

Acute Health Division

Hospital Circular

Human
Services



Peoplefirst

Distribution: Public Hospitals

Subject: Highly Specialised Drugs Program - New forms of Filgrastim

Purpose:

The purpose of this circular is to advise hospitals involved with the Highly Specialised Drugs Program of two new formulations for Filgrastim.

We have had recent advice from the Commonwealth regarding the availability of two new formulations for Filgrastim.

As from 1 November 1997, the following pre-filled syringe formulations will be reimbursable under the Highly Specialised Drugs Program.

- Injection 300 micrograms in 1 mL, single use pre-filled syringe
10 items per pack @ \$1504 per pack.
- Injection 480 micrograms in 1.6 mL, single use pre-filled syringe
10 items per pack @ \$2407 per pack.

Please find attached the relevant pages to revise Appendices 3 and 8 of the Commonwealth/State Highly Specialised Drugs Program Guidelines, August 1997. Please update your guidelines with the attached pages.

Please note this circular can also be found on HosNet.

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DIRECTOR
ACUTE HEALTH

Date

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Appendix 3: Agreed Prices

| Drug & dose form information | Pack size | Agreed Price | |
|---|-----------|--------------|------------|
| | | 1997/98 | |
| | | Per Pack | Per Item |
| Filgrastim | | | |
| Vial 300mcg/ml 1ml | 10 | \$1,504.00 | \$150.4000 |
| Vial 480mcg/ml 1.6ml | 10 | \$2,407.00 | \$240.7000 |
| Inj. 300mcg/1mL single dose pre-filled | 10 | \$1,504.00 | \$150.4000 |
| Inj. 480mcg/1.6mL single dose pre-filled | 10 | \$2,407.00 | \$240.7000 |
| Ganciclovir | | | |
| Powder, 500mg | 1 | \$57.71 | \$57.7100 |
| Capsule, 250mg | 84 | \$540.00 | \$6.4286 |
| Indinavir Sulphate (Crixivan) | | | |
| Capsule, 200 mg (base) | 360 | \$455.00 | \$1.2639 |
| Capsule, 400mg (base) | 180 | \$455.00 | \$2.5278 |
| Interferon Alpha 2A | | | |
| Sol for inj. 3,000,000 iu/mL sin use | 3 | \$78.73 | \$26.2433 |
| Sol for inj. 4.5,000,000 iu/mL sin use | 3 | \$118.10 | \$39.3667 |
| Sol for inj. 6,000,000 iu/mL sin use | 3 | \$157.46 | \$52.4867 |
| Sol for inj. 9,000,000 iu/mL sin use | 3 | \$236.20 | \$78.7333 |
| Sol for inj. 18,000,000 iu/mL sin use | 3 | \$472.39 | \$157.4633 |
| Vials, 18,000,000iu | 5 | \$787.32 | \$157.4640 |
| Inj. 3,000,000iu in 0.5mL single dose pre-filled | 1 | \$26.24 | \$26.2400 |
| Inj. 4,500,000iu in 0.5mL single dose pre-filled | 1 | \$39.37 | \$39.3700 |
| Inj. 6,000,000iu in 0.5mL single dose pre-filled | 1 | \$52.49 | \$52.4900 |
| Inj. 9,000,000iu in 0.5mL single dose pre-filled | 1 | \$78.73 | \$78.7300 |
| Interferon Alpha 2B | | | |
| Vials, 3,000,000iu | 5 | \$131.22 | \$26.2440 |
| Vials, 5,000,000iu | 5 | \$218.70 | \$43.7400 |
| Vials, 9,000,000iu | 5 | \$393.66 | \$78.7320 |
| Vials, 10,000,000iu | 5 | \$437.40 | \$87.4800 |
| Sol for inj, 10,000,000iu/ml | 5 | \$437.40 | \$87.4800 |
| Sol for inj, 25,000,000iu/5ml | 5 | \$1,093.50 | \$218.7000 |
| Sol for inj, 18,000,000iu in 3mL multi-dose vial | 5 | \$787.32 | \$157.4640 |
| Sol for inj, 25,000,000iu in 2.5mL multi-dose vial | 5 | \$1,093.50 | \$218.7000 |
| Interferon Gamma 1B | | | |
| Soln for subcut inj. 3,000,000iu 100 micrograms/0.5mL | 6 | \$1,052.00 | \$175.3333 |

HIGHLY SPECIALISED DRUGS PROGRAM

Claim Form
For the Period from to

Filgrastim (Neupogen)

| Patient Information | Number of Patients* |
|---------------------|---------------------|
| Community Patients | |

| Dispensing Information | | | |
|------------------------------------|---------------------------|---------------|-------------|
| Dosage Form, Strength | Number of Items Dispensed | Cost per Item | Expenditure |
| 300mcg/ml, Injection, 1ml vial | | \$150.4000 | |
| 480mcg/ml, Injection, 1.6ml vial | | \$240.7000 | |
| 300mcg/1mL single use pre-filled | | \$150.4000 | |
| 480mcg/1.6mL single use pre-filled | | \$240.7000 | |
| Total Expenditure | | | |

I certify that the Filgrastim claimed was dispensed to patients that met the Highly Specialised Drugs Program's criteria, including PBAC clinical indications and that the amount claimed is correct.

AUTHORISING SIGNATURE:

DATE:

NAME OF SIGNATORY:

CONTACT PHONE NO:

POSITION:

HOSPITAL:

CAMPUS:

*Number of patients represents total number of individual patients who received supply of highly specialised drugs in quarter, NOT number of occasions of dispensing.

HIGHLY SPECIALISED DRUGS PROGRAM

Claim Form
For the Period from to

Filgrastim (Neupogen) - Private Hospitals

| Patient Information | Number of Patients* |
|---------------------|---------------------|
| Community Patients | |

| Dispensing Information | | | |
|---|---------------------------|---------------|-------------|
| Dosage Form, Strength | Number of Items Dispensed | Cost per Item | Expenditure |
| 300mcg/ml, Injection, 1ml vial | | \$150.4000 | |
| 480mcg/ml, Injection, 1.6ml vial | | \$240.7000 | |
| 300mcg/1mL single use pre-filled | | \$150.4000 | |
| 480mcg/1.6mL single use pre-filled | | \$240.7000 | |
| Gross Expenditure | | | |
| <i>Less Co-Payment of 1% of Gross Expenditure</i> | | | |
| Nett Expenditure | | | |

I certify that the Filgrastim claimed was dispensed to patients that met the Highly Specialised Drugs Program's criteria, including PBAC clinical indications and that the amount claimed is correct.

AUTHORISING SIGNATURE: _____ DATE: _____

NAME OF SIGNATORY: _____

CONTACT PHONE NO: _____

POSITION: _____

HOSPITAL: _____ CAMPUS: _____

*Number of patients represents total number of individual patients who received supply of highly specialised drugs in quarter, NOT number of occasions of dispensing.