The Hospital Medicines List (HML)

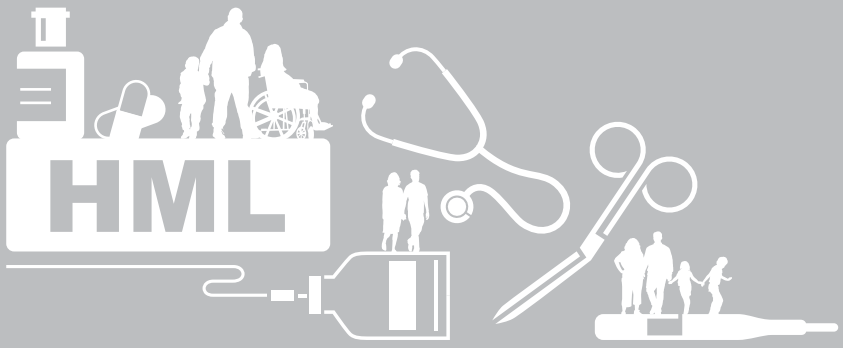
Section H

for Hospital Pharmaceuticals

Update

Effective 1 August 2013

Cumulative for July and August 2013



PHARMAC
Pharmaceutical Management Agency

Contents

Changed approach to 'free stock' in the HML Rules

Following sector feedback, we have modified our notified approach regarding free stock for the transition phase, by creating a specific exception to allow for the use of such stock for new patients without requiring a PHARMAC approval process.

Instead, we'll require DHBs or suppliers of the medicine to notify us of free stock programmes in advance of commencing any patient on the programme. We'll look at developing a formal process to allow that notification, but in the meantime we are seeking information on the nature and full intended scope of the programme.

We've published the amended rule on our website earlier in July, and this Update reflects the change. Please see page 15 for the amended wording. While the Schedule Rules establish PHARMAC's requirements, prescribers also need to comply with any other legal or DHB level requirements.

The new approach is a transitional arrangement while we consider in more detail how best to approach the issue of free stock so as to meet the national consistency goals of the HML. This is in line with the overall HML transition approach to monitor issues as they arise and maintain a flexible approach.

Existing patients (being treated before 1 July 2013) may continue receiving any 'free stock' they are being treated with under Rule 13 (Pre-Existing Use).

DHB section of the NPPA Rapid Assessment application form

At the same time as we've introduced the NPPA process for HML exceptions requests, we've taken the opportunity to improve all our NPPA forms. There is a new form for making a routine NPPA application and we have introduced the Rapid Assessment form for DHB hospital prescribers to use. Some DHBs may choose to use the PHARMAC Rapid Assessment form in their own rapid assessment processes.

These are all in a downloadable, electronic format that applicants can complete on their computer desktops using Word. The forms can be partially completed, sent over DHB intranets to other staff for their input, and copies can be saved in the patient file. The forms can also be submitted over the web along with attachments.

Q&A page

Just a reminder that anyone from a DHB can contact our advice line for information or specific questions we haven't already answered - 0800 66 00 50, then press 2.

Some common questions are published on our website in the Factsheets and Advice section and we aim to add to these regularly. If your question isn't answered there, do get in touch using the details on the back page of this HML Update.

The August Update includes all changes made since the published 1st edition of the HML. The Update is to be used in conjunction with the HML.

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

Section H changes to Part II

Effective 1 August 2013

ALIMENTARY TRACT AND METABOLISM

15	SULPHASALAZINE (addition of HSS)			
	Tab 500 mg – **1% DV Oct-13 to 2016**	11.68	100	**Salazopyrin**
	Tab EC 500 mg – **1% DV Oct-13 to 2016**	12.89	100	**Salazopyrin EN**
16	GLYCOPYRRONIUM BROMIDE			
	Inj 0.2 mg per ml, 1 ml ampoule – **1% DV Oct-13 to 2016**	28.56	10	**Max Health**
18	GLUCOSE (correcting presentation description)			
	Tab 3.1 ~~mg~~ g			
23	MAGNESIUM HYDROXIDE			
	Tab 5 mg (delisting)			
	Tab 311 mg **(130 mg elemental)** (amend the chemical name)			
	Note – Magnesium hydroxide tab 5 mg to be delisted from 1 August 2013.			
23	MAGNESIUM OXIDE			
	Cap 663 mg (400 mg elemental)			
23	MAGNESIUM SULPHATE (amended HSS expiry)			
	Inj 2 mmol per ml, 5 ml ampoule			
	– 1% DV Feb-13 to **2014** ~~2015~~	18.35	10	**Martindale**
24	CALCITRIOL (delisting)			
	Oral liq 1 mcg per ml	39.40	10 ml	Rocaltrol
	Note – Rocaltrol oral liq 1 mcg per ml to be delisted from 1 October 2013.			

BLOOD AND BLOOD FORMING

30	WARFARIN SODIUM			
	Tab 1 mg	6.86	100	Marevan
	Tab 3 mg	9.70	100	Marevan
	Tab 5 mg	11.75	100	Marevan

CARDIOVASCULAR

40	NIFEDIPINE (↑ price)			
	Tab long-acting 20 mg	9.59	100	Nyefax Retard
42	INDAPAMIDE (↓ price and addition of HSS)			
	Tab 2.5 mg – **1% DV Oct-13 to 2016**	2.25	90	**Dapa-Tabs**

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

Changes to Section H - effective 1 August 2013 (continued)

GENITO-URINARY SYSTEM

57 PROGESTERONE (addition of brand and amendment to restriction)

➔ Cap 100 mg ..... 16.50 — 30 — Utrogestan

Restricted

~~Only for use in women with previous preterm delivery (less than 28 weeks) and/or a short cervix (<25 mm).~~

Obstetrician or gynaecologist

Both:

1. For the prevention of pre-term labour*; and

2. Either

2.1. The patient has a short cervix on ultrasound (defined as < 25 mm at 16 to 28 weeks) or

2.2. The patient has a history of pre-term birth at less than 28 weeks.

Note: Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 23.1).

HORMONE PREPARATIONS

60 PREDNISONE

Tab 1 mg ..... 2.13 — 100 — Apo-Prednisone S29

60 HYDROCORTISONE (↑ price and addition of HSS)

Inj 100 mg vial – **1% DV Oct-13 to 2016** ..... 4.99 — 1 — **Solu-Cortef**

62 LEUPRORELIN ACETATE (delisting)

Inj 3.75 mg vial	221.60	1	Lucrin Depot
Inj 11.25 mg vial	591.68	1	Lucrin Depot
Inj 3.75 mg syringe	221.60	1	Lucrin Depot PDS
Inj 3.75 mg vial	221.60	1	Lucrin Depot
Inj 11.25 mg vial	591.68	1	Lucrin Depot
Inj 11.25 mg syringe	591.68	1	Lucrin Depot PDS

Note – **Lucrin Depot** inj 3.75 mg vial and 11.25 mg vial to be delisted 1 October 2013

INFECTIONS

66 CEFALEXIN (addition of HSS)

Cap 500 mg – **1% DV Oct-13 to 2016** (↓ price)	5.70	20	**Cephalexin ABM**
Grans for oral liq 25 mg per ml – **1% DV Oct-13 to 2016**	8.50	100 ml	**Cefalexin Sandoz**
Grans for oral liq 50 mg per ml – **1% DV Oct-13 to 2016**	11.50	100 ml	**Cefalexin Sandoz**

68 PIPERACILLIN WITH TAZOBACTAM (↓ price and addition of HSS)

➔ Inj 4 g with tazobactam 0.5 g vial – **1% DV Oct-13 to 2016**.... 5.84 — 1 — **Tazocin EF**

70 CLINDAMYCIN (↓ price and addition of HSS)

➔ Cap 150 mg – **1% DV Oct-13 to 2016** ..... 5.80 — 16 — **Clindamycin ABM**

72 FLUCONAZOLE

➔ Inj 2 mg per ml, 50 ml vial (↓ price and addition of HSS) – **1% DV Oct-13 to 2016** ..... 4.95 — 1 — **Fluconazole-Claris**

➔ Inj 2 mg per ml, 100 ml vial (new listing) – **1% DV Oct-13 to 2016** ..... 6.47 — 1 — **Fluconazole-Claris**

72 ITRACONAZOLE (↓ price and addition of HSS)

➔ Cap 100 mg – **1% DV Oct-13 to 2016** ..... 2.99 — 15 — **Itrazole**

➔ 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 - effective 1 August 2013 (continued)

74 ~~CLOFAZAMINE~~ **CLOFAZIMINE** (correcting chemical name)
➔ Cap 50 mg
Restricted
Infectious disease physician, clinical microbiologist or dermatologist

79 ZIDOVUDINE [AZT] (↑ price and addition of HSS)

➔ Cap 100 mg – **1% DV Oct-13 to 2016**	152.25	100	**Retrovir**
➔ Oral liq 10 mg per ml – **1% DV Oct-13 to 2016**	30.45	200 ml	**Retrovir**

MUSCULOSKELETAL

88 ALENDRONATE SODIUM (amendment to note in restriction)

➔ Tab 70 mg	22.90	4	Fosamax

Restricted
Notes:
b) Evidence ~~used by the National Institute for Health and Clinical Excellence (NICE) guidance indicates~~ **suggests** that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.

89 ALENDRONATE SODIUM WITH CHOLECALCIFEROL (amendment to note in restriction)

➔ Tab 70 mg with cholecalciferol 5,600 iu	22.90	4	Fosamax Plus

Restricted
Notes:
b) Evidence ~~used by the National Institute for Health and Clinical Excellence (NICE) guidance indicates~~ **suggests** that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.

90 ZOLEDRONIC ACID (amendment to note in restriction)

➔ Inj 0.05 mg per ml, 100 ml vial	600.00	100 ml	Aclasta

Restricted
Notes:
b) Evidence ~~used by the National Institute for Health and Clinical Excellence (NICE) guidance indicates~~ **suggests** that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.

91 RALOXIFENE (amendment to note in restriction)

➔ Tab 60 mg	53.76	28	Evista

Restricted
Notes:
b) Evidence ~~used by the UK National Institute for Health and Clinical Excellence (NICE) in developing its guidance indicates~~ **suggests** that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for raloxifene funding.

93 COLCHICINE (↑ price and addition of HSS)

Tab 500 mcg – **1% DV Oct-13 to 2016**	10.08	100	**Colgout**

Changes to Section H - effective 1 August 2013 (continued)

NERVOUS SYSTEM

104 OXYCODONE HYDROCHLORIDE

Tab controlled-release 10 mg – 1**% DV Oct-13 to 2015**	6.75	20	**Oxydone BNM**
Tab controlled-release 20 mg – **1% DV Oct-13 to 2015**	11.50	20	**Oxydone BNM**
Tab controlled-release 40 mg – 1**% DV Oct-13 to 2015**	18.50	20	**Oxydone BNM**
Tab controlled-release 80 mg – **1% DV Oct-13 to 2015**	34.00	20	**Oxydone BNM**

Note – Oxycontin controlled-release tab 10 mg, 20 mg, 40 mg and 80 mg to be delisted 1 October 2013.

105 MIANSERIN HYDROCHLORIDE (removal of restriction)
Tab 30 mg
~~Restricted~~
~~Either:~~
~~1 Both:~~
~~1.1 Depression; and~~
~~1.2 Either:~~
~~1.2.1 Co-existent bladder neck obstruction; or~~
~~1.2.2 Cardiovascular disease; or~~
~~2 Both:~~
~~2.1 The patient has a severe major depressive episode; and~~
~~2.2 Either:~~
~~2.2.1 The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or~~
~~2.2.2 Both:~~
~~2.2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and~~
~~2.2.2.2 The patient must have had a trial of one other antidepressant and either could not tolerate it or failed to respond to an adequate dose over an adequate period of time.~~

107 PARALDEHYDE (correcting presentation description)
Inj 5 ~~mg~~ **ml** ampoule

113 HALOPERIDOL (↑ price and addition of HSS)

Tab 500 mcg – **1% DV Oct-13 to 2016**	6.23	100	**Serenace**
Tab 1.5 mg – **1% DV Oct-13 to 2016**	9.43	100	**Serenace**
Tab 5 mg – **1% DV Oct-13 to 2016**	29.72	100	**Serenace**
Oral liq 2 mg per ml – 1**% DV Oct-13 to 2016**	23.84	100 ml	**Serenace**
Inj 5 mg per ml, 1 ml ampoule – **1% DV Oct-13 to 2016**	21.55	10	**Serenace**

114 QUETIAPINE (new packsize)

Tab 100 mg	21.00	90	Dr Reddy's Quetiapine

Note – the Dr Reddy's Quetiapine tab 100 mg 60 tab pack size to be delisted from 1 October 2013.

114 LEVOMEPROMAZINE ~~MALEATE~~ (amended chemical name)
Tab 25 mg
Tab 100 mg
Inj 25 mg per ml, 1 ml ampoule

➔ 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 - effective 1 August 2013 (continued)

117 BUSPIRONE HYDROCHLORIDE (removal of restriction)

Tab 5 mg	28.00	100	Pacific Buspirone
Tab 10 mg	17.00	100	Pacific Buspirone

~~Restricted~~
~~Both:~~
~~1 For use only as an anxiolytic; and~~
~~2 Other agents are contraindicated or have failed.~~

121 BUPROPION HYDROCHLORIDE (↓ price and addition of HSS)

Tab modified-release 150 mg – **1% DV Oct-13 to 2016**	4.97	30	**Zyban**

Note – There is a new Pharmacode for Zyban supplied at this price. The old Pharmacode is delisted from 1 August 2013.

121 NALTREXONE HYDROCHLORIDE (↓ price)

➔ Tab 50 mg – **1% DV Sep-13 to 2016**	76.00	30	**Naltraccord**

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

124 MITOMYCIN C (↑ price and addition of HSS)

Inj 5 mg vial – **1% DV Oct-13 to 2016**	79.75	1	**Arrow**

125 MERCAPTOPURINE (↑ price, addition of HSS and change to brand name)

Tab 50 mg – **1% DV Oct-13 to 2016**	49.41	25	~~Purinethol~~ **Puri-nethol**

126 DACARBAZINE (↑ price and addition of HSS)

Inj 200 mg vial – **1% DV Oct-13 to 2016**	51.84	1	**Hospira**

131 DOCETAXEL (delisting)

Inj 10 mg per ml, 2 ml vial	48.75	1	Docetaxel Ebewe
Inj 10 mg per ml, 2 ml vial – **1% DV May-13 to 2014**	48.75	1	**Docetaxel Sandoz**
Inj 10 mg per ml, 8 ml vial	195.00	1	Docetaxel Ebewe
Inj 10 mg per ml, 8 ml vial – **1% DV May-13 to 2014**	195.00	1	**Docetaxel Sandoz**

Note – Docetaxel Ebewe inj 10 mg per ml, 2 ml and 8 ml to be delisted 1 October 2013.

131 MESNA (↑ price and addition of HSS)

Tab 400 mg – **1% DV Oct-13 to 2016**	227.50	50	**Uromitexan**
Tab 600 mg – **1% DV Oct-13 to 2016**	339.50	50	**Uromitexan**
Inj 100 mg per ml, 4 ml ampoule – **1% DV Oct-13 to 2016**	148.05	15	**Uromitexan**
Inj 100 mg per ml, 10 ml ampoule – **1% DV Oct-13 to 2016**	339.90	15	**Uromitexan**

SENSORY

166 HYPROMELLOSE WITH DEXTRAN

Eye drops 0.3% with dextran 0.1%	2.30	15 ml	Poly-Tears

166 CARBOMER

Ophthalmic gel 0.3%, single dose	8.25	30	Poly Gel

166 MACROGOL 400 AND PROPYLENE GLYCOL

Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose	4.30	24	Systane Unit Dose

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

Changes to Section H - effective 1 August 2013 (continued)

SPECIAL FOODS

172 PEPTIDE-BASED ORAL FEED (Correcting brand name)

➔ Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can — ~~*(MCT Peptide)*~~ ~~*(MCT Peptide 1+)*~~ ***(MCT Pepdite)*** ***(MCT Pepdite 1+)***

173 ORAL FEED 2 KCAL/ML

➔ Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml, bottle ..... 1.90 — 200 ml — TwoCal HN

Note – TwoCal HN 237 ml can to be delisted 1 October 2013.

174 AMINO ACID FORMULA (↓ price)

➔ Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can ..... 53.00 — 400 g — Neocate Advance (Vanilla)

➔ Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can ..... 53.00 — 400 g — Neocate Gold (Unflavoured)

Effective 12 July 2013

INFECTIONS

72 AMPHOTERICIN B (amendment to restriction)

➔ Inj 50 mg vial

Restricted
Infectious disease physician, clinical microbiologist, haematologist, oncologist, transplant specialist or respiratory physician
~~Any of the following:~~
~~1 Proven or probable invasive fungal infection, to be prescribed under an established protocol; or~~
~~2 Both:~~
~~2.1 Possible invasive fungal infection; and~~
~~2.2 A multidisciplinary team (including an Infectious Disease physician or a Clinical Microbiologist) considers the treatment to be appropriate.~~

➔ Inj (liposomal) 50 mg vial – **1% DV Oct-12 to 2015** ..... 3,450.00 — 10 — **AmBisome**

Restricted
Infectious disease physician, clinical microbiologist, haematologist, oncologist, transplant specialist or respiratory physician
Either:
1 Proven or probable invasive fungal infection, to be prescribed under an established protocol; or
2 Both:
2.1 Possible invasive fungal infection; and
2.2 A multidisciplinary team (including an Infectious Disease physician or a Clinical Microbiologist) considers the treatment to be appropriate.

➔ 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 - effective 12 July 2013 (continued)

NERVOUS SYSTEM

99 BUPIVACAINE HYDROCHLORIDE (additional presentations and amended presentations)

Inj 2.5 mg per ml, 20 ml ampoule

Inj 2.5 mg per ml, 20 ml ampoule, **sterile pack**

– **1% DV Oct-12 to 2015** ..... 35.00 5 **Marcain**

Inj 5 mg per ml, 10 ml ampoule, **sterile pack**

– **1% DV Oct-12 to 2015** ..... 28.00 5 **Marcain**

Inj 5 mg per ml, 20 ml ampoule

Inj 5 mg per ml, 20 ml ampoule, **sterile pack**

– **1% DV Oct-12 to 2015** ..... 28.00 5 **Marcain**

~~Note: DV limit applies to theatre packs only.~~

100 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (additional presentations)

Inj 1%, 20 ml ampoule, sterile pack

Inj 2%, 20 ml ampoule, sterile pack

RESPIRATORY SYSTEM AND ALLERGIES

159 SODIUM CROMOGLYCATE (amendment to presentation)

Powder for inhalation 20 ~~mcg~~ **mg** per dose

SPECIAL FOODS

178 PROTIEN FREE SUPPLEMENT

➔ Powder nil added protein and
67 g carbohydrate per 100 g, 400 g can (*Energivit*)

Restricted

Either:

1 For the dietary management of homocystinuria, maple syrup urine disease, phenylketonuria (PKU), glutaric aciduria isovaleric acidaemia, propionic acidaemia, methylmalonic acidaemia, tyrosinaemia or urea cycle disorders; or
2 Patient has adrenoleukodystrophy; or
3 For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

VACCINES

181 BACILLUS CALMETTE-GUERIN VACCINE (amendment to presentation)

➔ ~~Inj 2-8 million CFU per ml vial with diluent~~

Inj 1.5 mg vial with diluent

Restricted

For infants at increased risk of tuberculosis.

Note: Increased risk is defined as:

1 living in a house or family with a person with current or past history of TB; or
2 have one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer; or
3 during their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000.

Note: A list of countries with high rates of TB are available at www.moh.govt.nz/immunisation or www.bcgatlas.org/index. php.

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

Changes to Section H - effective 12 July 2013 (continued)

182 MENINGOCOCCAL (A, C, Y AND W-135) POLYSACCHARIDE VACCINE (amendment to restriction)
➔ Inj 200 mcg vial with diluent

Restricted
Any of the following:
1 For patients pre- and post-splenectomy; or
2 For children aged ~~0~~**2**-18 years with functional asplenia; or
3 For organisation and community based outbreaks.

182 PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE (amendment to restriction)
➔ Inj 575 mcg in 0.5 ml vial

Restricted
Any of the following:
1 For patients pre- and post-splenectomy or
2 children aged ~~0~~**2**-18 years with functional asplenia
3 For revaccination of children following immunosuppression.

185 VARICELLA ZOSTER VACCINE (**CHICKEN POX VACCINE**) (amendment to restriction)
➔ Inj 1350 PFU vial with diluent
➔ Inj 2000 PFU vial with diluent

Restricted
Any of the following:
~~1 For use in transplant patients; or~~
~~2 For use following immunosuppression; or~~
~~3 For household contacts of children undergoing immunosuppression with no previous history or disease (clinical history of disease or negative serology) or vaccination.~~
1 For non-immune patients
1.1 with chronic liver disease who may in future be candidates for transplantation; or
1.2 with deteriorating renal function before transplantation; or
1.3 prior to solid organ transplant; or
1.4 prior to any elective immunosuppression; or
1.5 for post exposure prophylaxis who are immune competent inpatients.
2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist;
3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist;
4 For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist;
5 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has:
a) adult household contact – a negative serology result for varicella; or
b) child household contact – no clinical history of varicella or negative varicella serology.

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

194 CHLORHEXIDINE GLUCONATE
Soln 20%

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

Changes to Section H - effective 5 July 2013

BLOOD AND BLOOD FORMING ORGANS

29 DEFIBROTIDE (amendment to restriction)
➔ Inj 80 mg per ml, 2.5 ml ampoule

Restricted – Haematologist
Patient has moderate or severe sinusoidal obstruction syndrome as a result of **chemotherapy or** regimen-related toxicities ~~after allogeneic stem cell transplantation~~.

HORMONE PREPARATIONS

60 ~~OESTRADIOL~~ **OESTRIOL** (correction of chemical name)
Tab 2 mg

61 CABERGOLINE (amendment to restriction)

➔ Tab 0.5 mg – **1% DV Sep-12 to 2015**	6.25	2	**Dostinex**
	25.00	8	**Dostinex**

Restricted
Any of the following:
1 Inhibition of lactation; or
~~1~~**2** Patient has pathological hyperprolactinemia; or
~~2~~**3** Patient has acromegaly.

INFECTIONS

76 ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE (addition of new presentation)
➔ Tab 62.5 mg with proguanil hydrochloride 25 mg

Restricted
Infectious disease physician or clinical microbiologist

MUSCULOSKELETAL

87 EDROPHONIUM CHLORIDE (addition of new presentation)
➔ Inj 10 mg per ml, 15 ml vial

Restricted
For the diagnosis of myasthenia gravis.

NERVOUS SYSTEM

99 BUPIVACAINE HYDROCHLORIDE (addition of new presentation)
Inj 1.25 mg per ml, 500 ml bag

RESPIRATORY SYSTEM AND ALLERGIES

157 SODIUM CHLORIDE (amendment to presentation)
Aqueous nasal spray ~~6.5~~ **7.4** mg per ml

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

Changes to Section H - effective 5 July 2013 (continued)

VACCINES

181 DIPHTHERIA AND TETANUS VACCINE (amendment to restriction)

➔ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe

Restricted

Any of the following:

1 For vaccination of patients aged 45 and 65 years old; or
2 For vaccination of previously unimmunised patients; or
3 For revaccination **of children** following immunosuppression; or
4 For revaccination for patients with tetanus-prone wounds.

181 HAEMOPHILUS INFLUENZAE TYPE B VACCINE (amendment to restriction)

➔ Inj 10 mcg vial with diluent syringe

Restricted

Any of the following:

1 For primary vaccination in children; or
2 For revaccination **of children** following immunosuppression; or
3 For children aged 0-18 years with functional asplenia; or
4 For patients pre- and post-splenectomy.

182 PNEUMOCOCCAL CONJUGATE (PCV13) VACCINE (amendment to restriction)

➔ Inj 30.8 mcg in 0.5 ml syringe

Restricted

Any of the following:

1 For high risk children under the age of 5; or
2 For patients aged less than 18 years pre- or post-splenectomy or with functional asplenia; or
3 For revaccination **of children** following immunosuppression.

182 PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE (amendment to restriction)

➔ Inj 575 mcg in 0.5 ml vial

Restricted

Any of the following:

1 For patients pre- and post-splenectomy or
2 children aged 0-18 years with functional asplenia
3 For revaccination **of children** following immunosuppression.

183 DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE (amendment to restriction)

➔ Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin, 80 D antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe (1) and inj 10 mcg haemophilus influenzae type B vaccine vial

Restricted

Either:

1 For primary vaccination in children; or
2 For revaccination **of children** following immunosuppression.

➔ 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 - effective 1 July 2013

11 14 Clinical Trials **and Free Stock**

14.1 DHB Hospitals may Give any Pharmaceutical that is funded by a third party and is being used:

14.1.1 as part of a clinical trial which has Ethics Committee approval; or

14.1.2 for on-going treatment of patients following the end of such a clinical trial.

14.2 DHB Hospitals may Give any Pharmaceutical that is provided free of charge by a supplier, provided that the Pharmaceutical is provided as part of a programme of which the DHB, or supplier, has notified PHARMAC.

ALIMENTARY TRACT AND METABOLISM

15	MESALAZINE (correcting formulation)			
	Tab **EC** 400 mg	49.50	100	Asacol
18	INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE (↓ price)			
	Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge	42.66	5	Humalog Mix 25
	Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge	42.66	5	Humalog Mix 50
19	URSODEOXYCHOLIC ACID (amendment to restriction)			
	➔ Cap 250 mg – **1% DV May-12 to 2014**	71.50	100	**Ursosan**

Restricted
Alagille syndrome or progressive familial intrahepatic cholestasis
Either:
1. Patient has been diagnosed with Alagille syndrome; or
2. Patient has progressive familial intrahepatic cholestasis

Chronic severe drug induced cholestatic liver injury
All of the following:
1. Patient has chronic severe drug induced cholestatic liver injury; and
2. Cholestatic liver injury not due to Total Parenteral Nutrition (TPN) use in adults; and
3. Treatment with ursodeoxycholic acid may prevent hospital admission or reduce duration of stay

Cirrhosis
Both:
1. Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative by liver biopsy; and
2. Patient not requiring a liver transplant (bilirubin > 100umol/l; decompensated cirrhosis

Pregnancy~~/Cirrhosis~~
~~Either:~~
~~1.~~ Patient diagnosed with cholestasis of pregnancy
~~2. Both:~~
~~2.1. Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and~~
~~2.2. Patient not requiring a liver transplant (bilirubin > 170umol/l; decompensated cirrhosis).~~
~~Note: Liver biopsy is not usually required for diagnosis but is helpful to stage the disease.~~

Haematological transplant
Both:
1. Patient at risk of veno-occlusive disease or has hepatic impairment and is undergoing conditioning treatment prior to allogenic stem cell or bone marrow transplantation; and
2. Treatment for up to 13 weeks.

Total parenteral nutrition induced cholestasis

continued...

Changes to Section H - effective 1 July 2013 (continued)

continued...

Both:

1. **Paediatric patient has developed abnormal liver function as indicated on testing which is likely to be induced by TPN; and**
2. **Liver function has not improved with modifying the TPN composition**

20 ISPAGHULA (PSYLLIUM) HUSK (↓ price and addition of HSS)
Powder for oral soln – **1% DV Sep-13 to 2016** ..... 5.51 500 g **Konsyl-D**

24 ASCORBIC ACID
Tab 100 mg ..... 13.80 500 Cvite
(Vitala-C tab 100 mg to be delisted 1 September 2013)

25 MULTIVITAMINS
Tab (BPC cap strength) *(Mvite)*
(MultiADE tab (BPC cap strength) to be delisted 1 September 2013)

BLOOD AND BLOOD FORMING ORGANS

31 TICAGRELOR
➔ Tab 90 mg ..... 90.00 56 Brilinta

Restricted
Restricted to treatment of acute coronary syndromes specifically for patients who have recently been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome, and in whom fibrinolytic therapy has not been given in the last 24 hours and is not planned.

CARDIOVASCULAR SYSTEM

42 METOLAZONE (amendment to restriction)
➔ Tab 5 mg

Restricted
Either:

1. ~~For the treatment of~~ **P**atient~~s with~~ **has** refractory heart failure ~~who are~~ **and is** intolerant or ~~have~~ **has** not responded to loop diuretics and/or loop-thiazide combination therapy**; or**
2. **Patient has severe refractory nephrotic oedema unresponsive to high dose loop diuretics and concentrated albumin infusions**

DERMATOLOGICALS

48 FUSIDATE SODIUM [FUSIDIC ACID] (↓ price and addition of HSS)
Oint 2% – **1% DV Sep-13 to 2016** ..... 3.45 15 g **Foban**

INFECTIONS

69 MOXIFLOXACIN (additional restriction)
➔ Tab 400 mg..... 52.00 5 Avelox
➔ Inj 2 mg per ml, 250 ml bag..... 70.00 1 Avelox IV 400
Restricted
Mycoplasma genitalium
All of the following:

1. **Has nucleic acid amplification test (NAAT) confirmed Mycoplasma genitalium; and**
2. **has tried and failed to clear infection using azithromycin; and**
3. **treatment is only for 7 days.**

Changes to Section H - effective 1 July 2013 (continued)

70 FOSFOMYCIN
➔ Powder for oral sol, 3 g sachet
Restricted
Infectious disease physician or clinical microbiologist

71 PIVMECILLINAM
➔ Tab 200 mg
Restricted
Infectious disease physician or clinical microbiologist

77 NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS
78 NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS
79 PROTEASE INHIBITORS
80 STRAND TRANSFER INHIBITORS
Restricted
Confirmed HIV~~/AIDS~~
Both:
1 Confirmed HIV infection; and
2 Any of the following:
2.1 Symptomatic patient; or
2.2 Patient aged 12 months and under; or
2.3 Both:
2.3.1 Patient aged 1 to 5 years; and
2.3.2 Any of the following:
2.3.2.1 CD4 counts < 1000 cells/mm3; or
2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
2.3.2.3 Viral load counts > 100000 copies per ml; or
2.4 Both:
2.4.1 Patient aged 6 years and over; and
2.4.2 CD4 counts < ~~350~~ **500** cells/mm3
Prevention of maternal transmission
Either:
1 Prevention of maternal foetal transmission; or
2 Treatment of the newborn for up to eight weeks.
Post-exposure prophylaxis following non-occupational exposure to HIV
Both:
1 Treatment course to be initiated within 72 hours post exposure; and
2 ~~Either~~ **Any of the following:**
2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
2.2 Patient has shared intravenous injecting equipment with a known HIV positive person.
2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required
Percutaneous exposure
Patient has percutaneous exposure to blood known to be HIV positive

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

Changes to Section H - effective 1 July 2013 (continued)

82 ENTECAVIR

➔ Tab 0.5 mg..... 400.00 30 Baraclude

Restricted

Gastroenterologist or infectious disease physician

All of the following:

1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and

2 Patient is Hepatitis B nucleoside analogue treatment-naive; and

3 Entecavir dose 0.5 mg/day; and

4 Either:

4.1 ALT greater than upper limit of normal; or

4.2 Bridging fibrosis or cirrhosis (Metavir stage 3 or greater **or moderate fibrosis**) on liver histology; and

5 Either:

5.1 HBeAg positive; or

5.2 Patient has ≥ 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and

6 No continuing alcohol abuse or intravenous drug use; and

7 Not co-infected with HCV, HIV or HDV; and

8 Neither ALT nor AST greater than 10 times upper limit of normal; and

9 No history of hypersensitivity to entecavir; and

10 No previous documented lamivudine resistance (either clinical or genotypic).

82 LAMIVUDINE (amendment to restriction)

➔ Oral liq 5 mg per ml

➔ Tab 100 mg – **1% DV Dec-12 to 2014**..... 32.50 28 **Zetlam**

Restricted

Gastroenterologist, infectious disease specialist, paediatrician or general physician

Initiation

Re-assessment required after 12 months

~~1.1 All of the following:~~

~~1.1.1 HBsAg positive for more than 6 months; and~~

~~1.1.2 HBeAg positive or HBV DNA positive defined as > 100,000 copies per ml by quantitative PCR at a reference laboratory; and~~

~~1.1.3 ALT greater than twice upper limit of normal or bridging fibrosis or cirrhosis (Metavir stage 3 or 4 or equivalent) on liver histology or clinical/radiological evidence of cirrhosis; or~~

~~2~~**1** HBV DNA positive cirrhosis prior to liver transplantation; or

~~3~~**2** HBsAg positive and have had a liver, kidney, heart, lung or bone marrow transplant; or

~~4~~**3 Hepatitis B virus naïve patient who has received a liver transplant from an anti-HBc (Hepatitis B core antibody) positive donor; or**

4 Hepatitis B surface antigen (HbsAg) **positive** patient who is receiving chemotherapy for a malignancy, or high dose steroids (at least 20mg/day for at least 7 days) or who has received such treatment within the previous two months**; or**

5 Hepatitis B surface antigen positive patient who is receiving anti tumour necrosis factor treatment; or

6 Hepatitis B core antibody (anti-HBc) positive patient who is receiving rituximab plus high dose steroids (e.g. R-CHOP).

~~2 All of the following:~~

~~2.1 No continuing alcohol abuse or intravenous drug use; and~~

~~2.2 Not coinfected with HCV or HDV; and~~

~~2.3 Neither ALT nor AST greater than 10 times upper limit of normal; and~~

~~2.4 No history of hypersensitivity to lamivudine; and~~

~~2.5 No previous lamivudine therapy with genotypically proven lamivudine resistance.~~

Continuation – patients who have maintained continuous treatment and response to lamivudine

Re-assessment required after 2 years

continued...

➔ Restriction

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

Changes to Section H - effective 1 July 2013 (continued)

continued...

All of the following:
1 Have maintained continuous treatment with lamivudine; and
2 Most recent test result shows continuing biochemical response (normal ALT); and
3 HBV DNA <100,00 copies per ml by quantitative PCR at a reference laboratory; or
Continuation – when given in combination with adefovir dipivoxil for patients with cirrhosis and resistance to lamivudine
Re-assessment required after 2 years
All of the following:
1 Lamivudine to be used in combination with adefovir dipivoxil; and
2 Patient is cirrhotic; and
Documented resistance to lamivudine, defined as:
3 Patient has raised serum ALT (> 1 × ULN); and
4 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
5 Detection of M204I or M204V mutation; or
Continuation – when given in combination with adefovir dipivoxil for patients with resistance to adefovir dipivoxil
Re-assessment required after 2 years
All of the following:
1 Lamivudine to be used in combination with adefovir dipivoxil; and
Documented resistance to adefovir, defined as:
2 Patient has raised serum ALT (> 1 × ULN); and
3 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
4 Detection of N236T or A181T/V mutation.

83 TENOFOVIR DISOPROXIL FUMARATE (amendment to restriction)
➔ Tab 300 mg.....531.00 30 Viread
Restricted
Confirmed hepatitis B
Either:
1 All of the following:
1.1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
1.2 Patient has had previous lamivudine, adefovir or entecavir therapy; and
1.3 HBV DNA greater than 20,000 IU/mL or increased ≥ 10 fold over nadir; and
1.4 Any of the following:
1.4.1 Lamivudine resistance - detection of M204I/V mutation; or
1.4.2 Adefovir resistance - detection of A181T/V or N236T mutation; or
1.4.3 Entecavir resistance - detection of relevant mutations including I169T, L180M T184S/A/I/L/G/C M,S202C/G/I,M204V or M250I/V mutation; or
2 Patient is either listed or has undergone liver transplantation for HBV; **or**
3 Patient has decompensated cirrhosis with a Mayo score >20.

Pregnant **or Breastfeeding, Active hepatitis B**
*Limited to ~~four~~ **twelve** months' treatment*
Both:
1 Patient is HBsAg positive and pregnant; and
~~2 Either:~~
~~2.1~~ HBV DNA > 20,000 IU/mL and ALT > ULN~~; or~~
~~2.2 HBV DNA > 100 million IU/mL and ALT normal~~

Pregnant, prevention of vertical transmission
Limited to six months' treatment
Both:
1 Patient is HBsAg positive and pregnant; and
2 HBV DNA > ~~100~~ 20 million IU/mL and ALT normal.

continued...

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

Changes to Section H - effective 1 July 2013 (continued)

continued...

Confirmed HIV~~/AIDS~~
Both:
1 Confirmed HIV infection; and
2 Any of the following:
2.1 Symptomatic patient; or
2.2 Patient aged 12 months and under; or
2.3 Both:
2.3.1 Patient aged 1 to 5 years; and
2.3.2 Any of the following:
2.3.2.1 CD4 counts < 1000 cells/mm3; or
2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
2.3.2.3 Viral load counts > 100000 copies per ml; or
2.4 Both:
2.4.1 Patient aged 6 years and over; and
2.4.2 CD4 counts < ~~350~~ **500** cells/mm3
Prevention of maternal transmission
Either:
1 Prevention of maternal foetal transmission; or
2 Treatment of the newborn for up to eight weeks.
Post-exposure prophylaxis following non-occupational exposure to HIV
Both:
1 Treatment course to be initiated within 72 hours post exposure; and
2 Either:
2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
2.2 Patient has shared intravenous injecting equipment with a known HIV positive person.
2.3 Patient has been subjected to non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.
Percutaneous exposure
Patient has percutaneous exposure to blood known to be HIV positive

84 VALACICLOVIR (additional restriction)

➔ Tab 500 mg	102.72	30	Valtrex

Restricted
Immunocompromised patients
Limited to 7 days treatment
Both:
1 Patients is immunocompromised; and
2 Patient has herpes zoster.

NERVOUS SYSTEM

106 VENLAFAXINE (↓ price)

➔ Tab 37.5 mg	7.84	28	Arrow-Venlafaxine XR
➔ Tab 75 mg	13.94	28	Arrow-Venlafaxine XR
➔ Tab 150 mg	17.08	28	Arrow-Venlafaxine XR
➔ Tab 225 mg	27.14	28	Arrow-Venlafaxine XR
➔ Cap 37.5 mg	8.71	28	Efexor XR
➔ Cap 75 mg	17.42	28	Efexor XR
➔ Cap 150 mg	21.35	28	Efexor XR

➔ 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 - effective 1 July 2013 (continued)				
108	GABAPENTIN (additional restriction)			
	➔ Cap 100 mg	7.16	100	Nupentin
	➔ Cap 300 mg	11.50	100	Nupentin
	➔ Cap 400 mg	14.75	100	Nupentin
	➔ Tab 600 mg			
	Restricted For preoperative and/or postoperative use for up to a total of 8 days' use **or** **For the pain management of burns patients with monthly review.**			
111	SUMATRIPTAN (↓ price and addition of HSS)			
	Tab 50 mg – **1% DV Sep-13 to 2016**	29.80	100	**Arrow-Sumatriptan**
	Tab 100 mg – **1% DV Sep-13 to 2016**	54.80	100	**Arrow-Sumatriptan**
	Inj 12 mg per ml, 0.5 ml cartridge – **1% DV Sep-13 to 2016**	13.80	2	**Arrow-Sumatriptan**
112	ONDANSETRON (↓ price and addition of HSS)			
	Inj 2 mg per ml, 2 ml ampoule – **1% DV Sep-13 to 2016**	1.82	5	**Ondanaccord**
	Inj 2 mg per ml, 4 ml ampoule – **1% DV Sep-13 to 2016**	2.18	5	**Ondanaccord**
118	MELATONIN (addition of suggested brand)			
	➔ Tab modified-release 2 mg			*(Circadin)*
ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS				
123	DOXORUBICIN HYDROCHLORIDE (addition of presentation and note)			
	➔ Inj 50 mg vial			
	➔ Inj 2 mg per ml, 25 ml vial – **1% DV Mar-13 to 2015**	17.00	1	**Arrow-Doxorubicin**
	Note: DV limit applies to all 50 mg presentations of doxorubicin hydrochloride			
SENSORY ORGANS				
166	CARBOMER (delay to brand listing)			
	Ophthalmic gel 0.3%, single dose	~~8.25~~	~~30~~	~~Poly Gel~~
166	MACROGOL 400 AND PROPYLENE GLYCOL (delay to brand listing)			
	Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose	~~4.30~~	~~24~~	~~Systane Unit Dose~~
SPECIAL FOODS				
168	FOOD/FLUID THICKENERS (amendment to note)			
	~~NOTE: While pre-thickened drinks have not been included in Section H, DHB hospitals may continue to use such products, provided that use was established prior to 1 July 2013. PHARMAC intends to make a further decision in relation to prethickened drinks in the future, and will notify of any change to this situation.~~			
	NOTE: While pre-thickened drinks and supplements have not been included in Section H, DHB hospitals may continue to use such products for patients with dysphagia, provided that: • **use was established prior to 1 July 2013; and** • **the product has not been specifically considered and excluded by PHARMAC; and** • **use of the product conforms to any applicable indication restrictions for similar products that are listed in Section H (for example, use of thickened high protein products should be in line with the restriction for high protein oral feed in Section H).** **PHARMAC intends to make a further decision in relation to pre-thickened drinks and supplements in the future, and will notify of any change to this situation.**			

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

Changes to Section H - effective 1 July 2013 (continued)

168 CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN (change to suggested brand name)
Powder — *(Karicare Aptamil ~~Feed Thickener~~)* ***(Feed Thickener Karicare Aptamil)***

173 HIGH CALORIE PRODUCTS (amendment to restriction)
Restricted
~~Either:~~ **Any of the following:**
1 Patient is fluid **volume or rate** restricted; or
2 Patient requires low electrolyte; or
~~2~~**3** Both:
~~2~~**3**.1 Any of the following:
~~2~~**3**.1.1 Cystic fibrosis; or
~~2~~**3**.1.2 Any condition causing malabsorption; or
~~2~~**3**.1.3 Faltering growth in an infant/child; or
~~2~~**3**.1.4 Increased nutritional requirements; and
~~2~~**3**.2 Patient has substantially increased metabolic requirements.

173 HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML (amendment to restriction)
➔ Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml, 1,000 ml bag — *(Nutrison Protein Plus)*
➔ Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag — *(Nutrison Protein Plus Multi Fibre)*

Restricted
Both:
1 The patient has a high protein requirement; and
2 Any of the following:
2.1 Patient has liver disease; or
2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
2.3 Patient is fluid restricted; or
~~2.4 Patient does not have increased energy requirements.~~
2.4 Patient's needs cannot be more appropriately met using a high calorie product.

174 EXTENSIVELY HYDROLYSED FORMULA (change to suggested brand name)
➔ Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can — ***(Gold Pepti Junior Karicare Aptamil)*** *(~~Karicare Aptamil Gold Pepti Junior~~)*

175 PRETERM FORMULA
➔ Powder 1.9 g protein, 7.5 g carbohydrate and 3.9 g fat per 14 g, can ..... 15.25 — 400 g — S-26 Gold Premgro
Restricted
For infants born before 33 weeks' gestation or weighing less than 1.5 kg at birth.

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

Changes to Section H - effective 1 July 2013 (continued)

176 ~~Paediatric Products~~ **Infant Formulas**
PAEDIATRIC ORAL FEED 1 KCAL/ML
➔ Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, 100 ml bottle *(Infatrini)*
Restricted
Both:
1. Either of the following:
1.1 The patient is fluid restricted; or
1.2 The patient has increased nutritional requirements due to faltering growth; and
2. Patient is under 18 months old and weighs less than 8kg.

178 HIGH ARGININE ORAL FEED 1.4 KCAL/ML
➔ Liquid 7.6 g protein, 18.9 g carbohydrate, 3.9 g fat and 1.4 g fibre per 100 ml, carton ..... 4.00 — 237 ml — Impact Advanced Recovery (Vanilla) *(Impact Advanced Recovery (Chocolate))*

Note: these listings are new Pharmacodes for existing products.

VARIOUS

189 IOHEXOL
Inj 350 mg per ml, 500 ml bottle ..... 780.00 — 10 — Omnipaque
(Omnipaque inj 350 mg per ml, 500 ml bottle to be delisted 1 September 2013)

191 PLERFUTREN
Inj 1.1 mg per ml, 2 ml vial

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Hospital Medicines List queries:
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