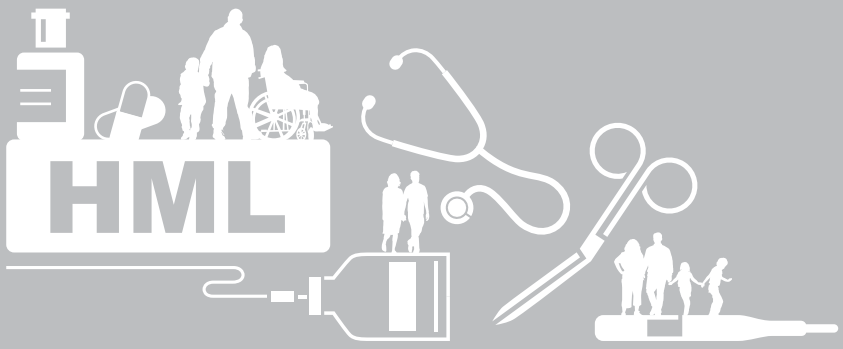
The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update effective 1 November 2014

Cumulative for August, September, October and November 2014



PHARMAC
Pharmaceutical Management Agency

Contents

Summary of decisions
EFFECTIVE 1 NOVEMBER 2014

- Alfentanil (Hameln) inj 0.5 mg per ml, 2 ml ampoule – amended chemical name, new listing and addition of HSS
- Amitriptyline (Arrow-Amitriptyline) tab 25 mg and 50 mg – new listing and addition of HSS
- Amitriptyline (Amitrip) tab 25 mg and 50 mg – to be delisted 1 January 2015
- Amorolfine (MycoNail) nail soln 5% - new listing, addition of HSS and restriction removed
- Articaine hydrochloride inj 1%
- Barium sulphate (CT Plus+) oral liq 22 mg per g (2.2% w/w), 250 ml bottle and 450 ml bottle – amended presentation description
- Barium sulphate (VoLumen) oral liq 1 mg per ml (0.1% w/v, 0.1% w/w), 450 ml bottle – new listing
- Barium sulphate (Readi-CAT 2) oral liq 20.9 mg per ml (2.1% w/v, 2% w/w), 250 ml bottle – new listing
- Barium sulphate (Tagitol V) oral liq 400 mg per ml (40% w/v, 30% w/w), 20 ml bottle – new listing
- Barium sulphate (Varibar – Nectar) oral liq 400 mg per ml (40% w/v), 240 ml bottle – new listing
- Barium sulphate (Varibar – Honey) oral liq 400 mg per ml (40% w/v), 250 ml bottle – new listing
- Barium sulphate (Varibar – Pudding) oral liq 400 mg per ml (40% w/v), 230 ml bottle – new listing
- Barium sulphate (Varibar – Thin Liquid) oral liq 400 mg per ml (40% w/v, 30% w/w) 148 g bottle – new listing
- Barium sulphate (E-Z-Paste) oral liq 600 mg per g (60% w/w), 454 g tube – new listing
- Barium sulphate (Liquibar) oral liq 1,250 mg per ml (125% w/v), 2,000 ml bottle – new listing
- Barium sulphate (E-Z-Cat Dry) powder for oral liq 20 mg per g (2% w/w), 22.1 g sachet – new listing
- Barium sulphate (X-Opaque-HD) powder for oral soln 97.65 % w/w, 300 g bottle – new listing
- Barium sulphate (Liquibar) enema 1,250 mg per ml (125% w/v) 500 ml bag – new listing
- Barium sulphate – a range of presentations to be delisted from 1 October 2014

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

- Barium sulphate with sodium bicarbonate (E-Z-Gas II) grans eff 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet – new listing
- Ceftaroline fosamil (Zinforo) inj 600 mg vial – new listing
- Ceftazidime (Fortum) inj 1 g and 2 g vial – amended chemical name, new listing and addition of HSS
- Ceftazidime (DBL Ceftazidime) inj 1 g and 2 g vial – to be delisted 1 January 2015
- Deferasirox (Exjade) tab 125 mg, 250 mg and 500 mg dispersible – new listing
- Deferiprone (Ferriprox) tab 500 mg and oral liq 100 mg per ml – amended restriction
- Dexamfetamine sulfate (PSM) tab 5 mg – amended chemical name
- Docusate sodium (Coloxyl) tab 50 mg and 120 mg – new listing and addition of HSS
- Docusate sodium cap 50 mg (Laxofast 50) and cap 120 mg (Laxofast 120) – to be delisted from 1 January 2015
- Everolimus (Afinitor) tab 5 mg and 10 mg – new listing
- Fingolimod (Gilenya) cap 0.5 mg – new listing
- Fusidic acid (DP Fusidic Acid Cream) crm 2% – amended chemical name, new listing and addition of HSS
- Fusidic acid (Foban) crm 2% – to be delisted 1 January 2015
- Glatiramer acetate inj 20 mg per ml, 1 ml syringe – amended restriction
- Glucose [dextrose] tab 4 g
- Glycopyrronium (Seebri Breezhaler) powder for inhalation 50 mcg per dose – new listing and not to be used in patients also receiving subsidised tiotropium
- Granisetron (Granirex) tab 1 mg – new listing and addition of HSS
- Indacaterol (Onbrez Breezhaler) powder for inhalation 150 mcg per dose and 300 mcg per dose – new listing
- Infliximab (Remicade) inj 100 mg – amended restriction
- Interferon beta-1-alpha inj 6 million iu per 0.5 ml pen injector (Avonex Pen) and inj 6 million iu per 0.5 ml prefilled syringe and vial (Avonex) – amended restriction and new listing
- Interferon beta-1-beta inj 8 million iu per ml, 1 ml vial – amended restriction
- Ipratropium bromide (Univent) aqueous nasal spray 0.03% - new listing and addition of HSS
- Long-acting muscarinic antagonists (tiotropium bromide and glycpyrronium) – new restriction

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

- Losartan potassium (Losartan Actavis) tab 12.5 mg, 25 mg, 50 mg and 100 mg – new listing and addition of HSS
- Losartan potassium (Lostaar) tab 12.5 mg, 25 mg, 50 mg and 100 mg – to be delisted 1 January 2015
- Natalizumab (Tysabri) inj 20 mg per ml, 15 ml vial – new listing
- Nilotinib (Tasigna) cap 150 mg and 200 mg – new listing
- Omalizumab (Xolair) inj 150 mg vial – new listing
- Omeprazole (Omezol Relief) cap 10 mg, 20 mg and 40 mg – price decrease and addition of HSS
- Other multiple sclerosis treatments (glatiramer acetate, interferon beta-1-alpha and interferon beta-1-beta) – new restriction
- Pyridoxine hydrochloride (PyridoxADE) tab 25 mg – price decrease and addition of HSS
- Rivastigmine (Exelon) patch 4.6 mg per 24 hour and 9.5 mg per 24 hour – new listing
- Tenoxicam (Reutenox) tab 20 mg – new listing and addition of HSS
- Tiotropium bromide (Spiriva) powder for inhalation 18 mcg per dose – amended restriction and not to be used in patients also receiving subsidised glycopyrronium
- Tobramycin (TOBI) solution for inhalation 60 mg per ml, 5 ml – new listing
- Topiramate (Topiramate Actavis) tab 25 mg, 50 mg, 100 mg and 200 mg – new listing

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

Section H changes to Part II

Effective 1 November 2014

ALIMENTARY TRACT AND METABOLISM

15 OMEPRAZOLE (↓ price and addition of HSS)

Cap 10 mg – **1% DV Jan-15 to 2017**	2.23	90	**Omezol Relief**
Cap 20 mg – **1% DV Jan-15 to 2017**	2.91	90	**Omezol Relief**
Cap 40 mg – **1% DV Jan-15 to 2017**	4.42	90	**Omezol Relief**

16 GLUCOSE [DEXTROSE]

Tab 4 g			

19 DOCUSATE SODIUM

Tab 50 mg – **1% DV Jan-15 to 2017**	2.31	100	**Coloxyl**
Tab 120 mg – **1% DV Jan-15 to 2017**	3.13	100	**Coloxyl**

Note – Laxofast 50 cap 50 mg and Laxofast 120 cap 120 mg to be delisted from 1 January 2015.

24 PYRIDOXINE HYDROCHLORIDE (↓ price and addition of HSS)

Tab 25 mg – **1% DV Jan-15 to 2017**	2.15	90	**PyridoxADE**

CARDIOVASCULAR SYSTEM

37 LOSARTAN POTASSIUM

Tab 12.5 mg – **1% DV Jan-15 to 2017**	1.55	84	**Losartan Actavis**
Tab 25 mg – **1% DV Jan-15 to 2017**	1.90	84	**Losartan Actavis**
Tab 50 mg – **1% DV Jan-15 to 2017**	2.25	84	**Losartan Actavis**
Tab 100 mg – **1% DV Jan-15 to 2017**	2.60	84	**Losartan Actavis**

Note – Lostaar tab 12.5 mg, 25 mg, 50 mg and 100 mg to be delisted from 1 January 2015.

DERMATOLOGICALS

48 ~~FUSIDATE SODIUM~~ ~~[~~FUSIDIC ACID~~]~~ (amended chemical name, new listing and addition of HSS)

Crm 2% – **1% DV Jan-15 to 2016**	2.52	15 g	**DP Fusidic Acid Cream**

Note – Foban crm 2% to be delisted from 1 January 2015.

48 AMOROLFINE – ~~Restricted: For continuation only~~ (new listing, addition of HSS and restriction removed)

Nail soln 5% – **1% DV Jan-15 to 2017**	19.95	5 ml	**MycoNail**

INFECTIONS - AGENTS FOR SYSTEMIC USE

69 TOBRAMYCIN

➔ Solution for inhalation 60 mg per ml, 5 ml	2,200.00	56 dose	TOBI

Restricted
Patient has cystic fibrosis.

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

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

70 **CEFTAZIDIME** ~~CEFTAZADIME~~ (amended chemical name, new listing and addition of HSS)

➔ Inj 1 g vial – **1% DV Jan-15 to 2017** ..... 1.55 1 **Fortum**

➔ Inj 2 g vial – **1% DV Jan-15 to 2017** ..... 3.34 1 **Fortum**

Note – DBL Ceftazidime inj 1 g and 2 g vials to be delisted from 1 January 2015.

70 CEFTAROLINE FOSAMIL

➔ Inj 600 mg vial ..... 1,450.00 10 Zinforo

Restricted
Infectious Disease Physician or Clinical Microbiologist
Multi-resistant organism salvage therapy
Either:
1. for patients where alternative therapies have failed; or
2. for patients who have a contraindication or hypersensitivity to standard current therapies.

MUSCULOSKELETAL SYSTEM

101 TENOXICAM

Tab 20 mg – **1% DV Jan-15 to 2016** ..... 3.05 20 **Reutenox**

NERVOUS SYSTEM

104 ARTICAINE HYDROCHLORIDE

Inj 1%

107 ALFENTANIL ~~HYDROCHLORIDE~~ (amended chemical name, new listing and addition of HSS)

Inj 0.5 mg per ml, 2 ml ampoule – **1% DV Jan-15 to 2017** ..... 39.07 10 **Hameln**

110 AMITRIPTYLINE

Tab 25 mg – **1% DV Jan-15 to 2017** ..... 1.68 100 **Arrow-Amitriptyline**

Tab 50 mg – **1% DV Jan-15 to 2017** ..... 2.82 100 **Arrow-Amitriptyline**

Note – Amitrip tab 25 mg and 50 mg to be delisted from 1 January 2015.

115 TOPIRAMATE

Tab 25 mg ..... 11.07 60 Topiramate Actavis

Tab 50 mg ..... 18.81 60 Topiramate Actavis

Tab 100 mg ..... 31.99 60 Topiramate Actavis

Tab 200 mg ..... 55.19 60 Topiramate Actavis

116 GRANISETRON

Tab 1 mg – **1% DV Jan-15 to 2017** ..... 5.98 50 Granirex

122 FINGOLIMOD

➔ Cap 0.5 mg ..... 2,650.00 28 Gilenya

Restricted
Only for use in patients with approval by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (set out in Section B of the Pharmaceutical Schedule).

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

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

122 OTHER MULTIPLE SCLEROSIS TREATMENTS (GLATIRAMER ACETATE, INTERFERON BETA-1-ALPHA AND INTERFERON BETA-1-BETA) (new restriction)

Restricted
Only for use in patients with approval by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (set out in Section B of the Pharmaceutical Schedule).

122 GLATIRAMER ACETATE (amended restriction)

➔ Inj 20 mg per ml, 1 ml syringe			

~~Restricted~~
~~Only for use in patients with approval by the Multiple Sclerosis Treatment Assessments Committee~~
Note –Other Multiple Sclerosis Treatments restriction now applies to glatiramer acetate.

122 INTERFERON BETA-1-ALPHA (amended restriction and new listing)

➔ Inj 6 million iu per 0.5 ml pen injector	1,170.00	4	Avonex Pen
➔ Inj 6 million iu per 0.5 ml syringe	1,170.00	4	Avonex
➔ Inj 6 million iu per vial	1,170.00	4	Avonex

~~Restricted~~
~~Only for use in patients with approval by the Multiple Sclerosis Treatment Assessments Committee~~
Note –Other Multiple Sclerosis Treatments restriction now applies to interferon beta-1-alpha.

123 INTERFERON BETA-1-BETA (amended restriction)

➔ Inj 8 million iu per ml, 1 ml vial			

~~Restricted~~
~~Only for use in patients with approval by the Multiple Sclerosis Treatment Assessments Committee~~
Note –Other Multiple Sclerosis Treatments restriction now applies to interferon beta-1-beta.

123 NATALIZUMAB

➔ Inj 20 mg per ml, 15 ml vial	1,750.00	1	Tysabri

Restricted
Only for use in patients with approval by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (set out in Section B of the Pharmaceutical Schedule).
Note – Natalizumab can only be dispensed from a pharmacy registered in the Tysabri Australiasian Prescribing Programme operated by the supplier.

124 **DEXAMFETAMINE** ~~DEXAMPHETAMINE~~ SULFATE (amended chemical name)

➔ Tab 5 mg – **1% DV Mar-13 to 2015**	16.50	100	**PSM**

126 RIVASTIGMINE

➔ Patch 4.6 mg per 24 hour	90.00	30	Exelon
➔ Patch 9.5 mg per 24 hour	90.00	30	Exelon

Restricted
Initiation
Re-assessment required after 6 months
Both:
1 The patient has been diagnosed with dementia; and
2 The patient has experienced intolerable nausea and/or vomiting from donepezil tablets.

Continuation
Re-assessment required after 12 months

continued...

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

continued...

Both:

1 The treatment remains appropriate; and

2 The patient has demonstrated a significant and sustained benefit from treatment.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

134 NILOTINIB

➔ Cap 150 mg	4,680.00	120	Tasigna
➔ Cap 200 mg	6,532.00	120	Tasigna

Restricted
Initiation
Haematologist
Re-assessment required after 6 months
All of the following:

1. Patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis, accelerated phase, or in chronic phase; and
2. Either:
   2.1. Patient has documented CML treatment failure* with imatinib; or
   2.2. Patient has experienced treatment limiting toxicity with imatinib precluding further treatment with imatinib; and
3. Maximum nilotinib dose of 800 mg/day; and
4. Subsidised for use as monotherapy only.

Notes: *treatment failure as defined by Leukaemia Net Guidelines.

Continuation
Haematologist
Re-assessment required after 6 months
All of the following:

1. Lack of treatment failure while on nilotinib as defined by Leukaemia Net Guidelines; and
2. Nilotinib treatment remains appropriate and the patient is benefiting from treatment; and
3. Maximum nilotinib dose of 800 mg/day; and
4. Subsidised for use as monotherapy only.

151 INFLIXIMAB (amended restriction – affected restriction only shown)

➔ Inj 100 mg	1,227.00	1	Remicade

Restricted
Continuation - Crohn's disease (adults)
Gastroenterologist
Re-assessment required after 6 months
All of the following:

1 One of the following:
   1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on **infliximab** ~~adalimumab~~; or
   1.2 CDAI score is 150 or less; or
   1.3 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and

2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle; and

3 Patient must be reassessed for continuation after further 6 months.

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

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

156 OMALIZUMAB

➔ Inj 150 mg vial ..... 500.00 1 Xolair

Restricted
Initiation
Respiratory physician
Re-assessment required after 6 months
All of the following:
1. Patient is over the age of 6; and
2. Patient has a diagnosis of severe, life threatening asthma; and
3. Past or current evidence of atopy, documented by skin prick testing or RAST; and
4. Total serum human immunoglobulin E (IgE) between 76 IU/mL and 1300 IU/ml at baseline; and
5. Proven compliance with optimal inhaled therapy including high dose inhaled corticosteroid (budesonide 1600 micrograms per day or fluticasone propionate 1000 micrograms per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 micrograms bd or eformoterol 12 micrograms bd) for at least 12 months, unless contraindicated or not tolerated; and
6. Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; and
7. At least four admissions to hospital for a severe asthma exacerbation over the previous 24 months with at least one of those being in the previous 12 months; and
8. An Asthma Control Questionnaire (ACQ-5) score of at least 3.0 as assessed in the previous month

Continuation
Respiratory physician
Re-assessment required after 6 months
All of the following:
1. Hospital admissions have been reduced as a result of treatment; and
2. A reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 1.0 from baseline; and
3. A reduction in the maintenance oral corticosteroid dose of at least 50% from baseline.

165 EVEROLIMUS

➔ Tab 5 mg ..... 4,555.76 30 Afinitor
➔ Tab 10 mg ..... 6,512.29 30 Afinitor

Restricted
Initiation
Neurologist or oncologist
Re-assessment required after 3 months
Both:
1. Patient has tuberous sclerosis; and
2. Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment.

Continuation
Neurologist or oncologist
Re-assessment required after 12 months
All of the following:
1. Documented evidence of SEGA reduction or stabilisation by MRI within the last 3 months; and
2. The treatment remains appropriate and the patient is benefiting from treatment; and
3. Everolimus to be discontinued at progression of SEGAs.

Note: MRI should be performed at minimum once every 12 months, more frequent scanning should be performed with new onset of symptoms such as headaches, visual complaints, nausea or vomiting, or increase in seizure activity.

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

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

RESPIRATORY SYSTEM AND ALLERGIES

167 IPRATROPIUM BROMIDE
Aqueous nasal spray 0.03% – **1% DV Jan-15 to 2017** ..... 3.95 15 ml **Univent**

168 LONG-ACTING MUSCARINIC ANTAGONISTS (tiotropium bromide and glycopyrronium) (new restriction)

Restricted
Initiation
All of the following:
1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and
2 In addition to standard treatment, the patient has trialled a short acting bronchodilator dose of at least 40 μg ipratropium q.i.d for one month; and
3 Either:
The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is:
3.1 Grade 4 (stops for breath after walking about 100 meters or after a few minutes on the level); or
3.2 Grade 5 (too breathless to leave the house, or breathless when dressing or undressing); and
4 Actual FEV1 as a % of predicted, must be below 60%
5 Either:
5.1 Patient is not a smoker (for reporting purposes only); or
5.2 Patient is a smoker and has been offered smoking cessation counselling; and
6 The patient has been offered annual influenza immunization.

168 GLYCOPYRRONIUM
Note: glycopyrronium treatment must not be used if the patient is also receiving treatment with subsidised tiotropium
➔ Powder for inhalation 50 mcg per dose ..... 61.00 30 dose Seebri Breezhaler

Note –Long-acting muscarinic antagonists restriction now applies to glycopyrronium.

168 TIOTROPIUM BROMIDE (amended restrictions)
Note: tiotropium treatment must not be used if the patient is also receiving treatment with subsidised glycopyrronium
➔ Powder for inhalation 18 mcg per dose ..... 70.00 30 dose Spiriva

~~Restricted~~
~~All of the following:~~
~~1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and~~
~~2 In addition to standard treatment, the patient has trialled a short acting bronchodilator of at least 40 mcg ipratropium q.i.d for one month; and~~
~~3 The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is either:~~
~~— 3.1 Grade 4 (stops for breath after walking about 100 metres or after a few minutes on the level); or~~
~~— 3.2 Grade 5 (too breathless to leave the house, or breathless when dressing or undressing); and~~
~~4 Actual FEV1 as a % of predicted, must be below 60%.~~
~~5 Either:~~
~~— 5.1 Patient is not a smoker; or~~
~~— 5.2 Patient is a smoker and has been offered smoking cessation counselling; and~~
~~6 The patient has been offered annual influenza immunisation.~~

Note –Long-acting muscarinic antagonists restriction now applies to tiotropium bromide.

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

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

170 INDACATEROL

Powder for inhalation 150 mcg per dose	61.00	30 dose	Onbrez Breezhaler
Powder for inhalation 300 mcg per dose	61.00	30 dose	Onbrez Breezhaler

VARIOUS

180 DEFERASIROX

➔ Tab 125 mg dispersible	276.00	28	Exjade
➔ Tab 250 mg dispersible	552.00	28	Exjade
➔ Tab 500 mg dispersible	1,105.00	28	Exjade

Restricted
Initiation
Haematologist
Re-assessment required after 2 years
All of the following:
1. The patient has been diagnosed with chronic iron overload due to congenital inherited anaemia; and
2. Deferasirox is to be given at a daily dose not exceeding 40 mg/kg/day; and
3. Any of the following:
   3.1. Treatment with maximum tolerated doses of deferiprone monotherapy or deferiprone and desferrioxamine combination therapy have proven ineffective as measured by serum ferritin levels, liver or cardiac MRI T2*; or
   3.2. Treatment with deferiprone has resulted in severe persistent vomiting or diarrhoea; or
   3.3. Treatment with deferiprone has resulted in arthritis; or
   3.4. Treatment with deferiprone is contraindicated due to a history of agranulocytosis (defined as an absolute neutrophil count (ANC) of < 0.5 cells per μL) or recurrent episodes (greater than 2 episodes) of moderate neutropenia (ANC 0.5 - 1.0 cells per μL)

Continuation
Haematologist
Re-assessment required after 2 years
Either:
1. For the first renewal following 2 years of therapy, the treatment has been tolerated and has resulted in clinical improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels; or
2. For subsequent renewals, the treatment has been tolerated and has resulted in clinical stability or continued improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels.

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.

182 BARIUM SULPHATE (amended presentation description)

Oral liq 22 mg per g **(2.2% w/w)**, 250 ml **bottle**	175.00	24	CT Plus+
Oral liq 22 mg per g **(2.2% w/w)**, 450 ml **bottle**	220.00	24	CT Plus+

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

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

182 BARIUM SULPHATE

Oral liq 1 mg per ml (0.1% w/v, 0.1% w/w), 450 ml bottle	441.12	24	VoLumen
Oral liq 20.9 mg per ml (2.1% w/v, 2% w/w), 250 ml bottle	140.94	24	Readi-CAT 2
Oral liq 400 mg per ml (40% w/v, 30% w/w), 20 ml bottle	52.35	3	Tagitol V
Oral liq 400 mg per ml (40% w/v), 240 ml bottle	38.40	1	Varibar – Nectar
Oral liq 400 mg per ml (40% w/v), 250 ml bottle	155.35	1	Varibar – Honey
Oral liq 400 mg per ml (40% w/v), 230 ml bottle	145.04	1	Varibar – Pudding
Oral liq 400 mg per ml (40% w/v, 30% w/w), 148 g bottle	17.39	1	Varibar – Thin Liquid
Oral liq 600 mg per g (60% w/w), 454 g tube	36.51	1	E-Z-Paste
Oral liq 1,250 mg per ml (125% w/v), 2,000 ml bottle	91.77	1	Liquibar
Powder for oral liq 20 mg per g (2% w/w), 22.1 g sachet	507.50	50	E-Z-Cat Dry
Powder for oral soln 97.65 % w/w, 300 g bottle	237.76	24	X-Opaque-HD
Enema 1,250 mg per ml (125% w/v), 500 ml bag	282.30	12	Liquibar

182 BARIUM SULPHATE (presentations delisted from 1 November 2014)

~~Powder for enema 397 g~~
~~Powder for oral liq 10,000 g~~
~~Powder for oral liq 100 g~~
~~Powder for oral liq 148 g~~
~~Powder for oral liq 22.1 g~~
~~Powder for oral liq 300 g~~
~~Powder for oral liq 340 g~~
~~Eosophogeal cream 30 mg per g~~
~~Eosophogeal cream 600 mg per g~~
~~Liq 1,000 mg per ml~~
~~Oral liq 1 mg per ml~~
~~Oral liq 1,250 mg per ml~~
~~Oral liq 13 mg per ml~~
~~Oral liq 130 mg per ml~~
~~Oral liq 21 mg per ml~~
~~Oral liq 400 mg per ml~~
~~Eosophogeal paste 400 mg per ml~~
~~Enema 1,250 mg per ml~~

182 BARIUM SULPHATE WITH SODIUM BICARBONATE

Grans eff 382.2 mg per g with sodium bicarbonate			
551.3 mg per g, 4 g sachet	102.93	50	E-Z-Gas II

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS AND GALENICALS

189 THEOBROMA OIL

Oint

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

Changes to Section H 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...

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

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.~~

➔ 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)

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**

	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...

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

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**

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.

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

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

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
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

continued...

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

continued...

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.

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**

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

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

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.

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**

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

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.

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.

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

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

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.

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

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

Changes to Section H Part II – 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**

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**

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer
Changes to Section H Part II – effective 1 August 2014 (continued)				
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.			
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**

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

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

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

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.

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

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

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

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

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**

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

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

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**

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

Index
Pharmaceuticals and brands

Index
Pharmaceuticals and brands

Index
Pharmaceuticals and brands

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