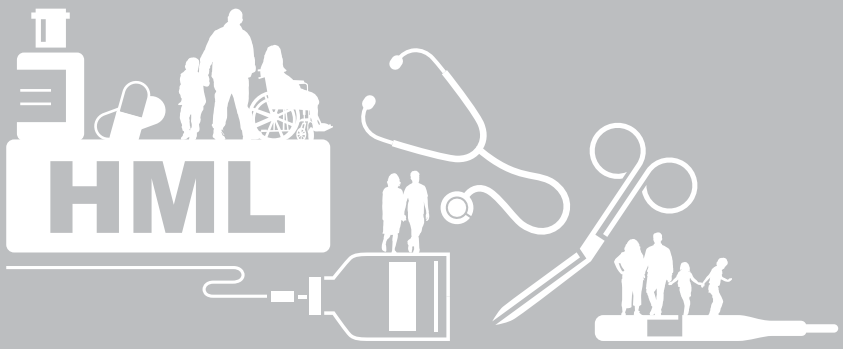
The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update effective 1 October 2014

Cumulative for August, September and October 2014



PHARMAC
Pharmaceutical Management Agency

Contents

Summary of decisions
EFFECTIVE 1 OCTOBER 2014

- Adalimumab inj 20 mg per 0.4 ml and 40 mg per 0.8 ml prefilled syringes (Humira) and inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – amended restriction
- Antithymoicyte globulin (equine) (ATGAM) inj 50 mg per ml, 5 ml ampoule – price increase
- Bicalutamide (Bicalaccord) tab 50 mg – restriction removed
- Coal tar with triethanolamine lauryl sulphate and fluorescein (Pinetarsol) soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml – price increase
- Cyproterone acetate with ethinyloestradiol (Ginet) tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets – amended presentation description, new listing and addition of HSS
- Deferiprone (Ferriprox) tab 500 mg and oral liq 100 mg per ml – amended restriction
- Docetaxel (DBL Docetaxel) inj 20 mg and 80 mg – new listing and addition of HSS
- Docetaxel (Sandoz) inj 10 mg per ml, 2 ml vial and 8 ml vial – to be delisted from 1 December 2014
- Epoetin alfa [erythropoietin alfa] (Eprex) inj 1,000 iu in 0.5 ml, 2,000 iu in 0.5 ml, 3,000 iu per 0.3 ml, 4,000 iu in 0.4 ml, 5,000 iu in 0.5 ml, 6,000 iu in 0.6 ml and 10,000 iu in 1 ml, syringes – amended chemical name and amended restriction
- Epoetin beta [erythropoietin beta] (NeoRecormon) inj 2,000 iu in 0.3 ml, 3,000 iu in 0.3 ml, 4,000 iu in 0.3 ml, 5,000 iu in 0.3 ml, 6,000 iu in 0.3 ml and 10,000 iu in 0.6 ml, syringes – amended chemical name and amended restriction
- Etanercept (Enbrel) inj 25 mg vial, and inj 50 mg autoinjector and syringe – amended restriction
- Finasteride (Finpro) tab 5 mg – new listing and addition of HSS
- Finasteride (Rex Medical) tab 5 mg – to be delisted from 1 December 2014
- Flecainide acetate (Tambocor) tab 100 mg – price decrease
- Gabapentin tab 600 mg, and cap 100 mg, 300 mg and 400 mg (Arrow-Gabapentin and Nupentin) – amended restriction
- Heparin sodium (Pfizer) inj 1,000 iu per ml, 5 ml ampoule, 10 inj pack size – to be delisted from 1 December 2014
- Heparin sodium (Pfizer) inj 1,000 iu per ml, 5 ml ampoule, 50 inj pack size and inj 5,000 iu per ml, 5 ml ampoule – price increase

Summary of PHARMAC decisions – effective 1 October 2014 (continued)

- Heparinised saline (Pfizer) inj 10 iu per ml, 5 ml ampoule – price increase
- Hydrocortisone (ABM) powder – price increase and addition of HSS
- Hydrocortisone with wool fat and mineral oil (DP Lotn HC) lotn 1% with wool fat hydrous 3% and mineral oil – new listing and addition of HSS
- Intra-uterine device IUD 29.1 mm length x 23.2 mm width (Choice TT380 Short) and IUD 33.6 mm length x 29.9 mm width (Choice TT380 Standard) – new listing
- Intra-uterine device IUD 29.1 mm length x 23.2 mm width (MiniTT380 Slimline) and IUD 33.6 mm length x 29.9 mm width (TT380 Slimline) – to be delisted from 1 April 2015
- Ketoconazole (Sebizole) shampoo 2% – price decrease and addition of HSS
- Levonorgestrel (Jadelle) implant 75 mg – addition of HSS
- Losartan potassium with hydrochlorothiazide (Arrow-Losartan & Hydrochlorothiazide) tab 50 mg with hydrochlorothiazide 12.5 mg – HSS reinstated
- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg, and powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg (Lax-Sachets) – amended restriction
- Mefloquine (Lariam) tab 250 mg – amended chemical name, new listing and addition of HSS
- Midodrine tab 2.5 mg and 5 mg – amended restriction
- Mycophenolate mofetil (CellCept) tab 500 mg, cap 250 mg, powder for oral liq 1 g per 5 ml, and inj 500 mg vial – restriction removed
- Nicorandil (Ikorel) tab 10 mg and 20 mg – restriction removed
- Nitrazepam (Nitrados) tab 5 mg – new listing and addition of HSS
- Oxazepam (Ox-Pam) tab 10 mg and 15 mg – new listing and addition of HSS
- Perhexiline maleate (Pexsig) tab 100 mg – restriction removed
- Potassium iodate (NeuroTabs) tab 253 mcg (150 mcg elemental iodine) – new listing and addition of HSS
- Prazosin (Apo-Prazo) tab 1 mg, 2 mg and 5 mg – to be delisted from 1 December 2014
- Risperidone (Actavis) tab 0.5 mg, 1 mg, 2 mg, 3 mg, and 4 mg – new listing and addition of HSS
- Risperidone (Apo-Risperidone, Dr Reddy's Risperidone, Ridal and Risperdal) tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg – to be delisted from 1 February 2015

- Tocilizumab (Actemra) inj 20 mg per ml, 4 ml, 10 ml and 20 ml vails – amended restriction

Section H changes to Part II

Effective 1 October 2014

ALIMENTARY TRACT AND METABOLISM

20 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE (amended restriction)

➔ Powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg

➔ 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 Oct-14 to 2017** ..... 7.65 30 **Lax-Sachets**

Restricted
Either:
1 **Both:**
1.1 The patient has problematic constipation ~~requiring intervention with a per rectal preparation~~ despite an adequate trial of other oral pharmacotherapies including lactulose where lactulose is not contraindicated; ~~or~~ **and**
1.2 The patient would otherwise require a per rectal preparation; or
2 For short-term use for faecal disimpaction.

21 POTASSIUM IODATE
Tab 253 mcg (150 mcg elemental iodine)
– **1% DV Dec-14 to 2017** ..... 3.65 90 **NeuroTabs**

BLOOD AND BLOOD FORMING ORGANS

26 **EPOETIN ALFA [**ERYTHROPOIETIN ALFA**]** (amended chemical name and amended restriction)

➔ Inj 1,000 iu in 0.5 ml syringe – **5% DV Mar-15 to 28/2/18** .... 48.68 6 **Eprex**
➔ Inj 2,000 iu in 0.5 ml syringe – **5% DV Mar-15 to 28/2/18** ... 120.18 6 **Eprex**
➔ Inj 3,000 iu in 0.3 ml syringe – **5% DV Mar-15 to 28/2/18** ... 166.87 6 **Eprex**
➔ Inj 4,000 iu in 0.4 ml syringe – **5% DV Mar-15 to 28/2/18** ... 193.13 6 **Eprex**
➔ Inj 5,000 iu in 0.5 ml syringe – **5% DV Mar-15 to 28/2/18** ... 243.26 6 **Eprex**
➔ Inj 6,000 iu in 0.6 ml syringe – **5% DV Mar-15 to 28/2/18** ... 291.92 6 **Eprex**
➔ Inj 10,000 iu in 1 ml syringe – **5% DV Mar-15 to 28/2/18** .... 395.18 6 **Eprex**

Restricted
Initiation – chronic renal failure
Both:
1 Both:
1.1 Patient in chronic renal failure; and
1.2 Haemoglobin ≤ 100g/L; and
2 Any of the following:
2.1 Both:
2.1.1 Patient does not have diabetes mellitus; and
2.1.2 Glomerular filtration rate ≤ 30ml/min; or
2.2 Both:
2.2.1 Patient has diabetes mellitus; and
2.2.2 Glomerular filtration rate ≤ 45ml/min; or
2.3 Patient is on haemodialysis or peritoneal dialysis.

Initiation (myelodysplasia)*
Re-assessment required after 2 months

continued...

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

continued...

All of the following:
1 Patient has a confirmed diagnosis of myelodysplasia (MDS); and
2 Has had symptomatic anaemia with haemoglobin <100g/L and is red cell transfusion-dependent; and
3 Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and
4 Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5 Patient has a serum erythropoietin level of <500 **IU/L** ~~IU/mL~~; and
6 The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

Continuation (myelodysplasia)*
Re-assessment required after 12 months
All of the following:
1 The patient's transfusion requirement continues to be reduced with erythropoietin treatment; and
2 Transformation to acute myeloid leukaemia has not occurred; and
3 The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

Restricted (all other indications)
Haematologist
For use in patients where blood transfusion is not a viable treatment alternative.

*Note: Indications marked with * are Unapproved Indications

26 **EPOETIN BETA [**ERYTHROPOIETIN BETA**]** (amended chemical name and amended restriction)
Epoetin beta is considered a Discretionary Variance Pharmaceutical for epoetin alfa.

➔ Inj 2,000 iu in 0.3 ml syringe	120.18	6	NeoRecormon
➔ Inj 3,000 iu in 0.3 ml syringe	166.87	6	NeoRecormon
➔ Inj 4,000 iu in 0.3 ml syringe	193.13	6	NeoRecormon
➔ Inj 5,000 iu in 0.3 ml syringe	243.26	6	NeoRecormon
➔ Inj 6,000 iu in 0.3 ml syringe	291.92	6	NeoRecormon
➔ Inj 10,000 iu in 0.6 ml syringe	395.18	6	NeoRecormon

Restricted
Initiation – chronic renal failure
Both:
1 Both:
  1.1 Patient in chronic renal failure; and
  1.2 Haemoglobin ≤ 100g/L; and
2 Any of the following:
  2.1 Both:
    2.1.1 Patient does not have diabetes mellitus; and
    2.1.2 Glomerular filtration rate ≤ 30ml/min; or
  2.2 Both:
    2.2.1 Patient has diabetes mellitus; and
    2.2.2 Glomerular filtration rate ≤ 45ml/min; or
  2.3 Patient is on haemodialysis or peritoneal dialysis.

Initiation (myelodysplasia)*
Re-assessment required after 2 months
All of the following:
1 Patient has a confirmed diagnosis of myelodysplasia (MDS); and
2 Has had symptomatic anaemia with haemoglobin <100g/L and is red cell transfusion-dependent; and
3 Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and
4 Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5 Patient has a serum erythropoietin level of <500 **IU/L** ~~IU/mL~~; and

continued...

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

continued...

6 The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

Continuation (myelodysplasia)*
Re-assessment required after 12 months
All of the following:
1 The patient's transfusion requirement continues to be reduced with erythropoietin treatment; and
2 Transformation to acute myeloid leukaemia has not occurred; and
3 The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

Restricted (all other indications)
Haematologist
For use in patients where blood transfusion is not a viable treatment alternative.
*Note: Indications marked with * are Unapproved Indications

30 HEPARIN SODIUM (delisting)
Inj 1,000 iu per ml, 5 ml ampoule ..... 11.44 | 10 | Pfizer

Note – Pfizer's brand of heparin sodium inj 1,000 iu per ml, 5 ml ampoule, in a 10 inj pack size to be delisted from 1 December 2014. The 50 inj pack size remains available.

30 HEPARIN SODIUM (↑ price)
Inj 1,000 iu per ml, 5 ml ampoule ..... 61.04 | 50 | Pfizer
Inj 5,000 iu per ml, 5 ml ampoule ..... 236.60 | 50 | Pfizer

30 HEPARINISED SALINE (↑ price)
Inj 10 iu per ml, 5 ml ampoule ..... 39.00 | 50 | Pfizer

CARDIOVASCULAR SYSTEM

37 LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (HSS reinstated)
Tab 50 mg with hydrochlorothiazide 12.5 mg
– **1% DV Oct-14 to 2017** ..... 2.18 | 30 | **Arrow-Losartan & Hydrochlorothiazide**

37 PRAZOSIN (delisting)
Tab 1 mg ..... 5.53 | 100 | Apo-Prazo
Tab 2 mg ..... 7.00 | 100 | Apo-Prazo
Tab 5 mg ..... 11.70 | 100 | Apo-Prazo

Note – Apo-Prazo tab 1 mg, 2 mg and 5 mg to be delisted from 1 December 2014.

38 FLECAINIDE ACETATE (↓ price)
Tab 100 mg ..... 68.78 | 60 | Tambocor

38 MIDODRINE (amended restriction)
➔ Tab 2.5 mg
➔ Tab 5 mg

Restricted
~~All of the following:~~
1 **Patient has** disabling orthostatic hypotension not due to drugs~~; and~~
~~2 Patient has tried fludrocortisone (unless contra-indicated) with unsatisfactory results; and~~
~~3 Patient has tried non pharmacological treatments such as support hose, increased salt intake, exercise, and elevation of head and trunk at night.~~

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

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

41 PERHEXILINE MALEATE (restriction removed)

Tab 100 mg	62.90	100	Pexsig

~~Restricted~~
~~Both:~~
~~1 Patient has refractory angina; and~~
~~2 Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long-acting nitrate.~~

46 NICORANDIL (restriction removed)

Tab 10 mg	27.95	60	Ikorel
Tab 20 mg	33.28	60	Ikorel

~~Restricted~~
~~Both:~~
~~1 Patient has refractory angina; and~~
~~2 Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long-acting nitrate.~~

DERMATOLOGICALS

48 KETOCONAZOLE (↓ price and addition of HSS)

Shampoo 2% – **1% DV Dec-14 to 2017**	2.99	100 ml	**Sebizole**

51 HYDROCORTISONE WITH WOOL FAT AND MINERAL OIL

Lotn 1% with wool fat hydrous 3% and mineral oil – **1% DV Dec-14 to 2017**	10.57	250 ml	**DP Lotn HC**

52 COAL TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN (↑ price)

Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	3.36	500 ml	Pinetarsol

GENITO-URINARY SYSTEM

55 INTRA-UTERINE DEVICE

IUD 29.1 mm length x 23.2 mm width	31.60	1	Choice TT380 Short
IUD 33.6 mm length x 29.9 mm width	31.60	1	Choice TT380 Standard

Note – MiniTT380 Slimline and TT380 Slimline IUDs to be delisted from 1 April 2015.

55 CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL (amended presentation description and new listing)

Tab 2 mg with ethinyloestradiol 35 mcg **and 7 inert tablets** – **1% DV Dec-14 to 2017**	5.36	168	**Ginet**

56 LEVONORGESTREL (addition of HSS)

Implant 75 mg – **5% DV Oct-14 to 31/12/17**	133.65	1	**Jadelle**

57 FINASTERIDE

➔ Tab 5 mg – **1% DV Dec-14 to 2017**	1.95	28	**Finpro**

Note – Rex Medical finasteride tab 5 mg to be delisted from 1 December 2014.

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

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

INFECTIONS – AGENTS FOR SYSTEMIC USE

79 MEFLOQUINE ~~HYDROCHLORIDE~~ (amended chemical name, new listing and addition of HSS)

➔ Tab 250 mg – **1% DV Dec-14 to 2017**	33.48	8	**Lariam**

NERVOUS SYSTEM

112 GABAPENTIN (amended restriction)

➔ Tab 600 mg			
➔ Cap 100 mg	7.16	100	Arrow-Gabapentin Nupentin
➔ Cap 300 mg	11.00	100	Arrow-Gabapentin Nupentin
➔ Cap 400 mg	13.75	100	Arrow-Gabapentin Nupentin

Restricted
Initiation – Neuropathic pain **and Chronic Kidney Disease-associated pruritus**
Re-assessment required after 3 months
~~Patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant.~~
Either:
1 The patient has been diagnosed with neuropathic pain; or
2 Both:
2.1 The patient has Chronic Kidney Disease Stage 5-associated pruritus* where no other cause for pruritus can be identified (e.g. scabies, allergy); and
2.2 The patient has persistent pruritus not relieved with a trial of emollient/moisturising creams alone.

Continuation – Neuropathic pain **and Chronic Kidney Disease-associated pruritus**
Either:
1 The patient has demonstrated a marked improvement in their control of pain **or itch** (prescriber determined); or
2 The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.

Notes: Indications marked with * are Unapproved Indications. Dosage adjustment of gabapentin is recommended for patients with renal impairment.

119 RISPERIDONE

Tab 0.5 mg – **1% DV Feb-15 to 2017**	1.90	60	**Actavis**
Tab 1 mg – **1% DV Feb-15 to 2017**	2.10	60	**Actavis**
Tab 2 mg – **1% DV Feb-15 to 2017**	2.34	60	**Actavis**
Tab 3 mg – **1% DV Feb-15 to 2017**	2.55	60	**Actavis**
Tab 4 mg – **1% DV Feb-15 to 2017**	3.50	60	**Actavis**

Note – Apo-Risperidone, Dr Reddy's Risperidone, Ridal and Risperdal tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg to be delisted from 1 February 2015.

122 OXAZEPAM

Tab 10 mg – **1% DV Dec-14 to 2017**	6.17	100	**Ox-Pam**
Tab 15 mg – **1% DV Dec-14 to 2017**	8.53	100	**Ox-Pam**

123 NITRAZEPAM

Tab 5 mg – **1% DV Dec-14 to 2017**	5.22	100	**Nitrados**

➔ 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 Part II – effective 1 October 2014 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

136 DOCETAXEL

Inj 20 mg – **1% DV Dec-14 to 2017**	13.70	1	**DBL Docetaxel**
Inj 80 mg – **1% DV Dec-14 to 2017**	29.99	1	**DBL Docetaxel**

Note – Docetaxel Sandoz inj 10 mg per ml, 2 ml vial and 8 ml vial to be delisted from 1 December 2014.

137 BICALUTAMIDE (restriction removed)

Tab 50 mg – **1% DV Sep-14 to 2017**	4.90	28	**Bicalaccord**

~~Restricted~~
~~For the treatment of advanced prostate cancer~~

140 ETANERCEPT (addition of new criteria)

➔ Inj 25 mg vial	949.96	4	Enbrel
➔ Inj 50 mg autoinjector	1,899.92	4	Enbrel
➔ Inj 50 mg syringe	1,899.92	4	Enbrel

Restricted
Initiation – adult-onset Still's disease
Rheumatologist.
Re-assessment required after 6 months.
Either:
1 Both:
1.1 Either:
1.1.1 The patient has had an initial Special Authority approval for adalimumab for adult-onset Still's disease (AOSD); or
1.2.1 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the HML rules; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab and/or tocilizumab; or
1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or
2 All of the following:
2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids, non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and
2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Continuation – adult-onset Still's disease
Rheumatologist
Re-assessment required after 6 months
1 The patient has a sustained improvement in inflammatory markers and functional status.

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

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

145 ADALIMUMAB (addition of new criteria)

➔ Inj 20 mg per 0.4 ml syringe	1,799.92	2	Humira
➔ Inj 40 mg per 0.8 ml pen	1,799.92	2	HumiraPen
➔ Inj 40 mg per 0.8 ml syringe	1,799.92	2	Humira

Restricted

Initiation – adult-onset Still's disease
Rheumatologist.
Re-assessment required after 6 months.
Either:
1 Both:
1.1 Either:
1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still's disease (AOSD); or
1.2.1 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the HML rules; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
1.2.2 The patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or
2 All of the following:
2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids, non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and
2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Continuation – adult-onset Still's disease
Rheumatologist
Re-assessment required after 6 months
1 The patient has a sustained improvement in inflammatory markers and functional status.

162 TOCILIZUMAB (addition of new criteria)

➔ Inj 20 mg per ml, 4 ml vial	220.00	1	Actemra
➔ Inj 20 mg per ml, 10 ml vial	550.00	1	Actemra
➔ Inj 20 mg per ml, 20 ml vial	1,100.00	1	Actemra

Restricted

Initiation – adult-onset Still's disease
Rheumatologist.
Re-assessment required after 6 months.
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for adalimumab or etanercept for adult-onset Still's disease (AOSD); and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for AOSD; or
2 All of the following:
2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids, non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and

continued...

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

continued...

2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Continuation – adult-onset Still's disease
Rheumatologist
Re-assessment required after 6 months
1 The patient has a sustained improvement in inflammatory markers and functional status.

165 ANTITHYMOCYTE GLOBULIN (EQUINE) (↑ price)

Inj 50 mg per ml, 5 ml ampoule	2,351.25	5	ATGAM

165 MYCOPHENOLATE MOFETIL (restriction removed)

Tab 500 mg – **1% DV Nov-13 to 2016**	25.00	50	**CellCept**
Cap 250 mg – **1% DV Nov-13 to 2016**	25.00	100	**CellCept**
Powder for oral liq 1 g per 5 ml – **1% DV Nov-13 to 2016**	187.25	165 ml	**CellCept**
Inj 500 mg vial – **1% DV Nov-13 to 2016**	133.33	4	**CellCept**

~~Restricted~~
~~Either:~~
~~1 Transplant recipient; or~~
~~2 Patients with diseases where both:~~
~~2.1 Steroids and azathioprine have been trialled and discontinued because of unacceptable side effects or inadequate clinical response; and~~
~~2.2 Either:~~
~~2.2.1 Cyclophosphamide has been trialled and discontinued because of unacceptable side effects or inadequate clinical response; or~~
~~2.2.2 Cyclophosphamide treatment is contraindicated.~~

VARIOUS

180 DEFERIPRONE (amended restriction)

➔ Tab 500 mg	533.17	100	Ferriprox
➔ Oral liq 100 mg per ml	266.59	250 ml	Ferriprox

Restricted
Patient has been diagnosed with chronic transfusional iron overload due to congenital inherited anaemia **or acquired red cell aplasia**.

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS AND GALENICALS

188 HYDROCORTISONE (↑ price and addition of HSS)

Powder – **1% DV Dec-14 to 2017**	59.50	25 g	**ABM**

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

Changes to Section H Part II – effective 1 September 2014

ALIMENTARY TRACT AND METABOLISM

15 RANITIDINE

Tab 150 mg – **1% DV Nov-14 to 2017** ..... 10.30 500 **Ranitidine Relief**

Tab 300 mg – **1% DV Nov-14 to 2017** ..... 14.73 500 **Ranitidine Relief**

Note – Arrow-Ranitidine tab 150 mg and 300 mg to be delisted from 1 November 2014.

17 GLICLAZIDE

Tab 80 mg – **1% DV Nov-14 to 2017** ..... 11.50 500 **Glizide**

Note – Apo-Gliclazide tab 80 mg to be delisted from 1 November 2014.

BLOOD AND BLOOD FORMING ORGANS

26 ERYTHROPOIETIN **ALFA** ~~ALPHA~~ (amended chemical name, addition of HSS and amended restriction)

➔ Inj 1,000 iu in 0.5 ml syringe

– **5% DV Mar-15 to 28/2/18** ..... 48.68 6 **Eprex**

➔ Inj 2,000 iu in 0.5 ml syringe

– **5% DV Mar-15 to 28/2/18** ..... 120.18 6 **Eprex**

➔ Inj 3,000 iu in 0.3 ml syringe

– **5% DV Mar-15 to 28/2/18** ..... 166.87 6 **Eprex**

➔ Inj 4,000 iu in 0.4 ml syringe

– **5% DV Mar-15 to 28/2/18** ..... 193.13 6 **Eprex**

➔ Inj 5,000 iu in 0.5 ml syringe

– **5% DV Mar-15 to 28/2/18** ..... 243.26 6 **Eprex**

➔ Inj 6,000 iu in 0.6 ml syringe

– **5% DV Mar-15 to 28/2/18** ..... 291.92 6 **Eprex**

➔ Inj 10,000 iu in 1 ml syringe

– **5% DV Mar-15 to 28/2/18** ..... 395.18 6 **Eprex**

Restricted

Initiation – chronic renal failure

Both:

1 Both:
  1.1 Patient in chronic renal failure; and
  1.2 Haemoglobin ≤ 100g/L; and
2 Any of the following:
  2.1 Both:
    2.1.1 Patient ~~is not diabetic~~ **does not have diabetes mellitus**; and
    2.1.2 Glomerular filtration rate ≤ 30ml/min; or
  2.2 Both:
    2.2.1 Patient ~~is diabetic~~ **has diabetes mellitus**; and
    2.2.2 Glomerular filtration rate ≤ 45ml/min; or
  2.3 Patient is on haemodialysis or peritoneal dialysis.

Initiation (myelodysplasia)*

Re-assessment required after 2 months

All of the following:

1 Patient has a confirmed diagnosis of myelodysplasia (MDS); and

2 Has had symptomatic anaemia with haemoglobin <100g/L and is red cell transfusion-dependent; and

3 Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and

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 Part II – effective 1 September 2014 (continued)

continued...

4 Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5 Patient has a serum erythropoietin level of <500 IU/mL; and
6 The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

Continuation (myelodysplasia)*
Re-assessment required after 12 months
All of the following:
1 The patient's transfusion requirement continues to be reduced with erythropoietin treatment; and
2 Transformation to acute myeloid leukaemia has not occurred; and
3 The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

Restricted (all other indications)
Haematologist
For use in patients where blood transfusion is not a viable treatment alternative.
***Note: Indications marked with * are Unapproved Indications**

26 ERYTHROPOIETIN BETA (amended restriction and delist)

Erythropoietin beta is considered a Discretionary Variance Pharmaceutical for erythropoietin alfa.

➔ Inj 2,000 iu in 0.3 ml syringe	120.18	6	NeoRecormon
➔ Inj 3,000 iu in 0.3 ml syringe	166.87	6	NeoRecormon
➔ Inj 4,000 iu in 0.3 ml syringe	193.13	6	NeoRecormon
➔ Inj 5,000 iu in 0.3 ml syringe	243.26	6	NeoRecormon
➔ Inj 6,000 iu in 0.3 ml syringe	291.92	6	NeoRecormon
➔ Inj 10,000 iu in 0.6 ml syringe	395.18	6	NeoRecormon

Note – NeoRecormon inj 2,000 iu in 0.3 ml, 3,000 iu in 0.3 ml, 4,000 iu in 0.3 ml, 5,000 iu in 0.3 ml, 6,000 iu in 0.3 ml and 10,000 iu in 0.6 ml syringes to be delisted from 1 March 2015.

Restricted
Initiation – chronic renal failure
Both:
1 Both:
  1.1 Patient in chronic renal failure; and
  1.2 Haemoglobin ≤ 100g/L; and
2 Any of the following:
  2.1 Both:
    2.1.1 Patient ~~is not diabetic~~ **does not have diabetes mellitus**; and
    2.1.2 Glomerular filtration rate ≤ 30ml/min; or
  2.2 Both:
    2.2.1 Patient ~~is diabetic~~ **has diabetes mellitus**; and
    2.2.2 Glomerular filtration rate ≤ 45ml/min; or
  2.3 Patient is on haemodialysis or peritoneal dialysis.

Initiation (myelodysplasia)*
Re-assessment required after 2 months
All of the following:
1 Patient has a confirmed diagnosis of myelodysplasia (MDS); and
2 Has had symptomatic anaemia with haemoglobin <100g/L and is red cell transfusion-dependent; and
3 Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and
4 Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5 Patient has a serum erythropoietin level of <500 IU/mL; and
6 The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

continued...

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

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

continued...

Continuation (myelodysplasia)*
Re-assessment required after 12 months
All of the following:
1 The patient's transfusion requirement continues to be reduced with erythropoietin treatment; and
2 Transformation to acute myeloid leukaemia has not occurred; and
3 The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

Restricted (all other indications)
Haematologist
For use in patients where blood transfusion is not a viable treatment alternative.
***Note: Indications marked with * are Unapproved Indications**

CARDIOVASCULAR SYSTEM

45 NORADRENALINE (delisting)

Inj 1 mg per ml, 2 ml ampoule	42.00	6	Levophed

Note – Levophed inj 1 mg per ml, 2 ml ampoule, 6 inj pack size to be delisted from 1 September 2014, presentation remains listed.

DERMATOLOGICALS

52 ACITRETIN (↓ price and addition of HSS)

Cap 10 mg – **1% DV Nov-14 to 2017**	17.86	60	**Novatretin**
Cap 25 mg – **1% DV Nov-14 to 2017**	41.36	60	**Novatretin**

Note – Neotigason cap 10 mg and 25 mg to be delisted from 1 November 2014.

GENITO-URINARY SYSTEM

55 INTRA-UTERINE DEVICE

IUD 29.1 mm length x 23.2 mm width	31.60	1	MiniTT380 Slimline
IUD 33.6 mm length x 29.9 mm width	31.60	1	TT380 Slimline

Note – Multiload Cu375 and Multiload Cu375 SL IUD example brands to be delisted from 1 November 2014.

INFECTIONS - AGENTS FOR SYSTEMIC USE

70 CEFUROXIME

Inj 750 mg vial – **1% DV Nov-14 to 2017**	3.70	5	**Zinacef**
Inj 1.5 g vial – **1% DV Nov-14 to 2017**	1.30	1	**Zinacef**

Note – m-Cefuroxime inj 750 mg vial to be delisted from 1 November 2014.

70 CEFUROXIME

Inj 1.5 g vial (↓ price)	1.30	1	Mylan

Note – Mylan's brand of cefuroxime inj 1.5 g vial to be delisted from 1 November 2014.

➔ 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 Part II – effective 1 September 2014 (continued)

71 AMOXICILLIN (HSS delayed)

Grans for oral liq 125 mg per 5 ml – ~~1% DV Oct-14 to 2017~~	0.88	100 ml	Amoxicillin Actavis
Grans for oral liq 250 mg per 5 ml – ~~1% DV Oct-14 to 2017~~	0.97	100 ml	Amoxicillin Actavis

71 AMOXICILLIN

Grans for oral liq 125 mg per 5 ml	1.55	100 ml	Ospamox
Grans for oral liq 250 mg per 5 ml	1.10	100 ml	Ospamox

Note – Ospamox grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml not to be delisted from 1 October 2014.

72 AMOXICILLIN WITH CLAVULANIC ACID

Tab 500 mg with clavulanic acid 125 mg			
– **1% DV Nov-14 to 2017**	1.95	20	**Augmentin**

Note – Curam Duo tab 500 mg with clavulanic acid 125 mg to be delisted from 1 November 2014.

76 FLUCONAZOLE (↓ price and addition of HSS)

➔ Cap 50 mg – **1% DV Nov-14 to 2017**	3.49	28	**Ozole**
➔ Cap 150 mg – **1% DV Nov-14 to 2017**	0.71	1	**Ozole**
➔ Cap 200 mg – **1% DV Nov-14 to 2017**	9.69	28	**Ozole**

78 RIFAMPICIN

➔ Tab 600 mg – **1% DV Nov-14 to 2017**	108.70	30	**Rifadin**
➔ Cap 150 mg – **1% DV Nov-14 to 2017**	55.75	100	**Rifadin**
➔ Cap 300 mg – **1% DV Nov-14 to 2017**	116.25	100	**Rifadin**
➔ Oral liq 100 mg per 5 ml – **1% DV Nov-14 to 2017**	12.00	60 ml	**Rifadin**
➔ Inj 600 mg vial – **1% DV Nov-14 to 2017**	128.85	1	**Rifadin**

79 ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE

➔ Tab 62.5 mg with proguanil hydrochloride 25 mg			
– **1% DV Nov-14 to 2017**	25.00	12	**Malarone Junior**
➔ Tab 250 mg with proguanil hydrochloride 100 mg			
– **1% DV Nov-14 to 2017**	64.00	12	**Malarone**

86 LAMIVUDINE

➔ Tab 100 mg – **1% DV Nov-14 to 2017** (new listing)	6.00	28	**Zeffix**
➔ Oral liq 5 mg per ml – **1% DV Nov-14 to 2017** (↑ price)	270.00	240 ml	**Zeffix**

Note – Zetlam tab 100 mg to be delisted from 1 November 2014.

NERVOUS SYSTEM

109 REMIFENTANIL HYDROCHLORIDE

Inj 1 mg vial – **1% DV Nov-14 to 2017**	10.00	5	**Ultiva**
Inj 2 mg vial – **1% DV Nov-14 to 2017**	18.00	5	**Ultiva**

Note – Remifentanil-AFT inj 1 mg and 2 mg vials to be delisted from 1 November 2014.

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

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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

129 AZACITIDINE

➔ Inj 100 mg vial	605.00	1	Vidaza

Restricted
Initiation
Haematologist
Re-assessment required after 12 months
All of the following:
1 Any of the following:
  1.1 The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or
  1.2 The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or
  1.3 The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and
2 The patient has performance status (WHO/ECOG) grade 0-2; and
3 The patient does not have secondary myelodysplastic syndrome resulting from chemical injury or prior treatment with chemotherapy and/or radiation for other diseases; and
4 The patient has an estimated life expectancy of at least 3 months.

Continuation
Haematologist
Re-assessment required after 12 months
Both
1 No evidence of disease progression; and
2 The treatment remains appropriate and patient is benefitting from treatment.

131 LENALIDOMIDE

➔ Cap 10 mg	6,207.00	21	Revlimid
➔ Cap 25 mg	7,627.00	21	Revlimid

Restricted
Initiation
Haematologist
Re-assessment required after 6 months
All of the following:
1 Patient has relapsed or refractory multiple myeloma with progressive disease; and
2 Either:
  2.1 Lenalidomide to be used as third line* treatment for multiple myeloma; or
  2.2 Both
    2.2.1 Lenalidomide to be used as second line treatment for multiple myeloma; and
    2.2.2 The patient has experienced severe (grade ≥3), dose limiting, peripheral neuropathy with either bortezomib or thalidomide that precludes further treatment with either of these treatments; and
3 Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.

Continuation
Haematologist
Re-assessment required after 6 months
Both:
1 No evidence of disease progression; and
2 The treatment remains appropriate and patient is benefitting from treatment.

continued...

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

continued...

Notes: Indication marked with * is an Unapproved Indication (refer to Interpretations and Definitions). A line of treatment is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Prescriptions must be written by a registered prescriber in the lenalidomide risk management programme operated by the supplier.

132 THALIDOMIDE (↓ price)

➔ Cap 50 mg	378.00	28	Thalomid
➔ Cap 100 mg	756.00	28	Thalomid

RESPIRATORY SYSTEM AND ALLERGIES

168 LORATADINE

Oral liq 1 mg per ml – **1% DV Nov-14 to 2016**	4.25	200 ml	**LoraPaed**

168 LORATADINE (amendment to brand name)

Oral liq 1 mg per ml	3.10	100 ml	**LoraPaed** ~~Lorapaed~~

Note – LoraPaed oral liq 1 mg per ml, 100 ml to be delisted from 1 November 2014.

169 BECLOMETHASONE DIPROPIONATE

Aerosol inhaler 50 mcg per dose	9.30	200 dose	Qvar
Aerosol inhaler 100 mcg per dose	15.50	200 dose	Qvar

Effective 1 August 2014

ALIMENTARY TRACT AND METABOLISM

16 RIFAXIMIN

➔ Tab 550 mg – **1% DV Oct-14 to 2017**	625.00	56	**Xifaxan**

Restricted

For patients with hepatic encephalopathy despite an adequate trial of maximum tolerated doses of lactulose.

20 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE (↓ price and addition of HSS)

➔ 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 Oct-14 to 2017**	7.65	30	**Lax-Sachets**

22 FERRIC CARBOXYMALTOSE

➔ Inj 50 mg per ml, 10 ml vial	150.00	1	Ferinject

Restricted

Treatment with oral iron has proven ineffective or clinically inappropriate.

22 MAGNESIUM SULPHATE

Inj 2 mmol per ml, 5 ml ampoule – **1% DV Oct-14 to 2017**	12.65	10	**DBL**

Note – Martindale inj 2 mmol per ml, 5 ml ampoule to be delisted from 1 October 2014.

24 PYRIDOXINE HYDROCHLORIDE (↓ price and addition of HSS)

Tab 50 mg – **1% DV Oct-14 to 2017**	11.55	500	**Apo-Pyridoxine**

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

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

BLOOD AND BLOOD FORMING ORGANS

28	TRANEXAMIC ACID (↓ price and addition of HSS)			
	Tab 500 mg – **1% DV Oct-14 to 2016**	23.00	100	**Cyklokapron**
33	GLUCOSE **[DEXTROSE]** (amendment to chemical name, ↑ price and addition of HSS)			
	Inj 50%, 10 ml ampoule – **1% DV Oct-14 to 2017**	27.50	5	**Biomed**
	Inj 50%, 90 ml bottle – **1% DV Oct-14 to 2017**	14.50	1	**Biomed**

CARDIOVASCULAR SYSTEM

36	PERINDOPRIL (addition of HSS)			
	Tab 2 mg – **1% DV Oct-14 to 2017**	3.75	30	**Apo-Perindopril**
	Tab 4 mg – **1% DV Oct-14 to 2017**	4.80	30	**Apo-Perindopril**
38	FLECAINIDE ACETATE (↓ price)			
	Tab 50 mg	38.95	60	Tambocor
	Cap long-acting 100 mg	38.95	30	Tambocor CR
	Cap long-acting 200 mg	68.78	30	Tambocor CR
43	PRAVASTATIN (↓ price and addition of HSS)			
	Tab 20 mg – **1% DV Oct-14 to 2017**	3.45	30	**Cholvastin**
	Tab 40 mg – **1% DV Oct-14 to 2017**	6.36	30	**Cholvastin**
44	NICOTINIC ACID			
	Tab 50 mg – **1% DV Oct-14 to 2017**	3.96	100	**Apo-Nicotinic Acid**
	Tab 500 mg – **1% DV Oct-14 to 2017**	17.37	100	**Apo-Nicotinic Acid**

GENITO-URINARY SYSTEM

52	MICONAZOLE NITRATE			
	Vaginal crm 2% with applicator – **1% DV Oct-14 to 2017**	3.95	40 g	**Micreme**
57	ERGOMETRINE MALEATE (↑ price and addition of HSS)			
	Inj 500 mcg per ml, 1 ml ampoule – **1% DV Oct-14 to 2017**	94.70	5	**DBL Ergometrine**

HORMONE PREPARATIONS – SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

59	CALCITONIN (↑ price and addition of HSS)			
	Inj 100 iu per ml, 1 ml ampoule – **1% DV Oct-14 to 2017**	121.00	5	**Miacalcic**
60	METHYLPREDNISOLONE ACETATE			
	Inj 40 mg per ml, 1 ml vial – **1% DV Oct-12 to 2015**	33.50	5	**Depo-Medrol**

Note – Depo-Medrol inj 40 mg per ml, 1 ml vial in the single pack to be delisted from 1 October 2014.

62	MEDROXYPROGESTERONE (delisting)			
	Tab 200 mg	70.50	30	Provera

Note – Provera tab 200 mg to be delisted from 1 October 2014.

➔ 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 Part II – effective 1 August 2014 (continued)

INFECTIONS – AGENTS FOR SYSTEMIC USE

69	AMIKACIN			
	➔ Inj 250 mg per ml, 2 ml vial – **1% DV Oct-14 to 2017**	431.20	5	**DBL Amikacin**
69	MEROPENEM			
	➔ Inj 500 mg vial – **1% DV Oct-14 to 2017**	35.22	10	**DBL Meropenem**
	➔ Inj 1 g vial – **1% DV Oct-14 to 2017**	65.21	10	**DBL Meropenem**
	Note – Penembact inj 500 mg and 1 g vial to be delisted from 1 October 2014.			
70	CEFOTAXIME (↑ price and addition of HSS)			
	Inj 1 g vial – **1% DV Oct-14 to 2017**	17.10	10	**DBL Cefotaxime**
70	CEFTAZADIME			
	➔ Inj 500 mg vial – **1% DV Jan-15 to 2017** (↑ price)	5.30	1	**Fortum**
	➔ Inj 1 g vial (↓ price)	1.55	1	DBL Ceftazidime
71	AMOXICILLIN (↓ price and addition of HSS)			
	Inj 250 mg vial – **1% DV Oct-14 to 2017**	10.67	10	**Ibiamox**
	Inj 500 mg vial – **1% DV Oct-14 to 2017**	12.41	10	**Ibiamox**
	Inj 1 g vial – **1% DV Oct-14 to 2017**	17.29	10	**Ibiamox**
75	VANCOMYCIN (↓ price and addition of HSS)			
	Inj 500 mg vial – **1% DV Oct-14 to 2017**	2.64	1	**Mylan**
82	ABACAVIR SULPHATE (addition of HSS)			
	➔ Tab 300 mg – **1% DV Oct-14 to 2017**	229.00	60	**Ziagen**
	➔ Oral liq 20 mg per ml – **1% DV Oct-14 to 2017** (↑ price)	256.31	240 ml	**Ziagen**
83	ZIDOVUDINE [AZT] (↑ price and addition of HSS)			
	➔ Inj 10 mg per ml, 20 ml vial – **1% DV Oct-14 to 2017**	750.00	5	**Retrovir IV**

MUSCULOSKELETAL SYSTEM

100	DICLOFENAC SODIUM (↑ price and addition of HSS)			
	Inj 25 mg per ml, 3 ml ampoule – **1% DV Oct-14 to 2017**	13.20	5	**Voltaren**
	Suppos 12.5 mg – **1% DV Oct-14 to 2017**	2.04	10	**Voltaren**
	Suppos 25 mg – **1% DV Oct-14 to 2017**	2.44	10	**Voltaren**
	Suppos 50 mg – **1% DV Oct-14 to 2017**	4.22	10	**Voltaren**
	Suppos 100 mg – **1% DV Oct-14 to 2017**	7.00	10	**Voltaren**
101	SULINDAC – **Restricted**: ~~For continuation only~~ (removal of restriction)			
	Tab 100 mg			
	Tab 200 mg			

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

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

NERVOUS SYSTEM

102	AMANTADINE HYDROCHLORIDE (addition of HSS)			
	Cap 100 mg – **1% DV Oct-14 to 2017**	38.24	60	**Symmetrel**
103	LEVODOPA WITH CARBIDOPA (amendment to recommended brand)			
	Tab 100 mg with carbidopa 25 mg			e.g. ~~Sindopa~~ **Kinson**
103	PRAMIPEXOLE HYDROCHLORIDE (addition of HSS)			
	Tab 0.25 mg – **1% DV Oct-14 to 2016**	7.20	100	**Ramipex**
	Tab 1 mg – **1% DV Oct-14 to 2016**	24.39	100	**Ramipex**
	Note – Dr Reddy's Pramipexole tab 0.125 mg, 0.25 mg, 0.5 mg and 1 mg to be delisted from 1 October 2014.			
103	DEXMEDETOMIDINE ~~HYDROCHLORIDE~~ (amendment to chemical name and new listing)			
	Inj 100 mcg per ml, 2 ml vial – **1% DV Oct-14 to 2017**	479.85	5	**Precedex**
105	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE			
	Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe – **1% DV Oct-14 to 2017**	17.50	1	**Topicaine**
106	MEPIVACAINE HYDROCHLORIDE			
	Inj 3%, 1.8 ml dental cartridge – **1% DV Oct-14 to 2017**	43.60	50	**Scandonest 3%**
	Inj 3%, 2.2 ml dental cartridge – **1% DV Oct-14 to 2017**	43.60	50	**Scandonest 3%**
107	PARACETAMOL			
	Oral liq 120 mg per 5 ml – **20% DV Oct-14 to 2017**	4.15	1,000 ml	**Paracare**
	Note – Ethics Paracetamol oral liq 120 mg per 5 ml to be delisted from 1 October 2014.			
108	MORPHINE SULPHATE (↑ price and addition of HSS)			
	Inj 1 mg per ml, 10 ml syringe – **1% DV Oct-14 to 2017**	45.00	10	**Biomed**
	Inj 1 mg per ml, 50 ml syringe – **1% DV Oct-14 to 2017**	87.50	10	**Biomed**
	Inj 1 mg per ml, 100 ml bag – **1% DV Oct-14 to 2017**	185.00	10	**Biomed**
	Inj 5 mg per ml, 1 ml ampoule – **1% DV Oct-14 to 2017**	12.48	5	**DBL Morphine Sulphate**
	Inj 10 mg per ml, 1 ml ampoule – **1% DV Oct-14 to 2017**	9.09	5	**DBL Morphine Sulphate**
	Inj 15 mg per ml, 1 ml ampoule – **1% DV Oct-14 to 2017**	9.77	5	**DBL Morphine Sulphate**
	Inj 30 mg per ml, 1 ml ampoule – **1% DV Oct-14 to 2017**	12.43	5	**DBL Morphine Sulphate**
109	OXYCODONE HYDROCHLORIDE			
	Tab controlled-release 40 mg – **1% DV Oct-13 to 2015**	18.50	20	**BNM**
	Note – Oxycodone BNM to be delisted from 1 October 2014.			

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

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer
109	OXYCODONE HYDROCHLORIDE (amendment to brand name)			
	Tab controlled-release 10 mg – **1% DV Oct-13 to 2015**	6.75	20	**Oxycodone Controlled Release Tablets (BNM)** ~~BNM~~
	Tab controlled-release 20 mg – 1**% DV Oct-13 to 2015**	11.50	20	**Oxycodone Controlled Release Tablets (BNM)** ~~BNM~~
	Tab controlled-release 80 mg – **1% DV Oct-13 to 2015**	34.00	20	**Oxycodone Controlled Release Tablets (BNM)** ~~BNM~~
109	TRAMADOL HYDROCHLORIDE			
	Tab sustained-release 100 mg – **1% DV Oct-14 to 2017** (↓ price)	2.00	20	**Tramal SR 100**
	Tab sustained-release 150 mg – **1% DV Oct-14 to 2017** (↓ price)	3.00	20	**Tramal SR 150**
	Tab sustained-release 200 mg – **1% DV Oct-14 to 2017** (↓ price)	4.00	20	**Tramal SR 200**
	Cap 50 mg – **1% DV Oct-14 to 2017** (↓ price)	2.50	100	**Arrow-Tramadol**
	Inj 50 mg per ml, 1 ml ampoule – **1% DV Oct-14 to 2017**	4.50	5	**Tramal 50**
	Inj 50 mg per ml, 2 ml ampoule – **1% DV Oct-14 to 2017**	4.50	5	**Tramal 100**
111	VENLAFAXINE (↓ price)			
	➔ Cap modified release 37.5 mg	8.68	28	Efexor XR
	➔ Cap modified release 75 mg	12.18	28	Efexor XR
	➔ Cap modified release 150 mg	20.16	28	Efexor XR
117	ONDANSETRON (↓ price and addition of HSS)			
	Tab dispersible 4 mg – **1% DV Oct-14 to 2017**	1.00	10	**Dr Reddy's Ondansetron**
	Tab dispersible 8 mg – **1% DV Oct-14 to 2017**	1.50	10	~~Dr Reddy's~~ **Ondansetron ODT-DRLA**
	Note – Zofran Zydis tab dispersible 4 mg to be delisted from 1 October 2014.			
121	PIPOTHIAZINE PALMITATE (addition of restriction)			
	➔ Inj 50 mg per ml, 1 ml ampoule			
	➔ Inj 50 mg per ml, 2 ml ampoule			
	Restricted: For continuation only			

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

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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

129	IDARUBICIN HYDROCHLORIDE (delisting)			
	Cap 5 mg	115.00	1	Zavedos
	Cap 10 mg	144.50	1	Zavedos
	Note – Zavedos cap 5 mg and 10 mg to be delisted from 1 October 2014.			
130	METHOTREXATE (↓ price and addition of HSS)			
	Inj 100 mg per ml, 50 ml vial – **1% DV Oct-14 to 2017**	99.99	1	**Methotrexate Ebewe**
131	GEMCITABINE (↓ price and addition of HSS)			
	Inj 10 mg per ml, 20 ml vial – **1% DV Oct-14 to 2017**	8.36	1	**Gemcitabine Ebewe**
	Inj 10 mg per ml, 100 ml vial – **1% DV Oct-14 to 2017**	15.89	1	**Gemcitabine Ebewe**
	Note – DBL Gemcitabine inj 1 g vial to be delisted from 1 October 2014.			
137	CALCIUM FOLINATE (↓ price and addition of HSS)			
	Inj 10 mg per ml, 5 ml ampoule – **1% DV Oct-14 to 2017**	18.25	5	**Calcium Folinate Ebewe**
	Inj 10 mg per ml, 10 ml vial – **1% DV Oct-14 to 2017**	7.33	1	**Calcium Folinate Ebewe**
	Inj 10 mg per ml, 30 ml vial – **1% DV Oct-14 to 2017**	22.51	1	**Calcium Folinate Ebewe**
	Inj 10 mg per ml, 100 ml vial – **1% DV Oct-14 to 2017**	67.51	1	**Calcium Folinate Ebewe**

RESPIRATORY SYSTEM AND ALLERGIES

171	AMINOPHYLLINE (↑ price and addition of HSS)			
	Inj 25 mg per ml, 10 ml ampoule – **1% DV Oct-14 to 2017**	118.25	5	**DBL Aminophylline**

SENSORY ORGANS

174	DEXAMETHASONE (addition of HSS)			
	Eye oint 0.1% – **1% DV Oct-14 to 2017**	5.86	3.5 g	**Maxidex**
	Eye drops 0.1% – **1% DV Oct-14 to 2017**	4.50	5 ml	**Maxidex**
177	TROPICAMIDE (addition of HSS)			
	Eye drops 0.5% – **1% DV Oct-14 to 2017**	7.15	15 ml	**Mydriacyl**
	Eye drops 1% – **1% DV Oct-14 to 2017**	8.66	15 ml	**Mydriacyl**

SPECIAL FOODS

202	PREOPERATIVE CARBOHYDRATE FEED 0.5 KCAL/ML			
	➔ Oral liq 0 g protein, 12.6 g carbohydrate and 0 g fat per 100 ml, 200 ml bottle	6.80	4	preOp

Restricted
Maximum of 400 ml as part of an Enhanced Recovery After Surgery (ERAS) protocol 2 to 3 hours before major abdominal surgery.

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

VARIOUS

181 IODIXANOL (delisting)
Inj 270 mg per ml, 20 ml vial
Inj 320 mg per ml, 20 ml vial
Note – Iodixanol inj 270 mg per ml and 320 mg per ml, 20 ml vial to be delisted from 1 August 2014.

181 DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE (amendment to presentation description)

Inj **260 mg** ~~146 mg~~ with sodium amidotrizoate 40 mg per ml, 250 ml bottle	80.00	1	Urografin

183 PERFLUTREN (addition of HSS)

Inj 1.1 mg per ml, 1.5 ml vial – **5% DV Sep-14 to 2017**	180.00	1	**Definity**
	720.00	4	**Definity**

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Pharmaceuticals and brands

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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

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz

Freephone Information line (9am-5pm weekdays) 0800 66 00 50

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