Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

May 2025

PHARMAC
TE PĀTAKA WHAIORANGA

Contents

Summary of decisions
EFFECTIVE 1 MAY 2025

- Adalimumab (Humira – Alternative brand) inj 20 mg per 0.2 ml prefilled syringe (Huimra), inj 40 mg per 0.4 ml prefilled syringe (Humira) and inj 40 mg per 0.4 ml prefilled pen (HumiraPen) – decrease price
- Atazanavir sulphate (Atazavanir Mylan) cap 150 mg – to be delisted on 1 November 2025
- Atorvastatin (Lipitor) tab 20 mg – delisted 1 May 2025
- Atorvastatin (Lorstat) tab 80 mg, 30 tab pack – to be delisted 1 November 2025
- Azacitidine (Azacitidine Dr Reddy's) inj 100 mg vial – amended restriction criteria
- Bacillus Calmette-Guerin (BCG) (SII-Onco-BCG) inj 40 mg per ml, vial – new listing
- Bupivacaine hydrochloride with fentanyl (Biomed) inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe – delisted 1 May 2025
- Casirivimab and imdevimab (Ronapreve) inj 120 mg per ml casirivimab, 11.1 ml vial (1) and inj 120 mg per ml imdevimab, 11.1 ml vial (1) – delisted 1 May 2025
- Diatrioate meglumine with sodium amidotrizoate (Gastrografin Ger, Gastrografin S29) oral liquid 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle – to be delisted 1 June 2025
- Enteral feed 1 kcal/ml (Nutrison Multi Fibre) liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle (p'code 2703270) – new listing
- Enteral feed 1 kcal/ml (Nutrison Multi Fibre) liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle (p'code 2702428) – to be delisted 1 January 2026
- Enteral feed 1 kcal/ml (Nutrison RTH) liquid 4 g protein, 12.4 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bottle (p'code 2703262) – new listing
- Enteral feed 1 kcal/ml (Nutrison RTH) liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bottle (p'code 2702118) – to be delisted 1 January 2026
- Enteral feed 1.5 kcal/ml (Nutrison Energy) liquid 6 g protein, 18.5 g carbohydrate and 5.8 g fat per 100 ml, 1,000 ml bottle (p'code 2703289) – new listing
- Enteral feed 1.5 kcal/ml (Nutrison Energy) liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, 1,000 ml bottle (p'code 2702355) – to be delisted 1 January 2026
- Enteral feed 1.5 kcal/ml (Nutrison Energy Multi Fibre) liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle (p'code 2703297) – new listing
- Enteral feed 1.5 kcal/ml (Nutrison Energy Multi Fibre) liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle (p'code 2702452) – to be delisted 1 January 2026

Summary of decisions – effective 1 May 2025 (continued)

- Fentanyl (Biomed) inj 10 mg per ml, 50 ml bag and 50 ml syringe – delisted 1 May 2025
- Fentanyl (Fentanyl Sandoz) patch 12 mcg per hour – new presentation listing and addition of PSS
- Fentanyl (Fentanyl Sandoz) patch 12.5 mg per hour – to be delisted on 1 November 2025 and removal of PSS
- Fluticasone propionate (Flixonase Hayfever & Allergy) metered dose nasal spray, 50 mcg per dose – increase price, addition of PSS and amended presentation
- Gentamicin sulphate (Gentamicin Hikma) inj 10 mg per ml, 2 ml ampoule – new listing
- Hyoscine hydrobromide (Scopolamine Transdermal System Viatris) patch 1 mg per 72 hours – amended brand name
- Ibrutinib (Imbruvica) tab 140 mg and 420 mg – amended restriction criteria
- Insulin degludec with insulin aspart (Ryzodeg 70/30 Penfill) inj degludec 70 u with insulin aspart 30 u, 100 u per ml, 3 ml – new listing
- Itraconazole (Itraconazole Cresent) cap 100 mg – new listing
- Morphine sulphate (Biomed) inj 2 mg per ml, 30 ml syringe – delisted 1 May 2025
- Niraparib (Zejula) cap 100 mg, 84 pack – to be delisted 1 July 2025
- Nitazoxanide (Alinia) tab 500 mg – delisted 1 May 2025 (brand only)
- Phytomenadione (Konakion MM) inj 2 mg in 0.2 ml ampoule – new Pharmacode listing
- Promethazine hydrochloride (Phenergan Elixir) oral liq 1 mg per ml – to be delisted 1 July 2025
- Secukinumab (Cosentyx) inj 150 mg per ml, 1 ml prefilled syringe – amended restriction criteria
- Solifenacin succinate (Solifenacin Viatris) tab 5 mg – increase price and delist delayed until 1 November 2025
- Upadacitinib (Rinvoq) tab modified-release 30 mg and 45 mg – new listing
- Upadacitinib (Rinvoq) tab modified-release 15 mg, 30 mg and 45 mg – amended restriction criteria and presentation description
- Venetoclax (Venclexta) tab 14 × 10 mg, 7 × 50 mg, 21 × 100 mg, 10 mg, 50 mg and 100 mg – amended restriction criteria

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

Section H changes to Part II

Effective 1 May 2025

ALIMENTARY TRACT AND METABOLISM

10 INSULIN DEGLUDEC WITH INSULIN ASPART (new listing)
Inj degludec 70 u with insulin aspart 30 u, 100 u per ml, 3 ml ..... 80.00 5 Ryzodeg 70/30 Penfill

BLOOD AND BLOOD FORMING ORGANS

34 PHYTOMENADIONE (new listing)
Inj 2 mg in 0.2 ml ampoule ..... 8.00 5 Konakion MM
Note – this listing is for Pharmacode 2703572.

CARDIOVASCULAR SYSTEM

50 ATORVASTATIN (delisted)
Tab 20 mg..... 0.45 28 Lipitor
Note – Lipitor tab 20 mg delisted 1 May 2025.

50 ATORVASTATIN (delisting)
Tab 80 mg – **5% DV Dec-24 to 2027**..... 1.52 30 **Lorstat**
Note – Lorstat tab 80 mg, 30 tab pack to be delisted on 1 November 2025.

GENITO-URINARY SYSTEM

76 SOLIFENACIN SUCCINATE (↑ price and delisting delayed)
Tab 5 mg..... 3.15 30 Solifenacin Viatris
Note – delist delayed until 1 November 2025.

INFECTIONS

87 GENTAMICIN SULPHATE (new listing)
Inj 10 mg per ml, 2 ml ampoule ..... 190.00 10 Gentamicin Hikma

96 ITRACONAZOLE (new listing)
➔ Cap 100 mg ..... 6.83 15 Itraconazole Cresent

101 NITAZOXANIDE (brand delisted)
➔ Tab 500 mg..... 1,680.00 30 Alinia
Note – Alinia tab 500 mg delisted 1 May 2025 (brand only).

104 ATAZANAVIR SULPHATE (delisting)
➔ Cap 150 mg – **5% DV May-23 to 2025**..... 85.00 60 **Atazanavir Mylan**
Note – Atazanavir Mylan cap 150 mg to be delisted 1 November 2025.

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

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

NERVOUS SYSTEM

122 BUPIVACAINE HYDROCHLORIDE WITH FENTANYL (delisted)
Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe ..... 36.00 5 Biomed
Note – Biomed inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe delisted 1 May 2025.

125 FENTANYL (delisted)
Inj 10 mcg per ml, 50 ml bag ..... 210.00 10 Biomed
Inj 10 mcg per ml, 50 ml syringe ..... 165.00 10 Biomed
Note – Biomed inj 10 mcg per ml, 50 ml bag and syringe delisted 1 May 2025.

125 FENTANYL (new presentation listing and addition of PSS)
Patch 12 mcg per hour – **5% DV May-25 to 2027** ..... 6.02 5 **Fentanyl Sandoz**

125 FENTANYL (delisting and removal of PSS)
Patch 12.5 mcg per hour ~~– **5% DV May-25 to 2027**~~ ..... 6.02 5 Fentanyl Sandoz
Note – Fentanyl Sandoz patch 12.5 mcg per hour to be delisted 1 November 2025.

125 MORPHINE SULPHATE (delisted)
Inj 2 mg per ml, 30 ml syringe ..... 135.00 10 Biomed
Note – Biomed inj 2 mg per ml, 30 ml syringe delisted 1 May 2025.

132 HYOSCINE HYDROBROMIDE (amended brand name)
➔ Patch 1 mg per 72 hours ..... 88.50 10 Scopolamine ~~– Mylan~~ **Transdermal System Viatris**

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

151 AZACITIDINE (amended restriction criteria)
➔ Inj 100 mg vial – **5% DV Mar-25 to 2027** ..... 50.00 1 **Azacitidine Dr Reddy's**

Restricted
Initiation
~~Haematologist~~
Re-assessment required after 12 months
~~All of the following~~ **Both**:
1. Any of the following:
   1.1. The ~~patient~~ **individual** has **intermediate or high risk MDS based on an internationally recognised scoring system** ~~International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome~~; or
   1.2. The ~~patient~~ **individual** has chronic myelomonocytic leukaemia (**based on an intermediate or high risk score from an internationally recognised scoring system or** 10%-29% marrow blasts without myeloproliferative disorder); or
   1.3. The ~~patient~~ **individual** has acute myeloid leukaemia ~~with 20-30% blasts and multi-lineage dysplasia,~~ according to World Health Organization (WHO) Classification; and
~~2. The patient has performance status (WHO/ECOG) grade 0-2; and~~
~~3.~~**2.** The ~~patient~~ **individual** has an estimated life expectancy of at least 3 months.

Continuation
~~Haematologist or medical practitioner on the recommendation of a haematologist~~
Re-assessment required after 12 months
~~Both:~~
1. No evidence of disease progression~~; and~~
~~2. The treatment remains appropriate and patient is benefitting from treatment~~.

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

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

153 IBRUTINIB (amended restriction criteria)

➔Tab 140 mg	3,217.00	30	Imbruvica
➔Tab 420 mg	9,652.00	30	Imbruvica

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

Continuation – chronic lymphocytic leukaemia (CLL)
Re-assessment required after 12 months
~~Both:~~
1. No evidence of clinical disease progression~~; and~~
~~2. The treatment remains appropriate and the patient is benefitting from treatment~~

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL)~~*~~ and B-cell prolymphocytic leukaemia (B-PLL)*. Indications marked with * are Unapproved indications.

153 NIRAPARIB (delisting)

➔Cap 100 mg	13,393.50	84	Zejula

Note – Zejula cap 100 mg, 84 cap pack to be delisted 1 July 2025.

158 VENETOCLAX (amended restriction criteria)

➔Tab 14 × 10 mg, 7 × 50 mg, 21 × 100 mg	1,771.86	42	Venclexta
➔Tab 10 mg	13.68	2	Venclexta
➔Tab 50 mg	239.44	7	Venclexta
➔Tab 100 mg	8,209.41	120	Venclexta

Restricted
Initiation – relapsed/refractory chronic lymphocytic leukaemia
~~Haematologist~~
Re-assessment required after 7 months
All of the following:
1. **Individual** ~~Patient~~ has chronic lymphocytic leukaemia requiring treatment; and
2. **Individual** ~~Patient~~ has received at least one prior therapy for chronic lymphocytic leukaemia; and
3. **Individual** ~~Patient~~ has not previously received funded venetoclax; and
4. **The individual's** ~~Patient's~~ disease has relapsed ~~within 36 months of previous treatment~~; and
5. Venetoclax to be used in combination six 28-day cycles of rituximab commencing after the 5-week dose titration schedule with venetoclax; and
6. **Individual** ~~Patient~~ has ECOG performance status 0-2;

continued...

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

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

continued...

Continuation – relapsed/refractory chronic lymphocytic leukaemia
~~Haematologist~~
Re-assessment required after 6 months
Both:
1. Treatment remains clinically appropriate and the **individual** ~~patient~~ is benefitting from and tolerating treatment; and
2. Venetoclax is to be discontinued after a maximum of 24 months of treatment following the titration schedule unless earlier discontinuation is required due to disease progression or unacceptable toxicity.

Initiation – previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*
~~Haematologist~~
Re-assessment required after 6 months
All of the following:
1. **Individual** ~~Patient~~ has previously untreated chronic lymphocytic leukaemia; and
2. There is documentation that the **individual** ~~patient~~ has the 17p deletion by FISH testing or TP53 mutation sequencing; and
3. **Individual** ~~Patient~~ has ECOG performance status 0-2.

Continuation – previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*
~~Haematologist~~
Re-assessment required after 6 months
~~The treatment remains clinically appropriate and the patient is benefitting from and tolerating treatment.~~ **No evidence of disease progression**.
Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL)* and B-cell prolymphocytic leukaemia (B-PLL)*. Indications marked with * are Unapproved indications.

Initiation – previously untreated acute myeloid leukaemia
Re-assessment required after 6 months
Either:
1. **The individual is currently on treatment with venetoclax and met all remaining special authority criteria prior to commencing treatment; or**
2. **All of the following:**
   - **2.1. Individual has previously untreated acute myeloid leukaemia (see note a), according to World Health Organization (WHO) Classification; and**
   - **2.2. Venetoclax not to be used in combination with standard intensive remission induction chemotherapy; and**
   - **2.3. Venetoclax to be used in combination with azacitidine or low dose cytarabine.**

Continuation – previously untreated acute myeloid leukaemia
Re-assessment required after 6 months
No evidence of disease progression.
Notes:
a) 'Acute myeloid leukaemia' includes myeloid sarcoma*.
b) Indications marked with * are Unapproved indications.

189	ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) (↓ price)			
	➔Inj 20 mg per 0.2 ml prefilled syringe	595.50	2	Humira
	➔Inj 40 mg per 0.4 ml prefilled syringe	595.50	2	Humira
	➔Inj 40 mg per 0.4 ml prefilled pen	595.50	2	HumiraPen
200	CASIRIVIMAB AND IMDEVIMAB (delisted)			
	Inj 120 mg per ml casirivimab, 11.1 ml vial (1) and inj 120 mg per ml imdevimab, 11.1 ml vial (1)	0.00	1	Ronapreve

Note – Ronapreve inj 120 mg per ml casirivimab, 11.1 ml vial (1) and inj 120 mg per ml imdevimab, 11.1 ml vial (1) delisted 1 May 2025.

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

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

229 SECUKINUMAB (amended restriction criteria – affected criteria shown only)

➔Inj 150 mg per ml, 1 ml prefilled syringe	799.50	1	Cosentyx
	1,599.00	2	Cosentyx

Restricted
Continuation – ankylosing spondylitis, second-line biologic
Rheumatologist
Re-assessment required after 6 months
All of the following:
1 Following 12 weeks initial treatment of secukinumab treatment, BASDAI has improved by 4 or more points from pre-secukinumab baseline on a 10 point scale, or by 50%, whichever is less; and
2 Physician considers that the patient has benefitted from treatment and that continued treatment is appropriate; and
3 Secukinumab to be administered at doses no greater than ~~150~~ **300** mg monthly.

252 BACILLUS CALMETTE-GUERIN (BCG) (new listing)

➔Inj 40 mg per ml, vial	182.45	3	SII-Onco-BCG

254 UPADACITINIB (new listing)

➔Tab modified-release 30 mg	2,033.00	28	Rinvoq
➔Tab modified-release 45 mg	3,049.00	28	Rinvoq

254 UPADACITINIB (amended presentation description)

➔Tab **modified-release** 15 mg	1,271.00	28	Rinvoq

254 UPADACITINIB (amended restriction criteria)

➔Tab modified-release 15 mg	1,271.00	28	Rinvoq
➔Tab modified-release 30 mg	2,033.00	28	Rinvoq
➔Tab modified-release 45 mg	3,049.00	28	Rinvoq

Restricted
Initiation – Rheumatoid Arthritis (patients previously treated with adalimumab or etanercept)
~~Rheumatologist~~
Limited to 6 months treatment
All of the following:
1. The ~~patient~~ **individual** has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
2. Either:
   2.1. The ~~patient~~ **individual** has experienced intolerable side effects ~~from~~ **with** adalimumab and/or etanercept; or
   2.2. The ~~patient~~ **individual** has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and
3. ~~Either:~~ **Any of the following:**
   3.1. Rituximab is not clinically appropriate; or
   3.2. ~~3.1~~ The ~~patient~~ **individual** is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor; or
   3.3. ~~3.2~~ Both:
      3.3.1. ~~3.2.1~~ The ~~patient~~ **individual** has been started on rituximab for rheumatoid arthritis in a Health NZ hospital; and
      3.3.2. ~~3.2.2~~ Either:
         3.3.2.1. ~~3.2.1.1~~ The ~~patient~~ **individual** has experienced intolerable side effects ~~from~~ **with** rituximab; or
         3.3.2.2. ~~3.2.1.2~~ At four months following the initial course of rituximab the ~~patient~~ **individual** has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis.

continued...

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

continued...

Continuation – Rheumatoid Arthritis
~~Rheumatologist~~
Re-assessment required after 6 months
Either:
1. Following 6 months' initial treatment, the ~~patient has~~ **individual has experienced** at least a 50% decrease in active joint count from baseline ~~and a clinically significant response to treatment in the opinion of the physician~~; or
2. On subsequent reapplications, the ~~patient demonstrates~~ **individual has experienced** at least a continuing 30% improvement in active joint count from baseline ~~and a clinically significant response to treatment in the opinion of the physician~~.

Initiation – Atopic dermatitis
Re-assessment required after 6 months
Either:
1. Individual is currently on treatment with upadacitinib for atopic dermatitis and met all remaining criteria prior to commencing treatment; or
2. All of the following:
2.1. Individual has moderate to severe atopic dermatitis, severity as defined by an Eczema Area and Severity Index (EASI) score of greater than or equal to 16 or a Dermatology Life Quality Index (DLQI) score of greater than or equal 10; and
2.2. Individual has received insufficient benefit from topical therapy (including topical corticosteroids or topical calcineurin inhibitors) for a 28-day trial within the last 6 months, unless contraindicated to all; and
2.3. Individual has trialled and received insufficient benefit from at least one systemic therapy for a minimum of three months (eg ciclosporin, azathioprine, methotrexate or mycophenolate mofetil), unless contraindicated to all; and
2.4. An EASI assessment or DLQI assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
2.5. The most recent EASI or DQLI assessment is no more than 1 month old at the time of application.

Continuation – Atopic dermatitis
Re-assessment required after 12 months
Either:
1. Individual has received a 75% or greater reduction in EASI score (EASI 75) as compared to baseline EASI prior to commencing upadacitinib; or
2. Individual has received a DLQI improvement of 4 or more as compared to baseline DLQI prior to commencing upadacitinib.

Initiation – Crohn's disease – adult
Re-assessment required after 6 months
Either:
1. Individual is currently on treatment with upadacitinib for Crohn's disease and met all remaining criteria prior to commencing treatment; or
2. Both:
2.1. Individual has active Crohn's disease; and
2.2. Either:
2.2.1. Individual has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or
2.2.2. Both:
2.2.2.1. Individual meets the initiation criteria for prior biologic therapies for Crohn's disease; and
2.2.2.2. Other biologic therapies for Crohn's disease are contraindicated.

continued...

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

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

continued...

Continuation – Crohn's disease – adult
Re-assessment required after 2 years
Any of the following:
1. CDAI score has reduced by 100 points from the CDAI score when the individual was initiated on biologic therapy; or
2. HBI score has reduced by 3 points from when individual was initiated on biologic therapy; or
3. CDAI score is 150 or less; or
4. HBI score is 4 or less; or
5. The individual has experienced an adequate response to treatment, but CDAI score cannot be assessed.

Initiation – Crohn's disease – children
Re-assessment required after 6 months
Either:
1. Individual is currently on treatment with upadacitinib for Crohn's disease and met all remaining criteria prior to commencing treatment; or
2. Both:
2.1. Child has active Crohn's disease; and
2.2. Either:
2.2.1. Child has had an initial approval for prior biologic therapy for Crohn's disease and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or
2.2.2. Both:
2.2.2.1. Child meets the initiation criteria for prior biologic therapies for Crohn's disease; and
2.2.2.2. Other biologic therapies for Crohn's disease are contraindicated.

Continuation – Crohn's disease – children
Re-assessment required after 2 years
Any of the following:
1. PCDAI score has reduced by 10 points from when the child was initiated on treatment; or
2. PCDAI score is 15 or less; or
3. The child has experienced an adequate response to treatment, but PCDAI score cannot be assessed.
Note: Indications marked with * are unapproved indications.

Initiation – Ulcerative colitis
Re-assessment required after 6 months
Either:
1. Individual is currently on treatment with upadacitinib for ulcerative colitis and met all remaining criteria prior to commencing treatment; or
2. Both:
2.1. Individual has active ulcerative colitis; and
2.2. Either:
2.2.1. Individual has had an initial approval for prior biologic therapy for ulcerative colitis and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or
2.2.2. Both:
2.2.2.1. Individual meets the initiation criteria for prior biologic therapies for ulcerative colitis; and
2.2.2.2. Other biologic therapies for ulcerative colitis are contraindicated.

Continuation – Ulcerative colitis
Re-assessment required after 2 years
Either:
1. The SCCAI score has reduced by 2 points or more from the SCCAI score when the individual was initiated on treatment; or
2. PUCAI score has reduced by 10 points or more from the PUCAI score when the individual was initiated on treatment.

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

RESPIRATORY SYSTEM AND ALLERGIES

257 FLUTICASONE PROPIONATE (↑ price, addition of PSS and amended presentation)
Metered dose nasal spray 50 mcg per dose
– **5% DV Feb-26 to 2028** ..... 2.57 120 dose **Flixonase Hayfever & Allergy**

257 PROMETHAZINE HYDROCHLORIDE (delisting)
Oral liq 1 mg per ml ..... 10.47 100 ml Phenergan Elixir
Note – Phenergan Elixir oral liq 1 mg per ml, 100 ml to be delisted 1 July 2025.

VARIOUS

276 DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE (delisting)
Oral liquid 660 mg per ml with sodium amidotrizoate
100 mg per ml, 100 ml bottle ..... 496.80 10 ml Gastrografin Ger
399.00 Gastrografin S29
Note – Gastrografin Ger and Gastrografin S29 oral liquid 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle to be delisted 1 June 2025.

SPECIAL FOODS

300 ENTERAL FEED 1.5 KCAL/ML (new listing)
➔ Liquid 6 g protein, 18.5 g carbohydrate and 5.8 g fat per 100 ml,
1,000 ml bottle ..... 9.00 1 Nutrison Energy
➔ Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre
per 100 ml, 1,000 ml bottle ..... 8.68 1 Nutrison Energy Multi Fibre
Note – Nutrison Energy liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, 1,000 ml bottle listing is for Pharmacode 2703289 and Nutrison Energy Multi Fibre liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle listing is for Pharmacode 2703297.

300 ENTERAL FEED 1.5 KCAL/ML (delisting)
➔ Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml,
1,000 ml bottle ..... 9.00 1 Nutrison Energy
➔ Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre
per 100 ml, 1,000 ml bottle ..... 8.68 1 Nutrison Energy Multi Fibre
Note – Nutrison Energy liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, 1,000 ml bottle and Nutrison Energy Multi Fibre liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle to be delisted 1 January 2026.

300 ENTERAL FEED 1 KCAL/ML (new listing)
➔ Liquid 4 g protein, 12.4 g carbohydrate and 3.9 g fat per 100 ml,
1,000 ml bottle ..... 6.90 1 Nutrison RTH
➔ Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre
per 100 ml, 1,000 ml bottle ..... 7.21 1 Nutrison Multi Fibre
Note – Nutrison RTH liquid 4 g protein, 12.4 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bottle listing is for Pharmacode 2703262 and Nutrison Multi Fibre liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle listing is for Pharmacode 2703270.

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

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

300 ENTERAL FEED 1 KCAL/ML (delisting)

➔ Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bottle	6.90	1	Nutrison RTH
➔ Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle	7.21	1	Nutrison Multi Fibre

Note – Nutrison RTH liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bottle and Nutrison Multi Fibre liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle to be delisted to be delisted 1 January 2026.

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Pharmaceuticals and brands

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