The Hospital Medicines List (HML)

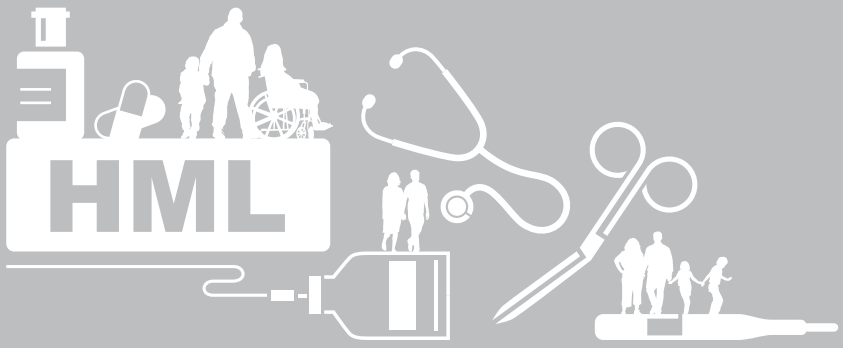
Section H

for Hospital Pharmaceuticals

Update

Effective 1 March 2014

Cumulative for November, December 2013, January, February and March 2014



PHARMAC
Pharmaceutical Management Agency

Contents

Summary of decisions
EFFECTIVE 1 MARCH 2014

- Captopril (m-Captopril) tab 12.5 mg, 25 mg and 50 mg – delisting from 1 March 2014
- Cyclophosphamide (Endoxan) tab 50 mg – new listing
- Diatrizoate sodium (Ioscan) oral liq 370 mg per ml, 10 ml sachet – new listing
- Eltrombopag (Revolade) tab 25 mg and 50 mg – amendment to restriction
- Gabapentin (Nupentin) cap 300 mg and 400 mg – price decrease
- Ketoprofen (Oruvail SR) cap long-acting 200 mg, 28 cap packsize – new listing
- Ketoprofen (Oruvail SR) cap long-acting 100 mg and 200 mg, 100 cap packsize – delisting from 1 September 2014
- Low-GI oral feed 1kcal/ml (Sustagen Diabetic (Vanilla)) liquid 4.5 g protein, 9.8 g carbohydrate, 4.4 g fat and 1.9 g fibre per 100 ml, can – new listing
- Pantoprazole (Pantoprazole Actavis 20) tab EC 20 mg and (Pantoprazole Actavis 40) tab EC 40 mg – new listing
- Pantoprazole (Dr Reddy's Pantoprazole) tab EC 20 mg and 40 mg – delisting from 1 May 2014
- Prazosin (Apo-Prazosin) tab 1 mg, 2 mg and 5 mg – new listing
- Proxymetacaine hydrochloride, eye drops 0.5% – new listing
- Riboflavin 5-phosphate, inj 0.1%, inj 0.1% plus 20% dextran T500 and soln trans epithelial riboflavin – new listing
- Rituximab (Mabthera) inj 10 mg per ml, 10 ml vial and 50 ml vial – additional restriction
- Sunscreen, proprietary (Marine Blue Lotion SPF 50+) lotn 100 g and 200 g – new listing
- Sunscreen, proprietary (Marine Blue Lotion SPF 30+) lotn 100 g and 200 g – delisting from 1 May 2014
- Tropisetron (Tropisetron-AFT) inj 1 mg per ml, 2 ml ampoule and 5 ml ampoule – new listing
- Tropisetron (Navoban) inj 1 mg per ml, 2 ml ampoule and 5 ml ampoule – delisting from 1 May 2014

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

Section H changes to Part II

Effective 1 March 2014

ALIMENTARY TRACT AND METABOLISM

14 PANTOPRAZOLE (amendment to presentation description)

Tab **EC** 20 mg – **1% DV May-14 to 2016**	2.68	100	**Pantoprazole Actavis 20**
Tab **EC** 40 mg – **1% DV May-14 to 2016**	3.54	100	**Pantoprazole Actavis 40**

Note – Dr Reddy's Pantoprazole tab EC 20 mg and 40 mg to be delisted 1 May 2014.

BLOOD AND BLOOD FORMING ORGANS

25 ELTROMBOPAG (amendment to restriction)

➔ Tab 25 mg	1,771.00	28	Revolade
➔ Tab 50 mg	3,524.00	28	Revolade

Initiation (idiopathic thrombocytopenic purpura - post-splenectomy)
Haematologist
Re-assessment required after 6 weeks
All of the following:

1. Patient has had a splenectomy; and
2. Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab); and
3. ~~Either~~ **Any of the following:**
   - 3.1. **Patient has a platelet count of 20,000 to 30,000 platelets per microlitre and has evidence of significant mucocutaneous bleeding; or**
   - 3.2. Patient has a platelet count of ≤ 20,000 platelets per microlitre and has evidence of active bleeding; or
   - 3.3. Patient has a platelet count of ≤ 10,000 platelets per microlitre.

Initiation - (idiopathic thrombocytopenic purpura - preparation for splenectomy)
Haematologist
Re-assessment required after 6 weeks
The patient requires eltrombopag treatment as preparation for splenectomy.

Continuation - (idiopathic thrombocytopenic purpura - post-splenectomy)
Haematologist
Re-assessment required after 12 months
The patient has obtained a response (see note) from treatment during the initial approval or subsequent renewal periods and further treatment is required.

Note: Response to treatment is defined as a platelet count of > 30,000 platelets per microlitre.

CARDIOVASCULAR SYSTEM

33 CAPTOPRIL (delisting)

Tab 12.5 mg	2.00	100	m-Captopril
Tab 25 mg	2.40	100	m-Captopril
Tab 50 mg	3.50	100	m-Captopril

Note – m-Captopril tab 12.5 mg, 25 mg and 50 mg to be delisted 1 March 2014.

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

Changes to Section H Part II – effective 1 March 2014 (continued)

34 PRAZOSIN

Tab 1 mg	5.53	100	Apo-Prazosin
Tab 2 mg	7.00	100	Apo-Prazosin
Tab 5 mg	11.70	100	Apo-Prazosin

DERMATOLOGICALS

50 SUNSCREEN, PROPRIETARY

Lotn	3.30	100 g	Marine Blue Lotion SPF 50+
	5.10	200 g	Marine Blue Lotion SPF 50+

Note – Marine Blue Lotion SPF 30+ lotn 100 g and 200 g to be delisted from 1 May 2014.

MUSCULOSKELETAL SYSTEM

91 KETOPROFEN

Cap long-acting 200 mg	12.07	28	Oruvail SR

Note – Oruvail SR cap long-acting 100 mg and 200 mg (100 cap packsize) to be delisted 1 September 2014.

NERVOUS SYSTEM

103 GABAPENTIN (↓ price)

➔ Cap 300 mg	11.00	100	Nupentin
➔ Cap 400 mg	13.75	100	Nupentin

107 TROPISETRON

Inj 1 mg per ml, 2 ml ampoule – **1% DV May-14 to 2015**	8.95	1	**Tropisetron-AFT**
Inj 1 mg per ml, 5 ml ampoule – **1% DV May-14 to 2015**	13.95	1	**Tropisetron-AFT**

Note – Navoban inj 1 mg per ml, 2 ml ampoule and 5 ml ampoule to be delisted from 1 May 2014.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

117 CYCLOPHOSPHAMIDE

Tab 50 mg	79.00	50	Endoxan

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

Changes to Section H Part II – effective 1 March 2014 (continued)

143 RITUXIMAB (additional restriction)

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

Initiation – severe cold haemagglutinin disease (CHAD)
Haematologist
Limited to 4 weeks' treatment
Both:
1. Patient has cold haemagglutinin disease*; and
2. Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms.

Note: Indications marked with * are Unapproved Indications

Continuation – severe cold haemagglutinin disease (CHAD)
Haematologist
Limited to 4 weeks' treatment
Either:
1. Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or
2. All of the following:
   2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease*; and
   2.2 An initial response lasting at least 12 months was demonstrated; and
   2.3 Patient now requires repeat treatment.

Note: Indications marked with * are Unapproved Indications

Initiation – warm autoimmune haemolytic anaemia (warm AIHA)
Haematologist
Limited to 4 weeks' treatment
Both:
1. Patient has warm autoimmune haemolytic anaemia*; and
2. One of the following treatments has been ineffective: steroids (including if patient requires ongoing steroids at doses equivalent to >5 mg prednisone daily), cytotoxic agents (e.g. cyclophosphamide monotherapy or in combination), intravenous immunoglobulin.

Note: Indications marked with * are Unapproved Indications

Continuation – warm autoimmune haemolytic anaemia (warm AIHA)
Haematologist
Limited to 4 weeks' treatment
Either:
1. Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or
2. All of the following:
   2.1 Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*; and
   2.2 An initial response lasting at least 12 months was demonstrated; and
   2.3 Patient now requires repeat treatment.

Note: Indications marked with * are Unapproved Indications

Initiation – immune thrombocytopenic purpura (ITP)
Haematologist
Limited to 4 weeks' treatment
Both:
1. Either:
   1.1 Patient has immune thrombocytopenic purpura* with a platelet count of ≤ 20,000 platelets per microlitre; or

continued...

Changes to Section H Part II – effective 1 March 2014 (continued)

continued...

1.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and

2. Any of the following:
   2.1 Treatment with steroids and splenectomy have been ineffective; or
   2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or
   2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy).

Note: Indications marked with * are Unapproved Indications

Continuation – immune thrombocytopenic purpura (ITP)
Haematologist
Limited to 4 weeks' treatment
Either:
1. Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or
2. All of the following:
   2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and
   2.2 An initial response lasting at least 12 months was demonstrated; and
   2.3 Patient now requires repeat treatment.

Note: Indications marked with * are Unapproved Indications

Initiation – thrombotic thrombocytopenic purpura (TTP)
Haematologist
Limited to 4 weeks' treatment
Either:
1. Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or
2. Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology.

Note: Indications marked with * are Unapproved Indications

Continuation – thrombotic thrombocytopenic purpura (TTP)
Haematologist
Limited to 4 weeks' treatment
All of the following:
1. Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and
2. An initial response lasting at least 12 months was demonstrated; and
3. Patient now requires repeat treatment.

Note: Indications marked with * are Unapproved Indications

Initiation – pure red cell aplasia (PRCA)
Haematologist
Limited to 6 weeks' treatment
Patient has autoimmune pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder.
Note: Indications marked with * are Unapproved Indications

Continuation – pure red cell aplasia (PRCA)
Haematologist
Limited to 6 weeks' treatment
Patient was previously treated with rituximab for pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder and demonstrated an initial response lasting at least 12 months.
Note: Indications marked with * are Unapproved Indications

Initiation – ANCA associated vasculitis
Rheumatologist or nephrologist
Limited to 4 weeks' treatment

continued...

Changes to Section H Part II – effective 1 March 2014 (continued)

continued...

All of the following:

1. Patient has been diagnosed with ANCA associated vasculitis*; and
2. Either:
   2.1 Patient does not have MPO-ANCA positive vasculitis*; or
   2.2 Mycophenolate mofetil has not been effective in those patients who have MPO-ANCA positive vasculitis*; and
3 The total rituximab dose would not exceed the equivalent of 375 mg/m^2 of body-surface area per week for a total of 4 weeks; and
4. Any of the following:
   4.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve complete absence of disease after at least 3 months; or
   4.2 Patient has previously had a cumulative dose of cyclophosphamide >15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose >15 g; or
   4.3 Cyclophosphamide and methotrexate are contraindicated; or
   4.4 Patient is a female of child-bearing potential; or
   4.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.

Note: Indications marked with * are Unapproved Indications

Continuation – ANCA associated vasculitis

Rheumatologist or nephrologist

Limited to 4 weeks' treatment

All of the following:

1. Patient has been diagnosed with ANCA associated vasculitis*; and
2. Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
3. The total rituximab dose would not exceed the equivalent of 375 mg/m^2 of body-surface area per week for a total of 4 weeks.

Note: Indications marked with * are Unapproved Indications

Initiation – treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

1. The patient has severe, immediately life- or organ-threatening SLE*; and
2. The disease has proved refractory to treatment with steroids at a dose of at least 1 mg/kg; and
3. The disease has relapsed following prior treatment for at least 6 months with maximal tolerated doses of azathioprine, mycophenolate mofetil and high dose cyclophosphamide, or cyclophosphamide is contraindicated; and
4. Maximum of four 1000 mg infusions of rituximab.

Note: Indications marked with * are Unapproved Indications

Continuation – treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

1. Patient's SLE* achieved at least a partial response to the previous round of prior rituximab treatment; and
2. The disease has subsequently relapsed; and
3. Maximum of two 1000 mg infusions of rituximab.

Note: Indications marked with * are Unapproved Indications

Antibody-mediated renal transplant rejection

Nephrologist

Patient has been diagnosed with antibody-mediated renal transplant rejection*.

Note: Indications marked with * are Unapproved Indications

ABO-incompatible renal transplant

Nephrologist

continued...

Changes to Section H Part II – effective 1 March 2014 (continued)

continued...

Patient is to undergo an ABO-incompatible renal transplant*.
Note: Indications marked with * are Unapproved Indications

SENSORY ORGANS

158 PROXYMETACAINE HYDROCHLORIDE
Eye drops 0.5%

158 RIBOFLAVIN 5-PHOSPHATE
Inj 0.1%
Inj 0.1% plus 20% dextran T500
Soln trans epithelial riboflavin

SPECIAL FOODS

178 LOW-GI ORAL FEED 1 KCAL/ML
➔ Liquid 4.5 g protein, 9.8 g carbohydrate, 4.4 g fat and 1.9 g fibre per 100 ml, can ..... 2.10 — 237 ml — Sustagen Diabetic (Vanilla)

VARIOUS

164 DIATRIZOATE SODIUM
Oral liq 370 mg per ml, 10 ml sachet ..... 156.12 — 50 — Ioscan

Effective 1 February 2014

ALIMENTARY TRACT AND METABOLISM

12 MESALAZINE (delisting)
Suppos 1 g ..... 50.96 — 28 — Pentasa
Note – Pentasa suppos 1 g (28 packsize) to be delisted 1 April 2014. The 30 packsize will remain listed.

20 FERROUS SULPHATE
Tab long-acting 325 mg (105 mg elemental) (new listing) ..... 2.06 — 30 — Ferrograd
Oral liq 30 mg (6 mg elemental) per ml
– **1% DV Apr-14 to 2016** (addition of HSS and ↓ price) ..... 10.28 — 500 ml — **Ferodan**

CARDIOVASCULAR SYSTEM

39 SPIRONOLACTONE
Tab 25 mg – **1% DV Feb-14 to 2016** (addition of HSS) ..... 3.65 — 100 — **Spiractin**
Tab 25 mg – 1% DV Sep-13 to **31/01/14** ~~2016~~ ..... 3.65 — 100 — Spirotone
Note – Spirotone tab 25 mg to be delisted 1 April 2014.

41 ISOSORBIDE MONONITRATE
Tab long-acting 40 mg – 1% DV Jun-11 to **31/01/14** ~~2014~~ ..... 7.50 — 30 — Corangin, Ismo 40 Retard
Note – Corangin tab long-acting 40 mg to be delisted from 1 August 2014.

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

Changes to Section H Part II – effective 1 February 2014 (continued)

DERMATOLOGICALS

46 DIMETHICONE

Crm 5% tube – **1% DV Apr-14 to 2016**	1.65	100 g	**healthE Dimethicone 5%**
Crm 5% pump bottle – **1% DV Apr-14 to 2016**	4.73	500 ml	**healthE Dimethicone 5%**

HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

55 DEXAMETHASONE PHOSPHATE

Inj 4 mg per ml, 1 ml ampoule – **1% DV Apr-14 to 2016**	25.80	10	**Dexamethasone-hameln**
Inj 4 mg per ml, 2 ml ampoule – **1% DV Apr-14 to 2016**	17.98	5	**Dexamethasone-hameln**

Note – Hospira inj 4 mg per ml, 1 ml ampoule and 2 ml vial to be delisted 1 April 2014.

INFECTIONS

63 PHENOXYMETHYLPENICILLIN [PENICILLIN V]
(amendment to presentation description, ↓ price and addition of HSS)

Grans for oral liq **125 mg per ml 5 ml** ~~25 mg per ml~~ – **1% DV Apr-14 to 2016**	1.64	100 ml	**AFT**
Grans for oral liq **250 mg per ml 5 ml** ~~50 mg per ml~~ – **1% DV Apr-14 to 2016**	1.74	100 ml	**AFT**

MUSCULOSKELETAL SYSTEM

89 SUGAMMADEX (amendment to restriction)

➔ Inj 100 mg per ml, 2 ml vial	1,200.00	10	Bridion
➔ Inj 100 mg per ml, 5 ml vial	3,000.00	10	Bridion

Restricted
Any of the following:
1 Patient requires reversal of profound neuromuscular blockade following a rapid sequence induction that has been undertaken using rocuronium (i.e. suxamethonium is contraindicated or undesirable); or
2 Severe neuromuscular degenerative disease where the use of neuromuscular blockade is required; or
3 Patient has an unexpectedly difficult airway that cannot be intubated and requires a rapid reversal of anaesthesia and neuromuscular blockade; or
4 The duration of the patient's surgery is unexpectedly short; or
5 Neostigmine or a neostigmine/anticholinergic combination is contraindicated (for example the patient has ischaemic heart disease, morbid obesity or COPD); or
6 Patient has a partial residual block after conventional reversal.

NERVOUS SYSTEM

102 FLUOXETINE HYDROCHLORIDE

Tab dispersible 20 mg, scored – **1% DV Apr-14 to 2016**	2.50	30	**Arrow-Fluoxetine**
Cap 20 mg – **1% DV Apr-14 to 2016**	1.74	90	**Arrow-Fluoxetine**

Note – Fluox tab dispersible 20 mg, scored and cap 20 mg to be delisted 1 April 2014.

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

Changes to Section H Part II – effective 1 February 2014 (continued)

109 OLANZAPINE (delisting)

Tab 2.5 mg	2.00	28	Olanzine

Note – Olanzine tab 2.5 mg to be delisted 1 April 2014. The Zypine brand remains listed.

113 ATOMOXETINE (amendment to restriction)

➔ Cap 10 mg	107.03	28	Strattera
➔ Cap 18 mg	107.03	28	Strattera
➔ Cap 25 mg	107.03	28	Strattera
➔ Cap 40 mg	107.03	28	Strattera
➔ Cap 60 mg	107.03	28	Strattera
➔ Cap 80 mg	139.11	28	Strattera
➔ Cap 100 mg	139.11	28	Strattera

Restricted

All of the following:

1 Patient has ADHD (Attention Deficit and Hyperactivity Disorder) diagnosed according to DSM-IV or ICD 10 criteria; and

2 Once-daily dosing; and

3 Any of the following:

3.1 Treatment with a subsidised formulation of a stimulant has resulted in the development or worsening of serious adverse reactions or where the combination of subsidised stimulant treatment with another agent would pose an unacceptable medical risk; or

3.2 Treatment with a subsidised formulation of a stimulant has resulted in worsening of co-morbid substance abuse or there is a significant risk of diversion with subsidised stimulant therapy; or

3.3 An effective dose of a subsidised formulation of a stimulant has been trialled and has been discontinued because of inadequate clinical response; **or**

3.4 Treatment with a subsidised formulation of a stimulant is considered inappropriate because the patient has a history of psychoses or has a first-degree relative with schizophrenia; and

4 The patient will not be receiving treatment with atomoxetine in combination with a subsidised formulation of a stimulant, except for the purposes of transitioning from subsidised stimulant therapy to atomoxetine.

Note: A "subsidised formulation of a stimulant" refers to currently listed methylphenidate hydrochloride tablet formulations (immediate release, sustained-release and extended-release) or dexamphetamine sulphate tablets.

VARIOUS

168 DIMETHYL SULFOXIDE

Soln 99%

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

Changes to Section H Part II – effective 1 January 2014

BLOOD AND BLOOD FORMING ORGANS

25 ELTROMBOPAG

➔ Tab 25 mg	1,771.00	28	Revolade
➔ Tab 50 mg	3,542.00	28	Revolade

Restricted
Haematologist
Initiation (idiopathic thrombocytopenic purpura – post-splenectomy)
Re-assessment required after 6 weeks.
All of the following:
1. Patient has had a splenectomy; and
2. Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab); and
3. Either:
   3.1. Patient has a platelet count of ≤20,000 platelets per microlitre and has evidence of active bleeding; or
   3.2. Patient has a platelet count of ≤10,000 platelets per microlitre.

Initiation - (idiopathic thrombocytopenic purpura – preparation for splenectomy)
Re-assessment required after 6 weeks.
The patient requires eltrombopag treatment as preparation for splenectomy.

Continuation – (idiopathic thrombocytopenic purpura – post-splenectomy)
Re-assessment required after 12 months
The patient has obtained a response (see note) from treatment during the initial approval or subsequent renewal periods and further treatment is required.
Note: Response to treatment is defined as a platelet count of >30,000 platelets per microlitre.

28 ASPIRIN

Tab 100 mg – **1% DV Mar-14 to 2016**	10.50	990	**Ethics Aspirin EC**
	1.60	90	**Ethics Aspirin EC**

CARDIOVASCULAR SYSTEM

33 CILAZAPRIL WITH HYDROCHLOROTHIAZIDE

Tab 5 mg with hydrochlorothiazide 12.5 mg			
– **1% DV Mar-14 to 2016**	10.72	100	**Apo-Cilazapril/ Hydrochlorothiazide**

Note – Inhibace Plus tab 5 mg with hydrochlorothiazide 12.5 mg to be delisted from 1 March 2014.

37 DILTIAZEM HYDROCHLORIDE (HSS suspended and new brand listed)

Cap long-acting 120 mg			
– 5% DV Feb-13 to **31/12/13** ~~2015~~	31.83	500	Apo-Diltiazem CD
	1.91	30	Cardizem CD

43 BOSENTAN (↓ price)

➔ Tab 62.5 mg	1,500.00	60	pms-Bosentan
➔ Tab 125 mg	1,500.00	60	pms-Bosentan

DERMATOLOGICALS

49 POTASSIUM PERMANGANATE
Crystals

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

Changes to Section H Part II – effective 1 January 2014 (continued)

GENITO-URINARY SYSTEM

51	ETHINYLOESTRADIOL WITH LEVONORGESTREL			
	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets	2.65	84	Ava 20 ED
	Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	2.30	84	Ava 30 ED
54	SODIUM CITRO-TARTRATE (↑ price)			
	Grans eff 4 g sachets	3.93	28	Ural

INFECTIONS

61	CEFTRIAXONE			
	Inj 500 mg vial – **1% DV Mar-14 to 2016**	1.50	1	**Ceftriaxone-AFT**
	Inj 1 g vial – **1% DV Mar-14 to 2016**	5.22	5	**Ceftriaxone-AFT**
	Inj 2 g vial – **1% DV Mar-14 to 2016**	2.75	1	**Ceftriaxone-AFT**
	Note – Veracol inj 500 mg vial, inj 2 g vial and Aspen Ceftriaxone inj 1 g vial to be delisted from 1 March 2014.			
62	AMOXYCILLIN			
	Cap 250 mg – **1% DV Mar-14 to 2016**	16.18	500	**Apo-Amoxi**
	Note – Alphamox cap 250 mg to be delisted from 1 March 2014.			
63	PHENOXYMETHYLPENICILLIN [PENICILLIN V] (↑ price)			
	Cap 250 mg	11.99	50	Cilicaine VK
	Cap 500 mg	14.45	50	Cilicaine VK
66	NYSTATIN (↑ price)			
	Tab 500,000 u	17.09	50	Nilstat
	Cap 500,000 u	15.47	50	Nilstat
80	ZANAMIVIR			
	➔ Powder for inhalation 5 mg	37.38	20 doses	Relenza Rotadisk

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.

MUSCULOSKELETAL SYSTEM

90	IBUPROFEN (↓ price and addition of HSS)			
	Oral liq 20 mg per ml – **1% DV Mar-14 to 2016**	1.89	200 ml	**Fenpaed**

NERVOUS SYSTEM

112	LORAZEPAM (↑ price)			
	Tab 1 mg	19.82	250	Ativan
	Tab 2.5 mg	13.49	100	Ativan

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

Changes to Section H Part II – effective 1 January 2014 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

121 ERLOTINIB (↓ price and amendment of restriction)

➔ Tab 100 mg	1,133.00	30	Tarceva
➔ Tab 150 mg	1,700.00	30	Tarceva

Restricted
Initiation
Re-assessment required after 3 months
~~Both:~~
~~1 Patient has advanced, unresectable, Non Small Cell Lung Cancer (NSCLC); and~~
~~2 Patient has documented disease progression following treatment with first line platinum based chemotherapy;~~
Either
1 All of the following:
1.1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
1.2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and
1.3 Either
1.3.1 Patient is treatment naïve; or
1.3.2 Both:
1.3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and
1.3.2.2 Patient has not received prior treatment with gefitinib; and
1.4 Erlotinib is to be given for a maximum of 3 months, or
2 The patient received funded erlotinib prior to 31 December 2013 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.
Continuation
Re-assessment required after 6 months
Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

148 AZATHIOPRINE (↑ price)

Inj 50 mg vial	126.00	1	Imuran

RESPIRATORY SYSTEM AND ALLERGIES

154 FLUTICASONE WITH SALMETEROL – ~~Restricted~~ (removal of restriction)

Aerosol inhaler 50 mcg with salmeterol 25 mcg	37.48	120 dose	Seretide
Powder for inhalation 100 mcg with salmeterol 50 mcg	37.48	60 dose	Seretide Accuhaler
Aerosol inhaler 125 mcg with salmeterol 25 mcg	49.69	120 dose	Seretide
Powder for inhalation 250 mcg with salmeterol 50 mcg	49.69	60 dose	Seretide Accuhaler

SENSORY ORGANS

159 TIMOLOL (addition of HSS)

Eye drops 0.25%, gel forming – **1% DV Mar-14 to 2016**	3.30	2.5 ml	**Timoptol XE**
Eye drops 0.5%, gel forming – **1% DV Mar-14 to 2016**	3.78	2.5 ml	**Timoptol XE**

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

Changes to Section H Part II – effective 1 January 2014 (continued)

VACCINES

189	INFLUENZA VACCINE			
	➔ Inj 45 mcg in 0.5 ml syringe	90.00	10	Influvac Fluarix

Effective 1 December 2013

GENERAL RULES

2 Introducing PHARMAC

PHARMAC, the Pharmaceutical Management Agency, is a Crown entity established pursuant to the New Zealand Public Health and Disability Act 2000 (The Act). The primary objective of PHARMAC is to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided.

The PHARMAC Board consists of up to six members appointed by the Minister of Health. All decisions relating to PHARMAC's operation are made by or under the authority of the Board. More information on the Board can be found at www.pharmac.govt.nz.

The functions of PHARMAC are ~~to perform~~ **set out in section 48 of the Act. PHARMAC is required to perform these functions** within the amount of funding provided to it ~~in the Pharmaceutical Budget or to DHBs from their own budgets for the use of pharmaceuticals in their hospitals, as applicable,~~ and in accordance with its ~~annual plan~~ **statement of intent** and any directions given by the Minister (Section 103 of the Crown Entities Act).

The Government has agreed that PHARMAC will assume responsibility for the assessment, prioritisation and procurement of medical devices on behalf of DHBs. Medical devices come within the definition of Pharmaceuticals in the Act.

PHARMAC is assuming responsibility for procurement of some medical devices categories immediately, as a first step to full PHARMAC management of these categories within the Pharmaceutical Schedule.

4 "Give" means to administer, provide or dispense **(or, in the case of a Medical Device, use)** a Pharmaceutical, or to arrange for the administration, provision or dispensing **(or, in the case of a Medical Device, use)** of a Pharmaceutical, and "Given" has a corresponding meaning.

5 **"National Contract" means a contractual arrangement between PHARMAC and a Pharmaceutical supplier which sets out the basis on which any Pharmaceutical may be purchased for use in a DHB Hospital, including an agreement as to a national price.**

6 2 Hospital Pharmaceuticals

2.2 Section H Part III lists Optional Pharmaceuticals that PHARMAC and the relevant ~~pharmaceutical supplier~~ **Pharmaceutical supplier** have entered into contractual arrangements for the purchase of, including an agreement on a national price and other obligations such as HSS. DHB Hospitals may choose whether or not to fund the Optional Pharmaceuticals listed in Part III of Section H, but if they do, they must comply with any National Contract **requirements**. ~~obligations.~~

2.3 Section H Part II does not encompass the provision of pharmaceutical treatments for DHB Hospital staff as part of an occupational health and safety programme. DHBs Hospitals may choose whether or not to fund pharmaceutical treatments for such use, but if they do, they must comply with any National Contract **requirements**. ~~obligations.~~

continued...

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

Changes to Section H Part II – effective 1 December 2013 (continued)

continued...

6 2.1 Section H Part II contains the list of Hospital Pharmaceuticals that must be funded by DHB Hospitals. Section H Part II does not currently encompass the following categories of pharmaceuticals **except for any items specifically listed in this Section H Part II**:

a) Medical Devices;
b) whole or fractionated blood products;
c) diagnostic products which have an ex vivo use, such as pregnancy tests and reagents;
d disinfectants and sterilising products, except those that are to be used in or on a patient;
e) foods and probiotics;
f) radioactive materials;
g) medical gases; and
h) parenteral nutrition.

Subject to rule 2.2, the funding of pharmaceuticals identified in a) – h) above is a decision for individual DHB Hospitals.

8 18 Hospital Pharmaceutical Contracts

18.1 A DHB Hospital may enter into a contract for the purchase of any Pharmaceutical, **including any Medical Device**, that it is entitled to fund in accordance with this Schedule H and that is not a National Contract Pharmaceutical, provided that such a contract:

a) does not oblige the relevant DHB Hospital to purchase a volume of that Pharmaceutical, if that Pharmaceutical is a DV Pharmaceutical, that is greater than the relevant DV Limit;
b) enables PHARMAC to access and use future price and volume data in respect of that Pharmaceutical; and
c) enables the relevant DHB Hospital to terminate the contract or relevant parts of the contract in order to give full effect to the ~~national~~ **National** ~~contract~~ **Contract** on no more than 3 months' written notice to the ~~pharmaceutical~~ supplier.

18.3 Following written notification from PHARMAC that a Pharmaceutical is a National Contract Pharmaceutical, either through Section H updates or otherwise, DHB Hospitals must, unless PHARMAC expressly notifies otherwise:

a) take any steps available to them to terminate pre-existing contracts or relevant parts of such a contract, and
b) not ~~to~~ enter any new contracts or extend the period of any current contracts, for the supply of that National Contract Pharmaceutical or the relevant chemical entity **or Medical Device**.

9 19 National Contract Pharmaceuticals

19.1 DHB Hospitals must take all necessary steps to enable any contracts between PHARMAC and a ~~pharmaceutical~~ **Pharmaceutical** supplier in relation to National Contract Pharmaceuticals to be given full effect.

19.2 The contractual arrangement between PHARMAC and the relevant ~~pharmaceutical~~ supplier of a National Contract Pharmaceutical requires it to be made available by for purchase at the relevant Price by any or all of the following:

a) DHB Hospitals at Designated Delivery Points; and/or
b) Contract Manufacturers (expressly for the purpose of compounding).

In the case of Medical Devices, a National Contract may require the Medical Device to be purchased by, and/or supplied to, a third party logistics provider.

10 22.1 DHB Hospitals must provide to PHARMAC, on a monthly basis in accordance with PHARMAC's requirements, any volume data and, unless it would result in a breach of a pre-existing contract, price data held by those DHB Hospitals in respect of any ~~Hospital Pharmaceuticals listed in Part II of Section H of the Schedule~~ **Pharmaceutical (including any Medical Device) listed in Section H**.

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

Changes to Section H Part II – effective 1 December 2013 (continued)

ALIMENTARY TRACT AND METABOLISM

12 MESALAZINE

Suppos 1 g	54.60	30	Pentasa

13 OILY PHENOL **[PHENOL OILY]**

Inj 5%, 5 ml vial

BLOOD AND BLOOD FORMING ORGANS

25 EPTACOG ALFA [RECOMBINANT FACTOR VIIA] (addition of restrictions and amendment to presentation description)

➔ Inj 1 mg **syringe** ~~vial~~	1,163.75	1	NovoSeven RT
➔ Inj 2 mg **syringe** ~~vial~~	2,327.50	1	NovoSeven RT
➔ Inj 5 mg **syringe** ~~vial~~	5,818.75	1	NovoSeven RT
➔ Inj 8 mg **syringe** ~~vial~~	9,310.00	1	NovoSeven RT

Restricted
When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

25 MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] (addition of restrictions)

➔ Inj 250 iu vial	225.00	1	Xyntha
➔ Inj 500 iu vial	450.00	1	Xyntha
➔ Inj 1,000 iu vial	900.00	1	Xyntha
➔ Inj 2,000 iu vial	1,800.00	1	Xyntha
➔ Inj 3,000 iu vial	2,700.00	1	Xyntha

Restricted
When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

25 NONACOG ALFA [RECOMBINANT FACTOR IX] (addition of restriction)

➔ Inj 250 iu vial	310.00	1	BeneFIX
➔ Inj 500 iu vial	620.00	1	BeneFIX
➔ Inj 1,000 iu vial	1,240.00	1	BeneFIX
➔ Inj 2,000 iu vial	2,480.00	1	BeneFIX

Restricted
When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

25 FACTOR EIGHT INHIBITORS BYPASSING AGENT (move from Part III and addition of restriction)

➔ Inj 500 U	1,640.00	1	FEIBA
➔ Inj 1,000 U	3,280.00	1	FEIBA

Restricted
When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

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

Changes to Section H Part II – effective 1 December 2013 (continued)

26 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (addition of restriction)

➔ Inj 250 iu vial	237.50	1	Advate
	250.00		Kogenate FS
➔ Inj 500 iu vial	475.00	1	Advate
	500.00		Kogenate FS
➔ Inj 1,000 iu vial	950.00	1	Advate
	1,000.00		Kogenate FS
➔ Inj 1,500 iu vial	1,425.00	1	Advate
➔ Inj 2,000 iu vial	1,900.00	1	Advate
	2,000.00		Kogenate FS
➔ Inj 3,000 iu vial	2,850.00	1	Advate
	3,000.00		Kogenate FS

Restricted
When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

CARDIOVASCULAR SYSTEM

39 SPIRONOLACTONE

Tab 25 mg	3.65	100	Spiractin
Tab 100 mg	11.80	100	Spiractin

DERMATOLOGICALS

47 CETOMACROGOL WITH GLYCEROL (amendment to presentation description and brand name)

Crm 90% with glycerol 10%, ~~100 g~~	2.10	100 g	Pharmacy Health
	2.00		Pharmacy Health
	3.20		healthE
Crm 90% with glycerol 10%, ~~1,000 ml~~	6.50	1,000 ml	Pharmacy Health Sorbolene with Glycerin
Crm 90% with glycerol 10% , ~~500 ml~~	4.50	500 **ml**	Pharmacy Health **Sorbolene with Glycerin**

GENITO-URINARY SYSTEM

52 OXYTOCIN

Inj 5 iu per ml, 1 ml ampoule - **1% DV Feb-14 to 2015**	4.75	5	**Oxytocin BNM**
Inj 10 iu per ml, 1 ml ampoule - **1% DV Feb-14 to 2015**	5.98	5	**Oxytocin BNM**

Note – Syntocinon inj 5 iu per ml, 1 ml and inj 10 iu per ml, 1 ml to be delisted from 1 February 2014.

Changes to Section H Part II – effective 1 December 2013 (continued)

52 LEVONORGESTREL (amendment to restrictions)
➔ Intra-uterine system, 20 mcg per day

Restricted
Obstetrician or gynaecologist
Initiation – heavy menstrual bleeding
All of the following:
1 The patient has a clinical diagnosis of heavy menstrual bleeding; and
2 The patient has failed to respond to or is unable to tolerate other appropriate pharmaceutical therapies as per the Heavy Menstrual Bleeding Guidelines; and
3 ~~Either~~ **Any of the following:**
3.1 Serum ferritin level < 16 mcg/l (within the last 12 months); or
3.2 Haemoglobin level < 120 g/l**; or**
3.3 The patient has had a uterine ultrasound and either a hysteroscopy or endometrial biopsy.

Continuation – heavy menstrual bleeding
Either:
1 Patient demonstrated clinical improvement of heavy menstrual bleeding; or
2 Previous insertion was removed or expelled within 3 months of insertion.

Initiation – endometriosis
The patient has a clinical diagnosis of endometriosis confirmed by laparoscopy.

Continuation – endometriosis
Either:
1 Patient demonstrated satisfactory management of endometriosis; or
2 Previous insertion was removed or expelled within 3 months of insertion.
Note – Endrometriosis is an unregistered indication.

INFECTIONS

61 CEFOXITIN (change to brand name)
Inj 1 g vial ..... 55.00 5 **Hospira** ~~Mayne~~

64 DAPTOMYCIN
➔ Inj 500 mg vial

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

Changes to Section H Part II – effective 1 December 2013 (continued)

MUSCULOSKELETAL SYSTEM

88 BENZBROMARONE (addition of note)

➔ Tab 100 mg	45.00	100	Benzbromaron AL 100

Restricted
Both:
1 Any of the following:
- 1.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and appropriate doses of probenecid: or
- 1.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite appropriate doses of probenecid; or
- 1.3 Both:
  - 1.3.1 The patient has renal impairment and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); and
  - 1.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or
- 1.4 All of the following:
  - 1.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and
  - 1.4.2 Allopurinol is contraindicated; and
  - 1.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and

2 The patient is receiving monthly liver function tests.

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

The New Zealand Rheumatology Association has developed information for prescribers which can be accessed from its website at http://www.rheumatology.org.nz/benzbromarone_prescriber_information.cfm

NERVOUS SYSTEM

90 ROPINIROLE HYDROCHLORIDE

Tab 0.25 mg - **1% DV Mar-14 to 2016**	2.36	100	**Apo-Ropinirole**
Tab 1 mg - **1% DV Mar-14 to 2016**	5.32	100	**Apo-Ropinirole**
Tab 2 mg - **1% DV Mar-14 to 2016**	7.72	100	**Apo-Ropinirole**
Tab 5 mg - **1% DV Mar-14 to 2016**	14.48	100	**Apo-Ropinirole**

Note – Ropin tab 0.25 mg, 1 mg, 2 mg and 5 mg to be delisted 1 March 2014.

93 PRAMIPEXOLE HYDROCHLORIDE

Tab 0.25 mg	7.20	100	Ramipex
Tab 1 mg	24.39	100	Ramipex

99 MORPHINE SULPHATE (↓ price and addition of HSS)

Cap long-acting 10 mg - **1% DV Feb-14 to 2016**	1.70	10	**m-Eslon**
Cap long-acting 30 mg - **1% DV Feb-14 to 2016**	2.50	10	**m-Eslon**
Cap long-acting 60 mg - **1% DV Feb-14 to 2016**	5.40	10	**m-Eslon**
Cap long-acting 100 mg - **1% DV Feb-14 to 2016**	6.38	10	**m-Eslon**

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

Changes to Section H Part II – effective 1 December 2013 (continued)

103 GABAPENTIN

➔ Cap 100 mg	7.16	100	Arrow-Gabapentin
➔ Cap 300 mg	11.00	100	Arrow-Gabapentin
➔ Cap 400 mg	13.75	100	Arrow-Gabapentin

109 OLANZAPINE

Tab 2.5 mg	2.00	28	Zypine
Tab 5 mg	3.85	28	Zypine
Tab orodispersible 5 mg	6.36	28	Zypine ODT
Tab 10 mg	6.35	28	Zypine
Tab orodispersible 10 mg	8.76	28	Zypine ODT

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

122 IMATINIB **MESILATE** (amendment to chemical name)

➔ Tab 100 mg	2,400.00	60	Glivec

RESPIRATORY SYSTEM AND ALLERGIES

153 MONTELUKAST (amendment to restriction)

➔ Tab 4 mg	18.48	28	Singulair
➔ Tab 5 mg	18.48	28	Singulair
➔ Tab 10 mg	18.48	28	Singulair

Restricted

Pre-school wheeze

Both ~~All of the following~~:

1 To be used for the treatment of intermittent severe wheezing (possibly viral) ~~in children under 5 years~~; and

2 ~~The patient has trialled inhaled corticosteroids at a dose of up to 400 mcg per day beclomethasone or budesonide, or 200 mcg per day fluticasone for at least one month; and~~

3 The patient **has had** ~~continues to have~~ at least three **episodes in the previous 12 months of acute wheeze severe enough to seek medical attention**. ~~severe exacerbations at least one of which required hospitalisation (defined as in-patient stay or prolonged Emergency Department treatment) in the past 12 months.~~

Exercise-induced asthma

Both:

1 Patient ~~is being treated~~ **has been trialled** with maximal asthma therapy, including inhaled corticosteroids and long-acting beta-adrenoceptor agonists; and

2 **Patient continues to receive optimal inhaled corticosteroid therapy; and**

3 Patient continues to experience frequent episodes of exercise-induced bronchoconstriction.

VARIOUS

163 CHLORHEXIDINE WITH CETRIMIDE (amendment to presentation description)

Crm **0.1%** ~~1%~~ with cetrimide 0.5%

163 DESFERRIOXAMINE MESILATE (change to brand name)

Inj 500 mg vial	99.00	10	**Hospira** ~~Mayne~~

165 IOHEXOL (new packsize)

Inj 350 mg per ml, 200 ml bottle	311.16	10	Omnipaque

Note – Omnipaque inj 350 mg per ml, 200 ml bottle packsize 6 inj to be delisted 1 February 2014.

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

Changes to Section H Part II – effective 1 December 2013 (continued)

SPECIAL FOODS

173 CARBOHYDRATE SUPPLEMENT (delisting)
➔ Powder 95 g carbohydrate per 100 g, 368 g can *~~e.g. Moducal~~*
Note – Moducal is to be delisted from 1 February 2014.

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.

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

Changes to Section H Part II – effective 1 November 2013 (continued)

DERMATOLOGICALS

49 HYDROCORTISONE WITH MICONAZOLE (correction to listing)

Crm 1% with miconazole nitrate 2%	2.20	15 g	Micreme H

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**

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

Changes to Section H Part II – effective 1 November 2013 (continued)

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.

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.

Section H changes to Part III

Effective 1 February 2014

192 OPTIONAL PHARMACEUTICALS
In addition to the products expressly listed here in Part III: Optional Pharmaceuticals, a number of additional Optional Pharmaceuticals, including some wound care products and disposable laparoscopic equipment, are listed in an addendum to Part III which is available at www.pharmac.govt.nz. The Optional Pharmaceuticals listed in the addendum are deemed to be listed in Part III, and the Rules of the Pharmaceutical Schedule applying to products listed in Part III apply to them.

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Pharmaceuticals and brands

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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