

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Section H Update

for Hospital Pharmaceuticals

November 2020

Cumulative for August, September, October and
November 2020

The logo for PHARMAC, featuring the word "PHARMAC" in a bold, sans-serif font above the Māori name "TE PĀTAKA WHAIORANGA" in a smaller, all-caps sans-serif font. The text is centered within a white circular area.

PHARMAC
TE PĀTAKA WHAIORANGA

Contents

Summary of decisions effective 1 November 2020.....	3
Section H changes to Part II	5
Index.....	30

Summary of decisions

EFFECTIVE 1 NOVEMBER 2020

- Amlodipine (Vasorex) tab 5 mg and 10 mg – new listing and addition of HSS
- Amlodipine (Apo-Amlodipine) tab 5 mg and 10 mg – to be delisted 1 June 2021
- Anastrozole (Anatrole) tab 1 mg – new listing and addition of HSS
- Anastrozole (Rolin) tab 1 mg – to be delisted 1 April 2021
- Bee venom (VENOX) initiation kit - 5 vials freeze dried venom with diluent and maintenance kit - 1 vial freeze dried venom with diluent – new listing
- Benzbromarone tab 50 mg and tab 100 mg (Benzbromaron AL 100) – amended restriction criteria
- Bisoprolol fumarate (Bisoprolol Mylan) tab 2.5 mg, 5 mg and 10 mg – new listing and addition of HSS
- Bisoprolol fumarate (Bosvate) tab 2.5 mg, 5 mg and 10 mg – to be delisted 1 April 2021
- Cisplatin (DBL Cisplatin) inj 1 mg per ml, 50 ml vial – to be delisted 1 April 2021
- Colecalciferol (Vit.D3) cap 1.25 mg (50,000 iu) – price increase and addition of HSS
- Darunavir (Darunavir Mylan) tab 400 mg and 600 mg – new listing and addition of HSS
- Darunavir (Prezista) tab 400 mg and 600 mg – to be delisted 1 April 2021
- Hepatitis B recombinant vaccine (Engerix-B) inj 10 mcg per 0.5 ml prefilled syringe – new listing
- High protein enteral feed 1.26 kcal/ml (Nutrison Protein Intense) liquid 10 g protein, 10.4 g carbohydrate and 4.9 g fat per 100 ml, bottle – new listing
- Iohexol (Omnipaque) inj 240 mg per ml (iodine equivalent), 50 ml bottle, inj 300 mg per ml (iodine equivalent), 20 ml, 50 ml and 100 ml bottle and inj 350 mg per ml (iodine equivalent), 20 ml, 50 ml, 75 ml, 100 ml and 200 ml bottle – price increase
- Ketamine (Ketamine-Baxter) inj 100 mg per ml, 2 ml ampoule – amended presentation description
- Levodopa with carbidopa (Sinemet CR) tab long-acting 200 mg with carbidopa 50 mg – price increase and addition of HSS
- Liothyronine sodium inj 100 mcg vial – new listing
- Mebendazole (Vermox) tab 100 mg – new listing

Summary of decisions – effective 1 November 2020 (continued)

- Meningococcal (A, C, Y and W-135) conjugate vaccine (Menactra) inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – amended restriction criteria
- Meropenem (Meropenem-AFT) inj 500 mg and 1 g vial – new listing and addition of HSS
- Meropenem (Meropenem Ranbaxy) inj 500 mg and 1 g vial – to be delisted 1 April 2021
- Methotrexate (Methotrexate DBL Onco-Vial) inj 25 mg per ml, 2 ml vial – new listing
- Methotrexate (DBL Methotrexate Onco-Vial) inj 25 mg per ml, 2 ml vial – to be delisted 1 May 2021
- Methylphenidate hydrochloride (Methylphenidate ER – Teva) tab extended-release 18 mg, 27 mg, 36 mg and 54 mg – price decrease
- Miconazole nitrate (Multichem) crm 2%, 15 g – price increase and addition of HSS
- Morphine Sulphate (Arrow-Morphine LA) tab long-acting 60 mg – to be delisted 1 April 2021
- Ondansetron (Ondansetron Kabi) inj 2 mg per ml, 4 ml ampoule – new Pharmacode listing
- Oral feed (Fortisip (Vanilla)) powder 20.8 g protein, 61 g carbohydrate and 9.4 g fat per 100 g, can – to be delisted 1 August 2021
- Pravastatin (Pravastatin Mylan) tab 20 mg and 40 mg – new listing and addition of HSS
- Pravastatin (Apo-Pravastatin) tab 20 mg and 40 mg – to be delisted 1 April 2021
- Ranitidine (Peptisoothe) oral liq 150 mg per 10 ml – to be delisted 1 September 2021
- Varicella zoster vaccine [shingles vaccine] (Zostavax) varicella zoster virus (Oka strain) live attenuated vaccine [shingles vaccine] – amended restriction criteria

		Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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Section H changes to Part II

Effective 1 November 2020

ALIMENTARY TRACT AND METABOLISM

8	RANITIDINE (delisting) → Oral liq 150 mg per 10 ml 5.14 300 ml Note – Peptisoothe oral liq 150 mcg per 10 ml to be delisted from 1 September 2021.		Peptisoothe
22	COLECALCIFEROL (↑ price and addition of HSS) Cap 1.25 mg (50,000 iu) – 1% DV Feb-21 to 2023 2.95 12		Vit.D3

CARDIOVASCULAR SYSTEM

41	BISOPROLOL FUMARATE (brand change) Tab 2.5 mg – 1% DV Apr-21 to 2023 1.84 90 Tab 5 mg – 1% DV Apr-21 to 2023 2.55 90 Tab 10 mg – 1% DV Apr-21 to 2023 3.62 90 Note – Bosvate tab 2.5 mg, 5 mg and 10 mg to be delisted from 1 April 2021.		Bisoprolol Mylan Bisoprolol Mylan Bisoprolol Mylan
42	AMLODIPINE (brand change) Tab 5 mg – 1% DV Jun-21 to 2023 0.96 90 Tab 10 mg – 1% DV Jun-21 to 2023 1.19 90 Note – Apo-Amlodipine tab 5 mg and 10 mg to be delisted from 1 June 2021.		Vasorex Vasorex
45	PRAVASTATIN (brand change) Tab 20 mg – 1% DV Apr-21 to 2023 2.11 28 Tab 40 mg – 1% DV Apr-21 to 2023 3.61 28 Note – Apo-Pravastatin tab 20 mg and 40 mg to be delisted 1 April 2021.		Pravastatin Mylan Pravastatin Mylan

DERMATOLOGICALS

52	MICONAZOLE NITRATE (↑ price and addition of HSS) Crm 2% – 1% DV Feb-21 to 2023 0.81 15 g		Multichem
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HORMONE PREPARATIONS

70	LIOthyRONINE SODIUM (new listing) Inj 100 mcg vial		
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INFECTIONS

73	MEROPENEM (brand change) → Inj 500 mg vial – 1% DV Apr-21 to 2023 33.92 10 → Inj 1 g vial – 1% DV Apr-21 to 2023 45.04 10 Note – Meropenem Ranbaxy inj 500 mg and 1 g vial to be delisted from 1 April 2021.		Meropenem-AFT Meropenem-AFT
83	MEBENDAZOLE (new listing) Tab 100 mg 7.97 6		Vermox

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 November 2020 (continued)

87	DARUNAVIR (brand change)			
	→ Tab 400 mg – 1% DV Apr-21 to 2023	132.00	60	Darunavir Mylan
	→ Tab 600 mg – 1% DV Apr-21 to 2023	196.65	60	Darunavir Mylan
	Note – Prezista tab 400 mg and 600 mg to be delisted from 1 April 2021.			

MUSCULOSKELETAL SYSTEM

100	BENZBROMARONE – Restricted: for continuation only (amended restriction criteria)			
	→ Tab 50 mg			
	→ Tab 100 mg	45.00	100	Benzbromaron AL 100

Restricted

Initiation

Any specialist

All of the following:

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 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 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 Note); 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

2.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and

3 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 www.rheumatology.org.nz/home/resources-2/

NERVOUS SYSTEM

105	LEVODOPA WITH CARBIDOPA († price and addition of HSS) Tab long-acting 200 mg with carbidopa 50 mg – 1% DV Feb-21 to 2023	43.65	100	Sinemet CR
105	KETAMINE (amended presentation description) Inj 100 mg per ml, 2 ml vial ampoule	155.60	5	Ketamine-Baxter

→ Restriction

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

		Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 November 2020 (continued)

110	MORPHINE SULPHATE (delisting) Tab long-acting 60 mg.....	5.60	10	Arrow-Morphine LA
	Note – Arrow-Morphine LA tab long-acting 60 mg to be delisted from 1 April 2021.			
117	ONDANSETRON (new Pharmacode listing) Inj 2 mg per ml, 4 ml ampoule	2.20	5	Ondansetron Kabi
	Note – this is a new Pharmacode listing, 2565439.			
125	METHYLPHENIDATE HYDROCHLORIDE (↓ price)			
	→Tab extended-release 18 mg.....	7.75	30	Methylphenidate ER - Teva
	→Tab extended-release 27 mg.....	11.45	30	Methylphenidate ER - Teva
	→Tab extended-release 36 mg.....	15.50	30	Methylphenidate ER - Teva
	→Tab extended-release 54 mg.....	22.25	30	Methylphenidate ER - Teva

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

131	METHOTREXATE (new listing) Inj 25 mg per ml, 2 ml vial	30.00	5	Methotrexate DBL Onco-Vial
	Note – DBL Methotrexate Onco-Vial inj 25 mg per ml, 2 ml vial to be delisted 1 May 2021.			
138	CISPLATIN (delisting) Inj 1 mg per ml, 50 ml vial	12.29	1	DBL Cisplatin
	Note – DBL Cisplatin inj 1 mg per ml, 50 ml vial to be delisted from 1 April 2021.			
149	ANASTROZOLE (brand change) Tab 1 mg – 1% DV Apr-21 to 2023	4.55	30	Anatrole
	Note – Rolin tab 1 mg to be delisted 1 April 2021.			

RESPIRATORY SYSTEM AND ALLERGIES

206	BEE VENOM (new listing)			
	→Initiation Kit - 5 vials freeze dried venom with diluent	305.00	1	VENOX
	→Maintenance Kit - 1 vial freeze dried venom with diluent	305.00	1	VENOX

VARIOUS

224	IOHEXOL (↑ price)			
	Inj 240 mg per ml (iodine equivalent), 50 ml bottle	77.00	10	Omnipaque
	Inj 300 mg per ml (iodine equivalent), 20 ml bottle	59.00	10	Omnipaque
	Inj 300 mg per ml (iodine equivalent), 50 ml bottle	77.00	10	Omnipaque
	Inj 300 mg per ml (iodine equivalent), 100 ml bottle	154.00	10	Omnipaque
	Inj 350 mg per ml (iodine equivalent), 20 ml bottle	61.00	10	Omnipaque
	Inj 350 mg per ml (iodine equivalent), 50 ml bottle	77.00	10	Omnipaque
	Inj 350 mg per ml (iodine equivalent), 75 ml bottle	117.00	10	Omnipaque
	Inj 350 mg per ml (iodine equivalent), 100 ml bottle	154.00	10	Omnipaque
	Inj 350 mg per ml (iodine equivalent), 200 ml bottle	298.00	10	Omnipaque

Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 November 2020 (continued)

SPECIAL FOODS

240	HIGH PROTEIN ENTERAL FEED 1.26 KCAL/ML (new listing) → Liquid 10 g protein, 10.4 g carbohydrate and 4.9 g fat per 100 ml, bottle.....	5.78	500 ml	Nutrison Protein Intense
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Restricted
Initiation

Both:

- 1 The patient has a high protein requirement; and
- 2 Any of the following:
 - 2.1 Patient has liver disease; or
 - 2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
 - 2.3 Patient is fluid restricted; or
 - 2.4 Patient's needs cannot be more appropriately met using high calorie product.

246	ORAL FEED (delisting) → Powder 20.8 g protein, 61 g carbohydrate and 9.4 g fat per 100 g, can.....	8.54	857 g	Fortisip (Vanilla)
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Note – Fortisip (Vanilla) Powder 20.8 g protein, 61 g carbohydrate and 9.4 g fat per 100 g, can to be delisted from 1 August 2021.

VACCINES

249	MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE (amended restriction criteria) → Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – 0% DV Oct-20 to 2024	0.00	1	Menactra
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Restricted
Initiation

Either:

- 1 Any of the following:
 - 1.1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
 - 1.2 One dose for close contacts of meningococcal cases; or
 - 1.3 A maximum of two doses for bone marrow transplant patients; or
 - 1.4 A maximum of two doses for patients following immunosuppression*; or
- 2 Both:
 - 2.1 Person is aged between 13 and 25 years, inclusive; and
 - 2.2 Either:
 - 2.2.1 One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons; or
 - 2.2.2 One dose for individuals who are currently living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons, from 1 December 2019 to 30 November ~~2020~~ **2021**.

Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

→ Restriction

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 November 2020 (continued)

251	HEPATITIS B RECOMBINANT VACCINE (new listing) → Inj 10 mcg per 0.5 ml prefilled syringe	0.00	1	Engerix-B
	Restricted Initiation Any of the following: 1 For household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or 2 For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or 3 For children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or 4 For HIV positive patients; or 5 For hepatitis C positive patients; or 6 for patients following non-consensual sexual intercourse; or 7 For patients following immunosuppression; or 8 For solid organ transplant patients; or 9 For post-haematopoietic stem cell transplant (HSCT) patients; or 10 Following needle stick injury.			
256	VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] (amended restriction criteria – affected criteria shown only) → Varicella zoster virus (Oka strain) live attenuated vaccine [shingles vaccine]	0.00	1 10	Zostavax Zostavax
	Restricted Initiation – people aged between 66 and 80 years <i>Therapy limited to 1 dose</i> One dose for all people aged between 66 and 80 years inclusive from 1 April 2018 and 31 December 2020 2021 .			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 October 2020

ALIMENTARY TRACT AND METABOLISM

6	PREDNISOLONE SODIUM (new listing) Rectal foam 20mg per dose (14 applications)	74.10	1	Essential Prednisolone
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CARDIOVASCULAR SYSTEM

38	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE (delisting delayed) → Tab 5 mg with hydrochlorothiazide 12.5 mg.....	10.18	100	Apo-Cilazapril/ Hydrochlorothiazide
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Note – Apo- Cilazapril/Hydrochlorothiazide delisting delayed until 1 May 2021.

39	LOSARTAN POTASSIUM (↑ price and addition of HSS)			
	Tab 12.5 mg – 1% DV Jan-21 to 2023	1.56	84	Losartan Actavis
	Tab 25 mg – 1% DV Jan-21 to 2023	1.84	84	Losartan Actavis
	Tab 50 mg – 1% DV Jan-21 to 2023	2.25	84	Losartan Actavis
	Tab 100 mg – 1% DV Jan-21 to 2023	3.50	84	Losartan Actavis

40	TERAZOSIN – Restricted: For continuation only (restriction added)			
	→ Tab 1 mg			
	→ Tab 2 mg.....	7.50	500	Apo-Terazosin
	→ Tab 5 mg.....	10.90	500	Apo-Terazosin

41	CELIPROLOL – Restricted: For continuation only (restriction added and delisting)			
	→ Tab 200 mg.....	21.40	180	Celol

Note – Celol tab 200 mg to be delisted from 1 April 2021.

42	METOPROLOL SUCCINATE (↑ price)			
	Tab long-acting 23.75 mg.....	1.45	30	Betaloc CR
	Tab long-acting 47.5 mg.....	1.43	30	Betaloc CR
	Tab long-acting 95 mg.....	2.15	30	Betaloc CR
	Tab long-acting 190 mg.....	4.27	30	Betaloc CR

42	AMLODIPINE (brand change)			
	Tab 2.5 mg – 1% DV Jun-21 to 2023	1.08	90	Vasorex

Note – Apo-Amlodipine tab 2.5 mg to be delisted from 1 June 2021.

44	FUROSEMIDE [FRUSEMIDE] (brand change)			
	Inj 10 mg per ml, 2 ml ampoule – 1% DV Oct-19 to 2022	1.15	5	Furosemide-Baxter

Note – Frusemide-Clarix inj 10 mg per ml, 2 ml ampoule to be delisted from 1 March 2021.

46	NICOTINIC ACID (delisting)			
	Tab 50 mg.....	4.12	100	Apo-Nicotinic Acid
	Tab 500 mg.....	17.89	100	Apo-Nicotinic Acid

Note – Apo-Nicotinic acid tab 50 mg and 500 mg to be delisted from 1 May 2021.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 October 2020 (continued)

48	AMBRISENTAN (brand change)			
	→ Tab 5 mg – 1% DV Mar-21 to 2023	1,550.00	30	Ambrisentan Mylan
	→ Tab 10 mg – 1% DV Mar-21 to 2023	1,550.00	30	Ambrisentan Mylan
	Note – Volibris tab 5 mg and 10 mg to be delisted from 1 March 2021.			

DERMATOLOGICALS

52	HYDROGEN PEROXIDE (new listing) Soln 3% (10 vol)			
54	EMULSIFYING OINTMENT (brand change) Oint BP, 500 g – 1% DV Mar-21 to 2023	3.40	500 g	Emulsifying Ointment ADE
	Note: DV limit applies to pack sizes of greater than 200 g. Note – AFT oint BP, 500 g to be delisted from 1 March 2021.			

HORMONE PREPARATIONS

64	TRIAMCINOLONE ACETONIDE (HSS delayed)			
	Inj 10 mg per ml, 1 ml ampoule			
	– 5% DV Apr-21 Nov-20 to 2023	20.80	5	Kenacort-A 10
	Inj 40 mg per ml, 1 ml ampoule			
	– 1% DV Apr-21 Nov-20 to 2023	51.10	5	Kenacort-A 40
65	DANAZOL (delisting)			
	Cap 100 mg	19.13	28	Mylan
	Cap 200 mg	97.83	100	Azol
	Note – Mylan cap 100 mg and Azol cap 200 mg to be delisted from 1 April 2021.			

INFECTIONS

80	FLUCONAZOLE (↑ price)			
	→ Oral liquid 50 mg per 5 ml	109.34	35 ml	Diflucan
83	MEBENDAZOLE (delisting)			
	Tab 100 mg	24.19	24	De-Worm
	Note – De-Worm tab 100 mg to be delisted from 1 March 2021.			
89	ACICLOVIR (brand change)			
	Inj 250 mg vial – 1% DV Sep-18 to 2021	9.60	5	Aciclovir-Baxter
	Note – Aciclovir-Claris inj 250 mg vial to be delisted from 1 March 2021.			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 October 2020 (continued)

NERVOUS SYSTEM

105	DEXMEDETOMIDINE (brand change) Inj 100 mcg per ml, 2 ml vial – 1% DV Mar-21 to 2023	97.88	5	Dexmedetomidine- Teva
Note – Precedex inj 100 mcg per ml, 2 ml vial to be delisted from 1 March 2021.				
105	KETAMINE (brand change) Inj 100 mg per ml, 2 ml vial	155.60	5	Ketamine-Baxter
Note – Ketamine-Clarix inj 100 mg per ml, 2 ml vial to be delisted from 1 March 2021.				
112	FLUOXETINE HYDROCHLORIDE (addition of HSS) Tab dispersible 20 mg, scored – 1% DV Feb-21 to 2022	1.98	30	Fluox
	Cap 20 mg – 1% DV Feb-21 to 2022	2.91	84	Fluox
112	FLUOXETINE HYDROCHLORIDE (delisting) Tab dispersible 20 mg, scored	9.93	30	Arrow-Fluoxetine
	Cap 20 mg	7.49	90	Arrow-Fluoxetine
Note – Arrow-Fluoxetine tab dispersible 20 mg, scored and cap 20 mg to be delisted from 1 February 2021.				
117	GRANISETRON (↑ price and addition of HSS) Inj 1 mg per ml, 3 ml ampoule – 1% DV Jan-21 to 2023	1.20	1	Deva
117	ONDANSETRON (Pharmacode delisting revoked) Inj 2 mg per ml, 4 ml ampoule	2.20	5	Ondansetron Kabi
Note – Pharmacode 2504243 will not be delisted.				
117	ONDANSETRON (delisted) Inj 2 mg per ml, 4 ml ampoule	2.20	5	Ondansetron Kabi
Note – Pharmacode 2565439 delisted from 1 October 2020.				
127	NALTREXONE HYDROCHLORIDE (↑ price and addition of HSS) → Tab 50 mg – 1% DV Jan-21 to 2023	133.33	30	Naltracord

RESPIRATORY SYSTEM AND ALLERGIES

207	LORATADINE (↑ price) Oral liq 1 mg per ml	2.95	120 ml	Lorfast
211	BUDESONIDE WITH EFORMOTEROL (new listing) Powder for inhalation 160 mcg with 4.5 mcg eformoterol fumarate per dose (equivalent to 200 mcg budesonide with 6 mcg eformoterol fumarate metered dose)	41.50	120 dose	DuoResp Spiromax
	Powder for inhalation 320 mcg with 9 mcg eformoterol fumarate per dose (equivalent to 400 mcg budesonide with 12 mcg eformoterol fumarate metered dose)	82.50	120 dose	DuoResp Spiromax

	Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 October 2020 (continued)

VACCINES

256 VARICELLA VACCINE [CHICKENPOX VACCINE] (new listing)

→ Inj 2000 PFU prefilled syringe plus vial

Restricted

Initiation – infants between 9 and 12 months of age

Therapy limited to 2 doses

Any of the following:

1 Any of the following:

For non-immune patients:

1.1 with chronic liver disease who may in future be candidates for transplantation; or

1.2 with deteriorating renal function before transplantation; or

1.3 prior to solid organ transplant; or

1.4 prior to any elective immunosuppression*, or

1.5 for post exposure prophylaxis who are immune competent inpatients.; or

2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist, or

3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist, or

4 For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist, or

5 For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella, or

6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella, or

7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2020

BLOOD AND BLOOD FORMING ORGANS

32	PRASUGREL – Restricted: For continuation only (amended restriction criteria and delisting)			
	→ Tab 5 mg.....	108.00	28	Effient
	→ Tab 10 mg.....	120.00	28	Effient
	Restricted-			
	Initiation—Bare metal stents			
	<i>Limited to 6 months treatment</i>			
	Patient has undergone coronary angioplasty in the previous 4 weeks and is clopidogrel-allergic.			
	Initiation—Drug-eluting stents			
	<i>Limited to 12 months treatment</i>			
	Patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic.			
	Initiation—Stent thrombosis			
	Patient has experienced cardiac stent thrombosis whilst on clopidogrel.			
	Initiation—Myocardial infarction			
	<i>Limited to 1 week treatment</i>			
	For short term use while in hospital following ST-elevated myocardial infarction.			
	Note: Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment			
	Note – Effient tab 5 mg and 10 mg to be delisted from 1 February 2021.			
32	TICAGRELOR (amended restriction criteria)			
	→ Tab 90 mg.....	90.00	56	Brilinta
	Restricted			
	Initiation			
	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.			
	Initiation – thrombosis prevention post neurological stenting			
	<i>Re-assessment required after 12 months</i>			
	Both:			
	1 Either:			
	1.1 Patient has had a neurological stenting procedure* in the last 60 days; and or			
	1.2 Patient is about to have a neurological stenting procedure performed*; and			

continued...

	Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2020 (continued)

continued...

- 2 Either:
 - 2.1 Patient has demonstrated clopidogrel resistance using the P2Y12 (VerifyNow) assay **or another appropriate platelet function assay** and requires antiplatelet treatment with ticagrelor; or
 - 2.2 Either:
 - 2.2.1 Clopidogrel resistance has been demonstrated by the occurrence of a new cerebral ischemic event; **or**
 - 2.2.2 Clopidogrel resistance has been demonstrated by the occurrence of transient ischemic attack symptoms referable to the stent.**

Continuation – thrombosis prevention ~~post~~ neurological stenting

Re-assessment required after 12 months

Both:

- 1 Patient is continuing to benefit from treatment; and
- 2 Treatment continues to be clinically appropriate.

Initiation – Percutaneous coronary intervention with stent deployment

Limited to 12 months treatment

All of the following:

- 1 Patient has undergone percutaneous coronary intervention; and**
- 2 Patient has had a stent deployed in the previous 4 weeks; and**
- 3 Patient is clopidogrel-allergic****

Initiation – Stent thrombosis

Patient has experienced cardiac stent thrombosis whilst on clopidogrel

Initiation – Myocardial infarction

Limited to 1 week treatment

For short term use while in hospital following ST-elevated myocardial infarction

Note: indications marked with * are unapproved indications.

Note: ** Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.

CARDIOVASCULAR SYSTEM

39	DOXAZOSIN (↑ price)			
	Tab 2 mg.....	8.95	500	Apo-Doxazosin
	Tab 4 mg.....	10.80	500	Apo-Doxazosin
44	BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] (↑ price and addition of HSS)			
	Tab 2.5 mg – 1% DV Dec-20 to 2023.....	20.00	500	Arrow-Bendrofluazide
	Tab 5 mg – 1% DV Dec-20 to 2023.....	34.55	500	Arrow-Bendrofluazide

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2020 (continued)

DERMATOLOGICALS

55	BETAMETHASONE DIPROPIONATE (new listing and addition of HSS) Crm 0.05% – 1% DV Feb-21 to 2023 36.00	50 g	Diprosone
	Note: DV Limit applies to pack sizes of greater than 30 g.		
	Oint 0.05% – 1% DV Feb-21 to 2023 36.00	50 g	Diprosone
	Note: DV Limit applies to pack sizes of greater than 30 g.		
55	HYDROCORTISONE (addition of note) Crm 1%, 100 g – 1% DV Sep-20 to 2022 3.70	100 g	Hydrocortisone (PSM)
	Note: DV limit applies to the pack sizes of less than or equal to 100 g		
55	HYDROCORTISONE (addition of HSS) Crm 1%, 500 g – 1% DV Dec-20 to 2022 17.15	500 g	Hydrocortisone (PSM)
55	METHYLPREDNISOLONE ACEPONATE (↓ price and addition of HSS) Crm 0.1% – 1% DV Dec-20 to 2023 4.46	15 g	Advantan
	Oint 0.1% – 1% DV Dec-20 to 2023 4.46	15 g	Advantan

GENITO-URINARY SYSTEM

59	LEVONORGESTREL (addition of HSS) Subdermal implant (2 × 75 mg rods) – 1% DV Dec-20 to 2023 106.92	1	Jadelle
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INFECTIONS

73	CEFOXITIN (delisting) Inj 1 g vial 58.00	10	Cefoxitin Actavis
	Note – Cefoxitin Actavis inj 1 g vial to be delisted from 1 January 2021.		
75	CLARITHROMYCIN (↓ price and addition of HSS) → Inj 500 mg vial – 1% DV Dec-20 to 2023 9.87	1	Martindale
77	MOXIFLOXACIN (↓ price and addition of HSS) → Tab 400 mg – 1% DV Dec-20 to 2023 42.00	5	Avelox
84	METRONIDAZOLE (new listing and addition of HSS) Tab 200 mg – 1% DV Dec-20 to 2023 33.15	250	Metrogyl
	Tab 400 mg – 1% DV Dec-20 to 2023 5.23	21	Metrogyl
84	METRONIDAZOLE (↓ price and addition of HSS) Inj 5 mg per ml, 100 ml bag – 1% DV Feb-21 to 2023 27.50	10	Baxter
	Note – AFT injection 5 mg per ml, 100 ml bottle, and Colpocin-T inj 5 mg per per ml, 100 ml bottle to be delisted 1 February 2021.		
88	ADEFOVIR DIPIVOXIL (delisting) → Tab 10 mg 670.00	30	Hepsera
	Note – Hepsera tab 10 mg to be delisted from 1 March 2021.		

→ Restriction

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2020 (continued)

MUSCULOSKELETAL SYSTEM

95	HYDROXYCHLOROQUINE (amended restriction criteria) → Tab 200 mg – 1% DV Sep-18 to 2021	7.98	100	Plaquenil
	Restricted Initiation Any of the following: 1 Rheumatoid arthritis; or 2 Systemic or discoid lupus erythematosus; or 3 Malaria treatment or suppression; or 4 Relevant dermatological conditions (cutaneous forms of lupus and lichen planus, cutaneous vasculitides and mucosal ulceration); or 5 Sarcoidosis (pulmonary and non-pulmonary)			
102	SUXAMETHONIUM CHLORIDE (brand change) Inj 50 mg per ml, 2 ml ampoule – 1% DV Feb-21 to 2023	23.40	10	Martindale
	Note – AstraZeneca inj 50 mg per ml, 2 ml ampoule to be delisted from 1 February 2021.			

NERVOUS SYSTEM

105	LEVODOPA WITH CARBIDOPA (↑ price and addition of HSS) Tab 100 mg with carbidopa 25 mg – 1% DV Dec-20 to 2023	21.11	100	Sinemet
	Tab 250 mg with carbidopa 25 mg – 1% DV Dec-20 to 2023	38.39	100	Sinemet
111	TRAMADOL HYDROCHLORIDE (↑ price and addition of HSS) Cap 50 mg – 1% DV Dec-20 to 2023	2.80	100	Arrow-Tramadol
111	AMITRIPTYLINE (↑ price and addition of HSS) Tab 10 mg – 1% DV Dec-20 to 2023	2.49	100	Arrow-Amitriptyline
111	AMITRIPTYLINE (↓ price and addition of HSS) Tab 25 mg – 1% DV Dec-20 to 2023	1.51	100	Arrow-Amitriptyline
111	AMITRIPTYLINE (addition of HSS) Tab 50 mg – 1% DV Dec-20 to 2023	2.51	100	Arrow-Amitriptyline
112	MAPROTIline HYDROCHLORIDE – Restricted: For continuation only (restrictions added) → Tab 25 mg → Tab 75 mg			
113	DIAZEPAM (delisting) Rectal tubes 10 mg.....	40.87	5	Stesolid
	Note – Stesolid rectal tubes 10 mg to be delisted from 1 December 2020.			
114	LAMOTRIGINE (↑ price) Tab dispersible 2 mg.....	55.00	30	Lamictal
	Tab dispersible 5 mg.....	50.00	30	Lamictal

		Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2020 (continued)

117	ONDANSETRON (new Pharmacode listing) Inj 2 mg per ml, 4 ml ampoule	2.20	5	Ondansetron Kabi
	Note – this is a new Pharmacode listing, 2565439. Pharmacode 2504243 to be delisted from 1 December 2020.			
117	PROCHLORPERAZINE (↑ price and addition of HSS) Tab 5 mg – 1% DV Dec-20 to 2023	8.00	250	Nausafix
119	RISPERIDONE (addition of HSS and amended brand name) Tab 0.5 mg – 1% DV Dec-20 to 2023	1.86	60	Risperidone (Teva) Actavis
	Tab 1 mg – 1% DV Dec-20 to 2023	2.06	60	Risperidone (Teva) Actavis
	Tab 2 mg – 1% DV Dec-20 to 2023	2.29	60	Risperidone (Teva) Actavis
	Tab 3 mg – 1% DV Dec-20 to 2023	2.50	60	Risperidone (Teva) Actavis
119	RISPERIDONE (↓ price, addition of HSS and amended brand name) Tab 4 mg – 1% DV Dec-20 to 2023	3.42	60	Risperidone (Teva) Actavis
121	DIAZEPAM (↑ price and addition of HSS) Tab 2 mg – 1% DV Dec-20 to 2023	61.07	500	Arrow-Diazepam
	Tab 5 mg – 1% DV Dec-20 to 2023	73.60	500	Arrow-Diazepam
124	METHYLPHENIDATE HYDROCHLORIDE (delisting) → Tab sustained-release 20 mg	50.00	100	Ritalin SR
	Note – Ritalin SR tab sustained-release 20 mg to be delisted from 1 June 2021.			
126	DONEPEZIL HYDROCHLORIDE (addition of HSS) Tab 5 mg – 1% DV Dec-20 to 2023	4.34	90	Donepezil-Rex
	Tab 10 mg – 1% DV Dec-20 to 2023	6.64	90	Donepezil-Rex
127	NICOTINE (↑ price) Patch 7 mg per 24 hours	18.14	28	Habitrol
	Patch 14 mg per 24 hours	19.95	28	Habitrol
	Patch 21 mg per 24 hours	22.86	28	Habitrol
	Lozenge 1 mg	19.18	216	Habitrol
	Lozenge 2 mg	21.02	216	Habitrol
	Gum 2 mg	38.21	384	Habitrol (Fruit) Habitrol (Mint)
	Gum 4 mg	44.17	384	Habitrol (Fruit) Habitrol (Mint)

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2020 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

134	HYDROXYUREA [HYDROXYCARBAMIDE] (brand change and amended chemical name) Cap 500 mg – 1% DV Feb-21 to 2023	23.82	100	Devatis
	Note – Hydreca cap 500 mg to be delisted from 1 February 2021.			
141	LAPATINIB (delisting) → Tab 250 mg.....	1,899.00	70	Tykerb
	Note – Tykerb tab 250 mg to be delisted from 1 June 2021.			

RESPIRATORY SYSTEM AND ALLERGIES

207	IPRATROPIUM BROMIDE (delisting) Nebuliser soln 250 mcg per ml, 1 ml ampoule.....	3.35	20	Univent
	Note – Univent nebuliser soln 250 mcg per ml, 1 ml ampoule to be delisted from 1 January 2021.			
211	SALMETEROL (delisting) Aerosol inhaler 25 mcg per dose.....	9.90	120 dose	Meterol
	Note – Meterol aerosol inhaler 25 mcg per dose to be delisted from 1 January 2021.			

SENSORY ORGANS

218	TIMOLOL (↑ price and addition of HSS) Eye drops 0.25% – 1% DV Dec-20 to 2023	1.81	5 ml	Arrow-Timolol
	Eye drops 0.5% – 1% DV Dec-20 to 2023	2.04	5 ml	Arrow-Timolol

SPECIAL FOODS

236	AMINO ACID FORMULA (WITHOUT PHENYLALANINE) (new listing) → Powder 20 g protein, 3.8 g carbohydrate and 0.23 g fibre per 28 g sachet			<i>e.g. PKU Lophlex Powder (unflavoured)</i>
236	AMINO ACID FORMULA (WITHOUT PHENYLALANINE) (delisting) → Powder 20 g protein, 2.5 g carbohydrate and 0.22 g fibre per 27.8 g sachet			<i>e.g. PKU Lophlex Powder (unflavoured)</i>
	Note – e.g. PKU Lophlex Powder (unflavoured) powder 20 g protein, 2.5 g carbohydrate and 0.22 g fibre per 27.8 g sachet to be delisted from 1 March 2021.			
236	AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) (new listing) → Powder 13.1 g protein, 50.1 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			<i>e.g. MMA/PA Anamix Infant</i>

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 September 2020 (continued)

236	AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) (delisting) → Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			<i>e.g. MMA/PA Anamix Infant</i>
	Note – e.g. MMA/PA Anamix Infant powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can to be delisted from 1 March 2021.			
242	ENTERAL LIQUID PEPTIDE FORMULA (new listing) → Liquid 2.75 g protein, 13.7 g carbohydrate and 3.89 g fat per 100 ml 10.45	500 ml		Nutrini Peptisorb
	→ Liquid 4.2 g protein, 18.6 g carbohydrate and 6.58 g fat per 100 ml 15.68	500 ml		Nutrini Peptisorb Energy

Restricted

Initiation

All of the following:

- 1 Patient has impaired gastrointestinal function and either cannot tolerate polymeric feeds, or polymeric feeds are unsuitable; and
- 2 Any of the following:
 - 2.1 Severe malabsorption; or
 - 2.2 Short bowel syndrome; or
 - 2.3 Intractable diarrhoea; or
 - 2.4 Biliary atresia; or
 - 2.5 Cholestatic liver diseases causing malabsorption; or
 - 2.6 Cystic fibrosis; or
 - 2.7 Proven fat malabsorption; or
 - 2.8 Severe intestinal motility disorders causing significant malabsorption; or
 - 2.9 Intestinal failure; or
 - 2.10 Both:
 - 2.10.1 The patient is currently receiving funded amino acid formula; and
 - 2.10.2 The patient is to be trialled on, or transitioned to, an enteral liquid peptide formula; and
- 3 Either:
 - 3.1 A semi-elemental or partially hydrolysed powdered feed has been reasonably trialled and considered unsuitable; or
 - 3.2 For step down from intravenous nutrition.

Note: A reasonable trial is defined as a 2-4 week trial.

Continuation

Both:

- 1 An assessment as to whether the patient can be transitioned to a cows milk protein or soy infant formula or extensively hydrolysed formula has been undertaken; and
- 2 The outcome of the assessment is that the patient continues to require an enteral liquid peptide formula.

		Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020

ALIMENTARY TRACT AND METABOLISM

8	RANITIDINE (delisting) → Tab 150 mg.....	12.91	500	Ranitidine Relief
	→ Tab 300 mg.....	18.21	500	Ranitidine Relief
	Note – Ranitidine Relief tab 150 mg and 300 mg to be delisted from 1 October 2020.			
8	RANITIDINE (delisting) → Inj 25 mg per ml, 2 ml ampoule	13.40	5	Zantac
	Note – Zantac inj 25 mg per ml, 2 ml ampoule to be delisted from 1 March 2021.			
10	GLICLAZIDE (↑ price and addition of HSS) Tab 80 mg – 1% DV Nov-20 to 2023	15.18	500	Glizide
12	POLOXAMER (↑ price and addition of HSS) Oral drops 10% – 1% DV Nov-20 to 2023	3.98	30 ml	Coloxyl
12	ISPAGHULA (PSYLLIUM) HUSK (↑ price and addition of HSS) Powder for oral soln – 1% DV Nov-20 to 2023	12.20	500 g	Konsyl-D
19	TRIAMCINOLONE ACETONIDE (addition of HSS) Paste 0.1% – 1% DV Nov-20 to 2023	5.33	5 g	Kenalog in Orabase

BLOOD AND BLOOD FORMING ORGANS

35	GLUCOSE [DEXTROSE] (↑ price and addition of HSS) Inj 50%, 10 ml ampoule – 1% DV Nov-20 to 2023	30.65	5	Biomed
	Inj 50%, 90 ml bottle – 1% DV Nov-20 to 2023	15.00	1	Biomed

CARDIOVASCULAR SYSTEM

43	CLONIDINE (↑ price and addition of HSS) Patch 2.5 mg, 100 mcg per day – 1% DV Nov-20 to 2023	10.34	4	Mylan
	Patch 5 mg, 200 mcg per day – 1% DV Nov-20 to 2023	13.18	4	Mylan
	Patch 7.5 mg, 300 mcg per day – 1% DV Nov-20 to 2023	16.93	4	Mylan
45	INDAPAMIDE (↑ price and addition of HSS) Tab 2.5 mg – 1% DV Nov-20 to 2023	10.45	90	Dapa-Tabs
45	GEMFIBROZIL – Restricted: For continuation only (restriction added and delisting) Tab 600 mg.....	19.56	60	Lipazil
	Note – Lipazil tab 600 mg to be delisted from 1 January 2021.			
45	SIMVASTATIN (↑ price and addition of HSS) Tab 10 mg – 1% DV Nov-20 to 2023	1.23	90	Simvastatin Mylan
	Tab 20 mg – 1% DV Nov-20 to 2023	2.03	90	Simvastatin Mylan
	Tab 40 mg – 1% DV Nov-20 to 2023	3.58	90	Simvastatin Mylan
	Tab 80 mg – 1% DV Nov-20 to 2023	7.12	90	Simvastatin Mylan

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020 (continued)

46	ISOSORBIDE MONONITRATE († price and addition of HSS) Tab 20 mg – 1% DV Nov-20 to 2023.....	19.55	100	Ismo 20 Duride
	Tab long-acting 60 mg – 1% DV Nov-20 to 2023.....	9.25	90	
46	ISOSORBIDE MONONITRATE (addition of HSS) Tab long-acting 40 mg – 1% DV Nov-20 to 2023.....	8.20	30	Ismo 40 Retard
47	METARAMINOL (new listing and addition of HSS) Inj 10 mg per ml, 1 ml ampoule – 1% DV Jan-21 to 2023.....	55.20	10	Torbay

DERMATOLOGICALS

52	KETOCONAZOLE († price and addition of HSS) Shampoo 2% – 1% DV Nov-20 to 2023.....	3.23	100 ml	Sebizole
53	PERMETHRIN († price and addition of HSS) Crm 5% – 1% DV Nov-20 to 2023..... Lotn 5% – 1% DV Nov-20 to 2023.....	5.75 3.99	30 g 30 ml	Lyderm A-Scabies
55	HYDROCORTISONE (amended brand name) Crm 1%, 500 g.....	17.15	500 g	Hydrocortisone (PSM) Pharmacy Health
56	TRIAMCINOLONE ACETONIDE (addition of HSS) Crm 0.02% – 1% DV Nov-20 to 2023..... Oint 0.02% – 1% DV Nov-20 to 2023.....	6.30 6.35	100 g 100 g	Aristocort Aristocort
56	PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCHEIN († price and addition of HSS) Soln 2.3% with trolamine laurilsulfate and fluorescein sodium – 1% DV Nov-20 to 2023.....	4.44	500 ml	Pinetarsol

GENITO-URINARY SYSTEM

58	MICONAZOLE NITRATE († price and addition of HSS) Vaginal crm 2% with applicator – 1% DV Nov-20 to 2023.....	6.89	40 g	Micreme
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HORMONE PREPARATIONS

64	TRIAMCINOLONE ACETONIDE (addition of HSS) Inj 10 mg per ml, 1 ml ampoule – 5% DV Nov-20 to 2023..... Inj 40 mg per ml, 1 ml ampoule – 1% DV Nov-20 to 2023.....	20.80 51.10	5 5	Kenacort-A 10 Kenacort-A 40
71	DESMOPRESSIN ACETATE († price and addition of HSS) Nasal spray 10 mcg per dose – 1% DV Nov-20 to 2023.....	27.95	6 ml	Desmopressin-PH&T

INFECTIONS

73	CEFAZOLIN (addition of HSS) Inj 500 mg vial – 1% DV Nov-20 to 2023.....	3.39	5	AFT
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		Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
Changes to Section H Part II – effective 1 August 2020 (continued)			
73	CEFAZOLIN (↑ price and addition of HSS) Inj 1 g vial – 1% DV Nov-20 to 2023	3.49	5 AFT
73	CEFOTAXIME (↑ price and addition of HSS) Inj 1 g vial – 1% DV Nov-20 to 2023	45.00	10 DBL Cefotaxime
76	AMOXICILLIN (↑ price and addition of HSS) Grans for oral liq 125 mg per 5 ml – 1% DV Nov-20 to 2023	1.40	100 ml Alphamox 125
	Grans for oral liq 250 mg per 5 ml – 1% DV Nov-20 to 2023	1.73	100 ml Alphamox 250
76	AMOXICILLIN WITH CLAVULANIC ACID (↑ price) Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml.....	5.00	100 ml Augmentin
76	BENZYLPENICILLIN SODIUM [PENICILLIN G] (↑ price and addition of HSS) Inj 600 mg (1 million units) vial – 1% DV Nov-20 to 2023	11.09	10 Sandoz
76	BENZYLPENICILLIN SODIUM [PENICILLIN G] (delisting) Inj 600 mg (1 million units) vial.....	25.88	25 Pan-Penicillin G Sodium
		103.50	100 Sandoz
	Note – Pan-Penicillin G Sodium and Sandoz inj 600 mg (1 million units) vial, 100 inj pack to be delisted from 1 November 2020.		
76	FLUCLOXACILLIN (↑ price and addition of HSS) Inj 1 g vial – 1% DV Nov-20 to 2023	5.70	5 Flucil
77	CIPROFLOXACIN (↑ price and addition of HSS) → Tab 250 mg – 1% DV Nov-20 to 2023	2.42	28 Cipflox
	→ Tab 500 mg – 1% DV Nov-20 to 2023	3.40	28 Cipflox
	→ Tab 750 mg – 1% DV Nov-20 to 2023	5.95	28 Cipflox
78	FOSFOMYCIN (addition of example brand) → Powder for oral solution, 3 g sachet		<i>e.g. UroFos</i>
80	FLUCONAZOLE (↑ price and addition of HSS) → Cap 50 mg – 1% DV Nov-20 to 2023	2.75	28 Mylan
	→ Cap 150 mg – 1% DV Nov-20 to 2023	0.65	1 Mylan
	→ Cap 200 mg – 1% DV Nov-20 to 2023	12.89	28 Mylan
83	RIFAMPICIN (↑ price and addition of HSS) → Cap 150 mg – 1% DV Nov-20 to 2023	58.54	100 Rifadin
	→ Cap 300 mg – 1% DV Nov-20 to 2023	122.06	100 Rifadin
	→ Oral liq 100 mg per 5 ml – 1% DV Nov-20 to 2023	12.60	60 ml Rifadin
	→ Inj 600 mg vial – 1% DV Nov-20 to 2023	134.98	1 Rifadin

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020 (continued)

86	LAMIVUDINE (new listing and addition of HSS) → Tab 150 mg – 1% DV Nov-20 to 2023	84.50	60	Lamivudine Alphapharm
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Restricted

Initiation – Confirmed HIV

Patient has confirmed HIV infection.

Initiation – Prevention of maternal transmission

Either:

- 1 Prevention of maternal foetal transmission; or
- 2 Treatment of the newborn for up to eight weeks.

Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Any of the following:
 - 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
 - 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
 - 2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

Initiation – Percutaneous exposure

Patient has percutaneous exposure to blood known to be HIV positive.

88	LAMIVUDINE (↑ price and addition of HSS) Tab 100 mg – 1% DV Nov-20 to 2023	6.95	28	Zetlam
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MUSCULOSKELETAL SYSTEM

100	ALLOPURINOL (↑ price and addition of HSS) Tab 100 mg – 1% DV Nov-20 to 2023	11.47	500	DP-Allopurinol
	Tab 300 mg – 1% DV Nov-20 to 2023	28.57	500	DP-Allopurinol

NERVOUS SYSTEM

105	KETAMINE (pack size change) Inj 1 mg per ml, 100 ml bag – 1% DV Feb-20 to 2022	135.00	5	Biomed
	Note – Biomed inj 1 mg per ml, 100 ml bag, 10 inj pack to be delisted from 1 November 2020.			
106	BUPIVACAINE HYDROCHLORIDE WITH FENTANYL (pack size change) Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag – 1% DV Apr-20 to 2022	152.50	5	Biomed
	Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag – 1% DV Nov-19 to 2022	112.50	5	Bupafen
	Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag – 1% DV Nov-19 to 2022	117.50	5	Bupafen
	Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe.....	36.00	5	Biomed
	Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe.....	46.00	5	Biomed
	Note – Biomed inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag; inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml and 20 ml syringe, 10 inj pack and Bupafen inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml and 200 ml bag, 10 inj pack to be delisted from 1 November 2020.			

→ 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 2020 (continued)			
108	ROPIVACAINE HYDROCHLORIDE (↑ price and addition of HSS)		
	Inj 2 mg per ml, 10 ml ampoule – 1% DV Nov-20 to 2023 9.25	5	Ropivacaine Kabi
	Inj 2 mg per ml, 20 ml ampoule – 1% DV Nov-20 to 2023 9.65	5	Ropivacaine Kabi
	Inj 2 mg per ml, 100 ml bag – 1% DV Nov-20 to 2023 31.00	5	Ropivacaine Kabi
	Inj 2 mg per ml, 200 ml bag – 1% DV Nov-20 to 2023 40.95	5	Ropivacaine Kabi
	Inj 7.5 mg per ml, 10 ml ampoule – 1% DV Nov-20 to 2023 ... 10.40	5	Ropivacaine Kabi
	Inj 7.5 mg per ml, 20 ml ampoule – 1% DV Nov-20 to 2023 ... 12.75	5	Ropivacaine Kabi
	Inj 10 mg per ml, 10 ml ampoule – 1% DV Nov-20 to 2023 11.10	5	Ropivacaine Kabi
	Inj 10 mg per ml, 20 ml ampoule – 1% DV Nov-20 to 2023 16.60	5	Ropivacaine Kabi
109	PARACETAMOL (↑ price and addition of HSS)		
	Oral liq 120 mg per 5 ml – 20% DV Nov-20 to 2023 5.45	1,000 ml	Paracare
	Oral liq 250 mg per 5 ml – 20% DV Nov-20 to 2023 6.25	1,000 ml	Paracare Double Strength
	→ Inj 10 mg per ml, 100 ml vial – 1% DV Nov-20 to 2023 8.90	10	Paracetamol Kabi
109	ALFENTANIL (↓ price and addition of HSS)		
	Inj 0.5 mg per ml, 2 ml ampoule – 1% DV Nov-20 to 2023 24.75	10	Hameln
109	CODEINE PHOSPHATE (↑ price and addition of HSS)		
	Tab 15 mg – 1% DV Nov-20 to 2023 6.25	100	PSM
	Tab 30 mg – 1% DV Nov-20 to 2023 7.45	100	PSM
	Tab 60 mg – 1% DV Nov-20 to 2023 14.25	100	PSM
109	FENTANYL (pack size change)		
	Inj 10 mcg per ml, 100 ml bag – 1% DV Nov-19 to 2022 110.00	5	Biomed
	Note – Biomed inj 10 mcg per ml, 100 ml bag, 10 inj pack to be delisted from 1 November 2020.		
110	MORPHINE SULPHATE (addition of HSS)		
	Tab immediate-release 10 mg – 1% DV Nov-20 to 2023 2.80	10	Sevredol
	Tab immediate-release 20 mg – 1% DV Nov-20 to 2023 5.52	10	Sevredol
110	MORPHINE SULPHATE (↑ price and addition of HSS)		
	Inj 1 mg per ml, 100 ml bag – 1% DV Nov-20 to 2023 102.25	5	Biomed
	Inj 1 mg per ml, 10 ml syringe – 1% DV Nov-20 to 2023 24.50	5	Biomed
	Inj 1 mg per ml, 50 ml syringe – 1% DV Nov-20 to 2023 52.00	5	Biomed
111	TRAMADOL HYDROCHLORIDE (↓ price and addition of HSS)		
	Tab sustained-release 100 mg – 1% DV Nov-20 to 2023 1.52	20	Tramal SR 100
111	TRAMADOL HYDROCHLORIDE (addition of HSS)		
	Tab sustained-release 150 mg – 1% DV Nov-20 to 2023 2.10	20	Tramal SR 150
	Tab sustained-release 200 mg – 1% DV Nov-20 to 2023 2.75	20	Tramal SR 200
114	LAMOTRIGINE (delisting)		
	Tab dispersible 5 mg 15.00	56	Arrow-Lamotrigine
	Note – Arrow-Lamotrigine tab dispersible 5 mg to be delisted from 1 October 2020.		
117	BETAHISTINE DIHYDROCHLORIDE (↑ price and addition of HSS)		
	Tab 16 mg – 1% DV Nov-20 to 2023 3.88	84	Vergo 16

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020 (continued)

119	OLANZAPINE (↑ price and addition of HSS)			
	Tab 2.5 mg – 1% DV Nov-20 to 2023	1.35	28	Zypine
	Tab 5 mg – 1% DV Nov-20 to 2023	1.58	28	Zypine
	Tab orodispersible 5 mg – 1% DV Nov-20 to 2023	1.81	28	Zypine ODT
	Tab 10 mg – 1% DV Nov-20 to 2023	2.01	28	Zypine
	Tab orodispersible 10 mg – 1% DV Nov-20 to 2023	2.38	28	Zypine ODT
119	QUETIAPINE (↑ price and addition of HSS)			
	Tab 25 mg – 1% DV Nov-20 to 2023	2.15	90	Quetapel
	Tab 100 mg – 1% DV Nov-20 to 2023	5.06	90	Quetapel
	Tab 200 mg – 1% DV Nov-20 to 2023	8.90	90	Quetapel
	Tab 300 mg – 1% DV Nov-20 to 2023	12.86	90	Quetapel
119	RISPERIDONE (↑ price and addition of HSS)			
	Oral liq 1 mg per ml – 1% DV Nov-20 to 2023	8.90	30 ml	Risperon
123	TEMAZEPAM (↑ price and addition of HSS)			
	Tab 10 mg – 1% DV Nov-20 to 2023	1.33	25	Normison

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

131	MITOMYCIN C (delisting)			
	Inj 20 mg vial	816.32	1	Omegapharm
	Note – Omegapharm inj 20 mg vial to be delisted from 1 November 2020.			
131	CLADRIBINE (pack size change)			
	Inj 1 mg per ml, 10 ml vial	749.96	1	Leustatin
	Note – Leustatin inj 1 mg per ml, 10 ml vial, 7 inj pack to be delisted from 1 October 2020.			
135	PEGASPARGASE (↑ price)			
	→ Inj 750 iu per ml, 5 ml vial	3,455.00	1	Oncaspar LYO
145	PACLITAXEL (↑ price and addition of HSS)			
	Inj 6 mg per ml, 16.7 ml vial – 1% DV Nov-20 to 2023	24.00	1	Paclitaxel Ebewe
	Inj 6 mg per ml, 50 ml vial – 1% DV Nov-20 to 2023	44.00	1	Paclitaxel Ebewe
149	TAMOXIFEN CITRATE (↑ price and addition of HSS)			
	Tab 10 mg – 1% DV Nov-20 to 2023	15.00	60	Tamoxifen Sandoz
	Tab 20 mg – 1% DV Nov-20 to 2023	6.65	60	Tamoxifen Sandoz

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020 (continued)

150	ETANERCEPT (amended restriction criteria – affected criteria shown only)			
	→ Inj 25 mg vial – 5% DV Sep-19 to 2024	690.00	4	Enbrel
	→ Inj 50 mg autoinjector – 5% DV Sep-19 to 2024	1,050.00	4	Enbrel
	→ Inj 50 mg syringe – 5% DV Sep-19 to 2024	1,050.00	4	Enbrel
	Restricted			
	Initiation – pyoderma gangrenosum			
	Dermatologist			
	All of the following:			
	1 Patient has pyoderma gangrenosum*; and			
	2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and			
	3 A maximum of 8 4 -doses.			
	Note: Indications marked with * are unapproved indications.			
	Continuation – pyoderma gangrenosum			
	Dermatologist			
	All of the following:			
	1 Patient has shown clinical improvement; and			
	2 Patient continues to require treatment; and			
	3 A maximum of 8 4 -doses.			
156	ADALIMUMAB (amended restriction criteria – affected criteria shown only)			
	→ Inj 20 mg per 0.4 ml syringe	1,599.96	2	Humira
	→ Inj 40 mg per 0.8 ml pen.....	1,599.96	2	HumiraPen
	→ Inj 40 mg per 0.8 ml syringe	1,599.96	2	Humira
	Restricted			
	Initiation – pyoderma gangrenosum			
	Dermatologist			
	All of the following:			
	1 Patient has pyoderma gangrenosum*; and			
	2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and			
	3 A maximum of 8 4 -doses.			
	Note: Indications marked with * are unapproved indications.			
	Continuation – pyoderma gangrenosum			
	Dermatologist			
	All of the following:			
	1 Patient has shown clinical improvement; and			
	2 Patient continues to require treatment; and			
	3 A maximum of 8 4 -doses.			

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020 (continued)

168 INFLIXIMAB (addition of HSS and amended restrictions – affected and new criteria shown only)

→ Inj 100 mg – 5% DV Sep-20 to 2024..... 806.00 1 **Remicade**

Restricted

Initiation – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab or etanercept for severe chronic plaque psoriasis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or

1.2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis; or

2 All of the following:

2.1 Either:

2.1.1 Patient has “whole body” severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than **10 +5**, where lesions have been present for at least 6 months from the time of initial diagnosis; or

2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and

2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and

2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

2.4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

Note: “Inadequate response” is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than **10 +5**, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Initiation - pyoderma gangrenosum

Dermatologist

All of the following:

1 Patient has pyoderma gangrenosum*; and

2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporine, azathioprine, or methotrexate) and not received an adequate response; and

3 A maximum of 8 doses.

Note: Indications marked with * are unapproved indications.

Continuation – pyoderma gangrenosum

Dermatologist

All of the following:

1 Patient has shown clinical improvement; and

2 Patient continues to require treatment; and

3 A maximum of 8 doses.

	Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 August 2020 (continued)

VARIOUS

- 223 CHLORHEXIDINE (new listing)
Soln 4%
- 223 CHLORHEXIDINE WITH ETHANOL (new listing)
Soln 0.5% with ethanol 70%
Soln 2% with ethanol 70%
- 223 IODINE WITH ETHANOL (new listing)
Soln 1% with ethanol 70%

SPECIAL FOODS

- 238 PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML (new listing)
→ Liquid 4 g protein, 17.7 g carbohydrate and 1.7 g
fat per 100 ml, 1,000 ml bag *e.g. Nutrison Advanced
Peptisorb*
- 238 PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML (delisting)
→ Liquid 4 g protein, 17.6 g carbohydrate and 1.7 g
fat per 100 ml, 1,000 ml bag *e.g. Nutrison Advanced
Peptisorb*
- Note – e.g. Nutrison Advanced Peptisorb liquid 4 g protein, 17.6 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bag to be delisted 1 February 2021.

Index

Pharmaceuticals and brands

A	
Aciclovir	11
Aciclovir-Baxter	11
Adalimumab	27
Adefovir dipivoxil	16
Advantan	16
Alfentanil	25
Allopurinol	24
Alphamox 125	23
Alphamox 250	23
Ambrisentan	11
Ambrisentan Mylan	11
Amino acid formula (without isoleucine, methionine, threonine and valine)	19, 20
Amino acid formula (without phenylalanine)	19
Amitriptyline	17
Amlodipine	5, 10
Amoxicillin	23
Amoxicillin with clavulanic acid	23
Anastrozole	7
Anatrole	7
Apo-Cilazapril/ Hydrochlorothiazide	10
Apo-Doxazosin	15
Apo-Nicotinic Acid	10
Apo-Terazosin	10
Aristocort	22
Arrow-Amitriptyline	17
Arrow-Bendrofluazide	15
Arrow-Diazepam	18
Arrow-Fluoxetine	12
Arrow-Lamotrigine	25
Arrow-Morphine LA	7
Arrow-Timolol	19
Arrow-Tramadol	17
A-Scabies	22
Augmentin	23
Avelox	16
Azol	11
B	
Bee venom	7
Bendrofluazide	15
Bendroflumethiazide [Bendrofluazide]	15
Benzbromaron AL 100	6
Benzbromarone	6
Benzylpenicillin sodium [Penicillin G]	23
Betahistine dihydrochloride	25
Betaloc CR	10
Betamethasone dipropionate	16
Bisoprolol fumarate	5
Bisoprolol Mylan	5
Brilinta	14
Budesonide with eformoterol	12
Bupafen	24
Bupivacaine hydrochloride with fentanyl	24
C	
Cefazolin	22, 23
Cefotaxime	23
Cefoxitin	16
Cefoxitin Actavis	16
Celiprolol	10
Celol	10
Chickenpox vaccine	13
Chlorhexidine	29
Chlorhexidine with ethanol	29
Cilazapril with hydrochlorothiazide	10
Cipflox	23
Ciprofloxacin	23
Cisplatin	7
Cladribine	26
Clarithromycin	16
Clonidine	21
Codeine phosphate	25
Colecalciferol	5
Coloxyl	21
D	
Danazol	11
Dapa-Tabs	21
Darunavir	6
Darunavir Mylan	6
DBL Cefotaxime	23
DBL Cisplatin	7
Desmopressin acetate	22
Desmopressin-PH&T	22
De-Worm	11
Dexmedetomidine	12
Dexmedetomidine-Teva	12
Dextrose	21
Diazepam	17, 18
Diflucan	11
Diprosone	16
Donepezil hydrochloride	18
Donepezil-Rex	18
Doxazosin	15
DP-Allopurinol	24
DuoResp Spiromax	12
Duride	22
E	
Effient	14
Emulsifying ointment	11
Emulsifying Ointment ADE	11
Enbrel	27
Engerix-B	9

Index

Pharmaceuticals and brands

Enteral liquid peptide formula.....	20	Kenalog in Orabase.....	21
Essential Prednisolone.....	10	Ketamine.....	6, 12, 24
Etanercept.....	27	Ketamine-Baxter.....	6, 12
F		Ketoconazole.....	22
Fentanyl.....	25	Konsyl-D.....	21
Flucil.....	23	L	
Flucloxacillin.....	23	Lamictal.....	17
Fluconazole.....	11, 23	Lamivudine.....	24
Fluox.....	12	Lamivudine Alphapharm.....	24
Fluoxetine hydrochloride.....	12	Lamotrigine.....	17, 25
Fortisip (Vanilla).....	8	Lapatinib.....	19
Fosfomycin.....	23	Leustatin.....	26
Frusemide.....	10	Levodopa with carbidopa.....	6, 17
Furosemide-Baxter.....	10	Levonorgestrel.....	16
Furosemide [Frusemide].....	10	Liothyronine sodium.....	5
G		Lipazil.....	21
Gemfibrozil.....	21	Loratadine.....	12
Gliclazide.....	21	Lorfast.....	12
Glizide.....	21	Losartan Actavis.....	10
Glucose [Dextrose].....	21	Losartan potassium.....	10
Granisetron.....	12	Lyderm.....	22
H		M	
Habitrol.....	18	Maprotiline hydrochloride.....	17
Habitrol (Fruit).....	18	Mebendazole.....	5, 11
Habitrol (Mint).....	18	Menactra.....	8
Hepatitis B recombinant vaccine.....	9	Meningococcal (A, C, Y and W-135) conjugate vaccine.....	8
Hepsera.....	16	Meropenem.....	5
High protein enteral feed 1.26 kcal/ml.....	8	Meropenem-AFT.....	5
Humira.....	27	Metaraminol.....	22
HumiraPen.....	27	Meterol.....	19
Hydrocortisone.....	16, 22	Methotrexate.....	7
Hydrocortisone (PSM).....	16, 22	Methotrexate DBL Onco-Vial.....	7
Hydrogen peroxide.....	11	Methylphenidate ER - Teva.....	7
Hydroxycarbamide.....	19	Methylphenidate hydrochloride.....	7, 18
Hydroxychloroquine.....	17	Methylprednisolone aceponate.....	16
Hydroxyurea [Hydroxycarbamide].....	19	Metoprolol succinate.....	10
I		Metrogyl.....	16
Indapamide.....	21	Metronidazole.....	16
Infliximab.....	28	Miconazole nitrate.....	5, 22
Iodine with ethanol.....	29	Micreme.....	22
Iohexol.....	7	Mitomycin C.....	26
Ipratropium bromide.....	19	MMA/PA Anamix Infant.....	19, 20
Ismo 20.....	22	Morphine sulphate.....	7, 25
Ismo 40 Retard.....	22	Moxifloxacin.....	16
Isosorbide mononitrate.....	22	N	
Ispaghula (psyllium) husk.....	21	Naltraccord.....	12
J		Naltrexone hydrochloride.....	12
Jadelle.....	16	Nausafix.....	18
K		Nicotine.....	18
Kenacort-A 10.....	11, 22	Nicotinic acid.....	10
Kenacort-A 40.....	11, 22		

Index

Pharmaceuticals and brands

Normison.....	26	Risperidone (Teva).....	18
Nutrini Peptisorb.....	20	Risperon.....	26
Nutrini Peptisorb Energy.....	20	Ritalin SR.....	18
Nutrison Advanced Peptisorb.....	29	Ropivacaine hydrochloride.....	25
Nutrison Protein Intense.....	8	Ropivacaine Kabi.....	25
O		S	
Olanzapine.....	26	Salmeterol.....	19
Omegapharm.....	26	Sebizole.....	22
Omnipaque.....	7	Sevredol.....	25
Oncaspar LYO.....	26	Shingles vaccine.....	9
Ondansetron.....	7, 12, 18	Simvastatin.....	21
Ondansetron Kabi.....	7, 12, 18	Simvastatin Mylan.....	21
Oral feed.....	8	Sinemet.....	17
P		Sinemet CR.....	6
Paclitaxel.....	26	Stesolid.....	17
Paclitaxel Ebewe.....	26	Suxamethonium chloride.....	17
Pan-Penicillin G Sodium.....	23	T	
Paracare.....	25	Tamoxifen citrate.....	26
Paracare Double Strength.....	25	Tamoxifen Sandoz.....	26
Paracetamol.....	25	Temazepam.....	26
Paracetamol Kabi.....	25	Terazosin.....	10
Pegaspargase.....	26	Ticagrelor.....	14
Penicillin G.....	23	Timolol.....	19
Peptide-based enteral feed 1 kcal/ml.....	29	Torbay.....	22
Peptisoothe.....	5	Tramadol hydrochloride.....	17, 25
Permethrin.....	22	Tramal SR 100.....	25
Pinetarsol.....	22	Tramal SR 150.....	25
Pine tar with trolamine laurilsulfate and fluorescein.....	22	Tramal SR 200.....	25
PKU Lophlex Powder (unflavoured).....	19	Triamcinolone acetoneide.....	11, 21, 22
Plaquenil.....	17	Tykerb.....	19
Poloxamer.....	21	U	
Prasugrel.....	14	Univent.....	19
Pravastatin.....	5	UroFos.....	23
Pravastatin Mylan.....	5	V	
Prednisolone sodium.....	10	Varicella vaccine [Chickenpox vaccine].....	13
Prochlorperazine.....	18	Varicella zoster vaccine [Shingles vaccine].....	9
Q		Vasorex.....	5, 10
Quetapel.....	26	VENOX.....	7
Quetiapine.....	26	Vergo 16.....	25
R		Vermox.....	5
Ranitidine.....	5, 21	Vit.D3.....	5
Ranitidine Relief.....	21	Z	
Remicade.....	28	Zantac.....	21
Rifadin.....	23	Zetlam.....	24
Rifampicin.....	23	Zostavax.....	9
Risperidone.....	18, 26	Zypine.....	26
		Zypine ODT.....	26

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