## The Hospital Medicines List (HML)

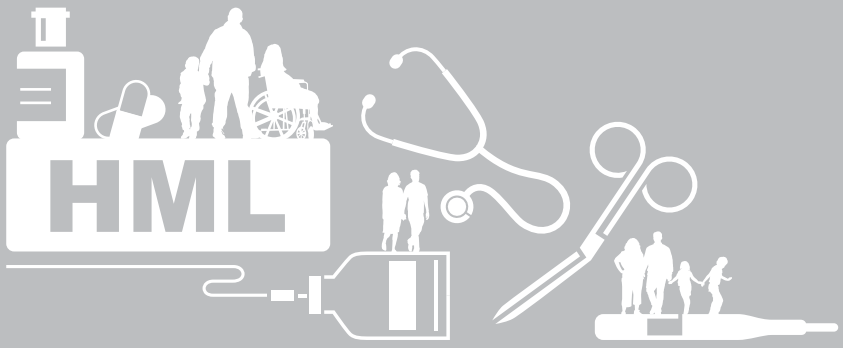
# Section H

# for Hospital Pharmaceuticals

**Update**

**Effective 1 September 2013**

Cumulative for July, August and September 2013




PHARMAC
Pharmaceutical Management Agency

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## Rapid Assessment Guide and DHB approval processes

Rapid Hospital Assessment is a process for DHB clinicians to request the urgent use of a non-HML medicine when a patient is expected, within five working days, to 'experience either significant deterioration or miss the opportunity for a significant improvement in clinical outcomes (length or quality of life)' if not treated with the requested medicine.


Clinicians should use their own DHB's Rapid Assessment processes where these are in place. If for some reason an assessment can't be done at the DHB, the PHARMAC process is available. DHBs need to be aware that internal DHB approvals to make the application should be done before sending us the completed Rapid Assessment form.

The application steps to work through are included in a short guide we've recently put together on Rapid Assessments. The guide is available on our website at http://www.pharmac.health.nz/medicines/hospital-pharmaceuticals/factsheets/factsheet-02 and as a printable Fact Sheet.

## Sub-speciality protocols available from Starship

Starship Hospital has protocols for certain sub-specialty uses of antimicrobials that are unlikely to exist in other centres, particularly in children with complex medical conditions. The Starship Clinical guidelines are available online at: https://www.starship.org.nz/for-health-professionals/starship-clinical-guidelines

These have been approved by the Starship paediatric ID team and include several protocols for subspecialist management of paediatric problems. PHARMAC encourages other DHBs to take advantage of that resource.

## Pre-thickened drinks and food/fluid thickeners on the HML

Pre-thickened drinks and supplements have not been included in Section H, however, 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).

**So what does this mean?**

1. If the use of pre-thickened drinks and pre-thickened supplements was established in the DHB hospital prior to 1 July 2013, then the DHB hospital may continue to use them in both new and existing patients (NOTE: any new patients would not be able to use products that have been specifically excluded from the HML – see below).
2. Certain products have been considered and specifically excluded from the HML at this time. The list of these products can be found on PHARMAC's website at www.pharmac.health.nz/ckeditor_assets/attachments/354/notification-2013-05-16-hospital-a-z-list.pdf – the excluded products are in red. Please note the list includes only products considered as of May 2013 and has not been updated since then. In particular, some items that were "red" on this list have since been reassessed and added to the HML. If your hospital wishes to use one of the excluded products either a NPPA application would need to be submitted if it relates to an individual, or you could submit a clinician's application form for it to be further considered for inclusion on the HML. A meeting of the Special Foods Subcommittee is scheduled for later this year, so should you wish to have a product considered for inclusion on the HML, please provide a clinician's application form before the end of September.
3. Please remember that any individual patients who were receiving treatment with these products prior to 1 July 2013 may continue to access them. Subject to rule 13.
4. If anything changes then we will let hospitals know.

## Hydroxyethyl starches (HES)

The United Kingdom's Medicines and Healthcare Products Regulatory Agency (MHRA) has issued a recall for hydroxyethyl starch (HES) products in the UK. This is following results from large randomised clinical trials which reported an increased risk of renal dysfunction and mortality in critically ill or septic patients who received HES compared with crystalloids (simple salt solutions).

There are currently two brands of HES solutions listed on the Hospital Medicines List (HML) - Volulyte 6% and Voluven. Medsafe has issued a safety alert on these HES solutions (http://www.medsafe.govt.nz/Projects/B2/monitoring-communications.asp#8-July-2013) and the relevant datasheets will be updated with new safety-related information (contraindications etc).

Medsafe is continuing to review this safety concern and will provide further information once this review is complete. Until Medsafe completes its review of HES, Volulyte 6% and Voluven will remain listed on the HML. Clinicians will continue to have the discretion to use these products in the treatment of patients if considered clinically appropriate.

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

# Section H changes to Part II

## Effective 1 September 2013

### ALIMENTARY TRACT AND METABOLISM

15 MESALAZINE

| | | | |
|---|---|---|---|
| Modified release granules, 1 g | 141.72 | 120 g | Pentasa |

24 ASCORBIC ACID (↓ price, addition of HSS)

| | | | |
|---|---|---|---|
| Tab 100 mg – **1% DV Nov-13 to 2016** | 7.00 | 500 | **Cvite** |

### CARDIOVASCULAR

40 PINDOLOL (↑ price and addition of HSS)

| | | | |
|---|---|---|---|
| Tab 5 mg – **1% DV Nov-13 to 2016** | 9.72 | 100 | **Apo-Pindolol** |
| Tab 10 mg – **1% DV Nov-13 to 2016** | 15.62 | 100 | **Apo-Pindolol** |
| Tab 15 mg – **1% DV Nov-13 to 2016** | 23.46 | 100 | **Apo-Pindolol** |

43 GEMFIBROZIL (↑ price and addition of HSS)

| | | | |
|---|---|---|---|
| Tab 600 mg – **1% DV Nov-13 to 2016** | 17.60 | 60 | **Lipazil** |

### HORMONE PREPARATIONS

64 DESMOPRESSIN ACETATE

| | | | |
|---|---|---|---|
| ➔ Tab 100 mcg | 36.40 | 30 | Minirin |
| ➔ Tab 200 mcg (new listing) | 93.60 | 30 | Minirin |

**Restricted**
**Nocturnal enuresis**
Either:
1 The nasal forms of desmopressin are contraindicated; or
2 An enuresis alarm is contraindicated
**Cranial diabetes insipidus** and the nasal forms of desmopressin are contraindicated.

### INFECTIONS

65 GENTAMICIN SULPHATE

| | | | |
|---|---|---|---|
| Inj 10 mg per ml, 2 ml ampoule | 175.10 | 25 | APP Pharmaceuticals |

69 MOXIFLOXACIN (amendment to presentation)

| | | | |
|---|---|---|---|
| ➔ ~~Inj 2 mg per ml, 250 ml bag~~ | | | |
| **Inj 1.6 mg per ml, 250 ml bag** | 70.00 | 1 | Avelox IV 400 |

84 BOCEPREVIR

| | | | |
|---|---|---|---|
| ➔ Cap 200 mg | 5,015.00 | 336 | Victrelis |

**Restricted**
Chronic hepatitis C – genotype 1, first-line from gastroenterologist, infectious disease physician or general physician:
All of the following:
1 Patient has chronic hepatitis C, genotype 1; and
2 Patient has not received prior pegylated interferon treatment; and
3 Patient has IL-28B genotype CT or TT; and
4 Patient is to be treated in combination with pegylated interferon and ribavirin; and
5 Patient is hepatitis C protease inhibitor treatment-naive; and
6 Maximum of 44 weeks therapy.

*continued...*



➔ 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 September 2013 (continued)

*continued...*

Chronic hepatitis C – genotype 1, second-line from gastroenterologist, infectious disease physician or general physician.

All of the following:

1 Patient has chronic hepatitis C, genotype 1; and
2 Patient has received pegylated interferon treatment; and
3 Any one of:
  3.1. Patient was a responder relapser; or
  3.2. Patient was a partial responder; or
  3.3. Patient received pegylated interferon prior to 2004; and
4 Patient is to be treated in combination with pegylated interferon and ribavirin; and
5 Maximum of 44 weeks therapy.

Note: Due to risk of severe sepsis boceprevir should not be initiated if either Platelet count $<100 \times 10^9$ /l or Albumin <35 g/l.

85 INTERFERON **ALFA** ~~ALPHA~~-2A (amendment to chemical name)
Inj 3 m iu prefilled syringe
Inj 6 m iu prefilled syringe
Inj 9 m iu prefilled syringe

85 INTERFERON **ALFA** ~~ALPHA~~-2B (amendment to chemical name)
Inj 18 m iu, 1.2 ml multidose pen
Inj 30 m iu, 1.2 ml multidose pen
Inj 60 m iu, 1.2 ml multidose pen

86 PEGYLATED INTERFERON **ALFA-2A** ~~ALPHA-2A~~ (amendment to chemical name and restriction)

| | | | |
|---|---|---|---|
| ➔ Inj 135 mcg prefilled syringe | | | |
| ➔ Inj 180 mcg prefilled syringe | 900.00 | 4 | Pegasys |
| ➔ Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (112) | | | |
| ➔ Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112) | 1,159.84 | 1 | Pegasys RBV Combination Pack |
| ➔ Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (168) | | | |
| ➔ Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (168) | 1,290.00 | 1 | Pegasys RBV Combination Pack |

Restricted

Initiation - Chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV or genotype 2 or 3 post liver transplant

Both:

1. Any of the following:
  1.1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
  1.2 Patient has chronic hepatitis C and is co-infected with HIV; or
  1.3 Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant; and
2. Maximum of 48 weeks therapy.

Notes:

Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.

Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml.

Continuation — (Chronic hepatitis C – genotype 1 infection) from gastroenterologist, infectious disease physician or general physician.

*continued...*

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

## Changes to Section H - effective 1 September 2013 (continued)

*continued...*

All of the following:
1 Patient has chronic hepatitis C, genotype 1; and
2 Patient has had previous treatment with pegylated interferon and ribavirin; and
3 Either:
3.1 Patient has responder relapsed; or
3.2 Patient was a partial responder; and
4 Patient is to be treated in combination with boceprevir; and
5 Maximum of 48 weeks therapy.

Initiation - Chronic Hepatitis C – genotype 1 infection treatment more than 4 years prior - Gastroenterologist, infectious disease physician or general physician.
All of the following
1. Patient has chronic hepatitis C, genotype 1; and
2. Patient has had previous treatment with pegylated interferon and ribavirin; and
3. Any of the following
3.1. Patient has responder relapsed; or
3.2. Patient was a partial responder; or
3.3. Patient received interferon treatment prior to 2004; and
4. Patient is to be treated in combination with boceprevir; and
5. Maximum of 48 weeks therapy.

Initiation — chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV
Both:
1. Patient has chronic hepatitis C, genotype 2 or 3 infection; and
2. Maximum of 6 months therapy.

Initiation — Hepatitis B – gastroenterologist, infectious disease specialist or general 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 treatment-naive; and
3 ALT > 2 times Upper Limit of Normal; and
4 HBV DNA < 10 log10 IU/ml; and
5 Either:
5.1 HBeAg positive; or
5.2 serum HBV DNA ≥ 2,000 units/ml and significant fibrosis (≥ Metavir Stage F2 or moderate fibrosis); and
6 Compensated liver disease; and
7 No continuing alcohol abuse or intravenous drug use; and
8 Not co-infected with HCV, HIV or HDV; and
9 Neither ALT nor AST > 10 times upper limit of normal; and
10 No history of hypersensitivity or contraindications to pegylated interferon; and
11 Maximum of 48 weeks therapy.
Notes:
Approved dose is 180 mcg once weekly.
The recommended dose of pegylated iInterferon alfa-2a is 180 mcg once weekly.
In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated Interferon alfa-2a dose should be reduced to 135 mcg once weekly.
In patients with neutropaenia and thrombocytopaenia, dose should be reduced in accordance with the datasheet guidelines.
Pegylated Interferon alfa-2a is not approved for use in children.


➔ 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 September 2013 (continued)

### MUSCULOSKELETAL

87 NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE
Inj 2.5 mg with glycopyrronium bromide 0.5 mg per ml,
1 ml ampoule – **1% DV Nov-13 to 2016** ..... 27.86 — 10 — **Max Health**

89 RISEDRONATE SODIUM
Tab 35 mg ..... 4.00 — 4 — Risedronate Sandoz

### NERVOUS SYSTEM

105 IMIPRAMINE HYDROCHLORIDE
Tab 10 mg ..... 6.58 — 60 — Tofranil S29

106 VENLAFAXINE (↓ price and removal of restriction on Arrow-Venlafaxine XR)
Tab modified release 37.5 mg ..... 5.06 — 28 — Arrow-Venlafaxine XR
Tab modified release 75 mg ..... 6.44 — 28 — Arrow-Venlafaxine XR
Tab modified release 150 mg ..... 8.86 — 28 — Arrow-Venlafaxine XR
Tab modified release 225 mg..... 14.34 — 28 — Arrow-Venlafaxine XR

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

124 CYTARABINE
Inj 20 mg per ml, 5 ml vial
– **1% DV Nov-13 to 2016** (↓ price and addition of HSS) ..... 55.00 — 5 — **Pfizer**
Inj **20 mg** ~~200 mg~~ per ml, 25 ml vial
(amendment to presentation) ..... 18.15 — 1 — Pfizer
Inj 100 mg per ml, 10 ml vial
– **1% DV Nov-13 to 2016** (↓ price and addition of HSS) ..... 8.83 — 1 — **Pfizer**
Inj 100 mg per ml, 20 ml vial
– **1% DV Nov-13 to 2016** (↓ price and addition of HSS) ..... 17.65 — 1 — **Pfizer**

153 MYCOPHENOLATE MOFETIL (Addition of HSS)
➔ Cap 250 mg – **1% DV Nov-13 to 2016** (↓ price) ..... 25.00 — 100 — **CellCept**
➔ Tab 500 mg – **1% DV Nov-13 to 2016** (↓ price)..... 25.00 — 50 — **CellCept**
➔ Powder for oral liq 1 g per 5 ml
– **1% DV Nov-13 to 2016** (↓ price) ..... 187.25 — 165 ml — **CellCept**
➔ Inj 500 mg vial – **1% DV Nov-13 to 2016**..... 133.33 — 4 — **CellCept**
Note – Myaccord cap 250 mg and tab 500 mg and Ceptolate tab 500 mg to be delisted 1 November 2013

### RESPIRATORY SYSTEM AND ALLERGIES

160 DORNASE ALFA (amendment to restriction)
➔ Nebuliser soln 2.5 mg per 2.5 ml ampoule ..... 250.00 — 6 — Pulmozyme
Restricted
~~Any~~ **Either** of the following:
1 Cystic fibrosis **and the patient has been approved by the Cystic Fibrosis Panel; and/or** ~~For use in patients with approval by the Cystic Fibrosis Advisory Panel~~
2 Significant mucus production **and meets the following criteria**
~~All of the following:~~
**Treatment for** up to four weeks ~~treatment~~ **for patients meeting the following:**~~; and~~
2.1 Patient is an in-patient; and
2.2 The mucus production cannot be cleared by first line chest techniques.

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

## Changes to Section H - effective 1 September 2013 (continued)

### SPECIAL FOODS

173 HIGH PROTEIN ENTERAL FEED **1.28 KCAL/ML** ~~1.25 KCAL/ML~~

➔ 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)*

176 PAEDIATRIC ORAL FEED 1 KCAL/ML

➔ Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle ..... 1.07 — 200 ml — Pediasure (Chocolate), Pediasure (Strawberry), Pediasure (Vanilla)

➔ Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, can ..... 1.34 — 250 ml — Pediasure (Vanilla)

Note – the packaging has changed to Recloseable Plastic Bottle (RPB) with new Pharmacodes.
Note – the Pharmacodes for the tetra-packs and cans will be delisted from 1 November 2013.

176 PAEDIATRIC ENTERAL FEED **0.76 KCAL/ML** ~~0.75 KCAL/ML~~

➔ Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat and 0.7 g fibre per 100 ml, bag ..... 4.00 — 500 ml — Nutrini Low Energy Multifibre RTH

## Effective 12 August 2013

36 ENALAPRIL MALEATE (HSS suspended)

| | | | |
|---|---|---|---|
| Tab 5 mg – 1% DV Dec-12 to ~~2015~~ **12/08/2013** | 1.07 | 90 | m-Enalapril |
| Tab 10 mg – 1% DV Dec-12 to ~~2015~~ **12/08/2013** | 1.32 | 90 | m-Enalapril |
| Tab 20 mg – 1% DV Dec-12 to ~~2015~~ **12/08/2013** | 1.72 | 90 | m-Enalapril |

## Effective 2 August 2013

### ALIMENTARY TRACT AND METABOLISM

21 BIOTIN

➔ Inj 10 mg per ml, 5 ml vial
➔ Cap 50 mg
➔ Cap 100 mg

**Restricted**
Metabolic disorders physician or metabolic disorders dietician.

21 PYRIDOXAL-5-PHOSPHATE

➔ Tab 50 mg

**Restricted**
Metabolic disorders physician, metabolic disorders dietician or neurologist.

23 ZINC (presentation amended)

Oral liq ~~5 mg per drop~~ **5 mg per 5 drops**


➔ 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 2 August 2013 (continued)

### BLOOD AND BLOOD FORMING ORGANS

28 APROTININ

➔ Inj 10,000 kIU per ml (equivalent to 200 mg per ml), 50 ml vial

**Restricted**
Cardiac anaesthetist
Either:
1. Paediatric patient undergoing cardiopulmonary bypass procedure; or
2. Adult patient undergoing cardiac surgical procedure where the significant risk of massive bleeding outweighs the potential adverse effects of the drug.

### DERMATOLOGICALS

49 DIMETHICONE (Addition of suggested brand)

Crm 5% — *(Barrier Cream 555)* *(DP Barrier Cream)*

49 ZINC (Addition of suggested brands)

Crm — *(Zinc Cream (Orion))* *(Zinc Cream (PSM))*

Oint — *(Zinc oxide (PSM) 15% ion Simple Ointment BP)*

50 ZINC WITH WOOL FAT (Addition of suggested brand)

Crm, zinc 15.25% with wool fat 4% — *(Sudocrem)*

50 GLYCEROL WITH PARAFFIN (Addition of suggested brands)

Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10% — *(QV cream)*

50 PARAFFIN WITH WOOL FAT (Addition of suggested brands)

Lotn liquid paraffin 15.9% with wool fat 0.6% — *(Alpha Keri Lotion)* *(BK Lotion)* *(DP Lotion)* *(Hydroderm Lotion)*

Lotn liquid paraffin 91.7% with wool fat 3% — *(Alpha Keri Bath Oil)*

### HORMONE PREPARATIONS

63 POTASSIUM IODATE

Tab 170 mg

### INFECTIONS

65 GENTAMICIN SULPHATE

Inj 10 mg per ml, 2 ml ampoule

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

## Changes to Section H - effective 2 August 2013 (continued)

### NERVOUS SYSTEM

99 ARTICAINE HYDROCHLORIDE WITH ADRENALINE
Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge
Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge
Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge

### VACCINES

181 DIPHTHERIA AND TETANUS VACCINE (additional 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 following immunosuppression; or
4 For revaccination for patients with tetanus-prone wounds**; or**
**5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.**

181 HAEMOPHILUS INFLUENZA TYPE B VACCINE (additional restriction)
➔ Inj 10 mcg vial with diluent syringe

Restricted
Any of the following:
1 For primary vaccination in children; or
2 For revaccination following immunosuppression; or
3 For children aged 0-18 years with functional asplenia; or
4 For patients pre- and post-splenectomy
**5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.**

182 PNEUMOCOCCAL CONJUGATE (PCV13) VACCINE (additional 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 following immunosuppression
**4 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.**

182 PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE (additional 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; or
3 For revaccination following immunosuppression**; or**
**4 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.**


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

## Changes to Section H - effective 2 August 2013 (continued)

183 HEPATITIS B VACCINE (additional restriction)
- ➔ Inj 5 mcg in 0.5 ml vial
- ➔ Inj 10 mcg in 1 ml vial

Restricted
Any of the following:
1 Household or sexual contacts of known hepatitis B carriers; or
2 Children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3 Dialysis patients; or
4 HIV-positive patients; or
5 Hepatitis C positive patients; or
6 For use in transplant patients; or
7 For use following immunosuppression**; or**
**8 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.**

## VARIOUS

186 HYDROXOCOBALAMIN
Inj 5 g vial

## 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. | | | |

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

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

### 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** |

### 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** |



➔ 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)

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**

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.

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

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

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**

## 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**



➔ 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)

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

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** |

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

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

### 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

### 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

*continued...*


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

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

*continued...*

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.

### 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.

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

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

### 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.

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;**

*continued...*


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

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

*continued...*

**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%

## 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

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

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

### RESPIRATORY SYSTEM AND ALLERGIES

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

### 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.


➔ 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 5 July 2013 (continued)

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.

## 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:**

*continued...*

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

*continued...*

**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**
**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)<br>Powder for oral soln – **1% DV Sep-13 to 2016** | 5.51 | 500 g | **Konsyl-D** |
| 24 | ASCORBIC ACID<br>Tab 100 mg | 13.80 | 500 | Cvite |
| | (Vitala-C tab 100 mg to be delisted 1 September 2013) | | | |
| 25 | MULTIVITAMINS<br>Tab (BPC cap strength) | | | *(Mvite)* |
| | (MultiADE tab (BPC cap strength) to be delisted 1 September 2013) | | | |

## BLOOD AND BLOOD FORMING ORGANS

| | | | | |
|---|---|---|---|---|
| 31 | TICAGRELOR<br>➔ 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.


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

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

### 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.**

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

*continued...*

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

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

*continued...*

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

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~~

*continued...*


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

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

*continued...*

~~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*

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

*continued...*

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

*continued...*

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.**

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



➔ 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)

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 |

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**

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

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

### 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.**

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.


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

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

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.

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.

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

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

### 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



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

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ISSN 1172-3694 (Print) - ISSN 1179-3708 (Online)