

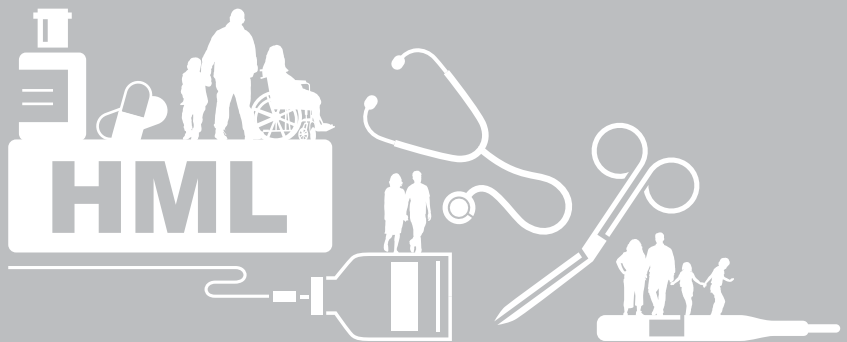
The Hospital Medicines List (HML)

Section H

for Hospital
Pharmaceuticals

Update effective 1 October 2015

Cumulative for August, September, and October 2015



Contents

Summary of decisions effective 1 October 2015	3
Section H changes to Part II	5
Index	22

Summary of decisions

EFFECTIVE 1 OCTOBER 2015

- Aluminium chloride (e.g. Driclor) topical soln 20% w/v – new listing
- Aripiprazole (Abilify) tab 5 mg – new listing
- Bisacodyl (Dulcolax) suppos 5 mg – to be delisted 1 December 2015
- Bupivacaine hydrochloride (Marcain) inj 5 mg per ml, 10 ml ampoule sterile pack – Pharmacode change
- Calamine (Pharmacy Health) crm, aqueous, BP 100 g – price decrease and addition of HSS
- Calamine (PSM) lotn, BP 2,000 ml – price decrease and addition of HSS
- Dexamfetamine sulfate (PSM) tab 5 mg – price increase and addition of HSS
- Diclofenac sodium (Diclofenac Sandoz) tab EC 25 mg and 50 mg – new listing and addition of HSS
- Diclofenac sodium (Apo-Diclo) tab EC 25 mg and 50 mg – to be delisted 1 December 2015
- Diclofenac sodium (Apo-Diclo SR) tab long-acting 75 mg and 100 mg – new listing and addition of HSS
- Diclofenac sodium (Diclax SR) tab long-acting 75 mg and 100 mg – to be delisted 1 December 2015
- Dobutamine hydrochloride (Dobutamine-Claris) inj 12.5 mg per ml, 20 ml ampoule – amended presentation description, new listing and addition of HSS
- Domperidone (Prokinex) tab 10 mg – price decrease and addition of HSS
- Dorzolamide with timolol (Arrow-Dortim) eye drops 2% with timolol 0.5%, 5 ml - new listing and addition of HSS
- Dorzolamide with timolol (Cosopt) eye drops 2% with timolol 0.5%, 5 ml – to be delisted 1 December 2015
- Etanercept (Enbrel) inj 25 mg vial, and inj 50 mg autoinjector and syringe – price decrease
- Factor eight inhibitors bypassing fraction (FEIBA) inj 2,500 U – new listing
- Flecainide acetate (Tambocor) tab 100 mg – to be delisted 1 December 2015
- Fluticasone (Floair) aerosol inhaler 50 mcg per dose, 125 mcg per dose, and 250 mcg per dose – new listing
- Fluticasone with salmeterol (RexAir) aerosol inhaler 50 mcg with salmeterol 25 mcg, and 125 mcg with salmeterol 25 mcg – new listing
- Gabapentin tab 600 mg – to be delisted 1 November 2015
- Isotretinoin (Oratane) cap 10 mg and 20 mg – price decrease and to be delisted 1 November 2015

Summary of decisions – effective 1 October 2015 (continued)

- Lamotrigine (Mogine) tab dispersible 25 mg, 50 mg and 100 mg – to be delisted 1 December 2015
- Metformin hydrochloride (Metformin Mylan) tab immediate-release 850 mg – amended chemical name, new listing and addition of HSS
- Metformin hydrochloride (Apotex) tab immediate-release 850 mg – to be delisted 1 December 2015
- Multivitamin and mineral supplement (Clinicians Multivit & Mineral Boost) cap – new listing and amended restriction
- Multivitamin renal (Clinicians Renal Vit) cap – new listing
- Oral feed (Sustagen Hospital Formula (chocolate and vanilla)) powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can, 840 g – new listing
- Oral feed (Sustagen Hospital Formula (chocolate and vanilla)) powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can, 900 g – to be delisted 1 April 2016
- Oxandrolone tab 2.5 mg – amended chemical name
- Oxycodone hydrochloride (OxyNorm) inj 50 mg per ml, 1 ml ampoule – price decrease and addition of HSS
- Paracetamol (Gacet) suppos 125 mg and 250 mg – new listing and addition of HSS
- Paracetamol (Panadol) suppos 125 mg and 250 mg – to be delisted 1 December 2015
- Phenobarbitone (PSM) tab 15 mg and 30 mg – price increase and addition of HSS
- Pioglitazone (Vexazone) tab 15 mg, 30 mg and 45 mg – new listing and addition of HSS
- Pioglitazone (Pizaccord) tab 15 mg, 30 mg and 45 mg – price decrease and to be delisted 1 December 2015
- Prednisolone sodium phosphate (Minims Prednisolone) eye drops 0.5%, single dose (preservative free), 20 dose – new listing
- Salbutamol (SalAir) aerosol inhaler, 100 mcg per dose CFC free – new listing
- Salmeterol (Meterol) aerosol inhaler 25 mcg per dose – new listing
- Zopiclone (Zopiclone Actavis) tab 7.5 mg, 30 and 500 tab packs – new listing and addition of HSS
- Zopiclone (Apo-Zopiclone) tab 7.5 mg – to be delisted 1 December 2015

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

Section H changes to Part II

Effective 1 October 2015

ALIMENTARY TRACT AND METABOLISM

18	METFORMIN HYDROCHLORIDE (amended chemical name, new listing and addition of HSS) Tab immediate-release 850 mg – 1% DV Dec-15 to 2018	7.82	500	Metformin Mylan
	Note – Apotex metformin hydrochloride tab immediate-release 850 mg to be delisted from 1 December 2015.			
18	PIOGLITAZONE Tab 15 mg – 1% DV Dec-15 to 2018	3.47	90	Vexazone
	Tab 30 mg – 1% DV Dec-15 to 2018	5.06	90	Vexazone
	Tab 45 mg – 1% DV Dec-15 to 2018	7.10	90	Vexazone
18	PIOGLITAZONE (↓ price and delisting) Tab 15 mg	1.08	28	Pizaccord
	Tab 30 mg	1.57	28	Pizaccord
	Tab 45 mg	2.21	28	Pizaccord
	Note – Pizaccord tab 15 mg, 30 mg and 45 mg to be delisted from 1 December 2015.			
20	BISACODYL (delisting) Suppos 5 mg	3.00	6	Dulcolax
	Note – Dulcolax suppos 5 mg to be delisted from 1 December 2015.			
23	MULTIVITAMIN AND MINERAL SUPPLEMENT (new listing and amended restriction) → Cap	23.35	180	Clinicians Multivit & Mineral Boost <i>e.g. Clinicians Multivit & Mineral Boost</i>
	Restricted <i>Limited to 3 months' treatment</i> Both: 1 Patient was admitted to hospital with burns; and 2 Any of the following: 2.1 Burn size is greater than 15% of total body surface area (BSA) for all types of burns; or 2.2 Burn size is greater than 10% of BSA for mid-dermal or deep dermal burns; or 2.3 Nutritional status prior to admission or dietary intake is poor. Note: Multivitamin and mineral supplement capsule composition includes vitamin A 250 IU, thiamine 2.5 mg, riboflavin 2.5 mg, nicotinamide 12.5 mg, vitamin B5 10 mg, pyridoxine 5 mg, vitamin B12 6.2 mcg, vitamin C 125 mg, cholecalciferol 2.5 mcg, vitamin E 25 mg, betaine 12.5 mg, biotin 12.5 mcg, boron 250 mcg, calcium 25 mg, choline 6.2 mg, chromium 25 mcg, citric acid 50mg, citrus bioflavonoid complex 50mg, co-enzyme Q10 1.2 mg, copper 125 mcg, folic acid 37.5 mcg, inositol 6.2 mg, iodine 25 mcg, iron 250 mcg, L- Glutamine 6.2 mg, magnesium 12.5 mg, molybdenum 12.5 mcg, manganese 0.5 mg, potassium 5 mg, selenium 18.7 mcg, zinc 1.9 mg.			
24	MULTIVITAMIN RENAL → Cap	8.39	30	Clinicians Renal Vit
	Restricted Either: 1 The patient has chronic kidney disease and is receiving either peritoneal dialysis or haemodialysis; or 2 The patient has chronic kidney disease grade 5, defined as patient with an estimated glomerular filtration rate of < 15 ml/min/1.73 m ² body surface area (BSA).			

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

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

BLOOD AND BLOOD FORMING ORGANS

28	ALUMINIUM CHLORIDE → Topical soln 20% w/v Restricted For use as a haemostasis agent.			<i>e.g. Driclor</i>
29	FACTOR EIGHT INHIBITORS BYPASSING FRACTION → Inj 2,500 U	7,250.00	1	FEIBA

CARDIOVASCULAR SYSTEM

39	FLECAINIDE ACETATE (delisting) Tab 100 mg	68.78	60	Tambocor
	Note – Tambocor tab 100 mg to be delisted from 1 December 2015.			
45	DOBUTAMINE HYDROCHLORIDE (amended presentation description and new listing) Inj 12.5 mg per ml, 20 ml ampoule vial – 1% DV Jan-16 to 2018.....	24.45	5	Dobutamine-Claris

DERMATOLOGICALS

50	CALAMINE (↓ price and addition of HSS) Crn, aqueous, BP – 1% DV Dec-15 to 2018	1.49	100 g	Pharmacy Health PSM
	Lotn, BP – 1% DV Dec-15 to 2018	12.94	2,000 ml	
50	ISOTRETINOIN (↓ price and delisting) Cap 10 mg	14.96	120	Oratane
	Cap 20 mg	23.12	120	Oratane
	Note – Oratane cap 10 mg and 20 mg to be delisted from 1 November 2015.			

HORMONE PREPARATIONS

59	OXANDROLONE OXANDROLINE (chemical name change) → Tab 2.5 mg			
----	--	--	--	--

MUSCULOSKELETAL SYSTEM

100	DICLOFENAC SODIUM Tab EC 25 mg – 1% DV Dec-15 to 2018	1.30	50	Diclofenac Sandoz
	Tab EC 50 mg – 1% DV Dec-15 to 2018	1.00	50	Diclofenac Sandoz
	Tab long-acting 75 mg – 1% DV Dec-15 to 2018	15.20	500	Apo-Diclo SR
	Tab long-acting 100 mg – 1% DV Dec-15 to 2018	26.20	500	Apo-Diclo SR
	Note – Apo-Diclo tab EC 25 mg and 50 mg, and Diclax SR tab long-acting 75 mg and 100 mg to be delisted from 1 December 2015.			

→ 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 2015 (continued)

NERVOUS SYSTEM

104	BUPIVACAINE HYDROCHLORIDE (Pharmacode change) Inj 5 mg per ml, 10 ml ampoule sterile pack – 1% DV Sep-15 to 2018	20.25	5	Marcaïn
	Note – Pharmacode change from 201359 to 728098. Pharmacode 201359 to be delisted from 1 October 2015.			
107	PARACETAMOL Suppos 125 mg – 1% DV Dec-15 to 2018	3.69	10	Gacet
	Suppos 250 mg – 1% DV Dec-15 to 2018	3.79	10	Gacet
	Note – Panadol suppos 125 mg and 250 mg to be delisted from 1 December 2015.			
110	OXYCODONE HYDROCHLORIDE (↓ price and addition of HSS) Inj 50 mg per ml, 1 ml ampoule – 1% DV Dec-15 to 2018	51.00	5	OxyNorm
113	GABAPENTIN → Tab 600 mg Note – Gabapentin tab 600 mg to be delisted 1 November 2015.			
115	LAMOTRIGINE (delisting) Tab dispersible 25 mg	20.40	56	Mogine
	Tab dispersible 50 mg	34.70	56	Mogine
	Tab dispersible 100 mg	59.90	56	Mogine
	Note – Mogine tab dispersible 25 mg, 50 mg and 100 mg to be delisted from 1 December 2015.			
115	PHENOBARBITONE (↑ price and addition of HSS) Tab 15 mg – 1% DV Dec-15 to 2018	30.00	500	PSM
	Tab 30 mg – 1% DV Dec-15 to 2018	31.00	500	PSM
117	DOMPERIDONE (↓ price and addition of HSS) Tab 10 mg – 1% DV Dec-15 to 2018	3.20	100	Prokinex
118	ARIPIPIRAZOLE → Tab 5 mg	123.54	30	Abilify
124	ZOPICLONE Tab 7.5 mg – 1% DV Dec-15 to 2018	0.98	30	Zopiclone Actavis
		8.99	500	Zopiclone Actavis
	Note – Apo-Zopiclone tab 7.5 mg to be delisted from 1 December 2015.			
125	DEXAMFETAMINE SULFATE (↑ price and addition of HSS) → Tab 5 mg – 1% DV Dec-15 to 2018	17.00	100	PSM

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

141	ETANERCEPT (↓ price) → Inj 25 mg vial	799.96	4	Enbrel
	→ Inj 50 mg autoinjector	1,599.96	4	Enbrel
	→ Inj 50 mg syringe	1,599.96	4	Enbrel

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

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

RESPIRATORY SYSTEM AND ALLERGIES

173	SALBUTAMOL Aerosol inhaler, 100 mcg per dose CFC free	3.80	200 dose	SalAir
174	FLUTICASON Aerosol inhaler 50 mcg per dose	7.50	120 dose	Floair
	Aerosol inhaler 125 mcg per dose	13.60	120 dose	Floair
	Aerosol inhaler 250 mcg per dose	27.20	120 dose	Floair
174	SALMETEROL Aerosol inhaler 25 mcg per dose	26.46	120 dose	Meterol
175	FLUTICASON WITH SALMETEROL Aerosol inhaler 50 mcg with salmeterol 25 mcg	37.48	120 dose	RexAir
	Aerosol inhaler 125 mcg with salmeterol 25 mcg	49.69	120 dose	RexAir

SENSORY ORGANS

178	PREDNISOLONE SODIUM PHOSPHATE (new listing) Eye drops 0.5%, single dose (preservative free)	38.50	20 dose	Minims Prednisolone
180	DORZOLAMIDE WITH TIMOLOL Eye drops 2% with timolol 0.5% – 1% DV Dec-15 to 2018 Note – Cosopt eye drops to be delisted from 1 December 2015.	3.45	5 ml	Arrow-Dortim

SPECIAL FOODS

207	ORAL FEED → Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can	14.90	840 g	Sustagen Hospital Formula (Chocolate) Sustagen Hospital Formula (Vanilla)
-----	---	-------	-------	---

Note: Community subsidy of Sustagen Hospital Formula is subject to both Special Authority criteria and a manufacturer's surcharge. Higher subsidy by endorsement is available for patients meeting the following endorsement criteria; fat malabsorption, fat intolerance or chyle leak.

Note – Sustagen Hospital Formual (chocolate and vanilla) powder 900 g can to be delisted from 1 April 2016.

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	Metckek
----	---	------	-------	----------------

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

→ Restriction

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

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

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

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
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

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

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

31	HEPARIN SODIUM (amended presentation description) Inj 1,000 iu per ml, 35 ml vial ampoules		
32	TICAGRELOR (amended restriction)		
	→ Tab 90 mg	90.00	56
	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	EPOPSTENOL (new listing)		
	→ Inj 0.5 mg vial	36.61	1
	→ Inj 1.5 mg vial	73.21	1
	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
	Cap 20 mg – 1% DV Nov-15 to 2018	19.27	100
	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
	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
		2.90	50 g
	Oint 0.1% – 1% DV Nov-15 to 2018	1.51	15 g
		2.90	50 g
	Note – m-Mometasone crm 0.1% and oint 0.1%, 15 g and 45 g, to be delisted from 1 November 2015.		

GENITO-URINARY SYSTEM

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

→ Restriction

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

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

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

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 <i>e.g. Dantrium-IV</i>
----	--	--------	---	--

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
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.			

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

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

122	ZUCLOPENTHIXOL DECANOATE (new listing) Inj 500 mg per ml, 1 ml ampoule			<i>e.g. Clopixol Conc</i>
-----	---	--	--	---------------------------

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.			
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

➔ Restriction

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

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

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

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	Accretic 10
	Tab 20 mg with hydrochlorothiazide 12.5 mg			
	– 1% DV Oct-15 to 2018	4.78	30	Accretic 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
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.			

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

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

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] 40 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

→ Restriction

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

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

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

MUSCULOSKELETAL SYSTEM

94	<p>ZOLEDRONIC ACID (amended restriction)</p> <p>➔ Inj 5 mg per 100 ml, vial 600.00 100 ml Aclasta</p> <p>Restricted</p> <p>Inherited bone fragility disorders</p> <p>Patient has been diagnosed with an inherited bone fragility disorder (e.g. osteogenesis imperfecta).</p> <p>Osteoporosis</p> <p>Both:</p> <p>1 Any of the following:</p> <p>1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) \geq 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score \leq -2.5) (see Note); or</p> <p>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</p> <p>1.3 History of two significant osteoporotic fractures demonstrated radiologically; or</p> <p>1.4 Documented T-Score \geq -3.0 (see Note); or</p> <p>1.5 A 10-year risk of hip fracture \geq 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or</p> <p>1.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) or raloxifene; and</p> <p>2 The patient will not be prescribed more than 5 mg of zoledronic acid one infusion in a 12-month period.</p> <p>Initiation - glucocorticosteroid therapy</p> <p>Re-assessment required after 12 months</p> <p>All of the following:</p> <p>1 The patient is receiving systemic glucocorticosteroid therapy (\geq 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and</p> <p>2 Any of the following:</p> <p>2.1 The patient has documented BMD \geq 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score \leq -1.5) (see Note); or</p> <p>2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or</p> <p>2.3 The patient has had a Special Authority approval for alendronate (Underlying cause - glucocorticosteroid therapy) or raloxifene; and</p> <p>3 The patient will not be prescribed more than 5 mg of zoledronic acid one infusion in the 12-month approval period.</p> <p>Continuation - glucocorticosteroid therapy</p> <p>Re-assessment required after 12 months</p> <p>Both:</p> <p>1 The patient is continuing systemic glucocorticosteroid therapy (\geq 5 mg per day prednisone equivalents); and</p> <p>2 The patient will not be prescribed more than 5 mg of zoledronic acid one infusion in the 12-month approval period.</p> <p>Initiation - Paget's disease</p> <p>Re-assessment required after 12 months</p> <p>All of the following:</p> <p>1 Paget's disease; and</p> <p>2 Any of the following:</p> <p>2.1 Bone or articular pain; or</p> <p>2.2 Bone deformity; or</p>		
----	--	--	--

continued...

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

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

continued...

- 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.

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 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:
 - 2+.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+.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or
 - 2+.4 All of the following:
 - 2+.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and
 - 2+.4.2 Allopurinol is contraindicated; and

continued...

→ Restriction

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

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

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

continued...

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

32 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	FEBOXOSTAT (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 feboxostat have not been fully evaluated in patients with severe renal impairment (creatinine clearance less than 30 ml/minute). No dosage adjustment of feboxostat 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

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

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

108	MORPHINE HYDROCHLORIDE (↑ price and addition of HSS)		
	Oral liq 2 mg per ml – 1% DV Oct-15 to 2018	14.00	200 ml
	Oral liq 5 mg per ml – 1% DV Oct-15 to 2018	18.00	200 ml
	Oral liq 10 mg per ml – 1% DV Oct-15 to 2018	26.00	200 ml
			RA-Morph
			RA-Morph
			RA-Morph
110	OXYCODONE HYDROCHLORIDE (↓ price and addition of HSS)		
	Cap immediate-release 5 mg – 1% DV Oct-15 to 2018	1.98	20
	Cap immediate-release 10 mg – 1% DV Oct-15 to 2018	3.91	20
	Cap immediate-release 20 mg – 1% DV Oct-15 to 2018	6.84	20
			OxyNorm
			OxyNorm
			OxyNorm
111	MOCLOBEMIDE (↑ price and addition of HSS)		
	Tab 150 mg – 1% DV Oct-15 to 2018	85.10	500
	Tab 300 mg – 1% DV Oct-15 to 2018	30.70	100
			Apo-Moclobemide
			Apo-Moclobemide
113	PHENYTOIN SODIUM		
	Inj 50 mg per ml, 2 ml ampoule – 1% DV Oct-15 to 2018	88.63	5
	Inj 50 mg per ml, 5 ml ampoule – 1% DV Oct-15 to 2018	133.92	5
			Hospira
			Hospira
118	ARIPIRAZOLE (amended restriction)		
	→ Tab 10 mg	123.54	30
	→ Tab 15 mg	175.28	30
	→ Tab 20 mg	213.42	30
	→ Tab 30 mg	260.07	30
			Abilify
			Abilify
			Abilify
			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
- 3 The patient is aged less than 18 years.

Note: Indications marked with * are Unapproved Indications

→ Restriction

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

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

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

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. <i>Nicorette QuickMist Mouth Spray</i>
	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
	→ Cap 1 mg – 1% DV Nov-14 to 31 Oct 2018	171.20	100
	→ Cap 5 mg – 1% DV Nov-14 to 31 Oct 2018	428.00	50
	→ 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 haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe – 1% DV Jul-14 to 2017	0.00	1 10
			Boostrix 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 to 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.

→ Restriction

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

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

Changes to Section H Part II – effective 1 August 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

A	
Abilify	7, 18
Acarbose	12
Accuretic 10	13
Accuretic 20	13
Aclasta	15
Actinomycin D	19
Adenuric	17
Advate	9
Alprostadil hydrochloride	13
Aluminium chloride	6
Apo-Diclo SR	6
Apo-Folic Acid	13
Apo-Megestrol	19
Apo-Mirtazapine	11
Apo-Moclobemide	18
Apo-Nadolol	13
Aripiprazole	7, 18
Arrow-Dortim	8
Azithromycin	14
B	
Bee venom	20
BeneFIX	9
Benzbromaron AL 100	16
Benzbromarone	16
Bezafibrate	13
Bezalip	13
Bezalip Retard	13
Bisacodyl	5, 12
Bleomycin sulphate	19
Boostrix	20
Bosentan	13
Brilinta	10
Bupivacaine hydrochloride	7
C	
Calamine	6
Calcium folinate	12
Cefepime	14
Cefepime-AFT	14
Cetomacrogol	10
Cisplatin	12
Clinicians Multivit & Mineral Boost	5
Clinicians Renal Vit	5
Colifoam	12
Cosmegen	19
Creon 10000	12
Creon 25000	12
Cyclophosphamide	19
Cyproterone acetate	14
D	
Dactinomycin	19
Dantrium IV	11
Dantrolene	11
DBL Bleomycin Sulfate	19
DBL Cisplatin	12
DBL Leucovorin Calcium	12
DBL Tobramycin	11
Depo-Medrol	14
Depo-Medrol with Lidocaine	14
Dexamfetamine sulfate	7
Diclofenac Sandoz	6
Diclofenac sodium	6
Dimethicone	10
Diphtheria, tetanus and pertussis vaccine	20
Diprivan	11
Dobutamine-Claris	6
Dobutamine hydrochloride	6
Domperidone	7
Dorzolamide with timolol	8
Dulcolax	5
E	
Elocon	10
Elocon Alcohol Free	10
Enbrel	7
Endoxan	19
Epirubicin Ebewe	12
Epirubicin hydrochloride	12
Epoprostenol	10
Eptacog alfa	9
Etanercept	7
F	
Factor eight inhibitors bypassing agent	9
Factor eight inhibitors bypassing fraction	6, 9
Febuxostat	17
FEIBA	6, 9
Finasteride	10
Finpro	10
Flecainide acetate	6
Floair	8
Fluarix	21
Fluorouracil	19
Fluorouracil Ebewe	19
Fluticasone	8
Fluticasone with salmeterol	8
Folic acid	13
G	
Gabapentin	7
Gacet	7
Gamma benzene hexachloride	13
Glucobay	12
H	
healthE Dimethicone 10%	10

Index

Pharmaceuticals and brands

Heparin sodium.....	10	NovoSeven RT.....	9
Hydrocortisone acetate.....	12	O	
Hydrogen peroxide.....	10	Octocog alfa.....	9
I		Oral feed.....	8
Idarubicin hydrochloride.....	12	Oratane.....	6
Influenza vaccine.....	21	Oxandrolone.....	6
Influvac.....	21	Oxandrolone.....	6
Isotane 10.....	10	Oxycodone hydrochloride.....	7, 18
Isotane 20.....	10	OxyNorm.....	7, 18
Isotretinoin.....	6, 10	Oxytocin.....	11
K		Oxytocin BNM.....	11
Kogenate FS.....	9	P	
L		Pancreatic enzyme.....	12
Lamotrigine.....	7	Paracare.....	11
Lax-Tabs.....	12	Paracetamol.....	7, 11, 17
Lidocaine.....	17	Paragesic Soluble.....	17
Lignocaine.....	14, 17	Pethidine hydrochloride.....	11
Lindane.....	13	Phenobarbitone.....	7
LMX4.....	17	Phenytoin sodium.....	18
M		Pioglitazone.....	5
Marcain.....	7	Piperacillin with tazobactam.....	11
Medrol.....	14	Pizaccord.....	5
Megestrol acetate.....	19	Potassium dihydrogen phosphate.....	13
Metchek.....	8	Prednisolone sodium phosphate.....	8
Meterol.....	8	Procur.....	14
Metformin.....	8	Prokinex.....	7
Metformin hydrochloride.....	5	Propofol.....	11
Metformin Mylan.....	5	Prostin VR.....	13
Methylprednisolone acetate.....	14	Q	
Methylprednisolone acetate with lidocaine.....	14	Quetapel.....	19
Methylprednisolone (as sodium succinate).....	14	Quetiapine.....	19
Mexiletine hydrochloride.....	13	Quinapril with hydrochlorothiazide.....	13
Mexiletine Hydrochloride USP.....	13	R	
Minims Prednisolone.....	8	RA-Morph.....	17, 18
Mirtazapine.....	11	Recombinant factor IX.....	9
Moclobemide.....	18	Recombinant factor VIIA.....	9
Mogine.....	7	Recombinant factor VIII.....	9
Mometasone furoate.....	10	RexAir.....	8
Morocotocog alfa.....	9	S	
Morphine hydrochloride.....	17, 18	SalAir.....	8
Multivitamin and mineral supplement.....	5	Salbutamol.....	8
Multivitamin renal.....	5	Salmeterol.....	8
Mylan-Bosentan.....	13	Sodium acid phosphate.....	13
N		Sodium dihydrogen phosphate.....	13
Nadolol.....	13	Solu-Medrol.....	14
Nevirapine.....	11	Sustagen Hospital Formula (Chocolate).....	8
Nevirapine Alphapharm.....	11	Sustagen Hospital Formula (Vanilla).....	8
Nicotine.....	19	T	
Nonacog alfa.....	9	Tacrolimus.....	20
Norethisterone.....	14	Tacrolimus Sandoz.....	20
Noriday 28.....	14	Tambocor.....	6

Index

Pharmaceuticals and brands

Tazocin EF	11	X	
Thiotepa.....	12	Xyntha	9
Ticagrelor	10	Z	
TMP.....	14	Zavedos	12
Tobramycin.....	11	Ziprasidone	11
Trimethoprim	14	Zithromax.....	14
V		Zoledronic acid	15
Veletri	10	Zopiclone.....	7
Vexazone	5	Zopiclone Actavis	7
		Zuclophenthixol decanoate	12

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)

While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the Update.

newzealand.govt.nz