The Hospital Medicines List (HML)

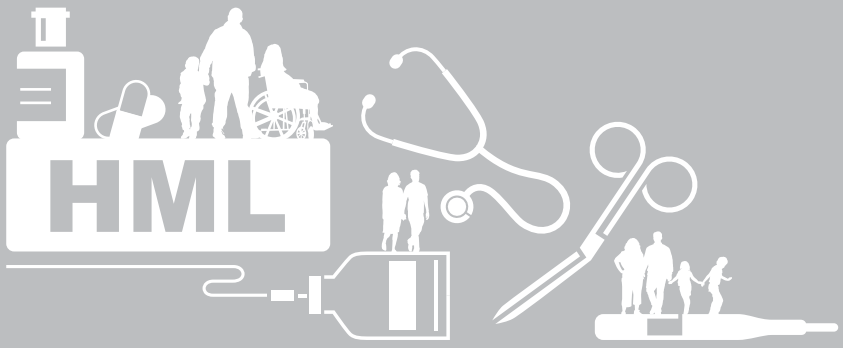
Section H

for Hospital Pharmaceuticals

Update

Effective 1 November 2013

Cumulative for July, August, September, October and November 2013



PHARMAC
Pharmaceutical Management Agency

Contents

Interactive schedule

An XML/ interactive version of the HML accessed from our website is now available.

This means you can now search the most up-to-date HML information all in one place, in a similar way to the community Schedule. This includes being able to:

- search on individual pharmaceutical names
- view the Pharmacode reference when PHARMAC has a contract for the listed product
- export list information into excel and other formats for use in your local technology systems.

In future releases of the interactive version, users will also be able to search and print out restriction criteria for each pharmaceutical, where they apply.

As we produce the monthly Updates from now on, that information will also be added to the interactive database.

PDF versions of the printed Updates and Section H will continue to be published to our website and hard copies are also continuing to be sent free of charge to DHB hospitals for now.

www.pharmac.govt.nz/HMLOnline.php

HML Reprint

The second edition of the HML is being printed for delivery in November and will incorporate changes up to and including 1 October 2013. These changes include additions, corrections and adjustments made in response to DHB feedback since the first edition, which was printed prior to the HML launch in July.

HML 0800 queries line – hours we can help you

Please continue to contact PHARMAC for HML related queries using HML@pharmac.govt.nz or 0800 66 00 50 (option 2) contacts as your first point of call. Our queries coordinators are available during our normal information line hours which are Monday to Friday, 9am to 5pm.

Outside those hours, you can leave a message via the 0800 line or email us your query. This will be dealt with as soon as possible.

For an urgent situation, the clinically appropriate action should always be taken. However, we would still like to hear about the treatment and the clinical circumstances afterwards – a phone call or email is appreciated.

Managing medicines with restrictions

There is a lot of great work going on in DHBs to achieve compliance with the restrictions on pharmaceuticals in the HML and that is much appreciated. We acknowledge compliance may not be perfect during the transition period; however, we want to remind prescribers that the onus is on them to consider and ensure relevant HML restriction criteria are met and that this is documented in each patient's clinical record.

Out-of-stock information

PHARMAC manages out-of-stock situations for contracted pharmaceuticals and leads the process to find alternatives when a contracted product is unavailable. Suppliers have contractual obligations to inform us of potential out of stock situations and to supply an alternative pharmaceuticals if the contracted brand is unavailable.

However, we are not automatically notified if there are supply issues with non-contracted HML pharmaceuticals. In order to support DHBs we may need to list an alternative formulation or strength of a product (even if only temporarily) to ensure compliance with the rules of the HML. Please note that, for non-contracted pharmaceuticals, while PHARMAC won't necessarily lead the process for finding alternatives we would like to hear from DHBs when out of stock or short supply situations may be occurring.

Have a problem with a medicine or medical device we fund?

PHARMAC welcomes feedback, including complaints about any medicine we fund. We want to know when we get things right and when we could do better. We particularly want to know about problems with access or compliance, such as when a product is in short supply or you have difficulty interpreting our rules. Some issues should also be reported to other organisations. These include:

Quality complaints should be reported to the importer or supplier in the first instance. A quality complaint could include such issues as: a label that is easily smudged or doesn't stay on the container, a tablet that won't break evenly along a score line, inconsistent viscosity of a liquid medicine. Quality complaints may also be reported to Medsafe especially if the issue is serious.

Medicine adverse reactions should be reported to the Centre for Adverse Reactions Monitoring (CARM). This includes side effects and/or lack of efficacy of a medicine as a result of a brand change.

Medical device adverse reactions should be reported to Medsafe. A form is available on the Medsafe website. http://www.medsafe.govt.nz/regulatory/devicesnew/safety.asp

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

Section H changes to Part II

Effective 1 November 2013

ALIMENTARY TRACT AND METABOLISM

13 GLYCOPYRRONIUM BROMIDE (amendment to presentation description)
Inj ~~0.2 mg~~ **200 mcg** per ml, 1 ml ampoule
– **1% DV Oct-13 to 2016** ..... 28.56 10 **Max Health**

17 LACTULOSE
Oral liq 10 g per 15 ml – **1% DV May-14 to 2016** ..... 3.84 500 ml **Laevolac**
Note – Laevolac oral liq 10 g per 15 ml, 1,000 ml pack size will be delisted from 1 May 2014.

20 ZINC CHLORIDE (amendment to presentation description)
Inj 5.3 mg per ml **(5.1 mg per ml elemental)**, 2 ml ampoule

BLOOD AND BLOOD FORMING ORGANS

28 EPTIFIBATIDE (amendment to restriction)
➔ Inj 750 mcg per ml, 100 ml vial ..... 324.00 1 Integrilin
➔ Inj 2 mg per ml, 10 ml vial ..... 111.00 1 Integrilin
Restricted
Either:
1. For use in patients with acute coronary syndromes undergoing percutaneous coronary intervention; or
2. For use in patients with definite or strongly suspected intra-coronary thrombus on coronary angiography.

CARDIOVASCULAR SYSTEM

33 ENALAPRIL MALEATE
Tab 5 mg ..... 1.07 90 m-Enalapril
Tab 10 mg ..... 1.32 90 m-Enalapril
Tab 20 mg ..... 1.72 90 m-Enalapril
Note – m-Enalapril tab 5 mg, 10 mg and 20 mg will be delisted from 1 January 2014. The Ethics Enalapril brand remains listed.

42 HYDRALAZINE HYDROCHLORIDE (remove S29)
Inj 20 mg ampoule ..... 25.90 5 Apresoline ~~s29~~

42 MINOXIDIL (correction to listing)
➔ Tab 10 mg..... 70.00 100 Loniten
Restricted
For patients with severe refractory hypertension which has failed to respond to extensive multiple therapies.

DERMATOLOGICALS

49 HYDROCORTISONE WITH MICONAZOLE (correction to listing)
Crm 1% with miconazole nitrate 2% ..... 2.20 15 g Micreme H

➔ 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 November 2013 (continued)

INFECTIONS

80 OSELTAMIVIR

➔ Powder for oral suspension 6 mg per ml

Restricted

Either:

1 Only for hospitalised patient with known or suspected influenza; or

2 For prophylaxis of influenza in hospitalised patients as part of a DHB hospital approved infections control plan.

Note – Oseltamivir powder for oral suspension 12 mg per ml will be delisted from 1 November 2013.

MUSCULOSKELETAL SYSTEM

88 BENZBROMARONE (amendment to brand name)

➔ Tab 100 mg	45.00	100	Benzbromaron **AL 100**

NERVOUS SYSTEM

93 LEVODOPA WITH BENSERAZIDE (amendment to brand name)

Tab dispersible 50 mg with benserazide 12.5 mg	10.00	100	Madopar ~~Dispersible~~ **Rapid**

100 IMIPRAMINE HYDROCHLORIDE (remove S29)

Tab 10 mg	6.58	60	Tofranil ~~S29~~

102 PAROXETINE HYDROCHLORIDE

Tab 20 mg	4.32	90	Loxamine

Note – Loxamine tab 20 mg (30 packsize) will be delisted from 1 January 2014.

107 ONDANSETRON

Tab 4 mg – **1% DV Jan-14 to 2016**	5.51	50	**Onrex**
Tab 8 mg – **1% DV Jan-14 to 2016**	6.19	50	**Onrex**

Note – Dr Reddy's Ondansetron tab 4 mg and 8 mg will be delisted from 1 January 2014.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

119 METHOTREXATE

Inj 7.5 mg prefilled syringe - **1% DV Jan-14 to 2016**	17.19	1	**Methotrexate Sandoz**
Inj 10 mg prefilled syringe - **1% DV Jan-14 to 2016**	17.25	1	**Methotrexate Sandoz**
Inj 15 mg prefilled syringe - **1% DV Jan-14 to 2016**	17.38	1	**Methotrexate Sandoz**
Inj 20 mg prefilled syringe - **1% DV Jan-14 to 2016**	17.50	1	**Methotrexate Sandoz**
Inj 25 mg prefilled syringe - **1% DV Jan-14 to 2016**	17.63	1	**Methotrexate Sandoz**
Inj 30 mg prefilled syringe - **1% DV Jan-14 to 2016**	17.75	1	**Methotrexate Sandoz**

148 AZATHIOPRINE

Tab 50 mg	18.45	100	Imuran

Note – Imuran tab 50 mg will be delisted from 1 November 2013. The Imuprine brand remains listed.

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

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

RESPIRATORY SYSTEM AND ALLERGIES

152 SALBUTAMOL
Oral liq 400 mcg per ml - **1% DV Jan-14 to 2016** ..... 2.06 — 150 ml — **Ventolin**
Note – Salapin oral liq 400 mcg per ml to be delisted 1 January 2014.

SPECIAL FOODS

185 ORAL FEED (change of packsize)
➔ Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can ..... 13.00 — 850 g — Ensure (Vanilla)
Note – Ensure (Vanilla) 900 g packsize to be delisted 1 February 2014.

Effective 1 October 2013

ALIMENTARY TRACT AND METABOLISM

14 ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETHICONE
Oral liq 400 mg with magnesium hydroxide 400 mg and simethicone 30 mg per 5 ml — *e.g. Mylanta Double Strength*

21 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE
➔ Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – **1% DV Nov-13 to 2014** ..... 10.00 — 30 — **Lax-Sachets**
18.14 — Movicol
Note – Movicol will be delisted from 1 November 2013.

BLOOD AND BLOOD FORMING

31 STREPTOKINASE (delisting)
Inj 250,000 iu vial ..... 117.70 — 1 — Streptase
Inj 1,500,000 iu vial ..... 188.10 — 1 — Streptase
Note – Streptase inj 250,000 iu vial and inj 1,500,00 iu vial will be delisted from 1 December 2013.

31 CLOPIDOGREL
Tab 75 mg – **1% DV Dec-13 to 2016** ..... 5.48 — 84 — **Arrow - Clopid**
Note – Apo-Clopidogrel tab 75 mg will be delisted from 1 December 2013.

34 POTASSIUM CHLORIDE WITH SODIUM CHLORIDE (amendment to presentation description)
Inj 10 **mmol** ~~mmol/l~~ potassium chloride with 0.29% sodium chloride, 100 ml bag

CARDIOVASCULAR SYSTEM

36 ENALAPRIL MALEATE
Tab 5 mg ..... 1.19 — 100 — Ethics Enalapril
Tab 10 mg ..... 1.47 — 100 — Ethics Enalapril
Tab 20 mg ..... 1.91 — 100 — Ethics Enalapril

46 HYDRALAZINE HYDROCHLORIDE
Inj 20 mg ampoule ..... 25.90 — 5 — Apresoline s29

➔ 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 October 2013 (continued)

GENITO-URINARY SYSTEM

55 CLOTRIMAZOLE (addition of HSS)

Vaginal crm 1% with applicator			
(↑ price) – **1% DV Dec-13 to 2016**	1.45	35 g	**Clomazol**
Vaginal crm 2% with applicator			
(↓ price) – **1% DV Dec-13 to 2016**	2.20	20 g	**Clomazol**

57 TAMSULOSIN (new packsize and addition of HSS)

➔ Cap 400 mcg – **1% DV Dec-13 to 2016**	13.51	100	**Tamsulosin-Rex**

Restricted
Both:
1 Patient has symptomatic benign prostatic hyperplasia; and
2 The patient is intolerant of non-selective alpha blockers or these are contraindicated.
Note – the Tamsulosin-Rex cap 400 mcg (30 cap packsize) to be delisted from 1 December 2013.

HORMONE PREPARATIONS

62 ~~SECRETIN PENTAHYDROCHLORIDE~~ (remove listing)
~~Inj 100 u ampoule~~
Note – Secretin pentahydrochloride inj 100 u ampoule is listed in **Various**.

INFECTIONS

66 CEFACLOR (addition of HSS)

Cap 250 mg (↑ price) – **1% DV Dec-13 to 2016**	26.00	100	**Ranbaxy-Cefaclor**
Grans for oral liq 25 mg per ml – **1% DV Dec-13 to 2016**	3.53	100 ml	**Ranbaxy-Cefaclor**

66 CEFTAZADIME (suspend HSS)

➔ Inj 1 g vial – 1% DV Oct-11 to ~~2014~~ **1/10/2013**	3.25	1	DBL Ceftazidime
➔ Inj 2 g vial – 1% DV Oct-11 to ~~2014~~ **1/10/2013**	6.49	1	DBL Ceftazidime

Restricted
Infectious disease physician, clinical microbiologist or respiratory physician

NERVOUS SYSTEM

97 RILUZOLE

➔ Tab 50 mg	400.00	56	Rilutek

Restricted
Initiation
Neurologist or respiratory specialist.
Re-assessment required after 6 months
All of the following:
1 The patient has amyotrophic lateral sclerosis with disease duration of 5 years or less; and
2 The patient has at least 60 percent of predicted forced vital capacity within 2 months prior to the initial application; and
3 The patient has not undergone a tracheostomy; and
4 The patient has not experienced respiratory failure; and
5 Any of the following:
5.1 The patient is ambulatory; or
5.2 The patient is able to use upper limbs; or
5.3 The patient is able to swallow.

continued...

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

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

continued...

Continuation
Re-assessment required after 18 months.
All of the following:
1 The patient has not undergone a tracheostomy, and
2 The patient has not experienced respiratory failure; and
3 Any of the following:
3.1 The patient is ambulatory; or
3.2 The patient is able to use upper limbs; or
3.3 The patient is able to swallow.

102	PARACETAMOL			
	➔ Inj 10 mg per ml, 50 ml vial – **1% DV-Dec 13 to 2014**	22.50	10	**Paracetamol-AFT**
104	OXYCODONE HYDROCHLORIDE (amendment to presentation description)			
	Cap **immediate-release** 5 mg	2.83	20	OxyNorm
	Cap **immediate-release** 10 mg	5.58	20	OxyNorm
	Cap **immediate-release** 20 mg	9.77	20	OxyNorm
112	HYOSCINE HYDROBROMIDE (addition of HSS)			
	➔ Patch 1.5 mg – **1% DV Dec-13 to 2016**	11.95	2	Scopoderm TTS

Restricted
Any of the following:
1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or
2 Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective; or
3 For treatment of post-operative nausea and vomiting where cyclizine, droperidol and a 5HT3 antagonist have proven ineffective, are not tolerated or are contraindicated.

112	ONDANSETRON (delisting)			
	Tab dispersible 4 mg	0.68	4	Dr Reddy's Ondansetron

Note – Dr Reddy's Ondansetron tab dispersible 4 mg (4 tablet packsize) to be delisted from 1 December 2013. The 10 tablet packsize will remain listed.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

123	CYCLOPHOSPHAMIDE			
	Tab 50 mg	158.00	100	Procytox

Note - Cycloblastin tab 50 mg will be delisted from 1 December 2013.

133	TAMOXIFEN CITRATE (addition of new pack sizes)			
	Tab 10 mg	2.63	60	Genox
	Tab 20 mg – **1% DV Jun-11 to 2014**	2.63	30	**Genox**

RESPIRATORY SYSTEM AND ALLERGIES

156	LORATADINE			
	Tab 10 mg – **1% DV Dec-13 to 2016**	1.30	100	**Lorafix**

Note - Loraclear Hayfever Relief tab 10 mg will be delisted from 1 December 2013.

➔ 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 October 2013 (continued)

158 BUDESONIDE (delisting)

Powder for inhalation 200 mcg per dose	15.20	200 dose	Budenocort
Powder for inhalation 400 mcg per dose	25.60	200 dose	Budenocort

Note – Budenocort powder for inhalation 200 and 400 mcg per dose to be delisted from 1 December 2013.

VARIOUS

193 MONOSODIUM L-ASPARTATE

Inj 14 mmol per 10 ml, 10 ml			

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

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

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.

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:

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...

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.

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:

continued...

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

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

continued...

Approved dose is 180 mcg once weekly.

The recommended dose of pegylated ilnterferon 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.

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

➔ 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)

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 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.

3 Treatment for up to 3 days for patients diagnosed with empyema.

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 28 August 2013

BLOOD AND BLOOD FORMING

29 ENOXAPARIN

Inj 40 mg in 0.4 ml ampoule

DERMATOLOGICALS

49 DIMETHICONE (Removal of suggested brand)

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

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

Changes to Section H - effective 28 August 2013 (continued)

GENITO-URINARY SYSTEM

56 INTRA-UTERINE DEVICE
IUD — *(Multiload Cu 375)* *(Multiload Cu 375 SL)*

VACCINES

183 HUMAN PAPILOMAVIRUS (6, 11, 16 AND 18) VACCINE (Amendment to restriction)
➔ Inj 120 mcg in 0.5 ml syringe

Restricted
Any of the following:
1 Women aged between 9 and **19** ~~18~~ years old; or
2 Male patients aged between 9 and 25 years old with confirmed HIV infection; or
3 For use in transplant patients.

VARIOUS

186 SODIUM THIOSULPHATE
Inj 500 mg per ml, 20 ml ampoule

188 POVIDONE-IODINE
➔ Vaginal tab 200 mg

Restricted
Rectal administration pre-prostate biopsy.

190 GADOTERIC ACID
Inj 0.5 mmol per ml, 10 ml syringe
Inj 0.5 mmol per ml, 20 ml syringe

191 SINCALIDE
Inj 5 mcg per vial

191 METHACHOLINE CHLORIDE
Powder 100 mg

191 TUBERCULIN, PURIFIED PROTEIN DERIVATIVE (amendment to presentation description)
Inj **5 TU** ~~10 TIU~~ per 1 ml, 1 ml vial

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

➔ 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

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**

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)*

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

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

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

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.

➔ 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)

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.

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**

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

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

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**

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

➔ 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)

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**

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.

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

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

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**

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:~~

continued...

➔ Restriction

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

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

continued...

~~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

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**

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer
Changes to Section H - effective 1 August 2013 (continued)				
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
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)

➔ 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

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.

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

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

SPECIAL FOODS

178 PROTEIN 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.

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.

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

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

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%

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.

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

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

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

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.

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

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

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.

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

continued...

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

continued...

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
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.

➔ 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

SENSORY ORGANS

166 CARBOMER (delay to brand listing)

Ophthalmic gel 0.3%, single dose ..... ~~8.25~~ ~~30~~ ~~Poly Gel~~

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

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.

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

continued...

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

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

continued...

~~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.

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:
Freephone Information line 0800 66 00 50 ***(option 2)***
Fax: 64 4 974 7819
Email: HML@pharmac.govt.nz
www.pharmac.health.nz/medicines/hospital-pharmaceuticals

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