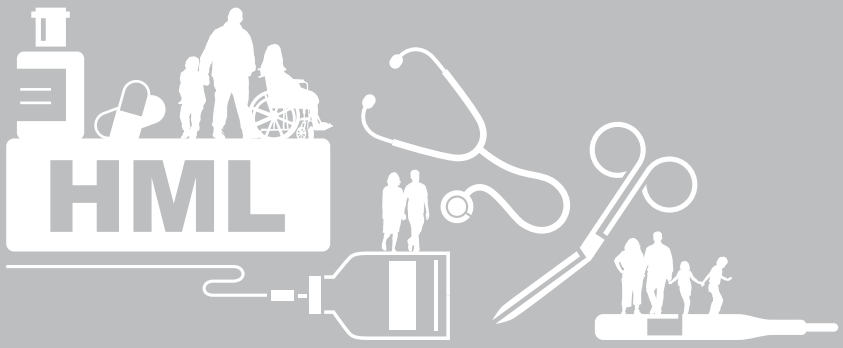
The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update effective 1 September 2015

Cumulative for August and September 2015



PHARMAC
Pharmaceutical Management Agency

Contents

Summary of decisions
EFFECTIVE 1 SEPTEMBER 2015

- Calcium folinate (DBL Leucovorin Calcium) tab 15 mg – price increase
- Cetomacrogol (healthE) crm BP, 500 g – new listing and addition of HSS
- Cetomacrogol (Pharmacy Health) crm BP, 500 g – to be delisted 1 November 2015
- Cisplatin (DBL Cisplatin) inj 1 mg per ml, 50 ml and 100 ml vial – new listing and addition of HSS
- Cisplatin (Cisplatin Ebewe) inj 1 mg per ml, 50 ml and 100 ml vial – to be delisted 1 November 2015
- Dantrolene (Dantrium IV) inj 20 mg vial – new listing
- Dimethicone (healthE Dimethicone 10%) crm 10% pump bottle, 500 ml – new listing and addition of HSS
- Epirubicin hydrochloride (Epirubicin Ebewe) inj 2 mg per ml, 25 ml, 50 ml and 100 ml vial – new listing and addition of HSS
- Epirubicin hydrochloride (DBL Epirubicin) inj 2 mg per ml, 25 ml, 50 ml and 100 ml vial – to be delisted 1 November 2015
- Epoprostenol (Veletri) inj 0.5 mg and 1.5 mg vial – new listing
- Eptacog alfa [recombinant factor VIIA] (NovoSeven RT) inj 1 mg, 2 mg, 5 mg and 8 mg syringe – amended restriction
- Factor eight inhibitors bypassing fraction (FEIBA) inj 500 U and 1,000 U – amended chemical name and restriction, and price decrease
- Finasteride (Finpro) tab 5 mg – pack size change 30 tab pack
- Heparin sodium inj 1,000 iu per ml, 35 ml vial – amended presentation
- Hydrogen peroxide (Pharmacy Health) soln 3% (10 vol), 100 ml – new listing and addition of HSS
- Idarubicin hydrochloride (Zavedos) inj 5 mg and 10 mg vial – price increase and addition of HSS
- Isotretinoin cap 10 mg (Isotane 10) and 20 mg (Isotane 20) – new listing and addition of HSS
- Isotretinoin (Oratane) cap 10 mg and 20 mg – to be delisted 1 November 2015
- Metformin (Metchek) tab immediate-release 500 mg – new listing and addition of HSS
- Metformin (Apotex) tab immediate-release 500 mg – to be delisted 1 November 2015
- Mirtazapine (Apo-Mirtazapine) tab 30 mg and 45 mg – new listing and addition of HSS

Summary of decisions – effective 1 September 2015 (continued)

- Mirtazapine (Avanza) tab 30 mg and 45 mg – to be delisted 1 November 2015
- Mometasone furoate crm 0.1%, 15 g and 50 g (Elocon Alcohol Free), and oint 0.1%, 15 g and 50 g (Elocon) – new listing and addition of HSS
- Mometasone furoate (m-Mometasone) crm 0.1% and oint 0.1%, 15 g and 45 g – to be delisted 1 November 2015
- Moroctocog alfa [recombinant factor VIII] (Xyntha) inj 250 iu, 500 iu, 1,000 iu, 2,000 iu and 3,000 iu prefilled syringe – amended presentation description and price decrease
- Nevirapine (Nevirapine Alphapharm) tab 200 mg – price decrease and addition of HSS
- Nonacog alfa [recombinant factor IX] (BeneFIX) inj 250 iu, 500 iu, 1,000 iu and 2,000 iu vial – amended restriction
- Octocog alfa [recombinant factor VIII] (Kogenate FS) inj 250 iu, 500 iu, 1,000 iu, 2,000 iu and 3,000 iu vial – price decrease
- Octocog alfa [recombinant factor VIII] (Advate) inj 250 iu, 500 iu, 1,000 iu, 1,500 iu, 2,000 iu and 3,000 iu vial – price increase
- Oxytocin (Oxytocin BNM) inj 5 iu per ml, 1 ml ampoule – price decrease and addition of HSS
- Oxytocin (Oxytocin BNM) inj 10 iu per ml, 1 ml ampoule – amended brand name, price decrease and addition of HSS
- Paracetamol (Paracare) suppos 500 mg – price decrease and addition of HSS
- Pethidine hydrochloride (PSM) tab 50 mg and 100 mg – price increase and addition of HSS
- Piperacillin with tazobactam (Hospira) inj 4 g with tazobactam 0.5 g vial – new listing
- Piperacillin with tazobactam (Tazocin EF) inj 4 g with tazobactam 0.5 g vial – to be delisted 1 September 2015
- Propofol (Diprivan) inj 10 mg per ml, 100 ml vial – to be delisted 1 November 2015
- Thiotepa inj 100 mg vial – new listing
- Ticagrelor (Brilinta) tab 90 mg – amended restriction
- Tobramycin (DBL Tobramycin) inj 40 mg per ml, 2 ml vial – price increase
- Ziprasidone inj 20 mg and 100 mg – to be delisted 1 March 2016
- Zuclopenthixol decanoate (e.g. Clopixol Conc) inj 500 mg per ml, 1 ml ampoule – new listing

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

Section H changes to Part II

Effective 1 September 2015

ALIMENTARY TRACT AND METABOLISM

18 METFORMIN

Tab immediate-release 500 mg – **1% DV Nov-15 to 2018**..... 9.59 1,000 **Metchek**

Note – Apotex metformin tab immediate-release 500 mg to be delisted from 1 November 2015.

BLOOD AND BLOOD FORMING ORGANS

29 EPTACOG ALFA [RECOMBINANT FACTOR VIIA] (amended restriction)

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

Restricted

When used in the treatment of haemophilia, **access to funded** treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

29 FACTOR EIGHT INHIBITORS BYPASSING **FRACTION** ~~AGENT~~ (amended chemical name and restriction, and ↓ price)

➔ Inj 500 U ..... 1,450.00 1 FEIBA
➔ Inj 1,000 U ..... 2,900.00 1 FEIBA

Restricted

When used in the treatment of haemophilia, **access to funded** treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

29 MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] (amended presentation description and ↓ price)

➔ Inj 250 iu **prefilled syringe** ~~vial~~ ..... 210.00 1 Xyntha
➔ Inj 500 iu **prefilled syringe** ~~vial~~ ..... 420.00 1 Xyntha
➔ Inj 1,000 iu **prefilled syringe** ~~vial~~ ..... 840.00 1 Xyntha
➔ Inj 2,000 iu **prefilled syringe** ~~vial~~ ..... 1,680.00 1 Xyntha
➔ Inj 3,000 iu **prefilled syringe** ~~vial~~ ..... 2,520.00 1 Xyntha

29 NONACOG ALFA [RECOMBINANT FACTOR IX] (amended restriction)

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

Restricted

When used in the treatment of haemophilia, **access to funded** treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

29 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (↓ price)

➔ Inj 250 iu vial ..... 237.50 1 Kogenate FS
➔ Inj 500 iu vial ..... 475.00 1 Kogenate FS
➔ Inj 1,000 iu vial ..... 950.00 1 Kogenate FS
➔ Inj 2,000 iu vial ..... 1,900.00 1 Kogenate FS
➔ Inj 3,000 iu vial ..... 2,850.00 1 Kogenate FS

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

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

29 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (↑ price)

➔ Inj 250 iu vial	287.50	1	Advate
➔ Inj 500 iu vial	575.00	1	Advate
➔ Inj 1,000 iu vial	1,150.00	1	Advate
➔ Inj 1,500 iu vial	1,725.00	1	Advate
➔ Inj 2,000 iu vial	2,300.00	1	Advate
➔ Inj 3,000 iu vial	3,450.00	1	Advate

31 HEPARIN SODIUM (amended presentation description)

Inj 1,000 iu per ml, 35 ml **vial** ~~ampoule~~

32 TICAGRELOR (amended restriction)

➔ Tab 90 mg	90.00	56	Brilinta

Restricted

Restricted to treatment of acute coronary syndromes specifically for patients who have recently **(within the last 60 days)** been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome, and in whom fibrinolytic therapy has not been given in the last 24 hours and is not planned.

CARDIOVASCULAR SYSTEM

48 EPOPROSTENOL (new listing)

➔ Inj 0.5 mg vial	36.61	1	Veletri
➔ Inj 1.5 mg vial	73.21	1	Veletri

Restricted

For use as a bridge to transplant for patients with Pulmonary Arterial Hypertension who are on the active waiting list for lung transplantation.

DERMATOLOGICALS

49 HYDROGEN PEROXIDE

Soln 3% (10 vol) – **1% DV Nov-15 to 2018**	1.40	100 ml	**Pharmacy Health**

50 DIMETHICONE

Crm 10% pump bottle – **1% DV Nov-15 to 2018**	4.90	500 ml	**healthE Dimethicone 10%**

50 ISOTRETINOIN

Cap 10 mg – **1% DV Nov-15 to 2018**	12.47	100	**Isotane 10**
Cap 20 mg – **1% DV Nov-15 to 2018**	19.27	100	**Isotane 20**

Note – Oratane cap 10 mg and 20 mg to be delisted from 1 November 2015.

51 CETOMACROGOL

Crm BP, 500 g – **1% DV Nov-15 to 2018**	2.74	500 g	**healthE**

Note – Pharmacy Health cetomacrogol crm BP, 500 g to be delisted from 1 November 2015.

52 MOMETASONE FUROATE

Crm 0.1% – **1% DV Nov-15 to 2018**	1.51	15 g	**Elocon Alcohol Free**
	2.90	50 g	**Elocon Alcohol Free**
Oint 0.1% – **1% DV Nov-15 to 2018**	1.51	15 g	**Elocon**
	2.90	50 g	**Elocon**

Note – m-Mometasone crm 0.1% and oint 0.1%, 15 g and 45 g, to be delisted from 1 November 2015.

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

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

GENITO-URINARY SYSTEM

57 FINASTERIDE (pack size change)
➔ Tab 5 mg – **1% DV Dec-14 to 2017** ..... 2.08 30 **Finpro**
Note – The pack size has changed from 28 to 30 tab. The 28 tab pack will be delisted from 1 November 2015.

57 OXYTOCIN (↓ price and addition of HSS)
Inj 5 iu per ml, 1 ml ampoule – **1% DV Nov-15 to 2018** ..... 4.03 5 **Oxytocin BNM**
Inj 10 iu per ml, 1 ml ampoule – **1% DV Nov-15 to 2018** (amended brand name)..... 5.03 5 **Oxytocin BNM** ~~BNM~~

INFECTIONS

69 TOBRAMYCIN (↑ price)
➔ Inj 40 mg per ml, 2 ml vial ..... 38.00 5 DBL Tobramycin

72 PIPERACILLIN WITH TAZOBACTAM (new listing)
➔ Inj 4 g with tazobactam 0.5 g vial ..... 5.84 1 Hospira

72 PIPERACILLIN WITH TAZOBACTAM (delisting)
➔ Inj 4 g with tazobactam 0.5 g vial
– **1% DV Oct-13 to 31/8/15** ~~2016~~..... 5.84 1 Tazocin EF
Note – Tazocin EF inj 4 g with tazobactam 0.5 g vial to be delisted from 1 September 2015.

82 NEVIRAPINE (↓ price and addition of HSS)
➔ Tab 200 mg – **1% DV Nov-15 to 2018**..... 65.00 60 **Nevirapine Alphapharm**

MUSCULOSKELETAL SYSTEM

98 DANTROLENE (new listing)
Inj 20 mg vial ..... 800.00 6 Dantrium IV
~~*e.g. Dantrium IV*~~

NERVOUS SYSTEM

104 PROPOFOL (delisting)
Inj 10 mg per ml, 100 ml vial ..... 30.00 1 Diprivan
Note – Diprivan inj 10 mg per ml, 100 ml vial to be delisted from 1 November 2015.

107 PARACETAMOL (↓ price and addition of HSS)
Suppos 500 mg – **1% DV Nov-15 to 2018**..... 12.60 50 **Paracare**

110 PETHIDINE HYDROCHLORIDE (↑ price and addition of HSS)
Tab 50 mg – **1% DV Nov-15 to 2018** ..... 4.46 10 **PSM**
Tab 100 mg – **1% DV Nov-15 to 2018** ..... 6.25 10 **PSM**

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

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

111 MIRTAZAPINE
- ➔ Tab 30 mg – **1% DV Nov-15 to 2018** ..... 2.55 — 30 — **Apo-Mirtazapine**
- ➔ Tab 45 mg – **1% DV Nov-15 to 2018** ..... 3.25 — 30 — **Apo-Mirtazapine**

Note – Avanza tab 30 mg and 45 mg to be delisted from 1 November 2015.

120 ZIPRASIDONE
- Inj 20 mg
- Inj 100 mg

Note – Ziprasidone inj 20 mg and 100 mg to be delisted from 1 March 2016.

122 ZUCLOPENTHIXOL DECANOATE (new listing)
- Inj 500 mg per ml, 1 ml ampoule — *e.g. Clopixol Conc*

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

128 THIOTEPA (new listing)
- Inj 100 mg vial

129 EPIRUBICIN HYDROCHLORIDE
- Inj 2 mg per ml, 25 ml vial – **1% DV Nov-15 to 2018** ..... 30.00 — 1 — **Epirubicin Ebewe**
- Inj 2 mg per ml, 50 ml vial – **1% DV Nov-15 to 2018** ..... 32.50 — 1 — **Epirubicin Ebewe**
- Inj 2 mg per ml, 100 ml vial – **1% DV Nov-15 to 2018** ..... 65.00 — 1 — **Epirubicin Ebewe**

Note – DBL Epirubicin Hydrochloride inj 2 mg per ml, 25 ml, 50 ml and 100 ml vials to be delisted from 1 November 2015.

129 IDARUBICIN HYDROCHLORIDE (↑ price and addition of HSS)
- Inj 5 mg vial – **1% DV Nov-15 to 2018** ..... 125.00 — 1 — **Zavedos**
- Inj 10 mg vial – **1% DV Nov-15 to 2018** ..... 250.00 — 1 — **Zavedos**

133 CISPLATIN
- Inj 1 mg per ml, 50 ml vial – **1% DV Nov-15 to 2018** ..... 12.29 — 1 — **DBL Cisplatin**
- Inj 1 mg per ml, 100 ml vial – **1% DV Nov-15 to 2018** ..... 22.46 — 1 — **DBL Cisplatin**

Note – Cisplatin Ebewe inj 1 mg per ml, 50 ml and 100 ml vials to be delisted from 1 November 2015.

138 CALCIUM FOLINATE (↑ price)
- Tab 15 mg ..... 104.26 — 10 — DBL Leucovorin Calcium

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.

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer
Changes to Section H Part II – effective 1 August 2015 (continued)				
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
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**

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

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

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**

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.

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

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

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:
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.

continued...

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

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

continued...

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 $\leq$ -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.

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:

continued...

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

continued...

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~~

~~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.

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

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

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

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

continued...

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

continued...

3 The patient is aged less than 18 years.

Note: Indications marked with * are Unapproved Indications

120 QUETIAPINE

Tab 25 mg – **1% DV Sep-14 to 2017** ..... 2.10 90 **Quetapel**

Tab 300 mg – **1% DV Sep-14 to 2017** ..... 12.00 90 **Quetapel**

Note – These are listing for new Pharmacodes, 2476266 and 2476274. The old Pharmacodes will be delisted from 1 February 2016.

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.

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Pharmaceuticals and brands

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Pharmaceuticals and brands

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

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand
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