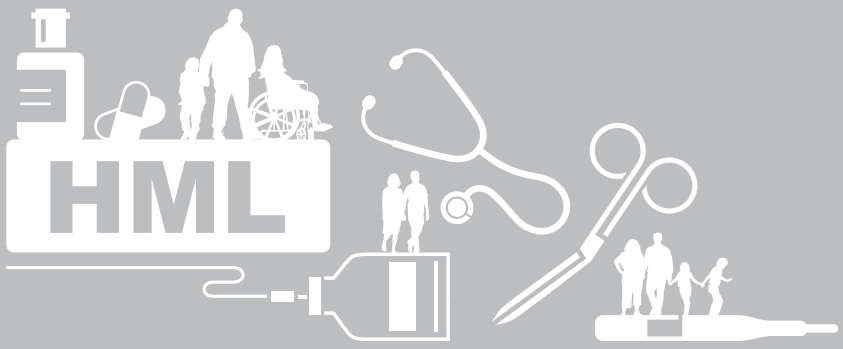
The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update effective 1 August 2015



PHARMAC
Pharmaceutical Management Agency

Contents

Summary of decisions
EFFECTIVE 1 AUGUST 2015

- Acarbose (Glucobay) tab 50 mg and 100 mg – new listing and addition of HSS
- Acarbose (Accarb) tab 50 mg and 100 mg – to be delisted 1 October 2015
- Alprostadil hydrochloride (Prostin VR) inj 500 mg per ml, 1 ml ampoule – price increase addition of HSS
- Aripiprazole (Abilify) tab 10 mg, 15 mg, 20 mg and 30 mg – amended restriction
- Azithromycin (Zithromax) grans for oral liq 200 mg per 5 ml (40 mg per ml) – amended presentation description, price increase and addition of HSS
- Bee venom inj 120 mcg vial with diluent, 6 vial – to be delisted 1 October 2015
- Benzbromarone (Benzbromaron AL 100) tab 100 mg – amended restriction
- Bezafibrate (Bezalip) tab 200 mg – price decrease and addition of HSS
- Bezafibrate (Bezalip Retard) tab long-acting 400 mg – price increase and addition of HSS
- Bisacodyl (Lax-Tabs) tab 5 mg – price increase and addition of HSS
- Bleomycin sulphate (DBL Bleomycin Sulfate) inj 15,000 iu (10 mg) vial – new listing and addition of HSS
- Bosentan (Mylan-Bosentan) tab 62.5 mg and 125 mg – new listing and addition of HSS
- Bosentan (Pms-Bosentan and Tracleer) tab 62.5 mg and 125 mg – to be delisted 1 January 2016
- Cefepime (Cefepime-AFT) inj 1 g and 2 g vial – new listings and addition of HSS
- Cefepime (DBL Cefepime) inj 1 g and 2 g vial – to be delisted 1 October 2015
- Cyclophosphamide (Endoxan) inj 1 g and 2 g vial – addition of HSS
- Cyproterone acetate (Procur) tab 50 mg and 100 mg – new listing and addition of HSS
- Cyproterone acetate (Siterone) tab 50 mg and 100 mg – to be delisted 1 October 2015
- Dactinomycin [actinomycin D] (Cosmegen) inj 0.5 mg vial – new listing
- Diphtheria, tetanus and pertussis vaccine (Boostrix) inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe – amended restriction
- Febuxostat (Adenuric) tab 80 mg and 120 mg – amended restriction
- Fluorouracil (Fluorouracil Ebewe) inj 50 mg per ml, 20 ml vial – price increase and addition of HSS

Summary of decisions – effective 1 August 2015 (continued)

- Fluorouracil (Fluorouracil Ebewe) inj 50 mg per ml, 50 ml and 100 ml vial – price decrease and addition of HSS
- Fluorouracil inj 25 mg per ml, 100 ml vial (Hospira) and inj 50 mg per ml, 10 ml vial (Flourouracil Ebewe) – to be delisted 1 October 2015
- Folic acid (Apo-Folic Acid) tab 0.8 mg and 5 mg – new listing and addition of HSS
- Hydrocortisone acetate (Colifoam) rectal foam 10%, CFC free (14 applications), 21.1 g – amended presentation, price increase and addition of HSS
- Influenza vaccine (Fluarix and Influvac) inj 45 mcg in 0.5 ml syringe – amended restriction
- Lidocaine [lignocaine] (LMX4) crm 4%, 30 g and 5 x 5 g tubes – new listing
- Lindane [gamma benzene hexachloride] crm 1% – to be delisted 1 January 2016
- Megestrol acetate (Apo-Megestrol) tab 160 mg – price increase and addition of HSS
- Methylprednisolone (as sodium succinate) (Medrol) tab 4 mg and 100 mg – price increase and addition of HSS
- Methylprednisolone (as sodium succinate) (Solu-Medrol) inj 40 mg and 125 mg vial – price increase and addition of HSS
- Methylprednisolone (as sodium succinate) (Solu-Medrol) inj 500 mg and 1 g vial – price decrease and addition of HSS
- Methylprednisolone acetate (Depo-Medrol) inj 40 mg per ml, 1 ml vial – price increase and addition of HSS
- Methylprednisolone acetate with lidocaine [lignocaine] (Depo-Medrol with Lidocaine) inj 40 mg with lidocaine [lignocaine] 1 ml vial – amended chemical and presentation descriptions, price increase and addition of HSS
- Mexiletine hydrochloride (Mexiletine Hydrochloride USP) cap 150 mg and 250 mg – price increase
- Moclobemide (Apo-Moclobemide) tab 150 mg and 300 mg – price increase and addition of HSS
- Morphine hydrochloride (RA-Morph) oral liq 1 mg per ml – addition of HSS
- Morphine hydrochloride (RA-Morph) oral liq 2 mg per ml, 5 mg per ml and 10 mg per ml – price increase and addition of HSS
- Nadolol (Apo-Nadolol) tab 40 mg and 80 mg – price increase and addition of HSS
- Nicotine (e.g. Nicorette QuickMist Mouth Spray) oral spray 1 mg per dose – new listing

Summary of decisions – effective 1 August 2015 (continued)

- Norethisterone (Noriday 28) tab 350 mcg – new listing and addition of HSS
- Oxycodone hydrochloride (OxyNorm) cap immediate-release 5 mg, 10 mg and 20 mg – price decrease and addition of HSS
- Pancreatic enzyme cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease (Creon 10000) and cap EC 25,000 BP u lipase, 18,000 BP u amylase and 1,000 BP u protease (Creon 25000) – new listing and addition of HSS
- Paracetamol (Paragesic Soluble) tab soluble 500 mg – new listing and addition of HSS
- Phenytoin sodium (Hospira) inj 50 mg per ml, 2 ml and 5 ml ampoule – new listing and addition of HSS
- Potassium dihydrogen phosphate (Hospira) inj 1 mmol per ml, 10 ml ampoule – new listing and addition of HSS
- Quinapril with hydrochlorothiazide tab 10 mg with hydrochlorothiazide 12.5 mg (Accuretic 10) and 20 mg with hydrochlorothiazide 12.5 mg (Accuretic 20) – price increase and addition of HSS
- Sodium dihydrogen phosphate [sodium acid phosphate] (Biomed) inj 1 mmol per ml, 20 ml ampoule – new listing and addition of HSS
- Tacrolimus (Tacrolimus Sandoz) cap 0.5 mg, 1mg and 5 mg – amended restriction
- Trimethoprim (TMP) tab 300 mg – price increase and addition of HSS
- Zoledronic acid (Aclasta) inj 5 mg per 100 ml, vial – amended restriction

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

Section H changes to Part II

Effective 1 August 2015

ALIMENTARY TRACT AND METABOLISM

14	HYDROCORTISONE ACETATE (amended presentation, ↑ price and addition of HSS)			
	Rectal foam 10%, **CFC free** (14 applications)			
	– **1% DV Oct-15 to 2018**	26.55	21.1 g	**Colifoam**
16	ACARBOSE			
	Tab 50 mg – **1% DV Oct-15 to 2018**	4.28	90	**Glucobay**
	Tab 100 mg – **1% DV Oct-15 to 2018**	7.78	90	**Glucobay**
	Note – Accarb tab 50 mg and 100 mg to be from delisted 1 October 2015.			
18	PANCREATIC ENZYME			
	Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease – **1% DV Oct-15 to 2018**	34.93	100	**Creon 10000**
	Cap EC 25,000 BP u lipase, 18,000 BP u amylase and 1,000 BP u protease – **1% DV Oct-15 to 2018**	94.38	100	**Creon 25000**
20	BISACODYL (↑ price and addition of HSS)			
	Tab 5 mg – **1% DV Oct-15 to 2018**	5.99	200	**Lax-Tabs**

BLOOD AND BLOOD FORMING ORGANS

28	FOLIC ACID			
	Tab 0.8 mg – **1% DV Oct-15 to 2018**	20.60	1,000	**Apo-Folic Acid**
	Tab 5 mg – **1% DV Oct-15 to 2018**	10.92	500	**Apo-Folic Acid**
35	POTASSIUM DIHYDROGEN PHOSPHATE			
	Inj 1 mmol per ml, 10 ml ampoule			
	– **1% DV Oct-15 to 2018**	151.80	10	**Hospira**
35	SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]			
	Inj 1 mmol per ml, 20 ml ampoule			
	– **1% DV Oct-15 to 2018**	47.50	5	**Biomed**

CARDIOVASCULAR SYSTEM

37	QUINAPRIL WITH HYDROCHLOROTHIAZIDE (↑ price and addition of HSS)			
	Tab 10 mg with hydrochlorothiazide 12.5 mg			
	– **1% DV Oct-15 to 2018**	3.65	30	**Accuretic 10**
	Tab 20 mg with hydrochlorothiazide 12.5 mg			
	– **1% DV Oct-15 to 2018**	4.78	30	**Accuretic 20**
39	MEXILETINE HYDROCHLORIDE (↑ price)			
	Cap 150 mg	162.00	100	Mexiletine Hydrochloride USP
	Cap 250 mg	202.00	100	Mexiletine Hydrochloride USP

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

Changes to Section H Part II – effective 1 August 2015 (continued)

40	NADOLOL (↑ price and addition of HSS)			
	Tab 40 mg – **1% DV Oct-15 to 2018**	16.05	100	**Apo-Nadolol**
	Tab 80 mg – **1% DV Oct-15 to 2018**	24.70	100	**Apo-Nadolol**
43	BEZAFIBRATE (addition of HSS)			
	Tab 200 mg – **1% DV Oct-15 to 2018** (↓ price)	9.05	90	**Bezalip**
	Tab long-acting 400 mg – **1% DV Oct-15 to 2018** (↑ price)	6.78	30	**Bezalip Retard**
46	ALPROSTADIL HYDROCHLORIDE (↑ price and addition of HSS)			
	Inj 500 mcg per ml, 1 ml ampoule			
	– **1% DV Oct-15 to 2018**	1,650.00	5	**Prostin VR**
47	BOSENTAN			
	➔ Tab 62.5 mg – **1% DV Jan-16 to 2018**	375.00	56	**Mylan-Bosentan**
	➔ Tab 125 mg – **1% DV Jan-16 to 2018**	375.00	56	**Mylan-Bosentan**
	Note – Pms-Bosentan and Tracleer tab 62.5 mg and 125 mg to be delisted from 1 January 2016.			

DERMATOLOGICALS

49	LINDANE [GAMMA BENZENE HEXACHLORIDE]			
	Crm 1%			
	Note – Lindane [gamma benzene hexachloride cream 1% to be delisted from 1 January 2016.			

GENITO-URINARY SYSTEM

56	NORETHISTERONE			
	Tab 350 mcg – **1% DV Oct-15 to 2018**	6.25	84	**Noriday 28**

HORMONE PREPARATIONS

59	CYPROTERONE ACETATE			
	Tab 50 mg – **1% DV Oct-15 to 2018**	15.87	50	**Procur**
	Tab 100 mg – **1% DV Oct-15 to 2018**	30.40	50	**Procur**
	Note – Siterone tab 50 mg and 100 mg to be delisted from 1 October 2015.			
60	METHYLPREDNISOLONE (AS SODIUM SUCCINATE) (↑ price and addition of HSS)			
	Tab 4 mg – **1% DV Oct-15 to 2018**	80.00	100	**Medrol**
	Tab 100 mg – **1% DV Oct-15 to 2018**	180.00	20	**Medrol**
	Inj 40 mg vial – **1% DV Oct-15 to 2018**	10.50	1	**Solu-Medrol**
	Inj 125 mg vial – **1% DV Oct-15 to 2018**	22.25	1	**Solu-Medrol**
60	METHYLPREDNISOLONE (AS SODIUM SUCCINATE) (↓ price and addition of HSS)			
	Inj 500 mg vial – **1% DV Oct-15 to 2018**	9.00	1	**Solu-Medrol**
	Inj 1 g vial – **1% DV Oct-15 to 2018**	16.00	1	**Solu-Medrol**
60	METHYLPREDNISOLONE ACETATE (↑ price and addition of HSS)			
	Inj 40 mg per ml, 1 ml vial – **1% DV Oct-15 to 2018**	40.00	5	**Depo-Medrol**

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

Changes to Section H Part II – effective 1 August 2015 (continued)

60 METHYLPREDNISOLONE ACETATE WITH **LIDOCAINE [**LIGNOCAINE**]** (amended chemical and presentation descriptions, ↑ price and addition of HSS)

Inj 40 mg with **lidocaine [**lignocaine**]** ~~10 mg per ml~~,

1 ml vial – **1% DV Oct-15 to 2018** ..... 9.25 | 1 | **Depo-Medrol with Lidocaine**

INFECTIONS

70 CEFEPIME

➔ Inj 1 g vial – **1% DV Oct-15 to 2018** ..... 3.95 | 1 | **Cefepime-AFT**

➔ Inj 2 g vial – **1% DV Oct-15 to 2018** ..... 6.92 | 1 | **Cefepime-AFT**

Note – DBL Cefepime inj 1 g and 2 g vials to be delisted from 1 October 2015.

71 AZITHROMYCIN (amended presentation description, ↑ price and addition of HSS)

➔ **Grans for oral liq 200 mg per 5 ml** ~~Oral liq~~ **(**40 mg per ml**)**

– **1% DV Oct-15 to 2018** ..... 12.50 | 15 ml | **Zithromax**

75 TRIMETHOPRIM (↑ price and addition of HSS)

Tab 300 mg – **1% DV Oct-15 to 2018** ..... 15.00 | 50 | **TMP**

MUSCULOSKELETAL SYSTEM

94 ZOLEDRONIC ACID (amended restriction)

➔ Inj 5 mg per 100 ml, vial ..... 600.00 | 100 ml | Aclasta

Restricted

Inherited bone fragility disorders

Patient has been diagnosed with an inherited bone fragility disorder (e.g. osteogenesis imperfecta).

Osteoporosis

Both:

1 Any of the following:

1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or

1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons.
It is unlikely that this provision would apply to many patients under 75 years of age; or

1.3 History of two significant osteoporotic fractures demonstrated radiologically; or

1.4 Documented T-Score ≥ -3.0 (see Note); or

1.5 A 10-year risk of hip fracture ≥ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or

1.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) or raloxifene; and

2 The patient will not be prescribed more than **5 mg of zoledronic acid** ~~one infusion~~ in a 12-month period.

Initiation - glucocorticosteroid therapy

Re-assessment required after 12 months

All of the following:

1 The patient is receiving systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and

2 Any of the following:

continued...

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

Changes to Section H Part II – effective 1 August 2015 (continued)

continued...

2.1 The patient has documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (see Note); or
2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
2.3 The patient has had a Special Authority approval for alendronate (Underlying cause - glucocorticosteroid therapy) or raloxifene; and

3 The patient will not be prescribed more than **5 mg of zoledronic acid** ~~one infusion~~ in the 12-month approval period.

Continuation - glucocorticosteroid therapy
Re-assessment required after 12 months
Both:

1 The patient is continuing systemic glucocorticosteriod therapy (≥ 5 mg per day prednisone equivalents); and
2 The patient will not be prescribed more than **5 mg of zoledronic acid** ~~one infusion~~ in the 12-month approval period.

Initiation - Paget's disease
Re-assessment required after 12 months
All of the following:

1 Paget's disease; and
2 Any of the following:
2.1 Bone or articular pain; or
2.2 Bone deformity; or
2.3 Bone, articular or neurological complications; or
2.4 Asymptomatic disease, but risk of complications; or
2.5 Preparation for orthopaedic surgery; and
3 The patient will not be prescribed more than **5 mg of zoledronic acid** ~~one infusion~~ in the 12-month approval period.

Continuation - Paget's disease
Re-assessment required after 12 months
Both:

1 Any of the following:
1.1 The patient has relapsed (based on increases in serum alkaline phosphatase); or
1.2 The patient's serum alkaline phosphatase has not normalised following previous treatment with zoledronic acid; or
1.3 Symptomatic disease (prescriber determined); and
2 The patient will not be prescribed more than **5 mg of zoledronic acid** ~~one infusion~~ in the 12-month approval period.

Notes:

1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.
3 Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

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

Changes to Section H Part II – effective 1 August 2015 (continued)

97 BENZBROMARONE (amended restriction)

➔ Tab 100 mg	45.00	100	Benzbromaron AL 100

Restricted

All of the following ~~Both:~~

1 **Patient has been diagnosed with gout; and**

2 Any of the following:

2~~1~~.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and ~~appropriate doses of~~ **addition of** probenecid **at doses of up to 2 g per day or maximum tolerated dose;** or

2~~1~~.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite ~~appropriate doses of~~ **use of** probenecid **at doses of up to 2 g per day or maximum tolerated dose;** or

2~~1~~.3 Both:

2~~1~~.3.1 The patient has renal impairment **such that probenecid is contraindicated or likely to be ineffective** and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Notes); and

2~~1~~.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or

2~~1~~.4 All of the following:

2~~1~~.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and

2~~1~~.4.2 Allopurinol is contraindicated; and

2~~1~~.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and

3~~2~~ The patient is receiving monthly liver function tests.

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity. **In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective.** Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

The New Zealand Rheumatology Association has developed information for prescribers which can be accessed from its website at

~~http://www.rheumatology.org.nz/benzbromarone_prescriber_information.cfm~~

www.rheumatology.org.nz/downloads/Benzbromarone-prescriber-information-NZRA-V2.pdf

98 FEBUXOSTAT (amended restriction)

➔ Tab 80 mg	39.50	28	Adenuric
➔ Tab 120 mg	39.50	28	Adenuric

Restricted

Both:

1 Patient has been diagnosed with gout; and

2 Any of the following:

2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and ~~appropriate doses of~~ **addition of** probenecid **at doses of up to 2 g per day or maximum tolerated dose;** or

2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite ~~appropriate doses of~~ **use of** probenecid **at doses of up to 2 g per day or maximum tolerated dose;** or

2.3 ~~Both:~~

~~3.1~~ The patient has renal impairment **such that probenecid is contraindicated or likely to be ineffective** and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note)~~; and~~

continued...

Changes to Section H Part II – effective 1 August 2015 (continued)

continued...

~~3.2 The patient has a rate of creatinine clearance greater than or equal to 30 ml/min.~~

Note: **In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. The efficacy and safety of febuxostat have not been fully evaluated in patients with severe renal impairment (creatinine clearance less than 30 ml/minute). No dosage adjustment of febuxostat is necessary in patients with mild or moderate renal impairment.** Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

NERVOUS SYSTEM

105	LIDOCAINE [LIGNOCAINE]			
	Crm 4%	27.00	30 g	LMX4
	Crm 4% (5 g tubes)	27.00	5	LMX4
107	PARACETAMOL			
	Tab soluble 500 mg – **1% DV Oct-15 to 2017**	1.60	20	**Paragesic Soluble**
108	MORPHINE HYDROCHLORIDE (addition of HSS)			
	Oral liq 1 mg per ml – **1% DV Oct-15 to 2018**	8.84	200 ml	**RA-Morph**
108	MORPHINE HYDROCHLORIDE (↑ price and addition of HSS)			
	Oral liq 2 mg per ml – **1% DV Oct-15 to 2018**	14.00	200 ml	**RA-Morph**
	Oral liq 5 mg per ml – **1% DV Oct-15 to 2018**	18.00	200 ml	**RA-Morph**
	Oral liq 10 mg per ml – **1% DV Oct-15 to 2018**	26.00	200 ml	**RA-Morph**
110	OXYCODONE HYDROCHLORIDE (↓ price and addition of HSS)			
	Cap immediate-release 5 mg – **1% DV Oct-15 to 2018**	1.98	20	**OxyNorm**
	Cap immediate-release 10 mg – **1% DV Oct-15 to 2018**	3.91	20	**OxyNorm**
	Cap immediate-release 20 mg – **1% DV Oct-15 to 2018**	6.84	20	**OxyNorm**
111	MOCLOBEMIDE (↑ price and addition of HSS)			
	Tab 150 mg – **1% DV Oct-15 to 2018**	85.10	500	**Apo-Moclobemide**
	Tab 300 mg – **1% DV Oct-15 to 2018**	30.70	100	**Apo-Moclobemide**
113	PHENYTOIN SODIUM			
	Inj 50 mg per ml, 2 ml ampoule – **1% DV Oct-15 to 2018**	88.63	5	**Hospira**
	Inj 50 mg per ml, 5 ml ampoule – **1% DV Oct-15 to 2018**	133.92	5	**Hospira**
118	ARIPIPRAZOLE (amended restriction)			
	➔ Tab 10 mg	123.54	30	Abilify
	➔ Tab 15 mg	175.28	30	Abilify
	➔ Tab 20 mg	213.42	30	Abilify
	➔ Tab 30 mg	260.07	30	Abilify

Restricted

Initiation – schizophrenia or related psychoses

Both:

1 Patient is suffering from schizophrenia or related psychoses; and

2 Either:

2.1 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of unacceptable side effects; or

continued...

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

Changes to Section H Part II – effective 1 August 2015 (continued)

continued...

2.2 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of inadequate clinical response.

Initiation – Autism spectrum disorder*
Psychiatrist or paediatrician
All of the following:
1 The patient has been diagnosed with an autism spectrum disorder* and has symptoms of severe irritability; and
2 An effective dose of risperidone has been trialled and has been discontinued because of unacceptable side effects or inadequate response; and
3 The patient is aged less than 18 years.

Note: Indications marked with * are Unapproved Indications

127 NICOTINE (new listing)
➔ Oral spray 1 mg per dose — e.g. *Nicorette QuickMist Mouth Spray*

Restricted
Any of the following:
1 For perioperative use in patients who have a 'nil by mouth' instruction; or
2 For use within mental health inpatient units; or
3 For acute use in agitated patients who are unable to leave the hospital facilities.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

128	BLEOMYCIN SULPHATE			
	Inj 15,000 iu (10 mg) vial – **1% DV Oct-15 to 2018**	150.48	1	**DBL Bleomycin Sulfate**
128	CYCLOPHOSPHAMIDE (addition of HSS)			
	Inj 1 g vial – **1% DV Oct-15 to 2018**	35.03	1	**Endoxan**
	Inj 2 g vial – **1% DV Oct-15 to 2018**	70.06	1	**Endoxan**
128	DACTINOMYCIN [ACTINOMYCIN D]			
	Inj 0.5 mg vial	145.00	1	Cosmegen
130	FLUOROURACIL (↑ price and addition of HSS)			
	Inj 50 mg per ml, 20 ml vial – **1% DV Oct-15 to 2018**	10.00	1	**Fluorouracil Ebewe**
130	FLUOROURACIL (↓ price and addition of HSS)			
	Inj 50 mg per ml, 50 ml vial – **1% DV Oct-15 to 2018**	17.00	1	**Fluorouracil Ebewe**
	Inj 50 mg per ml, 100 ml vial – **1% DV Oct-15 to 2018**	30.00	1	**Fluorouracil Ebewe**
130	FLUOROURACIL (delist)			
	Inj 25 mg per ml, 100 ml vial	13.55	1	Hospira
	Inj 50 mg per ml, 10 ml vial	26.25	5	Fluorouracil Ebewe
	Note – Hospira inj 25 mg per ml, 100 ml vial and Fluorouracil Ebewe inj 50 mg per ml, 10 ml vial to be delisted from 1 October 2015.			
139	MEGESTROL ACETATE (↑ price and addition of HSS)			
	Tab 160 mg – **1% DV Oct-15 to 2018**	54.30	30	**Apo-Megestrol**

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

Changes to Section H Part II – effective 1 August 2015 (continued)

141 TACROLIMUS (amended restriction)

➔ Cap 0.5 mg – **1% DV Nov-14 to 31 Oct 2018**	85.60	100	**Tacrolimus Sandoz**
➔ Cap 1 mg – **1% DV Nov-14 to 31 Oct 2018**	171.20	100	**Tacrolimus Sandoz**
➔ Cap 5 mg – **1% DV Nov-14 to 31 Oct 2018**	428.00	50	**Tacrolimus Sandoz**

➔ Inj 5 mg per ml, 1 ml ampoule

Restricted

Initiation – organ transplant recipients

For use in organ transplant recipients

Initiation – Steroid-resistant nephrotic syndrome*

Either:

1 The patient is a child with steroid-resistant nephrotic syndrome* (SRNS) where ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; or

2 All of the following:

2.1 The patient is an adult with SRNS; and

2.2 Ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; and

2.3 Cyclophosphamide or mycophenolate have been trialled and discontinued because of unacceptable side effects or inadequate clinical response, or these treatments are contraindicated.

Note: Indications marked with * are Unapproved Indications

RESPIRATORY SYSTEM AND ALLERGIES

171 BEE VENOM

➔ Inj 120 mcg vial with diluent, 6 vial

Note – Bee venom inj 120 mcg vial with diluent, 6 vial to be delisted from 1 October 2015.

VACCINES

209 DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE (amended restriction)

➔ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe – **1% DV Jul-14 to 2017**	0.00	1	**Boostrix**
		10	**Boostrix**

Restricted

Funded for any of the following:

1 A single vaccine for pregnant woman between gestational weeks 28 and 38 ~~during epidemics~~; or

2 A course of up to four vaccines is funded for children from age 7 up the age of 18 years inclusive to complete full primary immunisation; or

3 An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens

Note: Tdap is not registered for patients aged less than 10 years. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

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

Changes to Section H Part II – effective 1 August 2015 (continued)

212 INFLUENZA VACCINE

➔ Inj 45 mcg in 0.5 ml syringe ..... 90.00 10 Fluarix
Influvac

Restricted

Any of the following:

1 All people 65 years of age and over; or

2 People under 65 years of age who:

2.1 Have any of the following cardiovascular diseases:

2.1.1 Ischaemic heart disease; or

2.1.2 Congestive heart failure; or

2.1.3 Rheumatic heart disease; or

2.1.4 Congenital heart disease; or

2.1.5 Cerebro-vascular disease; or

2.2 Have any of the following chronic respiratory diseases:

2.2.1 Asthma, if on a regular preventative therapy; or

2.2.2 Other chronic respiratory disease with impaired lung function; or

2.3 Have diabetes; or

2.4 Have chronic renal disease; or

2.5 Have any cancer, excluding basal and squamous skin cancers if not invasive; or

2.6 Have any of the following other conditions:

2.6.1 Autoimmune disease; or

2.6.2 Immune suppression or immune deficiency; or

2.6.3 HIV; or

2.6.4 Transplant recipients; or

2.6.5 Neuromuscular and CNS diseases/ disorders; or

2.6.6 Haemoglobinopathies; or

2.6.7 Are children on long term aspirin; or

2.6.8 Have a cochlear implant; or

2.6.9 Errors of metabolism at risk of major metabolic **decompensation** ~~decomposition~~; or

2.6.10 Pre and post splenectomy; or

2.6.11 Down syndrome; or

2.7 Are pregnant, or

2.8 Are children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness: or

3 Patients who are compulsorily detained long-term in a forensic unit within a DHB hospital in the 2015 season.

Note: The following conditions are excluded from funding:

- asthma not requiring regular preventative therapy; and
- hypertension and/or dyslipidaemia without evidence of end-organ disease.

Index
Pharmaceuticals and brands

Hospital Medicines List queries:
Email: HML@pharmac.govt.nz
www.pharmac.health.nz/medicines/hospital-pharmaceuticals

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz
Email: enquiry@pharmac.govt.nz

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