neurological or neuromuscular disease that requires ongoing ventilatory/respiratory support (see Note A) in the community; or
 - 3.2 Both:
 - 3.2.1 Child has haemodynamically significant heart disease; and
 - 3.2.2 Any of the following:
 - 3.2.2.1 Child has unoperated simple congenital heart disease with significant left to right shunt (see Note B); or
 - 3.2.2.2 Child has unoperated or surgically palliated complex congenital heart disease; or
 - 3.2.2.3 Child has severe pulmonary hypertension (see Note C); or
 - 3.2.2.4 Child has moderate or severe left ventricular (LV) failure (see Note D); or
 - 3.3 Child has severe combined immune deficiency, confirmed by an immunologist, but has not received a stem cell transplant; or
 - 3.4 Child has inborn errors of immunity (see Note E) that increase susceptibility to life-threatening viral respiratory infections, confirmed by an immunologist.

continued...

Changes to Section H Part II – effective 1 January 2025 (continued)

continued...

Notes:

- Ventilatory/respiratory support includes those on home oxygen, CPAP/VPAP and those with tracheostomies in situ managed at home
- Child requires/will require heart failure medication, and/or child has significant pulmonary hypertension, and/or infant will require surgical palliation/definitive repair within the next 3 months
- Mean pulmonary artery pressure more than 25 mmHg
- LV Ejection Fraction less than 40%
- Inborn errors of immunity include, but are not limited to, IFNAR deficiencies.

233 TRASTUZUMAB DERUXTECAN (new listing)
 → Inj 100 mg per ml, 1 ml vial 2,550.00 1 Enhertu

Restricted
Initiation

Re-assessment required after 6 months

All of the following:

- Patient has metastatic breast cancer expressing HER-2 IHC3+ or ISH+ (including FISH or other current technology); and
- Patient has previously received trastuzumab and chemotherapy, separately or in combination; and
- Either:
 - The patient has received prior therapy for metastatic disease; or
 - The patient developed disease recurrence during, or within six months of completing adjuvant therapy; and
- Patient has a good performance status (ECOG 0-1); and
- Patient has not received prior funded trastuzumab deruxtecan treatment; and
- Treatment to be discontinued at disease progression.

Continuation

Re-assessment required after 6 months

Both:

- The cancer has not progressed at any time point during the previous approval period whilst on trastuzumab deruxtecan; and
- Treatment to be discontinued at disease progression.

Note: Prior or adjuvant therapy includes anthracycline, other chemotherapy, biological drugs, or endocrine therapy.

235 TRASTUZUMAB EMTANSINE (amended restriction criteria – affected criteria shown only)
 → Inj 100 mg vial 2,320.00 1 Kadcyła
 → Inj 160 mg vial 3,712.00 1 Kadcyła

Restricted

Initiation – metastatic breast cancer

Re-assessment required after 6 months

All of the following:

- Patient has metastatic breast cancer expressing HER-2 IHC3+ or ISH+ (including FISH or other current technology); and
- Patient has previously received trastuzumab and chemotherapy, separately or in combination; and
- Either:
 - The patient has received prior therapy for metastatic disease*; or
 - The patient developed disease recurrence during, or within six months of completing adjuvant therapy*; and
- Patient has a good performance status (ECOG 0-1); and
- Either
 - Patient does not have symptomatic brain metastases; or
 - Patient has brain metastases and has received prior local CNS therapy; and
- ~~Patient has not received prior funded trastuzumab emtansine; and~~

continued...

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2025 (continued)

continued...

6 Either:

6.1 Patient has not received prior funded trastuzumab emtansine or trastuzumab deruxtecan treatment; or

6.2 Both:

6.2.1 Patient has discontinued trastuzumab deruxtecan due to intolerance; and

6.2.2 The cancer did not progress while on trastuzumab deruxtecan; and

7 Treatment to be discontinued at disease progression.

239	DURVALUMAB (amended restriction criteria)			
	→ Inj 50 mg per ml, 10 ml vial	4,700.00	1	Imfinzi
	→ Inj 50 mg per ml, 2.4 ml vial	1,128.00	1	Imfinzi

Restricted

Initiation – non-small cell lung cancer

~~Medical oncologist~~

Reassessment required after 3 4 months

All of the following:

1 Either:

1.1 Patient has histologically or cytologically documented stage III, locally advanced, unresectable non-small cell lung cancer (NSCLC); **or and**

1.2 Patient has histologically or cytologically documented stage IIb (T1N2a only), locally advanced, unresectable non-small cell lung cancer (NSCLC); and

2 Patient has received two or more cycles of platinum-based chemotherapy concurrently with definitive radiation therapy; and

3 Patient has no disease progression following the second or subsequent cycle of platinum-based chemotherapy with definitive radiation therapy treatment; and

4 Patient has an ECOG performance status of 0 or 1; and

5 Patient has completed last radiation dose within 8 weeks of starting treatment with durvalumab; and

6 Patient must not have received prior PD-1 or PD-L1 inhibitor therapy for this condition; and

7 Either:

7.1 Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks; or

7.2 Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks; and

8 Treatment with durvalumab to cease upon signs of disease progression.

Continuation – non-small cell lung cancer

~~Medical oncologist~~

Reassessment required after 3 4 months

All of the following:

1 The treatment remains clinically appropriate and the patient is benefitting from treatment; and

2 Either:

2.1 Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks; or

2.2 Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks; and

3 Treatment with durvalumab to cease upon signs of disease progression; and

4 Total continuous duration must not exceed 12 months.

RESPIRATORY SYSTEM AND ALLERGIES

253	CETIRIZINE HYDROCHLORIDE (↑ price)			
	Oral liq 1 mg per ml	3.99	200 ml	Histaclear
253	PROMETHAZINE HYDROCHLORIDE (new listing)			
	Oral liq 1 mg per ml	10.47	100 ml	Phenergan Elixir

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2025 (continued)

255	<p>BUDESONIDE WITH GLYCOPYRRONIUM AND EFORMOTEROL (new listing)</p> <p>→ Aerosol inhaler budesonide 160 mcg with glycopyrronium 7.2 mcg and formoterol 5 mcg per dose 79.15 120 dose Breztri Aerosphere</p> <p>Restricted Initiation Both:</p> <p>1 Patient has a diagnosis of COPD confirmed by spirometry or spirometry has been attempted and technically acceptable results are not possible; and</p> <p>2 Either:</p> <p>2.1 Both:</p> <p>2.1.1 Patient is currently receiving an inhaled corticosteroid with long acting beta-2 agonist (ICS/LABA) or a long acting muscarinic antagonist with long acting beta-2 agonist (LAMA/LABA); and</p> <p>2.1.2 Any of the following: Clinical criteria:</p> <p>2.1.2.1 Patient has a COPD Assessment Test (CAT) score greater than 10; or</p> <p>2.1.2.2 Patient has had 2 or more exacerbations in the previous 12 months; or</p> <p>2.1.2.3 Patient has had one exacerbation requiring hospitalisation in the previous 12 months; or</p> <p>2.1.2.4 Patient has had an eosinophil count greater than or equal to 0.3×10^9 cells/L in the previous 12 months; or</p> <p>2.2 Patient is currently receiving multiple inhaler triple therapy (inhaled corticosteroid with long-acting muscarinic antagonist and long-acting beta-2 agonist – ICS/LAMA/LABA) and met at least one of the clinical criteria above prior to commencing multiple inhaler therapy.</p>		
258	<p>CAFFEINE CITRATE (↑ price)</p> <p>Oral liq 20 mg per ml (caffeine 10 mg per ml) 16.91 25 ml Biomed</p> <p>Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule 69.70 5 Biomed</p>		
260	<p>SODIUM CHLORIDE (↑ price)</p> <p>Nebuliser soln 7%, 90 ml bottle 25.73 90 ml Biomed</p>		

SENSORY ORGANS

261	<p>SODIUM FUSIDATE [FUSIDIC ACID] (new listing)</p> <p>Eye drops 1% 5.29 5 g Fucithalmic</p>		
266	<p>CYCLOPENTOLATE HYDROCHLORIDE (↑ price)</p> <p>Eye drops 1% 25.16 15 ml Cyclogyl</p>		
266	<p>TROPICAMIDE (↑ price)</p> <p>Eye drops 0.5% 20.52 15 ml Mydriacyl</p> <p>Eye drops 1% 24.82 15 ml Mydriacyl</p>		

VARIOUS

271	<p>IOHEXOL (delisting)</p> <p>Inj 350 mg per ml (iodine equivalent), 75 ml bottle 160.00 10 Omnipaque</p> <p>Note – Omnipaque inj 350 mg per ml (iodine equivalent), 75 ml bottle to be delisted from 1 June 2025.</p>		
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→ Restriction

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

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2025 (continued)

SPECIAL FOODS

- 295 HIGH PROTEIN ORAL FEED 2.4 KCAL/ML (removal of note and delisting date revoked)
~~Only to be used for patients currently on or would be using Fortisip or Fortisip Multi Fibre~~
 → Liquid 14.6 g protein, 25.3 g carbohydrate
 and 9.6 g fat per 100 ml, 125 ml bottle *e.g. Fortisip Compact Protein*
 Note – Fortisip Compact Protein liquid 14.6 g protein, 25.3 g carbohydrate and 9.6 g fat per 100 ml, 125 ml bottle delisting date revoked.

VACCINES

- 302 COVID-19 VACCINE (new listing)
 → Inj 3 mcg bretovameran per 0.3 ml, 0.48 ml vial;
 infant vaccine, yellow cap 0.00 10 Comirnaty Omicron (JN.1)
 Restricted
 Initiation – initial dose
 Up to three doses for previously unvaccinated children aged 6 months – 4 years at high risk of severe illness.
 → Inj 10 mcg bretovameran per 0.3 ml, 0.48 ml vial;
 paediatric vaccine, light blue cap 0.00 10 Comirnaty Omicron (JN.1)
 Restricted
 Initiation – initial dose
 Either:
 1 One dose for previously unvaccinated children aged 5-11 years old; or
 2 Up to three doses for immunocompromised children aged 5-11 years old.
 → Inj 30 mcg bretovameran per 0.3 ml, 0.48 ml vial;
 adult vaccine, light grey cap 0.00 10 Comirnaty Omicron (JN.1)
 Restricted
 Initiation – initial dose
 Any of the following:
 1 One dose for previously unvaccinated people aged 12-15 years old; or
 2 Up to three doses for immunocompromised people aged 12-15 years old; or
 3 Up to two doses for previously unvaccinated people 16-29 years old; or
 4 Up to four doses for people aged 16-29 at high risk of severe illness; or
 5 One dose for previously unvaccinated people aged 30 and older.
 Initiation – additional dose
 One additional dose every 6 months for people aged 30 years and over, additional dose is given at least 6 months after last dose.
 Continuation – additional dose
 One additional dose every 6 months for people aged 30 years and over, additional dose is given at least 6 months after last dose.

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2025 (continued)

302	COVID-19 VACCINE (delisting)			
	→ Inj 3 mcg raxtozinameran per 0.2 ml, 0.4 ml vial; infant vaccine, maroon cap	0.00	10	Comirnaty Omicron XBB.1.5
	→ Inj 10 mcg raxtozinameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap	0.00	10	Comirnaty Omicron (XBB.1.5)
	→ Inj 30 mcg raxtozinameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap	0.00	10	Comirnaty Omicron (XBB.1.5)
	→ Inj 30 mcg raxtozinameran per 0.3 ml, 2.25 ml vial; adult vaccine, dark grey cap	0.00	10	Comirnaty Omicron (XBB.1.5)
	Note – Comirnaty Omicron (XBB.1.5) inj 3 mcg raxtozinameran per 0.2 ml, 0.4 ml vial; infant vaccine, maroon cap; inj 10 mcg raxtozinameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap; inj 30 mcg raxtozinameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap and inj 30 mcg raxtozinameran per 0.3 ml, 2.25 ml vial; adult vaccine, dark grey cap to be delisted from 1 February 2025.			

Effective 1 December 2024

BLOOD AND BLOOD FORMING ORGANS

39	PEGFILGRASTIM (new listing)			
	→ Inj 6 mg per 0.6 ml syringe	65.00	1	Ziextenzo AU

NERVOUS SYSTEM

124	OXYCODONE HYDROCHLORIDE (new Pharmacode listing)			
	Tab immediate-release 5 mg	13.77	100	Oxycodone Amneal
	Tab immediate-release 10 mg	18.77	100	Oxycodone Amneal
	Tab immediate-release 20 mg	26.77	100	Oxycodone Amneal

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