Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

March 2026

PHARMAC
TE PĀTAKA WHAIORANGA

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Summary of decisions
EFFECTIVE 1 MARCH 2026

- Adrenaline inj 1 in 1,000, 1 ml ampoule (DBL Adrenaline) and inj 1 in 10,000, 10 ml ampoule (Hospira) – price increase
- Amino acid oral feed (Vivonex TEN) powder 11 g protein, 62 g carbohydrate and 1 g fat per sachet, 80 g sachet, 10 bottle pack – new listing
- Amino acid oral feed (Vivonex TEN) powder 11 g protein, 62 g carbohydrate and 1 g fat per sachet, 80 g sachet, 1 bottle pack – delisted 1 March 2026
- Atovaquone with proguanil hydrochloride tab 62.5 mg with proguanil hydrochloride 25 mg (Malarone Junior) and tab 250 mg with proguanil hydrochloride 100 mg (Malarone) – price increase
- Bupivacaine hydrochloride with adrenaline (Marcain with Adrenaline) inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial and inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial – price decrease and addition of PSS
- Carvedilol (Carvedilol Sandoz) tab 6.25 mg, 12.5 mg and 25 mg – price decrease and addition of PSS
- Daunorubicin (Pfizer) inj 18.7 mg vial – price decrease
- Etanercept (Enbrel) inj 25 mg autoinjector and vial, inj 50 mg autoinjector and syringe – amended restriction criteria
- Ethinyloestradiol with norethisterone (Brevinor 1/28) tab 35 mcg with norethisterone 1 mg and 7 inert tab – price increase
- Ferric derisomaltose (Monofer) inj 500 mg per 5 ml vial – new listing
- Fluticasone propionate (Flixonase Hayfever & Allergy) metered dose nasal spray 50 mcg per dose, 120 dose – amended PSS start date
- Furosemide [frusemide] (Furosemide-AFT) inj 10 mg per ml, 2 ml ampoule – new listing and addition of PSS
- Furosemide [frusemide] (Furosemide-Baxter) inj 10 mg per ml, 2 ml ampoule – to be delisted 1 August 2026
- Gentamicin sulphate (DBL Gentamicin) inj 10 mg per ml, 1 ml ampoule – price increase
- Haloperidol (Serenace) inj 5 mg per ml, 1 ml ampoule – price decrease and addition of PSS
- Heparin sodium (Pfizer) inj 1,000 iu per ml, 5 ml ampoule – price increase
- Iloprost (Vebulis) nebuliser soln 10 mcg per ml, 2 ml – new listing
- Infliximab (Remicade) inj 100 mg – amended restriction criteria
- Influenza vaccine (Influvac Tetra (2025 formulation)) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – delisted 1 March 2026
- Influenza vaccine (Influvac Tetra (2026 formulation)) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – new listing

Summary of decisions – effective 1 March 2026 (continued)

- Iron (as sucrose) (Venofer) inj 20 mg per ml, 5 ml ampoule – to be delisted 1 September 2026
- Ketamine (Ketalar) inj 100 mg per ml, 2 ml vial – price increase
- Ketamine (Ketalar) inj 100 mg per ml, 2 ml vial – Pharmacode 436895 delisted 1 March 2026
- Losartan potassium with hydrochlorothiazide (Losartan & Hydrochlorothiazide (Ipca)) tab 50 mg with hydrochlorothiazide 12.5 mg – amended brand name
- Low-GI oral feed 1 kcal/ml (Nutren Diabetes (vanilla) liquid 7 g protein, 10.9 g carbohydrate, 2.7 g fat and 2 g fibre per 100 ml, 200 ml bottle, 4 bottle pack – new listing
- Low-GI oral feed 1 kcal/ml (Nutren Diabetes (vanilla) liquid 7 g protein, 10.9 g carbohydrate, 2.7 g fat and 2 g fibre per 100 ml, 200 ml bottle, 1 bottle pack – delisted 1 March 2026
- Medroxyprogesterone acetate (Provera) tab 2.5 mg, 5 mg and 10 mg – price increase
- Medroxyprogesterone (Provera HD) tab 100 mg – price increase
- Methoxyflurane (Penthrox) soln for inhalation 999.9 mg per g, 3 ml bottle and soln for inhalation 999.9 mg per g, 3 ml bottle with inhaler device and activated carbon chamber – new listing
- Norethisterone (Noriday 28) tab 350 mcg – price increase
- Olanzapine (Olanzapina Mylan Pharma and Olanzapina Mylan) tab orodispersible 10 mg – new listing
- Omeprazole (Omezol IV) inf 40 mg vial – price decrease, addition of PSS and amended presentation description
- Palivizumab (Synagis) inj 100 mg per ml, 1 ml vial – amended restriction criteria
- Paraffin (healthE) oint liquid paraffin 50% with white soft paraffin 50%, 100 g – new listing and addition of PSS
- Paraffin (White Soft Liquid Paraffin AFT) oint liquid paraffin 50% with white soft paraffin 50%, 100 g – to be delisted 1 August 2026
- Pegaspargase (Oncaspar LYO) inj 750 iu per ml, 5 ml vial – amended restriction criteria
- Rituximab (Mabthera) inj 10 mg per ml, 10 ml vial and 50 ml vial – amended restriction criteria
- Rituximab (Riximyo) inj 10 mg per ml, 10 ml vial and 50 ml vial – amended restriction criteria
- Secukinumab (Cosentyx) inj 150 mg per ml, 1 ml prefilled syringe – amended restriction criteria
- Teriparatide (Forteo) inj 250 mcg per ml, 2.4 ml – new listing

Summary of decisions – effective 1 March 2026 (continued)

- Testosterone cipionate (Depo-Testosterone) inj 100 mg per ml, 10 ml vial – price increase
- Ticagrelor (Ticagrelor Sandoz S29) tab 90 mg – new listing
- Varenicline (Champix) tab 0.5 mg × 11 and 1 mg × 42 and tab 1 mg – delisting delayed
- Varenicline (Pharmacor Varenicline) tab 0.5 mg × 11 and 1 mg × 42 and tab 1 mg – PSS start date delayed
- Zidovudine (Retrovir IV) inj 10 mg per ml, 20 ml vial – new Pharmacode listing
- Zidovudine cap 100 mg and oral liq 10 mg per ml, 200 ml (Retrovir) and inj 10 mg per ml, 20 ml vial (Retrovir IV) – amended chemical name
- Zidovudine with lamivudine (Lamivudine/Zidovudine Viatris) tab 300 mg with lamivudine 150 mg – amended chemical name

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

Section H changes to Part II

Effective 1 March 2026

ALIMENTARY TRACT AND METABOLISM

8 OMEPRAZOLE (↓ price, addition of PSS and amended presentation description)

~~Inj~~ **Inf** 40 mg vial – **5% DV Aug-26 to 2029**	14.50	5	**Omezol IV**

24 FERRIC DERISOMALTOSE (new listing)

➔Inj 500 mg per 5 ml vial	249.99	1	Monofer

Restricted
Initiation
Patient had previously developed iron-infusion related hypophosphataemia or other severe adverse reaction.

24 IRON (AS SUCROSE) (delisting)

Inj 20 mg per ml, 5 ml ampoule	100.00	5	Venofer

Note – Venofer inj 20 mg per ml, 5 ml ampoule to be delisted from 1 September 2026.

BLOOD AND BLOOD FORMING ORGANS

37 HEPARIN SODIUM (↑ price)

Inj 1,000 iu per ml, 5 ml ampoule	164.40	50	Pfizer

38 TICAGRELOR (new listing)

➔Tab 90 mg	20.35	56	Ticagrelor Sandoz S29

CARDIOVASCULAR SYSTEM

46 LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (amended brand name)

Tab 50 mg with hydrochlorothiazide			
12.5 mg – **5% DV Jul-26 to 2028**	7.25	90	~~Losartan & Hydrochlorothiazide~~ **(**Ipca**)**

48 CARVEDILOL (↓ price and addition of PSS)

Tab 6.25 mg – **5% DV Aug-26 to 2029**	1.97	60	**Carvedilol Sandoz**
Tab 12.5 mg – **5% DV Aug-26 to 2029**	2.03	60	**Carvedilol Sandoz**
Tab 25 mg – **5% DV Aug-26 to 2029**	2.46	60	**Carvedilol Sandoz**

51 FUROSEMIDE [FRUSEMIDE] (brand change and addition of PSS)

Inj 10 mg per ml, 2 ml ampoule – **5% DV Aug-26 to 2028**	3.97	10	**Furosemide-AFT**

Note – Furosemide-Baxter inj 10 mg per ml, 2 ml ampoule to be delisted from 1 August 2026.

54 ADRENALINE (↑ price)

Inj 1 in 1,000, 1 ml ampoule	17.78	5	DBL Adrenaline
Inj 1 in 10,000, 10 ml ampoule	36.18	5	Hospira

64 ILOPROST (new listing)

➔Nebuliser soln 10 mcg per ml, 2 ml	166.53	30	Vebulis

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

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

Changes to Section H Part II – effective 1 March 2026 (continued)

DERMATOLOGICALS

69 PARAFFIN (brand change and addition of PSS)
Oint liquid paraffin 50% with white soft paraffin 50% – **5% DV Aug-26 to 2028** ..... 1.78 | 100 g | **healthE**
Note: DV limit applies to the pack sizes of 100 g or less.
Note – White Soft Liquid Paraffin AFT oint liquid paraffin 50% with white soft paraffin 50% to be delisted from 1 August 2026.

GENITO-URINARY SYSTEM

74 ETHINYLOESTRADIOL WITH NORETHISTERONE (↑ price)
Tab 35 mcg with norethisterone 1 mg and 7 inert tab ..... 14.09 | 84 | Brevinor 1/28

75 NORETHISTERONE (↑ price)
Tab 350 mcg ..... 13.23 | 84 | Noriday 28

HORMONE PREPARATIONS

81 MEDROXYPROGESTERONE ACETATE (↑ price)
Tab 2.5 mg ..... 7.54 | 30 | Provera
Tab 5 mg ..... 23.15 | 100 | Provera
Tab 10 mg ..... 11.10 | 30 | Provera

82 MEDROXYPROGESTERONE (↑ price)
Tab 100 mg ..... 153.60 | 100 | Provera HD

78 TESTOSTERONE CIPIONATE (↑ price)
Inj 100 mg per ml, 10 ml vial ..... 97.75 | 1 | Depo-Testosterone

INFECTIONS

89 GENTAMICIN SULPHATE (↑ price)
Inj 10 mg per ml, 1 ml ampoule ..... 102.60 | 5 | DBL Gentamicin

103 ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE (↑ price)
➔ Tab 62.5 mg with proguanil hydrochloride 25 mg ..... 29.50 | 12 | Malarone Junior
➔ Tab 250 mg with proguanil hydrochloride 100 mg ..... 72.00 | 12 | Malarone

106 ZIDOVUDINE (new listing)
➔ Inj 10 mg per ml, 20 ml vial ..... 750.00 | 5 | Retrovir IV
Note – this is the listing of a new Pharmacode, 2723999.

106 ZIDOVUDINE ~~[AZT]~~ (amended chemical name)
➔ Cap 100 mg ..... 152.25 | 100 | Retrovir
➔ Oral liq 10 mg per ml ..... 30.45 | 200 ml | Retrovir
➔ Inj 10 mg per ml, 20 ml vial ..... 750.00 | 5 | Retrovir IV

106 ZIDOVUDINE ~~[AZT]~~ WITH LAMIVUDINE (amended chemical name)
➔ Tab 300 mg with lamivudine 150 mg ..... 92.40 | 60 | Lamivudine/Zidovudine Viatris

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

Changes to Section H Part II – effective 1 March 2026 (continued)

MUSCULOSKELETAL SYSTEM

116 TERIPARATIDE (new listing)
➔ Inj 250 mcg per ml, 2.4 ml ..... 490.00 1 Forteo

NERVOUS SYSTEM

123 KETAMINE (↑ price)
Inj 100 mg per ml, 2 ml vial ..... 91.98 5 Ketalar

123 KETAMINE (delisted)
Inj 100 mg per ml, 2 ml vial ..... 36.23 5 Ketalar
Note – this delist applies to Pharmacode 436895, delisted 1 March 2026.

123 BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE (↓ price and addition of PSS)
Inj 2.5 mg per ml with adrenaline
1:400,000, 20 ml vial – **5% DV Aug-26 to 2029** ..... 57.00 5 **Marcain with Adrenaline**
Inj 5 mg per ml with adrenaline
1:200,000, 20 ml vial – **5% DV Aug-26 to 2029** ..... 61.68 5 **Marcain with Adrenaline**

125 METHOXYFLURANE (new listing)
➔ Soln for inhalation 99.9 mg per g, 3 ml bottle ..... 276.00 10 Penthrox
➔ Soln for inhalation 999.9 mg per g, 3 ml bottle
with inhaler device and activated carbon chamber ..... 54.00 1 Penthrox

136 HALOPERIDOL (↓ price and addition of PSS)
Inj 5 mg per ml, 1 ml ampoule – **5% DV Aug-26 to 2029** ..... 12.93 10 **Serenace**

136 OLANZAPINE (new listing)
Tab orodispersible 10 mg ..... 2.89 28 Olanzapina Mylan Pharma
Olanzapina Mylan

150 VARENICLINE (PSS start date delayed)
➔ Tab 0.5 mg × 11 and 1 mg × 42
– 5% DV ~~Jun~~ **Sep**-26 to 2028 ..... 15.99 53 **Pharmacor Varenicline**
➔ Tab 1 mg – 5% DV ~~Jun~~ **Sep**-26 to 2028 ..... 10.99 56 **Pharmacor Varenicline**

150 VARENICLINE (delisting delayed)
➔ Tab 0.5 mg × 11 and 1 mg × 42 ..... 16.67 53 Champix
➔ Tab 1 mg ..... 17.62 56 Champix
Note – delisting delayed from 1 June 2026 to 1 September 2026.

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

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

Changes to Section H Part II – effective 1 March 2026 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

153 DAUNORUBICIN (↓ price)

Inj 18.7 mg vial	160.75	1	Pfizer

158 PEGASPARGASE (amended restriction criteria – affected criteria shown only)

➔ Inj 750 iu per ml, 5 ml vial	3,973.25	1	Oncaspar LYO

Restricted
Initiation – Newly diagnosed ALL
*Limited to ~~12~~ **15** months treatment*
Both:
1 The patient has newly diagnosed acute lymphoblastic leukaemia; and
2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol.

179 ETANERCEPT (amended restriction criteria – affected criteria shown only)

➔ Inj 25 mg autoinjector	690.00	4	Enbrel
➔ Inj 25 mg vial	690.00	4	Enbrel
➔ Inj 50 mg autoinjector	1,050.00	4	Enbrel
➔ Inj 50 mg syringe	1,050.00	4	Enbrel

Restricted
Initiation – **arthritis -** polyarticular course juvenile idiopathic ~~arthritis~~
~~Rheumatologist or named specialist~~
Re-assessment required after 6 months
~~Either~~ **Any of the following**:
1 Both:
1.1 ~~The p~~**P**atient has had a~~n initial~~ Special Authority approval for adalimumab for polyarticular course juvenile idiopathic arthritis (JIA); and
1.2 Either:
1.2.1 ~~The p~~**P**atient has experienced intolerable side effects ~~from adalimumab~~; or
1.2.2 ~~The p~~**P**atient has received insufficient benefit ~~from adalimumab~~ to meet the renewal criteria ~~for adalimumab~~ for polyarticular course JIA; or
~~2 All of the following~~:
~~2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and~~
~~2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and~~
~~2.3 Any of the following:~~
~~2.3.1~~ **2** At least 5 active joints and at least 3 joints with **pain, tenderness or a** limited range of motion~~, pain, or tenderness~~ after a 3-month trial of methotrexate at the maximum tolerated dose**, unless contraindicated**; or
~~2.3.2~~ **3** Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate at the maximum tolerated dose**, unless contraindicated**; or
~~2.3.3~~ **4** Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

Continuation – **arthritis -** polyarticular course juvenile idiopathic ~~arthritis~~
~~Rheumatologist or named specialist~~
*Re-assessment required after ~~6 months~~ **2 years***
~~Both:~~
~~1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and~~
~~2~~ Either**:**
1 ~~2.1~~ Following ~~3 to 4 months'~~ initial treatment, ~~the patient has~~ at least a 50% decrease in active joint count ~~and an improvement in physician's global assessment~~ from baseline; or

continued...

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

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

2 ~~2.2~~ On subsequent reapplications, ~~the patient demonstrates~~ at least a continuing 30% improvement in active joint count ~~and continued improvement in physician's global assessment~~ from baseline.

Initiation – **arthritis -** oligoarticular course juvenile idiopathic ~~arthritis~~
~~Rheumatologist or named specialist~~
Re-assessment required after 6 months
~~Either~~ **Any of the following**:
1 Both:
- 1.1 ~~The p~~**P**atient has had a~~n initial~~ Special Authority approval for adalimumab for oligoarticular course juvenile idiopathic arthritis (JIA); and
- 1.2 Either:
  - 1.2.1 ~~The p~~**P**atient has experienced intolerable side effects ~~from adalimumab~~; or
  - 1.2.2 ~~The p~~**P**atient has received insufficient benefit ~~from adalimumab~~ to meet the renewal criteria ~~for adalimumab~~ for oligoarticular course JIA; or

~~2 All of the following:~~
- ~~2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and~~
- ~~2.2 Patient has had oligoarticular course JIA for 6 months duration or longer; and~~

~~3~~ Any of the following:
2 ~~3.1~~ At least 2 active joints with **pain, tenderness or a** limited range of motion~~, pain, or tenderness~~ after a 3-month trial of methotrexate ~~(~~at the maximum tolerated dose~~)~~**, unless contraindicated;** or
3 ~~3.2~~ Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate ~~(~~at the maximum tolerated dose~~)~~**, unless contraindicated.**~~; or~~
~~3.3 High disease activity (cJADAS10 score greater than 4) after a 6-month trial of methotrexate.~~

Continuation – **arthritis -** oligoarticular course juvenile idiopathic ~~arthritis~~
~~Rheumatologist or named specialist~~
Re-assessment required after ~~6 months~~ ***2 years***
~~Both:~~
~~1 Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and~~
~~2~~ Either
1 ~~1.1~~ Following ~~3 to 4 months'~~ initial treatment, ~~the patient has~~ at least a 50% decrease in active joint count ~~and an improvement in physician's global assessment~~ from baseline; or
2 ~~1.2~~ On subsequent reapplications, ~~the patient demonstrates~~ at least a continuing 30% improvement in active joint count ~~and continued improvement in physician's global assessment~~ from baseline.

Initiation – **arthritis** ~~Arthritis~~ - rheumatoid
~~Rheumatologist~~
Re-assessment required after 6 months
Either:
1 Both:
- 1.1 ~~The p~~ **P**atient has had a~~n initial~~ Special Authority approval for adalimumab for rheumatoid arthritis; and
- 1.2 Either:
  - 1.2.1 ~~The p~~**P**atient has experienced intolerable side effects; or
  - 1.2.2 ~~The p~~**P**atient has received insufficient benefit to meet the renewal criteria for rheumatoid arthritis; or

2 All of the following:
- 2.1 Patient has had rheumatoid arthritis (either confirmed by ~~radiology~~ **radiologic** imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) ~~for six months duration or longer~~; and
- ~~2.2 Treatment is to be use as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and~~
- **2.2** ~~2.3~~ Patient has ~~tried and not responded to~~ **received insufficient benefit from** at least **3** ~~three~~ months of methotrexate at a maximum tolerated dose (unless contraindicated); and

continued...

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

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

2.3 ~~2.4~~ Patient has ~~tried and not responded to~~ **received insufficient benefit from** at least **3** ~~three~~ months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses unless contraindicated); and

2.4 ~~2.5~~ Either:

2.4.1 ~~2.5.1~~ Patient has ~~tried and not responded to~~ **received insufficient benefit from** at least **3** ~~three~~ months of methotrexate in combination with the maximum tolerated dose of ciclosporin**, unless contraindicated**; or

2.4.2 ~~2.5.2~~ Patient has ~~tried and not responded to~~ **received insufficient benefit from** at least **3** ~~three~~ months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate**, unless contraindicated;** and

2.5 ~~2.6~~ Either:

2.5.1 ~~2.6.1~~ Patient has persistent symptoms of poorly controlled and active disease in at least 15 ~~swollen~~ joints; or

2.5.2 ~~2.6.2~~ Patient has persistent symptoms of poorly controlled and active disease in at least **4** ~~four~~ joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip.

Continuation – **arthritis** ~~Arthritis~~ - rheumatoid

~~Any relevant practitioner~~

Re-assessment required after 2 years

~~All of the following~~ **Both**:

~~1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and~~

1 ~~2~~ Either:

1.1 ~~2.1~~ Following initial treatment, ~~the patient has~~ 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

1.2 ~~2.2~~ On subsequent reapplications, ~~the patient demonstrates~~ 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~~; and

2 ~~3 Etanercept to be administered at doses no greater than~~ **Maximum dose** 50 mg every 7 days.

Initiation – ankylosing spondylitis

~~Rheumatologist~~

Re-assessment required after 6 months

Either:

1 Both:

1.1 ~~The p~~**P**atient has had a~~n initial~~ Special Authority approval for adalimumab for ankylosing spondylitis; and

1.2 Either:

1.2.1 ~~The p~~**P**atient has experienced intolerable side effects ~~from adalimumab~~; or

1.2.2 ~~The p~~**P**atient has received insufficient benefit ~~from adalimumab~~ to meet the renewal criteria ~~for adalimumab~~ for ankylosing spondylitis; or

2 All of the following:

2.1 Patient has a confirmed diagnosis of ankylosing spondylitis ~~present for more than six months~~; and

2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and

2.3 Patient has bilateral sacroiliitis demonstrated by **radiologic imaging** ~~plain radiographs, CT or MRI scan;~~ and

2.4 ~~Patient's ankylosing spondylitis~~ **Disease** has not responded adequately to treatment with two or more ~~non-steroidal anti-inflammatory drugs (~~NSAIDs~~)~~ **(unless contraindicated)**, ~~in combination with anti-ulcer therapy if indicated~~, while patient was undergoing at least 3 months of a regular exercise regimen for ankylosing spondylitis; and

2.5 Either:

2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following ~~Bath Ankylosing Spondylitis Metrology Index (~~BASMI~~)~~ measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or

2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender ~~(see Notes)~~; and

continued...

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

2.6 ~~A Bath Ankylosing Spondylitis Disease Activity Index (~~BASDAI~~)~~ **score** of at least 6 on a ~~0~~**10-**point scale **completed after 3-month exercise trial before ceasing any previous pharmacological treatment and not more than 1 month before the application.**

~~Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment and The BASDAI measure must be no more than 1 month old at the time of initial application.~~

~~Average normal chest expansion corrected for age and gender:~~

~~18-24 years - Male: 7.0 cm; Female: 5.5 cm~~
~~25-34 years - Male: 7.5 cm; Female: 5.5 cm~~
~~35-44 years - Male: 6.5 cm; Female: 4.5 cm~~
~~45-54 years - Male: 6.0 cm; Female: 5.0 cm~~
~~55-64 years - Male: 5.5 cm; Female: 4.0 cm~~
~~65-74 years - Male: 4.0 cm; Female: 4.0 cm~~
~~75+ years - Male: 3.0 cm; Female: 2.5 cm~~

Continuation – ankylosing spondylitis
~~Rheumatologist~~
*Re-assessment required after ~~6 months~~ **2 years***
~~All of the following~~: **Both:**
1 ~~Following 12 weeks' initial treatment and for subsequent renewals, Treatment has resulted in~~ ~~an improvement in~~ BASDAI **has improved from pre-treatment baseline** ~~of~~ **either by at least** 4 ~~or more~~ points ~~from pre-treatment baseline~~ on a ~~10 point~~ **10-point** scale, or ~~an improvement in BASDAI of~~ **by at least** 50%~~, whichever is less~~; and
~~2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and~~
2 ~~3 Etanercept to be administered at doses no greater than~~ **Maximum dose** 50 mg every 7 days.

Initiation – **arthritis -** psoriatic ~~arthritis~~
~~Rheumatologist~~
Re-assessment required after 6 months
Either:
1 Both:
1.1 ~~The p~~**P**atient has had a~~n initial~~ Special Authority approval for adalimumab or secukinumab for psoriatic arthritis; and
1.2 Either:
1.2.1 ~~The p~~**P**atient has experienced intolerable side effects ~~from adalimumab or secukinumab~~; or
1.2.2 ~~The p~~**P**atient has received insufficient benefit ~~from adalimumab or secukinumab~~ to meet the renewal criteria ~~for adalimumab or secukinumab~~ for psoriatic arthritis; or
2 All of the following:
~~2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and~~
2.1 ~~2.2~~ Patient has ~~tried and not responded to~~ **received insufficient benefit from** at least ~~three~~ **3** months of ~~oral or parenteral~~ methotrexate at ~~a dose of at least 20 mg weekly or a~~ maximum tolerated dose **unless contraindicated**; and
2.2 ~~2.3~~ Patient ~~tried and not responded to~~ **received insufficient benefit from** at least ~~three~~ **3** months of sulfasalazine ~~at a dose of at least 2 g per day~~ or leflunomide at ~~a dose of up to 20 mg daily (or~~ maximum tolerated dose~~s)~~ **unless contraindicated**; and
2.3 ~~2.4~~ Either:
2.3.1 ~~2.4.1~~ Patient has persistent symptoms of poorly controlled and active disease in at least 15 ~~swollen, tender~~ joints; or
2.3.2 ~~2.4.2~~ Patient has persistent symptoms of poorly controlled and active disease in at least ~~four~~ **4** joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
2.4 ~~2.5~~ Any of the following:
2.4.1 ~~2.5.1~~ Patient has ~~a C-reactive protein~~ **CRP** ~~level~~ greater than 15 mg/L measured ~~no more than~~ **within** one month ~~prior to the date of this~~ **before the** application; or
2.4.2 ~~2.5.2~~ Patient has an ~~elevated erythrocyte sedimentation rate (~~ESR~~)~~ greater than 25 mm per hour **measured within one month before the application**; or

continued...

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

2.4.3 ~~2.5.3~~ ESR and CRP not measured as patient is ~~currently~~ receiving prednisone therapy ~~at a dose of~~ greater than 5 mg per day ~~and has done so~~ **received** for more than ~~three~~ **3** months.

Continuation – **arthritis -** psoriatic ~~arthritis~~
~~Rheumatologist~~
*Re-assessment required after ~~6 months~~ **2 years***
Both:
1 Either:
  1.1 Following ~~3 to 4 months'~~ initial treatment, ~~the patient has~~ 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
  1.2 ~~The patient demonstrates at~~ **A**t least a continuing 30% improvement in active joint count from baseline ~~and a clinically significant response~~ ~~to prior etanercept treatment in the opinion of the treating physician~~; and
2 ~~Etanercept to be administered at doses no greater than~~ **Maximum dose** 50 mg every 7 days.

Initiation – ~~severe chronic~~ plaque psoriasis, prior TNF use
~~Dermatologist~~
*Limited to 4 **6** months treatment*
All of the following:
1 ~~The p~~**P**atient has had a~~n initial~~ Special Authority approval for adalimumab for ~~severe chronic~~ plaque psoriasis; and
2 Either:
  2.1 ~~The p~~**P**atient has experienced intolerable side effects ~~from adalimumab~~; or
  2.2 ~~The p~~**P**atient has received insufficient benefit ~~from adalimumab~~ to meet the renewal criteria for adalimumab for ~~severe chronic~~ plaque psoriasis; or
3 Patient must be reassessed for continuation after 3 doses.

Initiation – ~~severe chronic~~ plaque psoriasis, treatment-naive
~~Dermatologist~~
*Limited to 4 **6** months treatment*
All of the following:
1 Any of the following:
  1.1 Patient has "whole body" severe chronic plaque psoriasis with a ~~Psoriasis Area and Severity Index (~~PASI~~)~~ score of greater than 10 ~~where lesions have been present for at least 6 months from the time of initial diagnosis;~~ or
  1.2 Patient has ~~severe chronic~~ plaque psoriasis of the face, or palm of a hand**,** or sole of a foot ~~where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis~~; or
  1.3 Patient has ~~severe chronic~~ localised genital or flexural plaque psoriasis ~~where the plaques or lesions have been present for at least 6 months form the time of initial diagnosis, and~~ with a ~~Dermatology Life Quality Index (~~DLQI~~)~~ score greater than 10; and
2 Patient has ~~tried, but had an inadequate response (see Note) to~~ **received insufficient benefit from (see Note)**, or has experienced intolerable side effects from, at least ~~three~~ **3** of the following at maximum tolerated doses (unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
3 A PASI assessment or ~~Dermatology Quality of Life Index (~~DLQI~~)~~ assessment has been completed for ~~at least~~ the most recent prior treatment course ~~(but preferably all prior treatment courses), preferably while still on treatment but no longer than~~ **within** 1 month **of stopping** ~~following cessation of each prior treatment course~~ **that treatment**; and
4 The most recent PASI or DLQI assessment is ~~no more than~~ **within 1** month ~~old at the time of~~ **before the** application.
Note: "~~Inadequate response~~ **Insufficient benefit** " is defined as: for whole body ~~severe chronic~~ plaque psoriasis, a PASI score of greater than 10, ~~as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment~~; for ~~severe chronic~~ plaque psoriasis of the face, hand, foot, genital or flexural areas at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and for the face, palm of a hand or sole of a foot the skin area affected is 30% or more of the face, palm of a hand or sole of a foot~~,~~ a**A**s assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Continuation – ~~severe chronic~~ plaque psoriasis
*Re-assessment required after ~~6 months~~ **2 years***

continued...

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

Both:
1 Any of the following:
1.1 Both:
1.1.1 Patient had "whole body" ~~severe chronic~~ plaque psoriasis at the start of treatment; and
1.1.2 Either:
1.1.2.1 ~~Following each prior etanercept treatment course the p~~**P**atient has a PASI score which is reduced by 75% or more, or is sustained at this level, ~~when~~ compared with the pre-treatment baseline~~value~~; or
1.1.2.2 ~~Following each prior etanercept treatment course the p~~**P**atient has a ~~Dermatology Quality of Life Index~~ (DLQI)~~-~~improvement of 5 or more, ~~when~~ compared with the pre-treatment baseline ~~value~~; or
1.2 Both:
1.2.1 Patient had ~~severe chronic~~ plaque psoriasis of the face, or palm of a hand, or sole of a foot at the start of treatment; and
1.2.2 Either:
1.2.2.1 ~~Following each prior etanercept treatment course the p~~**P**atient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, ~~as~~ compared to the **pre-**treatment ~~course~~ baseline ~~values~~; or
1.2.2.2 ~~Following each prior etanercept treatment course the p~~**P**atient has a reduction of 75% or more in the skin area affected, or sustained at this level, ~~as~~ compared to the **pre-**treatment baseline~~ value~~; or
1.3 Both:
1.3.1 Patient had ~~severe chronic~~ localised genital or flexural plaque psoriasis at the start of treatment; and
1.3.2 Either:
1.3.2.1 ~~The p~~**P**atient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, ~~as~~ compared to the pre-treatment baseline~~ value~~; or
1.3.2.2 Patient has a ~~Dermatology Quality of Life Index (~~DLQI~~)~~ improvement of 5 or more, ~~as~~ compared to **the pre-treatment** baseline ~~DLQI prior to commencing etanercept~~; and
2 ~~Etanercept to be administered at doses no greater than~~ **Maximum dose** 50 mg every 7 days.
~~Note: A treatment course is defined as a minimum of 12 weeks etanercept treatment~~

Initiation – pyoderma gangrenosum*****
~~Dermatologist~~
~~All of the following:~~ **Both:**
~~1 Patient has pyoderma gangrenosum*; and~~
1 ~~2~~ Patient has received **insufficient benefit from** ~~three~~ **3** months of conventional therapy including a minimum of ~~three~~ **3** pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate)~~ and not received an adequate response~~. **Where conventional pharmaceuticals are contraindicated, a 3 month trial has occurred of those that are not contraindicated;** and
2 ~~3 A m~~**M**aximum of 8 doses **every 4 months**.
Note: Indications marked with * are unapproved indications.

~~Continuation – pyoderma gangrenosum*~~
~~Dermatologist~~
~~All of the following:~~
~~1 Patient has shown clinical improvement; and~~
~~2 Patient continues to require treatment; and~~
~~3 A maximum of 8 doses.~~

Initiation – **Stills disease** - adult-onset ~~Stills disease~~ **(AOSD)**
~~Rheumatologist~~
~~*Re-assessment required after 6 months*~~
Either:
1 Both:
1.1 ~~Either:~~

continued...

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

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

~~1.2.1 The p~~**P**atient has had a~~n initial~~ Special Authority approval for ~~etanercept~~ **adalimumab and/or tocilizumab** for ~~adult-onset Still's disease~~ AOSD;~~ or~~ **and**

~~1.2.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the HML rules; and~~

1.2 Either:

1.2.1 ~~The p~~**P**atient has experienced intolerable side effects ~~from etanercept and/or tocilizumab~~; or

1.2.2 ~~The p~~**P**atient has received insufficient benefit **to meet the renewal criteria** from at least a ~~three~~ **3**-month trial of adalimumab ~~and~~/or tocilizumab ~~such that they do not meet the renewal criteria for AOSD~~; or

2 All of the following:

2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria ~~(J Rheumatol 1992;19:424-430)~~; and

2.2 Patient has tried and ~~not responded to~~ **received insufficient benefit from** at least 6 months of ~~gluco~~corticosteroids at a dose of at least 0.5 mg/kg **prednisone-equivalents**, ~~non-steroidal anti-inflammatory drugs~~ NSAIDs and methotrexate, **unless contraindicated**; and

2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

~~Continuation – adult-onset Still's disease~~
~~Rheumatologist~~
~~Re-assessment required after 6 months~~
~~The patient has a sustained improvement in inflammatory markers and functional status.~~

Initiation – undifferentiated spondyloarthritis
~~Rheumatologist~~
Re-assessment required after 6 months
All of the following:

1 Patient has undifferentiated peripheral spondyloarthritis~~*~~ with active peripheral joint arthritis in at least ~~four~~ **4** joints from the following: wrist, elbow, knee, ankle, and either shoulder, or hip; and

2 Patient has ~~tried and not responded to~~ **received insufficient benefit from** at least ~~three~~ **3** months of ~~oral or parenteral~~ **each of** methotrexate, **sulfasalazine, and leflunomide** at ~~a dose of at least 20 mg weekly or a~~ maximum tolerated dose**s, unless contraindicated**; and

~~3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day (or maximum tolerated dose); and~~

~~4 Patient has tried and not responded to at least three months of leflunomide at a dose of up to 20 mg daily (or maximum tolerated dose); and~~

3 ~~5~~ Any of the following:

3.1 ~~5.1~~ Patient has a ~~C-reactive protein~~ **CRP** level greater than 15 mg/L measured ~~no more than~~ **within** one month ~~prior to the date of this~~ **before the** application; or

3.2 ~~5.2~~ Patient has an ~~elevated erythrocyte sedimentation rate (~~ESR~~)~~ greater than 25 mm per hour measured ~~no more than~~ **within** one month ~~prior to the date of this~~ **before the** application; or

3.3 ~~5.3~~ ESR and CRP not measured as patient is currently receiving prednisone therapy ~~at a dose of~~ greater than 5 mg per day ~~and has done so~~ **received** for more than three months.

Note: Indications marked with * are unapproved indications.

Continuation – undifferentiated spondyloarthritis
~~Rheumatologist or medical practitioner on the recommendation of a Rheumatologist~~
~~Re-assessment required after 6 months~~ ***2 years***
~~All of the following~~ **Both:**

~~1 Either:~~

~~1.1 Applicant is a rheumatologist; or~~

~~1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and~~

1 ~~2~~ Either:

1.1 ~~2.1~~ Following ~~3 to 4 months'~~ initial treatment, the patient **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

continued...

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

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

1.2 ~~2.2 The p~~**P**atient ~~demonstrates~~ **has experienced** at least a continuing 30% improvement in active joint count from baseline ~~and a clinically significant response to prior etanercept treatment in the opinion of the treating physician~~; and

2 ~~3 Etanercept to be administered at doses no greater than~~ **Maximum dose** 50 mg ~~dose~~ every 7 days.

208 INFLIXIMAB (amended restriction criteria – affected criteria shown only)

➔ Inj 100 mg ..... 428.00 1 Remicade

Restricted

Initiation – **arthritis -** rheumatoid ~~arthritis~~

~~Rheumatologist~~

*Re-assessment required after ~~4~~ **6** months*

All of the following:

1 ~~The p~~**P**atient has had a~~n initial~~ Special Authority approval for adalimumab ~~and/~~or etanercept for rheumatoid arthritis; and

2 Either:

2.1 ~~The p~~**P**atient has experienced intolerable side effects ~~from a reasonable trial of adalimumab and/or etanercept~~; or

2.2 ~~Following at least a four month trial of adalimumab and/or etanercept, the The p~~**P**atient **has received insufficient benefit** ~~did not~~ **to** meet the renewal criteria for ~~adalimumab and/or etanercept~~ **rheumatoid arthritis**; and

3 ~~Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance.~~ **Following initial induction doses, maximum dose 3mg/kg every 8 weeks.**

Continuation – **arthritis -** rheumatoid ~~arthritis~~

~~Rheumatologist~~

*Re-assessment required after ~~6 months~~ **2 years***

~~All of the following~~ **Both**:

~~1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and~~

1 Either:

1.1 Following ~~3 to 4 months'~~ initial treatment, the patient 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

1.2 ~~The p~~**P**atient ~~demonstrates~~ **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~~; and

2 ~~Infliximab to be administered at doses no greater than~~ **Maximum dose** 3 mg/kg every 8 weeks.

Initiation – ankylosing spondylitis

~~Rheumatologist~~

*Re-assessment required after ~~3~~ **6** months*

~~Both~~ **All of the following**:

1 Patient has had a~~n initial~~ Special Authority approval for adalimumab ~~and/~~or etanercept for ankylosing spondylitis; and

2 Either:

2.1 ~~The p~~**P**atient has experienced intolerable side effects ~~from a reasonable trial of adalimumab and/or etanercept~~; or

2.2 ~~Following 12 weeks of adalimumab and/or etanercept treatment, the p~~**P**atient **has received insufficient benefit** ~~did not~~ **to** meet the renewal criteria ~~for adalimumab and/or etanercept~~ for ankylosing spondylitis; **and**

3 Following initial induction doses, maximum dose 5mg/kg every 6-8 weeks.

Continuation – ankylosing spondylitis

~~Rheumatologist~~

*Re-assessment required after ~~6 months~~ **2 years***

~~All of the following:~~ **Both:**

1 ~~Following 12 weeks of infliximab treatment~~, BASDAI has improved **from pre-treatment baseline either** by **at least** 4 ~~or more~~ points ~~from pre-infliximab baseline~~ on a ~~10 point~~ **10-point** scale, or by **at least** 50%~~, whichever is less~~; and

~~2 Physician considered that the patient has benefited from treatment and that continued treatment is appropriate; and~~

2 ~~3 Infliximab is to be administered at doses no greater than~~ **Maximum dose** 5mg/kg every 6-8 weeks.

continued...

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

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

Initiation – **arthritis -** psoriatic ~~arthritis~~
~~Rheumatologist~~
*Re-assessment required after 4 **6** months*
~~Both~~ **All of the following:**
1 ~~The p~~**P**atient has had a~~n initial~~ Special Authority approval for adalimumab**,** ~~and~~/or etanercept**,** ~~and/~~or secukinumab for psoriatic arthritis; and
2 Either:
  2.1 ~~The p~~**P**atient **has** experienced intolerable side effects ~~from adalimumab and/or etanercept and/or secukinumab~~; or
  2.2 ~~Following 3-4 months' initial treatment with adalimumab and/or etanercept and/or secukinumab,~~ ~~the p~~**P**atient **has received insufficient benefit** ~~did not~~ **to** meet the renewal criteria ~~for adalimumab, and/or etanercept and/or secukinumab~~ for psoriatic arthritis; **and**
3 Following initial induction doses, maximum dose 5mg/kg every 8 weeks.

Continuation – **arthritis -** psoriatic ~~arthritis~~
~~Rheumatologist~~
*Re-assessment required after ~~6 months~~ **2 years***
Both:
1 Either:
  1.1 Following ~~3 to 4 months'~~ initial treatment, ~~the patient has~~ 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
  1.2 ~~The patient demonstrates at~~ **At** least a continuing 30% improvement in active joint count from baseline ~~and a clinically significant response to prior infliximab treatment in the opinion of the treating physician~~; and
2 ~~Infliximab to be administered at doses no greater than~~ **Maximum dose** 5 mg/kg every 8 weeks.

Initiation – ~~severe~~ ocular inflammation – **severe***
Re-assessment required after 4 months
Either:
1 Both:
  1.1 ~~The p~~**P**atient **has** had an initial Special Authority approval for adalimumab for severe ocular inflammation; and
  1.2 Either:
    1.2.1 ~~The p~~**P**atient **has** experienced intolerable side effects ~~from adalimumab~~; or
    1.2.2 ~~The p~~**P**atient **has** received insufficient benefit ~~from adalimumab~~ to meet the renewal criteria ~~for adalimumab~~ for severe ocular inflammation; or
2 Both:
  2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
  2.2 Any of the following:
    2.2.1 Treatment with high-dose **IV cortico**steroids ~~(intravenous methylprednisolone)~~ followed by high dose oral **cortico**steroids has ~~proven~~ **been** ineffective at controlling symptoms; or
    2.2.2 Patient developed new inflammatory symptoms while receiving high dose **cortico**steroids; or
    2.2.3 Patient is aged under 8 years and treatment with high dose oral **cortico**steroids and other immunosuppressants has ~~proven~~ **been** ineffective at controlling symptoms**; or**
    2.2.4 High dose corticosteroids are contraindicated.

Note: Indications marked with * are unapproved indications.

Continuation – ~~severe~~ ocular inflammation – **severe***
*Re-assessment required after ~~12 months~~ **2 years***
Any of the following:
1 ~~The p~~**P**atient **has** ~~had~~ **received** a good clinical response following 3 initial doses; or
2 Following each **2 year** ~~12 month~~ treatment period, the patient has **experienced** ~~had~~ a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
3 Following each **2 year** ~~12 month~~ treatment period, patient has a sustained **cortico**steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or **cortico**steroid drops less than twice daily if under 18 years old.

continued...

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

Indications marked with * are unapproved indications.

Initiation – ~~chronic~~ ocular inflammation – **chronic***

Re-assessment required after 4 months

Either:

1 Both:
- 1.1 ~~The p~~**P**atient has had a~~n initial~~ Special Authority for adalimumab for chronic ocular inflammation; and
- 1.2 Either:
  - 1.2.1 ~~The p~~**P**atient has experienced intolerable side effects ~~from adalimumab~~; or
  - 1.2.2 ~~The p~~**P**atient has received insufficient benefit ~~from adalimumab~~ to meet the renewal criteria ~~for adalimumab~~ for chronic ocular inflammation; or

2 Both:
- 2.1 Patient has severe uveitis **with a severe risk of vision loss** uncontrolled ~~with~~ **by** treatment **with** ~~of~~ **cortico**steroids and other immunosuppressants ~~with a severe risk of vision loss~~; and
- 2.2 Any of the following:
  - 2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has ~~proven~~ **been** ineffective **or are contraindicated**; or
  - 2.2.2 Patient is under 18 years and treatment with methotrexate has ~~proven~~ **been** ineffective, **is contraindicated** or is not tolerated at a therapeutic dose; or
  - 2.2.3 Patient is under 8 years and treatment with **cortico**steroids or methotrexate has ~~proven~~ **been** ineffective, **is contraindicated** or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate.

Note: Indications marked with * are unapproved indications.

Continuation – ~~chronic~~ ocular inflammation – **chronic***

*Re-assessment required after ~~12 months~~ **2 years***

Any of the following:

1 ~~The p~~**P**atient **has received** ~~had~~ a good clinical response following 3 initial doses; or

2 Following each **2 year** ~~12 month~~ treatment period, the patient **has experienced** ~~had~~ a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or

3 Following each **2 year** ~~12 month~~ treatment period, the patient **has** a sustained **cortico**steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or **cortico**steroid drops less than twice daily if under 18 years old.

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

Indications marked with * are unapproved indications

Initiation – plaque psoriasis

~~Dermatologist~~

*Re-assessment required after ~~3 doses~~ **6 months***

Either:

1 Both:
- 1.1 ~~The p~~**P**atient had a~~n initial~~ Special Authority approval for adalimumab, etanercept or secukinumab for ~~severe chronic~~ plaque psoriasis; and
- 1.2 Either:
  - 1.2.1 ~~The p~~**P**atient **has** experienced intolerable side effects ~~from adalimumab, etanercept or secukinumab~~; or
  - 1.2.2 ~~The p~~**P**atient **has** received insufficient benefit ~~from adalimumab, etanercept or secukinumab~~ to meet the renewal criteria ~~for adalimumab, etanercept or secukinumab~~ for ~~severe chronic~~ plaque psoriasis; or

2 All of the following:
- 2.1 Any of the following:

continued...

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

2.1.1 Patient **has** "whole body" ~~severe chronic~~ plaque psoriasis with a ~~Psoriasis Area and Severity Index (~~PASI~~)~~ score of greater than 10 ~~where lesions have been present for at least 6 months from the time of initial diagnosis~~; or

2.1.2 Patient **has** ~~severe chronic~~ plaque psoriasis of the face, or palm of a hand or sole of a foot, ~~where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis~~; or

2.1.3 Patient **has** ~~severe chronic~~ localised genital or flexural plaque psoriasis ~~where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis, and~~ with a ~~Dermatology Life Quality Index (~~DLQI~~)~~ score greater than 10; and

2.2 Patient **has** ~~tried, but had an inadequate response~~ **received insufficient benefit** (see Note)-or has experienced intolerable side effects from~~,~~ at least ~~three~~ **3** of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and

2.3 A PASI assessment has been completed for ~~at least~~ the most recent prior treatment course ~~(but preferably all prior treatment courses), preferably while still on treatment but no longer than~~ **within** 1 month ~~following cessation of each prior treatment course~~ **of stopping that treatment;** and

2.4 The most recent PASI assessment is within 1 month before the application.

Note: "~~Inadequate response~~ **Insufficient benefit**" is defined as: for whole body ~~severe chronic~~ plaque psoriasis, a PASI score of greater than 10, ~~as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment~~; for ~~severe chronic~~ plaque psoriasis of the face, hand, foot, genital or flexural areas at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and for the face, palm of a hand or sole of a foot the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Continuation – plaque psoriasis

*Re-assessment required after ~~3 doses~~ **2 years***

Both:

1 Any of the following:

1.1 Both:

1.1.1 Patient had "whole body" ~~severe chronic~~ plaque psoriasis at the start of treatment; and

1.1.2 ~~Following each prior infliximab treatment course the p~~**P**atient **has** a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-infliximab ~~treatment~~ baseline ~~value~~; or

1.2 Both:

1.2.1 Patient had ~~severe chronic~~ plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and

1.2.2 Either:

1.2.2.1 ~~Following each prior infliximab treatment course p~~**P**atient **has** a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the pre-**infliximab** ~~treatment course~~ baseline ~~values~~; or

1.2.2.2 ~~Following each prior infliximab treatment course the p~~**P**atient **has** a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-infliximab ~~treatment~~ baseline ~~value~~; or

1.3 Both:

1.3.1 Patient had ~~severe chronic~~ localised genital or flexural plaque psoriasis at the start of treatment; and

1.3.2 Either:

1.3.2.1 ~~The p~~**P**atient **has** experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline ~~value~~; or

1.3.2.2 ~~The p~~**P**atient **has** a ~~Dermatology Quality of Life Index (~~DLQI~~)~~ improvement of 5 or more, as compared to **the pre-infliximab** baseline ~~DLQI prior to commencing infliximab~~; and

2 ~~Infliximab to be administered at doses no greater than~~ **Maximum dose** 5mg/kg every 8 weeks.

Initiation – ~~severe~~ Behcet~~'s~~ disease

~~Re-assessment required after 4 months~~

continued...

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

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

All of the following:

~~1 The p~~**P**atient has severe Behcet~~'s~~ disease which is significantly impacting ~~the patient's~~ their quality of life ~~(see Notes)~~; and

2 Either:

2.1 ~~The p~~**P**atient **has** severe ocular, neurological and/or vasculitic symptoms and has ~~not responded adequately to~~ **received insufficient benefit from** ~~one~~ **1** or more treatment(s) appropriate for the particular symptom(s) ~~(see Notes)~~; or

2.2 ~~The p~~**P**atient **has** severe gastrointestinal, rheumatologic and/or mucocutaneous symptoms and has ~~not responded adequately to~~ **received insufficient benefit from 2** ~~two~~ or more treatment**s** appropriate for the particular symptom(s) ~~(see Notes)~~; and

3 Following initial loading doses, maximum dose 5mg/kg every 8 weeks.

~~3 The patient is experiencing significant loss of quality of life.~~

~~Notes:~~

~~a) Behcet's disease diagnosed according to the International Study Group for Behcet's Disease. Lancet 1990;335(8697):1078-80. Quality of life measured using an appropriate quality of life scale such as that published in Gilworth et al J Rheumatol. 2004;31:931-7.~~

~~b) Treatments appropriate for the particular symptoms are those that are considered standard conventional treatments for these symptoms, for example intravenous/oral steroids and other immunosuppressants for ocular symptoms; azathioprine, steroids, thalidomide, interferon alpha and ciclosporin for mucocutaneous symptoms; and colchicine, steroids and methotrexate for rheumatological symptoms.~~

~~Continuation – severe Behcet's disease~~

~~*Re-assessment required after 6 months*~~

~~Both:~~

~~1 Patient has had a good clinical response to initial treatment with measurably improved quality of life; and~~

~~2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.~~

Initiation – pyoderma gangrenosum*****

~~Dermatologist~~

~~All of the following:~~ **Both:**

~~1 Patient has pyoderma gangrenosum*; and~~

1 ~~2~~ Patient **has** received **insufficient benefit from** ~~three~~ **3** months of conventional therapy including a minimum of ~~three~~ **3** pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) ~~and not received an adequate response~~. **Where conventional pharmaceuticals are contraindicated, a 3-month trial has occurred of those that are not contraindicated;** and

2 ~~3 A m~~**M**aximum of 8 doses **every 4 months**.

Note: Indications marked with * are unapproved indications.

~~Continuation – pyoderma gangrenosum~~

~~Dermatologist~~

~~All of the following:~~

~~1 Patient has shown clinical improvement; and~~

~~2 Patient continues to require treatment; and~~

~~3 A maximum of 8 doses.~~

~~Note: Indications marked with * are unapproved indications.~~

➔ Restriction

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

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

Changes to Section H Part II – effective 1 March 2026 (continued)

221 PALIVIZUMAB (amended restriction criteria – affected criteria shown only)

➔Inj 100 mg per ml, 1 ml vial	1,700.00	1	Synagis

Restricted
Initiation
Re-assessment required after 6 ***12*** *months*
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.

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

Changes to Section H Part II – effective 1 March 2026 (continued)

224 RITUXIMAB (MABTHERA) (amended restriction criteria – affected criteria shown only)

➔ Inj 10 mg per ml, 10 ml vial	1,075.50	2	Mabthera
➔ Inj 10 mg per ml, 50 ml vial	2,688.30	1	Mabthera

Restricted

Initiation – **arthritis** - rheumatoid ~~arthritis~~ - prior TNF inhibitor use

Limited to 4 months treatment

All of the following:

~~1 Both:~~

1 ~~1.1 The p~~**P**atient has had a~~n initial community~~ Special Authority approval for ~~at least one of~~ etanercept ~~and/~~or adalimumab for rheumatoid arthritis; and

2 ~~1.2~~ Either:

2.1 ~~1.2.1 The p~~**P**atient has experienced intolerable side effects ~~from a reasonable trial of adalimumab and/or etanercept~~; or

2.2 ~~1.2.2~~ Following at least a ~~four~~ **4** month trial of adalimumab ~~and/~~or etanercept, ~~the patient did not meet~~ the renewal criteria ~~for adalimumab and/or etanercept~~ for rheumatoid arthritis **were not met;** and

~~2 Either:~~

~~2.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or~~

~~2.2 Patient is contraindicated to both methotrexate and leflunomide are contraindicated, requiring rituximab monotherapy to be used; and~~

3 Maximum of two ~~1,000~~ **1000** mg infusions ~~of rituximab~~ given two weeks apart.

Initiation – **arthritis** - rheumatoid ~~arthritis~~ - TNF inhibitors contraindicated

Limited to 4 months treatment

All of the following:

1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and

2 Patient has had ~~severe and active erosive~~ rheumatoid arthritis (either confirmed by ~~radiology~~ **radiologic** imaging, or the patient is ~~cyclic citrullinated peptide (~~CCP~~)~~ antibody positive) ~~for six months duration or longer~~; and

3 ~~Patient has tried and~~ **Disease has** not responded to at least **3** ~~three~~ months of ~~oral or parenteral~~ methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose**, unless contraindicated**; and

4 ~~Patient has tried and~~ **Disease has** not responded to at least **3** ~~three~~ months of ~~oral or parenteral~~ methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses)**, unless contraindicated**; and

5 ~~Any of the following~~ **Either**:

5.1 ~~Patient has tried and~~ **Disease has** not responded to at least **3** ~~three~~ months of ~~oral or parenteral~~ methotrexate in combination with the maximum tolerated dose of ciclosporin**, unless contraindicated**; or

~~5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or~~

5.2 ~~5.3 Patient has tried and~~ **Disease has** not responded to at least **3** ~~three~~ months of therapy at the maximum tolerated dose of leflunomide alone or in combination with ~~oral or parenteral~~ methotrexate**, unless contraindicated**; and

6 Either:

6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 ~~swollen, tender~~ joints; or

6.2 Patient has persistent symptoms of poorly controlled and active disease in at least ~~four~~ **4** joints from the following: wrist, elbow, knee, ankle, ~~and either~~ shoulder**,** or hip; and

7 Either:

7.1 Patient has ~~a C-reactive protein~~ **CRP** ~~level~~ greater than 15 mg/L measured ~~no more than~~ **within** one month ~~prior to the date of this~~ **before the** application; or

7.2 ~~C-reactive protein levels~~ **CRP** not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day ~~and has done so~~ **received** for more than **3**~~three~~ months; and

~~8 Either:~~

~~8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or~~

continued...

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

~~8.2 Patient is contraindicated to both methotrexate and leflunomide are contraindicated, requiring use of rituximab monotherapy to be used; and~~

8 ~~9~~ Maximum of two ~~1,000~~ **1000** mg infusions ~~of rituximab~~ given two weeks apart.

Continuation – **arthritis -** rheumatoid ~~arthritis~~ – re-treatment ~~in "partial responders"~~ **for people who have experienced a partial response** to rituximab

Re-assessment required after 4 ***12*** *months*

All of the following:

1 Any of the following:

1.1 ~~At 4 months if~~**F**ollowing the initial course of rituximab ~~infusions~~ the patient ~~had~~ **experienced** between a 30% and 50% decrease in active joint count from baseline ~~and a clinically significant response to treatment in the opinion of the physician~~; or

1.2 ~~At 4 months if~~**F**ollowing the second course of rituximab ~~infusions~~ the patient ~~had~~ **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

1.3 ~~At 4 months if~~**F**ollowing the third and subsequent courses of rituximab ~~infusions~~, the patient ~~demonstrates~~ **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~~; and

2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and

~~3 Either:~~

~~3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or~~

~~3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy. to be used.; and~~

3 ~~4~~ Maximum of two ~~1,000~~ **1000** mg infusions ~~of rituximab~~ given two weeks apart.

Continuation – **arthritis** - rheumatoid ~~arthritis~~ – re-treatment ~~in~~ **for people who experience a response** ~~'responders'~~ to rituximab

Re-assessment required after 4 ***12*** *months*

All of the following:

1 Either:

1.1 ~~At 4 months if~~**F**ollowing the initial course of rituximab infusions the patient ~~had~~ **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

1.2 ~~At 4 months if~~**F**ollowing the second and subsequent courses of rituximab ~~infusions~~, the patient ~~demonstrates~~ **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~~; and

2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and

~~3 Either:~~

~~3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or~~

~~3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and~~

3 ~~4~~ Maximum of two ~~1,000~~ **1000** mg infusions ~~of rituximab~~ **per course** given two weeks apart.

226 RITUXIMAB (RIXIMYO) (amended restriction criteria – affected criteria shown only)

➔ Inj 10 mg per ml, 10 ml vial	275.33	2	Riximyo
➔ Inj 10 mg per ml, 50 ml vial	688.20	1	Riximyo

Restricted

Initiation – thrombotic thrombocytopenic purpura (TTP)

Haematologist

~~*Re-assessment required after 8 weeks*~~

~~Both~~ **All of the following**:

1 The total rituximab dose ~~used~~ **per cycle** would not exceed the equivalent of 375 mg/m^2 **of** body surface area per week for a total of 4 weeks**; and**

2 Each treatment cycle at least 6 months apart; and

continued...

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

3 Either:
- 3.1 Patient has ~~thrombotic thrombocytopenic purpura* and has~~ experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or
- 3.2 Patient has acute idiopathic ~~thrombotic thrombocytopenic purpura~~ **TTP*** with neurological or cardiovascular pathology.

Note: Indications marked with * are unapproved indications.

~~Continuation – thrombotic thrombocytopenic purpura (TTP)~~
~~Haematologist~~
~~*Re-assessment required after 8 weeks*~~
~~All of the following:~~
~~1 Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and~~
~~2 An initial response lasting at least 12 months was demonstrated; and~~
~~3 Patient now requires repeat treatment; and~~
~~4 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks~~
~~Note: Indications marked with * are unapproved indications.~~

Initiation – treatment refractory systemic lupus erythematosus (SLE)
Rheumatologist or nephrologist
All of the following:
1 ~~The p~~**P**atient has severe, immediately life- or organ-threatening SLE*; and
2 The ~~disease~~ **condition** has **been** ~~proved~~ refractory to treatment with **cortico**steroids at a dose of at least 1 mg/kg **unless contraindicated**; and
3 The ~~disease~~ **condition** has relapsed following prior treatment for at least 6 months with maximal tolerated doses of azathioprine, mycophenolate mofetil**,** and high dose cyclophosphamide, or cyclophosphamide is contraindicated; and
4 **Initial treatment** ~~M~~**m**aximum of four 1000 mg infusions ~~of rituximab~~**; and**
5 Treatment for relapse following initial partial response to rituximab up to a maximum of two 1000 mg infusions every 6 months.

Note: Indications marked with * are unapproved indications.

~~Continuation – treatment refractory systemic lupus erythematosus (SLE)~~
~~Rheumatologist or nephrologist~~
~~All of the following:~~
~~1 Patient's SLE* achieved at least a partial response was achieved from to the previous round of prior rituximab treatment; and~~
~~2 The disease has subsequently relapsed.; and~~
~~3 Maximum of two 1000 mg infusions of rituximab~~
~~Note: Indications marked with * are unapproved indications.~~

Initiation – Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)
~~Nephrologist~~
Re-assessment required after 8 weeks
All of the following:
1 Patient is a child with SDNS* or FRNS*; and
2 Treatment with **cortico**steroids, **ciclosporin, and mycophenolate** for at least ~~a period of~~ 3 months **for each agent** has been ineffective, **not tolerated, or is contraindicated** ~~or associated with evidence of steroid toxicity~~; and
~~3 Treatment with ciclosporin for at least a period of 3 months has been ineffective and/or discontinued due to unacceptable side effects; and~~
~~4 Treatment with mycophenolate for at least a period of 3 months with no reduction in disease relapses; and~~
3 ~~5~~ The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks**.**

Note: Indications marked with * are unapproved indications.

continued...

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

Continuation – Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)
~~Nephrologist~~
Re-assessment required after 8 weeks
All of the following:
1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
2 Treatment with rituximab was previously successful and has demonstrated sustained response for > 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with ~~a~~* are unapproved indications.

Initiation – Steroid resistant nephrotic syndrome (SRNS)
~~Nephrologist~~
Re-assessment required after 8 weeks
All of the following:
1 Patient is a child with SRNS* ~~where~~ **and** treatment with **cortico**steroids**,** ~~and~~ ciclosporin **and tacrolimus** for at least 3 months **for each agent** ~~have~~ **has** been ineffective**, not tolerated, or is contraindicated**; and
~~2 Treatment with tacrolimus for at least 3 months has been ineffective; and~~
2 ~~3~~ Genetic causes of nephrotic syndrome have been excluded; and
3 ~~4~~ The total rituximab dose ~~used~~ **per cycle** would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks**.**

Note: Indications marked with ~~a~~* are unapproved indications.

Continuation – Steroid resistant nephrotic syndrome (SRNS)
~~Nephrologist~~
Re-assessment required after 8 weeks
All of the following:
1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with ~~a~~* are unapproved indications.

Initiation – Neuromyelitis Optica Spectrum Disorder (NMOSD)
~~*Re-assessment required after 6 months*~~
~~Both~~ **All of the following**:
1 ~~One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m^2 administered weekly for four weeks~~ **Cumulative dose up to 1500 mg/m^2 body surface area up to 2000 mg total per cycle; and**
2 Either
  2.1 ~~The p~~**P**atient has experienced a severe episode or attack of NMOSD (rapidly progressing symptoms ~~and~~ **with supporting** ~~supportive~~ clinical investigations ~~supportive of a severe attack of NMOSD~~); or
  2.2 All of the following:
    2.2.1 ~~The p~~**P**atient has experienced a breakthrough attack of NMOSD; and
    2.2.2 ~~The p~~**P**atient is receiving treatment with mycophenolate **unless contraindicated or not tolerated**; and
    2.2.3 ~~The p~~**P**atient is receiving treatment with corticosteroids **unless contraindicated or not tolerated; and**
3 Each treatment cycle at least 6 months apart.
Note: Indications marked with * are unapproved indications.

~~Continuation – Neuromyelitis Optica Spectrum Disorder (NMOSD)~~
~~*Re-assessment required after 2 years*~~
~~All of the following:~~
~~1 One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of~~

continued...

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

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

~~375 mg/m² administered weekly for four weeks; and~~
~~2 The patient has responded to the most recent course of rituximab; and~~
~~3 The patient has not received rituximab in the previous 6 months.~~

Initiation – ~~Severe~~ **R**refractory ~~M~~**m**yasthenia ~~G~~**g**ravis*****
~~Neurologist~~
Re-assessment required after 2 years
Both:
1 ~~One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and~~ **Cumulative dose up to 1500 mg/m² body surface area up to 2000 mg total per cycle; and**
2 Either
  2.1 Treatment with corticosteroids and at least one other immunosuppressant for ~~at least~~ a **minimum** period of 12 months has been ineffective; or
  2.2 Both:
    2.2.1 Treatment with at least one other immunosuppressant for a period of at least 12 months; and
    2.2.2 Corticosteroids have been trialled for at least 12 months and have been discontinued due to unacceptable side effects.

Note: Indications marked with * are unapproved indications.

Continuation – ~~Severe~~ **R**refractory ~~M~~**m**yasthenia ~~G~~**g**ravis*****
~~Neurologist~~
Re-assessment required after 2 years
All of the following:
1 ~~One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and~~ **Cumulative dose up to 1500 mg/m² body surface area up to 2000 mg total per cycle**; and
2 An initial response lasting at least 12 months was demonstrated; and
3 Either:
  3.1 ~~The p~~**P**atient has relapsed despite treatment with corticosteroids and at least one other immunosuppressant for a period of at least 12 months; or
  3.2 Both:
    3.2.1 ~~The p~~**P**atient**'s** myasthenia gravis has relapsed despite treatment with at least one immunosuppressant for a period of at least 12 months; and
    3.2.2 Corticosteroids have been trialled for at least 12 months and have been discontinued due to unacceptable side effects.

Note: Indications marked with * are unapproved indications.

Initiation – ~~Severe~~ antisynthetase syndrome
~~*Re-assessment required after 12 months*~~
All of the following**:**
~~1 Patient has confirmed antisynthetase syndrome; and~~
1 ~~2~~ Patient has severe, immediately life**-** or organ**-**threatening disease, including interstitial lung disease; and
2 ~~3~~ Either:
  2.1 ~~3.1~~ Treatment with at least 3 immunosuppressants (oral **cortico**steroids, cyclophosphamide, methotrexate, mycophenolate, ciclosporin, azathioprine) has ~~not be~~ **been in**effective ~~at~~ controlling active disease; or
  2.2 ~~3.2~~ Rapid treatment is required ~~due to~~ **for** life threatening complications; and
3 ~~4~~ Maximum of ~~four~~ **two** ~~1,000~~**1000** mg infusions ~~of rituximab~~ **every 6 months**.

~~Continuation – Severe antisynthetase syndrome~~
~~*Re-assessment required after 12 months*~~
~~All of the following:~~
~~1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in inflammatory markers, muscle strength, and pulmonary function; and~~

continued...

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

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

~~2 The patient has not received rituximab in the previous 6 months.; and~~
~~3 Maximum of two cycles of 2 × 1,000mg infusions of rituximab given two weeks apart~~

Initiation – ~~severe~~ chronic inflammatory demyelinating polyneuropathy **(CIPD)***
Neurologist
~~Re-assessment required after 6 months~~
All of the following:
~~1 Patient has severe chronic inflammatory demyelinating polyneuropathy (CIPD); and~~
1 ~~2~~ Either:
~~2.~~**1.1** Both:
~~2.~~**1.1.1** Treatment with **cortico**steroids and intravenous immunoglobulin and/or plasma exchange has ~~not~~ been **in**effective ~~at~~ controlling active disease**, is not tolerated, or is contraindicated**; and
~~2.~~**1.1.2** At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) **is not tolerated or** has ~~not~~ been **in**effective ~~at~~ controlling active disease. **If an immunosuppressant is contraindicated, a trial has occurred of one of those which is not contraindicated (unless all are contraindicated);** or
~~2.~~**1.2** Rapid treatment is required ~~due to~~ **for** life threatening complications; and
2 ~~One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart~~. **Cumulative dose up to 1500 mg/m² body surface area up to 2000 mg total per cycle; and**
3 Each treatment cycle at least 6 months apart.
Note: Indications marked with * are unapproved indications

~~Continuation – severe chronic inflammatory demyelinating polyneuropathy~~
~~Neurologist or medical practitioner on the recommendation of a Neurologist~~
~~Re-assessment required after 6 months~~
~~All of the following:~~
~~1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function compared to baseline; and~~
~~2 The patient has not received rituximab in the previous 6 months; and~~
~~3 One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart.~~

Initiation – anti-NMDA receptor autoimmune encephalitis*****
~~Neurologist~~
~~Re-assessment required after 6 months~~
All of the following:
~~1 Patient has severe anti-NMDA receptor autoimmune encephalitis; and~~
~~2~~ **1** Either:
~~2.~~**1.1** Both:
~~2.~~**1.1.1** Treatment with **cortico**steroids and intravenous immunoglobulin and/or plasma exchange ~~has not been effective at controlling~~ **has been ineffective controlling** active disease, **is not tolerated or is contraindicated**; and
~~2.~~**1.1.2** At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) ~~has not been effective at controlling~~ **has been ineffective controlling** active disease, **is not tolerated or is contraindicated**; or
~~2.~~**1.2** Rapid treatment is required ~~due to~~ **for** life threatening complications; and
2 ~~One of the following dose regimens is to be used 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000mg doses given two weeks apart~~ **Cumulative dose up to 1500 mg/m² body surface area up to 2000 mg total per cycle; and**
3 Each treatment cycle at least 6 months apart.
Note: Indications marked with * are unapproved indications.

continued...

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

~~Continuation – anti-NMDA receptor autoimmune encephalitis~~
~~Neurologist~~
~~*Re-assessment required after 6 months*~~
~~All of the following:~~
~~1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function; and~~
~~2 The patient has not received rituximab in the previous 6 months; and~~
~~3 The patient has experienced a relapse and now requires further treatment; and~~
~~4 One of the following dose regimens is to be used: 375 mg/m^2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart.~~

Initiation – Membranous nephropathy
~~*Re-assessment required after 6 weeks*~~
All of the following**:**
1 Either:
  1.1 Patient has biopsy-proven primary/idiopathic membranous nephropathy*; or
  1.2 Patient has PLA2 antibodies with no evidence of secondary cause, and an eGFR of >60 ml/min/1.73m^2; and
2 Patient remains at high risk of progression to end-stage kidney disease despite more than 3 months of treatment with conservative measures ~~(see Note)~~ **that include (unless contraindicated or the patient has experienced intolerable side effects) renin-angiotensin system blockade, blood-pressure management, dietary sodium and protein restriction, treatment of dyslipidaemia, and anticoagulation agents;** and
3 The total rituximab dose **per cycle** would not exceed the equivalent of 375mg/m^2 of body surface area per week for a total of 4 weeks**; and**
4 Subsequent retreatment only for disease relapse or after partial response.
Note: Indications marked with * are unapproved indications.

~~Continuation – Membranous nephropathy~~
~~*Re-assessment required after 6 weeks*~~
~~All of the following~~**:**
~~1 Patient was previously treated with rituximab for membranous nephropathy*; and~~
~~2 Either:~~
  ~~2.1 Treatment with rituximab was previously successful, but the condition has relapsed, and the patient now requires repeat treatment; or~~
  ~~2.2 Patient achieved partial response to treatment and requires repeat treatment (see Note); and~~
~~3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks~~
~~Note:~~
~~a) Indications marked with * are unapproved indications.~~
~~b) High risk of progression to end-stage kidney disease defined as >5 g/day proteinuria.~~
~~c) Conservative measures include renin-angiotensin system blockade, blood-pressure management, dietary sodium and protein restriction, treatment of dyslipidaemia, and anticoagulation agents unless contraindicated or the patient has experienced intolerable side effects.~~
~~d) Partial response defined as a reduction of proteinuria of at least 50% from baseline, and between 0.3 grams and 3.5 grams per 24 hours.~~

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

Changes to Section H Part II – effective 1 March 2026 (continued)

237 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

~~Initiation – severe chronic plaque psoriasis, second-line biologic~~
~~Dermatologist~~
~~*Re-assessment required after 4 months*~~
~~All of the following:~~
~~1 The patient has had an initial Special Authority approval for adalimumab or etanercept, or has trialled infliximab in a Health NZ Hospital, for severe chronic plaque psoriasis; and~~
~~2 Either:~~
~~2.1 The patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or~~
~~2.2 The patient has received insufficient benefit from adalimumab, etanercept or infliximab; and~~
~~3 A Psoriasis Area and Severity Index (PASI) assessment or Dermatology Quality of Life Index (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~~
~~4 The most recent PASI or DQLI assessment is no more than 1 month old at the time of application.~~

~~Continuation – severe chronic plaque psoriasis, second-line biologic~~
~~Dermatologist~~
~~*Re-assessment required after 6 months*~~
~~Both:~~
~~1 Either:~~
~~1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or~~
~~1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and~~
~~2 Secukinumab to be administered at a maximum dose of 300 mg monthly.~~

~~Initiation – severe chronic plaque psoriasis, first-line biologic~~
~~Dermatologist~~
~~*Re-assessment required after 4 months*~~
~~All of the following:~~
~~1 Any of the following:~~
~~1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or~~
~~1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; or~~
~~1.3 Patient has severe chronic localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis, and with a Dermatology Life Quality Index (DLQI) score greater than 10; and~~
~~2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and~~
~~3 A PASI assessment or Dermatology Quality of Life Index (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~~
~~4 The most recent PASI or DQLI assessment is no more than 1 month old at the time of application.~~
~~Note: A treatment course is defined as a minimum of 12 weeks of treatment. "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand, foot, genital or flexural areas, at least 2 of the 3 PASI symptom sub scores for erythema,~~

continued...

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

~~thickness and scaling are rated as severe or very severe, and for the face, palm of a hand or sole of a foot the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.~~

~~Continuation – severe chronic plaque psoriasis, first-line biologic~~
~~*Re-assessment required after 6 months*~~
~~Both:~~
~~1 Either:~~
~~1.1 Either:~~
~~1.1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or~~
~~1.1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; or~~
~~1.2 Both:~~
~~1.2.1 Patient had severe chronic localised genital or flexural plaque psoriasis at the start of treatment; and~~
~~1.2.2 Either:~~
~~1.2.2.1 The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value; or~~
~~1.2.2.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and~~
~~2 Secukinumab to be administered at a maximum dose of 300 mg monthly.~~

Initiation – plaque psoriasis
Re-assessment required after 6 months
Either:
1 All of the following:
1.1 Any of the following:
1.1.1 Patient has "whole body" plaque psoriasis with a PASI score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
1.1.2 Patient has plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; or
1.1.3 Patient has localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis, and with a DLQI score greater than 10; and
1.2 Patient has received insufficient benefit (see Note) or has experienced intolerable side effects from at least 3 of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
1.3 A PASI assessment or DLQI assessment has been completed for the most recent prior treatment course, within 1 month of stopping that treatment; and
1.4 The most recent PASI or DQLI assessment is within 1 month before the application; or
2 All of the following:
2.1 Patient has had a Special Authority approval for adalimumab, etanercept, or infliximab, for plaque psoriasis; and
2.2 Either:
2.2.1 Patient has experienced intolerable side effects; or
2.2.2 Patient has received insufficient benefit to meet the renewal criteria for plaque psoriasis; and
2.3 A PASI assessment or DLQI assessment has been completed for the most recent prior treatment within 1 month of stopping that treatment; and
2.4 The most recent PASI or DQLI assessment is within 1 month before the application.
Note: A treatment course is defined as a minimum of 12 weeks of treatment. "Insufficient benefit" is defined as: for whole body plaque psoriasis, a PASI score of greater than 10; for plaque psoriasis of the face, hand, foot, genital or flexural areas, at least 2 of the 3 PASI symptom sub scores for erythema, thickness and scaling are rated as severe

continued...

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

or very severe, and for the face, palm of a hand or sole of a foot the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. As assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Continuation – plaque psoriasis
Re-assessment required after 6 months
Both:
1 Either:
1.1 Both:
1.1.1 Patient's PASI score has reduced by 75% or more compared to pre-secukinumab baseline; and
1.1.2 Patient has a DLQI improvement of 5 or more compared to pre-secukinumab baseline; or
1.2 Both:
1.2.1 Patient had localised genital or flexural plaque psoriasis at the start of treatment; and
1.2.2 Either:
1.2.2.1 Patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, compared to the pre-secukinumab baseline; or
1.2.2.2 Patient has a DLQI improvement of 5 or more, compared to pre-secukinumab baseline; and
2 Maximum dose 300 mg monthly.

Initiation – ankylosing spondylitis, second-line biologic
~~Rheumatologist~~
Re-*assessment required after 3 months*
Both:
1 ~~The p~~**P**atient has had a~~n initial~~ Special Authority approval for adalimumab ~~and~~/or etanercept for ankylosing spondylitis; and
2 Either:
2.1 ~~The p~~**P**atient has experienced intolerable side effects ~~from a reasonable trial of adalimumab and/or etanercept~~; or
2.2 ~~Following 12 weeks of adalimumab and/or etanercept treatment, the p~~**P**atient **has received insufficient benefit to** ~~did not~~ meet the renewal criteria for ~~adalimumab and/or etanercept for~~ ankylosing spondylitis.

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

Initiation – **arthritis** - psoriatic ~~arthritis~~
~~Rheumatologist~~
Re-assessment required after 6 months
Either:
1 Both:
1.1 Patient has had a~~n initial~~ Special Authority approval for adalimumab, etanercept or infliximab for psoriatic arthritis; and
1.2 Either:
1.2.1 Patient has experienced intolerable side effects ~~from adalimumab, etanercept or infliximab~~; or
1.2.2 Patient has received insufficient benefit ~~from adalimumab, etanercept or infliximab~~ to meet the renewal criteria ~~for adalimumab, etanercept or infliximab~~ for psoriatic arthritis; or
2 All of the following:
~~2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and~~

continued...

Changes to Section H Part II – effective 1 March 2026 (continued)

continued...

2.1 ~~2.2~~ Patient has ~~tried and not responded to~~ **received insufficient benefit from** at least ~~three~~ **3** months of ~~oral or parenteral~~ methotrexate at a ~~dose of at least 20 mg weekly or a~~ maximum tolerated dose **unless contraindicated**; and

2.2 ~~2.3~~ Patient has ~~tried and not responded to~~ **received insufficient benefit from** at least ~~three~~ **3** months of sulfasalazine ~~at a dose of at least 2 g per day~~ or leflunomide at ~~a dose of up to 20 mg daily (or~~ maximum tolerated doses~~)~~ **unless contraindicated**; and

2.3 ~~2.4~~ Either:

2.3.1 ~~2.4.1~~ Patient has persistent symptoms of poorly controlled and active disease in at least 15 ~~swollen, tender~~ joints; or

2.3.2 ~~2.4.2~~ Patient has persistent symptoms of poorly controlled and active disease in at least ~~four~~ **4** joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.4 ~~2.5~~ Any of the following:

2.4.1 ~~2.5.1 Patient has a C-reactive protein~~ **CRP** ~~level~~ greater than 15 mg/L measured ~~no more than~~ **within** one month ~~prior to the date of this~~ **before the** application; or

2.4.2 ~~2.5.2 Patient has an elevated erythrocyte sedimentation rate (~~ESR~~)~~ greater than 25 mm per hour **measured within one month before the application**; or

2.4.3 ~~2.5.3~~ ESR and CRP not measured as patient is ~~currently~~ receiving prednisone therapy ~~at a dose of~~ greater than 5 mg per day ~~and has done so~~ **received** for more than ~~three~~ **3** months.

Continuation – **arthritis** - psoriatic ~~arthritis~~
~~Rheumatologist~~
Re-assessment required after 6 months
Both:
1 Either:
1.1 Following ~~3 to 4 months'~~ initial treatment, ~~the patient has~~ 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
1.2 ~~The patient demonstrates~~ At least a continuing 30% improvement in active joint count from baseline ~~and a clinically significant response to prior secukinumab treatment in the opinion of the treating physician~~; and
2 ~~Secukinumab to be administered at doses no greater than~~ **Maximum dose** 300 mg monthly.

RESPIRATORY SYSTEM AND ALLERGIES

269 FLUTICASONE PROPIONATE (amended PSS start date)
Metered dose nasal spray 50 mcg per dose
– 5% DV ~~Feb~~ **Aug**-26 to 2028 ..... 2.57 120 dose **Flixonase Hayfever & Allergy**

Changes to Section H Part II – effective 1 March 2026 (continued)

SPECIAL FOODS

303 LOW-GI ORAL FEED 1 KCAL/ML (new listing)
➔ Liquid 7 g protein, 10.9 g carbohydrate, 2.7 g fat and 2 g fibre per 100 ml, 200 ml bottle ..... 8.40 4 Nutren Diabetes (vanilla)
Note – this is the listing of a new packsize, Pharmacode 2723921.

303 LOW-GI ORAL FEED 1 KCAL/ML (delisting)
➔ Liquid 7 g protein, 10.9 g carbohydrate, 2.7 g fat and 2 g fibre per 100 ml, 200 ml bottle ..... 2.10 1 Nutren Diabetes (vanilla)
Note – this delist applies to Pharmacode 2702088, packsize of 1, delisted 1 March 2026.

304 AMINO ACID ORAL FEED (new listing)
➔ Powder 11 g protein, 62 g carbohydrate and 1 g fat per sachet, 80 g sachet ..... 45.00 10 Vivonex TEN

304 AMINO ACID ORAL FEED (delisting)
➔ Powder 11 g protein, 62 g carbohydrate and 1 g fat per sachet, 80 g Sachet ..... 4.50 1 Vivonex TEN
Note – this delist applies to Pharmacode 2702495, packsize of 1, delisted 1 March 2026.

VACCINES

322 INFLUENZA VACCINE (new listing)
➔ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) ..... 120.00 10 Influvac Tetra (2026 formulation)

322 INFLUENZA VACCINE (delisted)
➔ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) ..... 120.00 10 Influvac Tetra (2025 formulation)
Note – Influvac Tetra (2025 formulation) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) delisted 1 March 2026.

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