The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update
Effective 1 September 2013
Cumulative for July, August and September 2013
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Rapid Assessment Guide and DHB approval processes

Rapid Hospital Assessment is a process for DHB clinicians to request the urgent use of a non-HML medicine when a patient is expected, within five working days, to ‘experience either significant deterioration or miss the opportunity for a significant improvement in clinical outcomes (length or quality of life)’ if not treated with the requested medicine.

Clinicians should use their own DHB’s Rapid Assessment processes where these are in place. If for some reason an assessment can’t be done at the DHB, the PHARMAC process is available. DHBs need to be aware that internal DHB approvals to make the application should be done before sending us the completed Rapid Assessment form.

Sub-speciality protocols available from Starship

Starship Hospital has protocols for certain sub-specialty uses of antimicrobials that are unlikely to exist in other centres, particularly in children with complex medical conditions. The Starship Clinical guidelines are available online at: https://www.starship.org.nz/for-health-professionals/starship-clinical-guidelines

These have been approved by the Starship paediatric ID team and include several protocols for subspecialist management of paediatric problems. PHARMAC encourages other DHBs to take advantage of that resource.
Pre-thickened drinks and food/fluid thickeners on the HML

Pre-thickened drinks and supplements have not been included in Section H, however, DHB hospitals may continue to use such products for patients with dysphagia, provided that:

• use was established prior to 1 July 2013; and
• the product has not been specifically considered and excluded by PHARMAC; and
• use of the product conforms to any applicable indication restrictions for similar products that are listed in Section H (for example, use of thickened high protein products should be in line with the restriction for high protein oral feed in Section H).

So what does this mean?

1. If the use of pre-thickened drinks and pre-thickened supplements was established in the DHB hospital prior to 1 July 2013, then the DHB hospital may continue to use them in both new and existing patients (NOTE: any new patients would not be able to use products that have been specifically excluded from the HML – see below).

2. Certain products have been considered and specifically excluded from the HML at this time. The list of these products can be found on PHARMAC’s website at www.pharmac.health.nz/ckeditor_assets/attachments/354/notification-2013-05-16-hospital-a-z-list.pdf – the excluded products are in red. Please note the list includes only products considered as of May 2013 and has not been updated since then. In particular, some items that were “red” on this list have since been reassessed and added to the HML. If your hospital wishes to use one of the excluded products either a NPPA application would need to be submitted if it relates to an individual, or you could submit a clinician’s application form for it to be further considered for inclusion on the HML. A meeting of the Special Foods Subcommittee is scheduled for later this year, so should you wish to have a product considered for inclusion on the HML, please provide a clinician’s application form before the end of September.

3. Please remember that any individual patients who were receiving treatment with these products prior to 1 July 2013 may continue to access them. Subject to rule 13.

4. If anything changes then we will let hospitals know.
Hydroxyethyl starches (HES)

The United Kingdom’s Medicines and Healthcare Products Regulatory Agency (MHRA) has issued a recall for hydroxyethyl starch (HES) products in the UK. This is following results from large randomised clinical trials which reported an increased risk of renal dysfunction and mortality in critically ill or septic patients who received HES compared with crystalloids (simple salt solutions).

There are currently two brands of HES solutions listed on the Hospital Medicines List (HML) - Volulyte 6% and Voluven. Medsafe has issued a safety alert on these HES solutions (http://www.medsafe.govt.nz/Projects/B2/monitoring-communications.asp#8-July-2013) and the relevant datasheets will be updated with new safety-related information (contraindications etc).

Medsafe is continuing to review this safety concern and will provide further information once this review is complete. Until Medsafe completes its review of HES, Volulyte 6% and Voluven will remain listed on the HML. Clinicians will continue to have the discretion to use these products in the treatment of patients if considered clinically appropriate.
**Section H changes to Part II**

**Effective 1 September 2013**

<table>
<thead>
<tr>
<th>ALIMENTARY TRACT AND METABOLISM</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15 MESALAZINE</strong></td>
<td></td>
</tr>
<tr>
<td>Modified release granules, 1 g</td>
<td>141.72</td>
</tr>
<tr>
<td>120 g</td>
<td>Pentasa</td>
</tr>
<tr>
<td><strong>24 ASCORBIC ACID (↑ price, addition of HSS)</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 100 mg – 1% DV Nov-13 to 2016</td>
<td>7.00</td>
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<tr>
<td>500</td>
<td>Cvite</td>
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<table>
<thead>
<tr>
<th>CARDIOVASCULAR</th>
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<tr>
<td><strong>40 PINDOLOL (↑ price and addition of HSS)</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 5 mg – 1% DV Nov-13 to 2016</td>
<td>9.72</td>
</tr>
<tr>
<td>100</td>
<td>Apo-Pindolol</td>
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<td>Tab 10 mg – 1% DV Nov-13 to 2016</td>
<td>15.62</td>
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<tr>
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<td>Apo-Pindolol</td>
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<tr>
<td>Tab 15 mg – 1% DV Nov-13 to 2016</td>
<td>23.46</td>
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<tr>
<td>100</td>
<td>Apo-Pindolol</td>
</tr>
<tr>
<td><strong>43 GEMFIBROZIL (↑ price and addition of HSS)</strong></td>
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</tr>
<tr>
<td>Tab 600 mg – 1% DV Nov-13 to 2016</td>
<td>17.60</td>
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<tr>
<td>60</td>
<td>Lipazil</td>
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<table>
<thead>
<tr>
<th>HORMONE PREPARATIONS</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>64 DESMOPRESSIN ACETATE</strong></td>
<td></td>
</tr>
<tr>
<td>Tab 100 mcg</td>
<td>36.40</td>
</tr>
<tr>
<td>30</td>
<td>Minirin</td>
</tr>
<tr>
<td>Tab 200 mcg (new listing)</td>
<td>93.60</td>
</tr>
<tr>
<td>30</td>
<td>Minirin</td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Nocturnal enuresis</strong></td>
<td></td>
</tr>
<tr>
<td>Either:</td>
<td></td>
</tr>
<tr>
<td>1 The nasal forms of desmopressin are contraindicated; or</td>
<td></td>
</tr>
<tr>
<td>2 An enuresis alarm is contraindicated</td>
<td></td>
</tr>
<tr>
<td><strong>Cranial diabetes insipidus</strong> and the nasal forms of desmopressin are contraindicated.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INFECTIONS</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>65 GENTAMICIN SULPHATE</strong></td>
<td></td>
</tr>
<tr>
<td>Inj 10 mg per ml, 2 ml ampoule</td>
<td>175.10</td>
</tr>
<tr>
<td>25</td>
<td>APP Pharmaceuticals</td>
</tr>
<tr>
<td><strong>69 MOXIFLOXACIN (amendment to presentation)</strong></td>
<td></td>
</tr>
<tr>
<td>Inj 2 mg per ml, 250 ml bag</td>
<td>70.00</td>
</tr>
<tr>
<td>1</td>
<td>Avelox IV 400</td>
</tr>
<tr>
<td>Inj 1.6 mg per ml, 250 ml bag</td>
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</tr>
<tr>
<td><strong>84 BOCEPREVIR</strong></td>
<td></td>
</tr>
<tr>
<td>Cap 200 mg</td>
<td>5,015.00</td>
</tr>
<tr>
<td>336</td>
<td>Victrelis</td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td></td>
</tr>
<tr>
<td>Chronic hepatitis C – genotype 1, first-line from gastroenterologist, infectious disease physician or general physician:</td>
<td></td>
</tr>
<tr>
<td>All of the following:</td>
<td></td>
</tr>
<tr>
<td>1 Patient has chronic hepatitis C, genotype 1; and</td>
<td></td>
</tr>
<tr>
<td>2 Patient has not received prior pegylated interferon treatment; and</td>
<td></td>
</tr>
<tr>
<td>3 Patient has IL-28B genotype CT or TT; and</td>
<td></td>
</tr>
<tr>
<td>4 Patient is to be treated in combination with pegylated interferon and ribavirin; and</td>
<td></td>
</tr>
<tr>
<td>5 Patient is hepatitis C protease inhibitor treatment-naïve; and</td>
<td></td>
</tr>
<tr>
<td>6 Maximum of 44 weeks therapy.</td>
<td></td>
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<tr>
<td>continued...</td>
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</tr>
</tbody>
</table>
### Changes to Section H - effective 1 September 2013 (continued)

**Chronic hepatitis C – genotype 1, second-line from gastroenterologist, infectious disease physician or general physician.**

All of the following:

1. Patient has chronic hepatitis C, genotype 1; and
2. Patient has received pegylated interferon treatment; and
3. Any one of:
   3.1. Patient was a responder relapser; or
   3.2. Patient was a partial responder; or
   3.3. Patient received pegylated interferon prior to 2004; and
4. Patient is to be treated in combination with pegylated interferon and ribavirin; and
5. Maximum of 44 weeks therapy.

Note: Due to risk of severe sepsis boceprevir should not be initiated if either Platelet count <100 x10^9/l or Albumin <35 g/l.

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Description</th>
<th>Price (per 4 units)</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>85</td>
<td>INTERFERON ALFA ALPHA-2A (amendment to chemical name)</td>
<td>$900.00</td>
<td>Pegasys</td>
</tr>
<tr>
<td></td>
<td>Inj 3 m iu prefilled syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 6 m iu prefilled syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 9 m iu prefilled syringe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85</td>
<td>INTERFERON ALFA ALPHA-2B (amendment to chemical name)</td>
<td>$1,159.84</td>
<td>Pegasys RBV Combination Pack</td>
</tr>
<tr>
<td></td>
<td>Inj 18 m iu, 1.2 ml multidose pen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 30 m iu, 1.2 ml multidose pen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 60 m iu, 1.2 ml multidose pen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>86</td>
<td>PEGYLATED INTERFERON ALFA-2A ALFA-2A (amendment to chemical name and restriction)</td>
<td>$1,290.00</td>
<td>Pegasys RBV Combination Pack</td>
</tr>
<tr>
<td></td>
<td>Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (168)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (168)</td>
<td></td>
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</tr>
</tbody>
</table>

**Restricted**

Initiation - Chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV or genotype 2 or 3 post liver transplant

Both:

1. Any of the following:
   1.1. Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
   1.2. Patient has chronic hepatitis C and is co-infected with HIV; or
   1.3. Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant; and
2. Maximum of 48 weeks therapy.

Notes:

Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.

Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml.

Continuation — (Chronic hepatitis C – genotype 1 infection) from gastroenterologist, infectious disease physician or general physician.

*continued...*
Changes to Section H - effective 1 September 2013 (continued)

All of the following:
1. Patient has chronic hepatitis C, genotype 1; and
2. Patient has had previous treatment with pegylated interferon and ribavirin; and
3. Either:
   3.1 Patient has responder relapsed; or
   3.2 Patient was a partial responder; and
4. Patient is to be treated in combination with boceprevir; and
5. Maximum of 48 weeks therapy.

Initiation - Chronic Hepatitis C – genotype 1 infection treatment more than 4 years prior - Gastroenterologist, infectious disease physician or general physician.

All of the following
1. Patient has chronic hepatitis C, genotype 1; and
2. Patient has had previous treatment with pegylated interferon and ribavirin; and
3. Any of the following
   3.1. Patient has responder relapsed; or
   3.2. Patient was a partial responder; or
   3.3. Patient received interferon treatment prior to 2004; and
4. Patient is to be treated in combination with boceprevir; and
5. Maximum of 48 weeks therapy.

Initiation — chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV

Both:
1. Patient has chronic hepatitis C, genotype 2 or 3 infection; and
2. Maximum of 6 months therapy.

Initiation — Hepatitis B – gastroenterologist, infectious disease specialist or general physician

All of the following:
1. Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
2. Patient is Hepatitis B treatment-naive; and
3. ALT > 2 times Upper Limit of Normal; and
4. HBV DNA < 10 log10 IU/ml; and
5. Either:
   5.1 HBeAg positive; or
   5.2 serum HBV DNA ≥ 2,000 units/ml and significant fibrosis (≥ Metavir Stage F2 or moderate fibrosis); and
6. Compensated liver disease; and
7. No continuing alcohol abuse or intravenous drug use; and
8. Not co-infected with HCV, HIV or HDV; and
9. Neither ALT nor AST > 10 times upper limit of normal; and
10. No history of hypersensitivity or contraindications to pegylated interferon; and
11. Maximum of 48 weeks therapy.

Notes:
Approved dose is 180 mcg once weekly.
The recommended dose of pegylated Interferon alfa-2a is 180 mcg once weekly.
In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated Interferon alfa-2a dose should be reduced to 135 mcg once weekly.
In patients with neutropaenia and thrombocytopenia, dose should be reduced in accordance with the datasheet guidelines.
Pegylated Interferon alfa-2a is not approved for use in children.

(Brand) indicates a brand example only. It is not a contracted product.
Changes to Section H - effective 1 September 2013 (continued)

MUSCULOSKELETAL

87  NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE
     Inj 2.5 mg with glycopyrronium bromide 0.5 mg per ml,
     1 ml ampoule – 1% DV Nov-13 to 2016 ............................. 27.86  10  Max Health

89  RISEDRONATE SODIUM
     Tab 35 mg ........................................................................... 4.00  4  Risedronate Sandoz

NERVOUS SYSTEM

105  IMIPRAMINE HYDROCHLORIDE
     Tab 10 mg ............................................................................. 6.58  60  Tofranil S29

106  VENLAFAXINE (↓ price and removal of restriction on Arrow-Venlafaxine XR)
     Tab modified release 37.5 mg .............................................. 5.06  28  Arrow-Venlafaxine XR
     Tab modified release 75 mg ............................................... 6.44  28  Arrow-Venlafaxine XR
     Tab modified release 150 mg ............................................. 8.86  28  Arrow-Venlafaxine XR
     Tab modified release 225 mg ............................................. 14.34  28  Arrow-Venlafaxine XR

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

124  CYTARABINE
     Inj 20 mg per ml, 5 ml vial
     – 1% DV Nov-13 to 2016 (↓ price and addition of HSS) .... 55.00  5  Pfizer
     Inj 20 mg 200 mg per ml, 25 ml vial
     (amendment to presentation) ............................................. 18.15  1  Pfizer
     Inj 100 mg per ml, 10 ml vial
     – 1% DV Nov-13 to 2016 (↓ price and addition of HSS) .... 8.83  1  Pfizer
     Inj 100 mg per ml, 20 ml vial
     – 1% DV Nov-13 to 2016 (↓ price and addition of HSS) .... 17.65  1  Pfizer

153  MYCOPHENOLATE MOFETIL (Addition of HSS)
     ➔ Cap 250 mg – 1% DV Nov-13 to 2016 (↓ price) ......... 25.00  100  CellCept
     ➔ Tab 500 mg – 1% DV Nov-13 to 2016 (↓ price) ......... 25.00  50  CellCept
     ➔ Powder for oral liq 1 g per 5 ml
     – 1% DV Nov-13 to 2016 (↓ price) ................................. 187.25  165 ml  CellCept
     ➔ Inj 500 mg vial – 1% DV Nov-13 to 2016 .................... 133.33  4  CellCept

Note – Myaccord cap 250 mg and tab 500 mg and Ceptolate tab 500 mg to be delisted 1 November 2013

RESPIRATORY SYSTEM AND ALLERGIES

160  DORNASE ALFA (amendment to restriction)
     ➔ Nebuliser soln 2.5 mg per 2.5 ml ampoule .................. 250.00  6  Pulmozyme

Restricted

Any Either of the following:
1  Cystic fibrosis and the patient has been approved by the Cystic Fibrosis Panel; and/or
   For use in patients
   with approval by the Cystic Fibrosis Advisory Panel
2  Significant mucus production and meets the following criteria
   All of the following:
     Treatment for up to four weeks treatment for patients meeting the following:
     2.1 Patient is an in-patient; and
     2.2 The mucus production cannot be cleared by first line chest techniques.
Changes to Section H - effective 1 September 2013 (continued)

SPECIAL FOODS

173 HIGH PROTEIN ENTERAL FEED 1.28 KCAL/ML + 0.25 KCAL/ML
   ➞ Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat
   and 1.5 g fibre per 100 ml, 1,000 ml bag
   (Nutrison Protein Plus Multi Fibre)

176 PAEDIATRIC ORAL FEED 1 KCAL/ML
   ➞ Liquid 4.2 g protein, 16.7 g carbohydrate
   and 7.5 g fat per 100 ml, bottle 1.07 200 ml
   Pediasure (Chocolate)
   Pediasure (Strawberry)
   Pediasure (Vanilla)

   ➞ Liquid 4.2 g protein, 16.7 g carbohydrate
   and 7.5 g fat per 100 ml, can 1.34 250 ml
   Pediasure (Vanilla)
Note – the packaging has changed to Recloseable Plastic Bottle (RPB) with new Pharmacodes.
Note – the Pharmacodes for the tetra-packs and cans will be delisted from 1 November 2013.

176 PAEDIATRIC ENTERAL FEED 0.76 KCAL/ML 0.75 KCAL/ML
   ➞ Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat
   and 0.7 g fibre per 100 ml, bag 4.00 500 ml
   Nutrini Low Energy Multifibre RTH

Effective 12 August 2013

36 ENALAPRIL MALEATE (HSS suspended)
   Tab 5 mg – 1% DV Dec-12 to 2015 12/08/2013
   Tab 10 mg – 1% DV Dec-12 to 2015 12/08/2013
   Tab 20 mg – 1% DV Dec-12 to 2015 12/08/2013
   1.07 90 m-Enalapril
   1.32 90 m-Enalapril
   1.72 90 m-Enalapril

Effective 2 August 2013

ALIMENTARY TRACT AND METABOLISM

21 BIOTIN
   ➞ Inj 10 mg per ml, 5 ml vial
   ➞ Cap 50 mg
   ➞ Cap 100 mg
   Restricted
   Metabolic disorders physician or metabolic disorders dietician.

21 PYRIDOXAL-5-PHOSPHATE
   ➞ Tab 50 mg
   Restricted
   Metabolic disorders physician, metabolic disorders dietician or neurologist.

23 ZINC (presentation amended)
   Oral liq 5 mg per drop 5 mg per 5 drops

(Brand) indicates a brand example only. It is not a contracted product.
Changes to Section H - effective 2 August 2013 (continued)

BLOOD AND BLOOD FORMING ORGANS

28 APROTININ
   → Inj 10,000 kIU per ml (equivalent to 200 mg per ml), 50 ml vial

   Restricted
   Cardiac anaesthetist
   Either:
   1. Paediatric patient undergoing cardiopulmonary bypass procedure; or
   2. Adult patient undergoing cardiac surgical procedure where the significant risk of massive bleeding outweighs
      the potential adverse effects of the drug.

DERMATOLOGICALS

49 DIMETHICONE (Addition of suggested brand)
   Crm 5%
   (Barrier Cream 555)
   (DP Barrier Cream)

49 ZINC (Addition of suggested brands)
   Crm
   (Zinc Cream (Orion))
   (Zinc Cream (PSM))
   (Zinc oxide (PSM))
   15% ion
   Simple Ointment BP

50 ZINC WITH WOOL FAT (Addition of suggested brand)
   Crm, zinc 15.25% with wool fat 4%
   (Sudocrem)

50 GLYCEROL WITH PARAFFIN (Addition of suggested brands)
   Crm glycerol 10% with white soft paraffin 5%
   and liquid paraffin 10%
   (QV cream)

50 PARAFFIN WITH WOOL FAT (Addition of suggested brands)
   Lotn liquid paraffin 15.9% with wool fat 0.6%
   (Alpha Keri Lotion)
   (BK Lotion)
   (DP Lotion)
   (Hydroderm Lotion)
   (Alpha Keri Bath Oil)

HORMONE PREPARATIONS

63 POTASSIUM IODATE
   Tab 170 mg

INFECTIONS

65 GENTAMICIN SULPHATE
   Inj 10 mg per ml, 2 ml ampoule
Changes to Section H - effective 2 August 2013 (continued)

NERVOUS SYSTEM

99 ARTICaine HYDROCHLORIDE WITH ADRENALINE
  Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge
  Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge
  Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge

VACCINES

181 DIPHTHERIA AND TETANUS VACCINE (additional restriction)
  → Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe
  Restricted
  Any of the following:
  1 For vaccination of patients aged 45 and 65 years old; or
  2 For vaccination of previously unimmunised patients; or
  3 For revaccination following immunosuppression; or
  4 For revaccination for patients with tetanus-prone wounds; or
  5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

181 HAEMOPHILUS INFLUENZA TYPE B VACCINE (additional restriction)
  → Inj 10 mcg vial with diluent syringe
  Restricted
  Any of the following:
  1 For primary vaccination in children; or
  2 For revaccination following immunosuppression; or
  3 For children aged 0-18 years with functional asplenia; or
  4 For patients pre- and post-splenectomy
  5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

182 PNEUMOCOCCAL CONJUGATE (PCV13) VACCINE (additional restriction)
  → Inj 30.8 mcg in 0.5 ml syringe
  Restricted
  Any of the following:
  1 For high risk children under the age of 5; or
  2 For patients aged less than 18 years pre- or post-splenectomy or with functional asplenia; or
  3 For revaccination following immunosuppression
  4 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

182 PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE (additional restriction)
  → Inj 575 mcg in 0.5 ml vial
  Restricted
  Any of the following:
  1 For patients pre- and post-splenectomy or
  2 children aged 0-18 years with functional asplenia; or
  3 For revaccination following immunosuppression; or
  4 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.
Changes to Section H - effective 2 August 2013 (continued)

183   HEPATITIS B VACCINE (additional restriction)
   ➔ Inj 5 mcg in 0.5 ml vial
   ➔ Inj 10 mcg in 1 ml vial

Restricted
Any of the following:
1 Household or sexual contacts of known hepatitis B carriers; or
2 Children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3 Dialysis patients; or
4 HIV-positive patients; or
5 Hepatitis C positive patients; or
6 For use in transplant patients; or
7 For use following immunosuppression; or
8 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

VARIOUS

186   HYDROXOCOBALAMIN
   Inj 5 g vial

Effective 1 August 2013

ALIMENTARY TRACT AND METABOLISM

15   SULPHASALAZINE (addition of HSS)
   Tab 500 mg – 1% DV Oct-13 to 2016 .......................... 11.68  100  Salazopyrin
   Tab EC 500 mg – 1% DV Oct-13 to 2016 .......................... 12.89  100  Salazopyrin EN

16   GLYCOPYRRONIUM BROMIDE
   Inj 0.2 mg per ml, 1 ml ampoule – 1% DV Oct-13 to 2016 ...... 28.56  10  Max Health

18   GLUCOSE (correcting presentation description)
   Tab 3.1 mg g

23   MAGNESIUM HYDROXIDE
   Tab 5 mg (delisting)
   Tab 311 mg (130 mg elemental) (amend the chemical name)
   Note – Magnesium hydroxide tab 5 mg to be delisted from 1 August 2013.

23   MAGNESIUM OXIDE
   Cap 663 mg (400 mg elemental)

23   MAGNESIUM SULPHATE (amended HSS expiry)
   Inj 2 mmol per ml, 5 ml ampoule
   – 1% DV Feb-13 to 2014 2015 ............................................... 18.35  10  Martindale

24   CALCITRIOL (delisting)
   Oral liq 1 mcg per ml ......................................................... 39.40  10 ml  Rocaltrol
   Note – Rocaltrol oral liq 1 mcg per ml to be delisted from 1 October 2013.
Changes to Section H - effective 1 August 2013 (continued)

**BLOOD AND BLOOD FORMING**

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per Manufacturer</td>
<td></td>
</tr>
</tbody>
</table>

30 WARFARIN SODIUM

- Tab 1 mg ...................................................... 6.86 100 Marevan
- Tab 3 mg ...................................................... 9.70 100 Marevan
- Tab 5 mg ...................................................... 11.75 100 Marevan

**CARDIOVASCULAR**

40 NIFEDIPINE (1 price)

- Tab long-acting 20 mg ........................................ 9.59 100 Nyefax Retard

42 INDAPAMIDE (4 price and addition of HSS)

- Tab 2.5 mg – 1% DV Oct-13 to 2016 ........................... 2.25 90 Dapa-Tabs

**GENITO-URINARY SYSTEM**

57 PROGESTERONE (addition of brand and amendment to restriction)

- Cap 100 mg ...................................................... 16.50 30 Utrogestan

Restricted

Only for use in women with previous preterm delivery (less than 28 weeks) and/or a short cervix (<25 mm).

Obstetrician or gynaecologist

Both:

1. For the prevention of pre-term labour*; and

2. Either

   2.1. The patient has a short cervix on ultrasound (defined as < 25 mm at 16 to 28 weeks) or

   2.2. The patient has a history of pre-term birth at less than 28 weeks.

Note: Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 23.1).

**HORMONE PREPARATIONS**

60 PREDNISONE

- Tab 1 mg ...................................................... 2.13 100 Apo-Prednisone S29

60 HYDROCORTISONE (1 price and addition of HSS)

- Inj 100 mg vial – 1% DV Oct-13 to 2016 ........................ 4.99 1 Solu-Cortef

62 LEUPRORELIN ACETATE (delisting)

- Inj 3.75 mg vial .................................................. 221.60 1 Lucrin Depot
- Inj 11.25 mg vial ................................................ 591.68 1 Lucrin Depot
- Inj 3.75 mg syringe .............................................. 221.60 1 Lucrin Depot PDS
- Inj 11.25 mg vial ................................................ 591.68 1 Lucrin Depot
- Inj 11.25 mg syringe .............................................. 591.68 1 Lucrin Depot PDS

Note – Lucrin Depot inj 3.75 mg vial and 11.25 mg vial to be delisted 1 October 2013

**INFECTIONS**

66 CEFALEXIN (addition of HSS)

- Cap 500 mg – 1% DV Oct-13 to 2016 (4 price) .................. 5.70 20 Cephalexin ABM
- Grans for oral liq 25 mg per ml – 1% DV Oct-13 to 2016 ........ 8.50 100 ml Cefalexin Sandoz
- Grans for oral liq 50 mg per ml – 1% DV Oct-13 to 2016 ...... 11.50 100 ml Cefalexin Sandoz

*(Brand) indicates a brand example only. It is not a contracted product.
## Changes to Section H - effective 1 August 2013 (continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Product</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>68</td>
<td>PIPERACILLIN WITH TAZOBACTAM (↑ price and addition of HSS)</td>
<td>Inj 4 g with tazobactam 0.5 g vial – 1% DV Oct-13 to 2016</td>
<td>$5.84</td>
<td>Tazocin EF</td>
</tr>
<tr>
<td>70</td>
<td>CLINDAMYCIN (↑ price and addition of HSS)</td>
<td>Cap 150 mg – 1% DV Oct-13 to 2016</td>
<td>$5.80</td>
<td>Clindamycin ABM</td>
</tr>
<tr>
<td>72</td>
<td>FLUCONAZOLE</td>
<td>Inj 2 mg per ml, 50 ml vial (↑ price and addition of HSS) – 1% DV Oct-13 to 2016</td>
<td>$4.95</td>
<td>Fluconazole-Claris</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inj 2 mg per ml, 100 ml vial (new listing) – 1% DV Oct-13 to 2016</td>
<td>$6.47</td>
<td>Fluconazole-Claris</td>
</tr>
<tr>
<td>72</td>
<td>ITRACONAZOLE (↑ price and addition of HSS)</td>
<td>Cap 100 mg – 1% DV Oct-13 to 2016</td>
<td>$2.99</td>
<td>Itrazole</td>
</tr>
<tr>
<td>74</td>
<td>CLOFAZAMINE CLOFAZIMINE (correcting chemical name)</td>
<td>Cap 50 mg Restricted Infectious disease physician, clinical microbiologist or dermatologist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>ZIDOVUDINE [AZT] (↑ price and addition of HSS)</td>
<td>Cap 100 mg – 1% DV Oct-13 to 2016</td>
<td>$152.25</td>
<td>Retrovir</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oral liq 10 mg per ml – 1% DV Oct-13 to 2016</td>
<td>$30.45</td>
<td>Retrovir</td>
</tr>
</tbody>
</table>

### MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Code</th>
<th>Product</th>
<th>Description</th>
<th>Price</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>ALENDRONATE SODIUM (amendment to note in restriction)</td>
<td>Tab 70 mg Restricted</td>
<td>$22.90</td>
<td>Fosamax</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Notes: b) Evidence used by the National Institute for Health and Clinical Excellence (NICE) guidance indicates 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>89</td>
<td>ALENDRONATE SODIUM WITH CHOLECALCIFEROL (amendment to note in restriction)</td>
<td>Tab 70 mg with cholecalciferol 5,600 iu Restricted</td>
<td>$22.90</td>
<td>Fosamax Plus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Notes: b) Evidence used by the National Institute for Health and Clinical Excellence (NICE) guidance indicates 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>ZOLEDRONIC ACID (amendment to note in restriction)</td>
<td>Inj 0.05 mg per ml, 100 ml vial Restricted</td>
<td>$600.00</td>
<td>Aclasta</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Notes: b) Evidence used by the National Institute for Health and Clinical Excellence (NICE) guidance indicates 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Changes to Section H - effective 1 August 2013 (continued)

91 RALOXIFENE (amendment to note in restriction)
   ➞ Tab 60 mg ......................................................... 53.76  28  Evista
   Restricted
   Notes:
   b) Evidence used by the UK National Institute for Health and Clinical Excellence (NICE) in developing its guidance
   indicates 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 raloxifene funding.

93 COLCHICINE (± price and addition of HSS)
   Tab 500 mcg – 1% DV Oct-13 to 2016 .............................. 10.08  100  Colgout

NERVOUS SYSTEM

104 OXYCODONE HYDROCHLORIDE
   Tab controlled-release 10 mg – 1% DV Oct-13 to 2015 .......... 6.75  20  Oxydone BNM
   Tab controlled-release 20 mg – 1% DV Oct-13 to 2015 .......... 11.50  20  Oxydone BNM
   Tab controlled-release 40 mg – 1% DV Oct-13 to 2015 .......... 18.50  20  Oxydone BNM
   Tab controlled-release 80 mg – 1% DV Oct-13 to 2015 .......... 34.00  20  Oxydone BNM
   Note – Oxycontin controlled-release tab 10 mg, 20 mg, 40 mg and 80 mg to be delisted 1 October 2013.

105 MIANSERIN HYDROCHLORIDE (removal of restriction)
   Tab 30 mg
   Restricted
   Either:
   1—Both:
   1.1 Depression; and
   1.2 Either:
   1.2.1 Co-existent bladder neck obstruction; or
   1.2.2 Cardiovascular disease; or
   2—Both:
   2.1 The patient has a severe major depressive episode; and
   2.2 Either:
   2.2.1 The patient must have had a trial of two different antidepressants and was unable to tolerate the
   treatments or failed to respond to an adequate dose over an adequate period of time (usually at
   least four weeks); or
   2.2.2 Both:
   2.2.2.1 The patient is currently a hospital in patient as a result of an acute depressive episode; and
   2.2.2.2 The patient must have had a trial of one other antidepressant and either could not
   tolerate it or failed to respond to an adequate dose over an adequate period of time.

107 PARALDEHYDE (correcting presentation description)
   Inj 5 mg ml ampoule

113 HALOPERIDOL (± price and addition of HSS)
   Tab 500 mcg – 1% DV Oct-13 to 2016 .............................. 6.23  100  Serenace
   Tab 1.5 mg – 1% DV Oct-13 to 2016 .............................. 9.43  100  Serenace
   Tab 5 mg – 1% DV Oct-13 to 2016 .............................. 29.72  100  Serenace
   Oral liq 2 mg per ml – 1% DV Oct-13 to 2016 ................. 23.84  100 ml  Serenace
   Inj 5 mg per ml, 1 ml ampoule – 1% DV Oct-13 to 2016 ......... 21.55  10  Serenace

(Brand) indicates a brand example only. It is not a contracted product.
<table>
<thead>
<tr>
<th></th>
<th>Product Name and Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>114</strong> QUETIAPINE (new packsize) Tab 100 mg .................................................................</td>
</tr>
<tr>
<td></td>
<td><strong>114</strong> LEVOMEPRAMINE MALEATE (amended chemical name) Tab 25 mg Tab 100 mg Inj 25 mg per ml, 1 ml ampoule</td>
</tr>
<tr>
<td></td>
<td><strong>117</strong> BUSPIRONE HYDROCHLORIDE (removal of restriction) Tab 5 mg ........................................... 28.00 100 Pacific Buspirone Tab 10 mg ................................................................. 17.00 100 Pacific Buspirone Restricted Both: 1. For use only as an anxiolytic; and 2. Other agents are contraindicated or have failed.</td>
</tr>
<tr>
<td></td>
<td><strong>121</strong> BUPROPION HYDROCHLORIDE (↑ price and addition of HSS) Tab modified-release 150 mg – 1% DV Oct-13 to 2016 ............ 4.97 30 Zyban</td>
</tr>
<tr>
<td></td>
<td><strong>121</strong> NALTREXONE HYDROCHLORIDE (↑ price) ➞ Tab 50 mg – 1% DV Sep-13 to 2016............................. 76.00 30 Naltraccord</td>
</tr>
<tr>
<td></td>
<td><strong>ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS</strong></td>
</tr>
<tr>
<td></td>
<td><strong>124</strong> MITOMYCIN C (↑ price and addition of HSS) Inj 5 mg vial – 1% DV Oct-13 to 2016 ......................... 79.75 1 Arrow</td>
</tr>
<tr>
<td></td>
<td><strong>125</strong> MERCAPTOPURINE (↑ price, addition of HSS and change to brand name) Tab 50 mg – 1% DV Oct-13 to 2016 ......................... 49.41 25 Puri-nethol Puri-nethol</td>
</tr>
<tr>
<td></td>
<td><strong>126</strong> DACARBAZINE (↑ price and addition of HSS) Inj 200 mg vial – 1% DV Oct-13 to 2016 ......................... 51.84 1 Hospira</td>
</tr>
<tr>
<td></td>
<td><strong>131</strong> DOCETAXEL (delisting) Inj 10 mg per ml, 2 ml vial ................................................................. 48.75 1 Docetaxel Ebewe Inj 10 mg per ml, 2 ml vial – 1% DV May-13 to 2014 ......................... 48.75 1 Docetaxel Sandoz Inj 10 mg per ml, 8 ml vial ................................................................. 195.00 1 Docetaxel Ebewe Inj 10 mg per ml, 8 ml vial – 1% DV May-13 to 2014 ......................... 195.00 1 Docetaxel Sandoz</td>
</tr>
<tr>
<td></td>
<td><strong>131</strong> MESNA (↑ price and addition of HSS) Tab 400 mg – 1% DV Oct-13 to 2016 ...................................... 227.50 50 Uromitexan Tab 600 mg – 1% DV Oct-13 to 2016 ......................................................... 339.50 50 Uromitexan Inj 100 mg per ml, 4 ml ampoule – 1% DV Oct-13 to 2016 .......... 148.05 15 Uromitexan Inj 100 mg per ml, 10 ml ampoule – 1% DV Oct-13 to 2016 .. 339.90 15 Uromitexan</td>
</tr>
</tbody>
</table>

Products with Hospital Supply Status (HSS) are in **bold**. Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
<table>
<thead>
<tr>
<th>Description</th>
<th>Price Excl. GST</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SENSORY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYPMELLOSE WITH DEXTRAN</td>
<td>2.30</td>
<td>Poly-Tears</td>
</tr>
<tr>
<td>Eye drops 0.3% with dextran 0.1%</td>
<td>2.30</td>
<td>Poly-Tears</td>
</tr>
<tr>
<td>CARBOMER</td>
<td>8.25</td>
<td>Poly Gel</td>
</tr>
<tr>
<td>Ophthalmic gel 0.3%, single dose</td>
<td>8.25</td>
<td>Poly Gel</td>
</tr>
<tr>
<td>MACROGOL 400 AND PROPYLENE GLYCOL</td>
<td>4.30</td>
<td>Systane Unit Dose</td>
</tr>
<tr>
<td>Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose</td>
<td>4.30</td>
<td>Systane Unit Dose</td>
</tr>
<tr>
<td><strong>SPECIAL FOODS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PEPTIDE-BASED ORAL FEED (Correcting brand name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORAL FEED 2 KCAL/ML</td>
<td>1.90</td>
<td>TwoCal HN</td>
</tr>
<tr>
<td>Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml, bottle</td>
<td>1.90</td>
<td>TwoCal HN</td>
</tr>
<tr>
<td>Note – TwoCal HN 237 ml can to be delisted 1 October 2013.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMINO ACID FORMULA (↓ price)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can</td>
<td>53.00</td>
<td>Neocate Advance</td>
</tr>
<tr>
<td>Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can</td>
<td>53.00</td>
<td>Neocate Gold</td>
</tr>
<tr>
<td><strong>INFECTIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMPHOTERICIN B (amendment to restriction)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inj 50 mg vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infectious disease physician, clinical microbiologist, haematologist, oncologist, transplant specialist or respiratory physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note – Inj (liposomal) 50 mg vial – 1% DV Oct-12 to 2015</td>
<td>3,450.00</td>
<td>AmBisome</td>
</tr>
</tbody>
</table>

*(Brand) indicates a brand example only. It is not a contracted product.*
<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
</table>

Changes to Section H - effective 12 July 2013 (continued)

continued...

Either:
1. Proven or probable invasive fungal infection, to be prescribed under an established protocol; or
2. Both:
   2.1 Possible invasive fungal infection; and
   2.2 A multidisciplinary team (including an Infectious Disease physician or a Clinical Microbiologist) considers the treatment to be appropriate.

**NERVOUS SYSTEM**

99 BUPIVACAINE HYDROCHLORIDE (additional presentations and amended presentations)

- **Inj 2.5 mg per ml, 20 ml ampoule**
  - **Inj 2.5 mg per ml, 20 ml ampoule, sterile pack**
    - **1% DV Oct-12 to 2015** .................................................... 35.00 5 Marcain
  - **Inj 5 mg per ml, 10 ml ampoule, sterile pack**
    - **1% DV Oct-12 to 2015** .................................................... 28.00 5 Marcain
- **Inj 5 mg per ml, 20 ml ampoule**
  - **Inj 5 mg per ml, 20 ml ampoule, sterile pack**
    - **1% DV Oct-12 to 2015** .................................................... 28.00 5 Marcain

Note: DV limit applies to theatre packs only.

100 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (additional presentations)

- **Inj 1%, 20 ml ampoule, sterile pack**
- **Inj 2%, 20 ml ampoule, sterile pack**

**RESPIRATORY SYSTEM AND ALLERGIES**

159 SODIUM CROMOGLYCATE (amendment to presentation)

Powder for inhalation 20 mg per dose

**SPECIAL FOODS**

178 PROTIEN FREE SUPPLEMENT

- **Powder nil added protein and**
  - 67 g carbohydrate per 100 g, 400 g can (Energivit)

Restricted

Either:
1. For the dietary management of homocystinuria, maple syrup urine disease, phenylketonuria (PKU), glutaric aciduria isovaleric acidemia, propionic acidemia, methylmalonic acidemia, tyrosinaemia or urea cycle disorders; or
2. Patient has adrenoleukodystrophy; or
3. For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.
Changes to Section H - effective 12 July 2013 (continued)

VACCINES

181 BACILLUS CALMETTE-GUERIN VACCINE (amendment to presentation)
   - Inj 2-8 million CFU per ml vial with diluent
   - Inj 1.5 mg vial with diluent

Restricted
For infants at increased risk of tuberculosis.
Note: Increased risk is defined as:
1 living in a house or family with a person with current or past history of TB; or
2 have one or more household members or carers who within the last 5 years lived in a country with a rate of
   TB > or equal to 40 per 100,000 for 6 months or longer; or
3 during their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per
   100,000.
Note: A list of countries with high rates of TB are available at www.moh.govt.nz/immunisation or www.bcgatlas.org/index.php.

182 MENINGOCOCCAL (A, C, Y AND W-135) POLYSACCHARIDE VACCINE (amendment to restriction)
   - Inj 200 mcg vial with diluent

Restricted
Any of the following:
1 For patients pre- and post-splenectomy; or
2 For children aged 0-18 years with functional asplenia; or
3 For organisation and community based outbreaks.

182 PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE (amendment to restriction)
   - Inj 575 mcg in 0.5 ml vial

Restricted
Any of the following:
1 For patients pre- and post-splenectomy or
2 children aged 0-18 years with functional asplenia
3 For revaccination of children following immunosuppression.

185 VARICELLA ZOSTER VACCINE (CHICKEN POX VACCINE) (amendment to restriction)
   - Inj 1350 PFU vial with diluent
   - Inj 2000 PFU vial with diluent

Restricted
Any of the following:
1 For use in transplant patients; or
2 For use following immunosuppression; or
3 For household contacts of children undergoing immunosuppression with no previous history or disease
   (clinical history of disease or negative serology) or vaccination.
1 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.
2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist;
3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist;
4 For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV
   specialist;
continued...
Changes to Section H - effective 12 July 2013 (continued)

5 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has:
   a) adult household contact – a negative serology result for varicella; or
   b) child household contact – no clinical history of varicella or negative varicella serology.

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

194 CHLORHEXIDINE GLUCONATE
   Soin 20%

Effective 5 July 2013

BLOOD AND BLOOD FORMING ORGANS

29 DEFIBROTIDE (amendment to restriction)
   ➞ Inj 80 mg per ml, 2.5 ml ampoule
   Restricted – Haematologist
   Patient has moderate or severe sinusoidal obstruction syndrome as a result of chemotherapy or regimen-related toxicities after allogeneic stem cell transplantation.

HORMONE PREPARATIONS

60 OESTRADIOL OESTRIOL (correction of chemical name)
   Tab 2 mg

61 CABERGOLINE (amendment to restriction)
   ➞ Tab 0.5 mg – 1% DV Sep-12 to 2015
   6.25 2 Dostinex
   25.00 8 Dostinex
   Restricted
   Any of the following:
   1 Inhibition of lactation; or
   2 Patient has pathological hyperprolactinemia; or
   3 Patient has acromegaly.

INFECTIONS

76 ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE (addition of new presentation)
   ➞ Tab 62.5 mg with proguanil hydrochloride 25 mg
   Restricted
   Infectious disease physician or clinical microbiologist

MUSCULOSKELETAL

87 EDROPHONIUM CHLORIDE (addition of new presentation)
   ➞ Inj 10 mg per ml, 15 ml vial
   Restricted
   For the diagnosis of myasthenia gravis.

NERVOUS SYSTEM

99 BUPIVACAINE HYDROCHLORIDE (addition of new presentation)
   Inj 1.25 mg per ml, 500 ml bag
Changes to Section H - effective 5 July 2013 (continued)

RESPIRATORY SYSTEM AND ALLERGIES

157 SODIUM CHLORIDE (amendment to presentation)
   Aqueous nasal spray 6.5-7.4 mg per ml

VACCINES

181 DIPHTHERIA AND TETANUS VACCINE (amendment to restriction)
   ➔ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe
   Restricted
   Any of the following:
   1 For vaccination of patients aged 45 and 65 years old; or
   2 For vaccination of previously unimmunised patients; or
   3 For revaccination of children following immunosuppression; or
   4 For revaccination for patients with tetanus-prone wounds.

181 HAEMOPHILUS INFLUENZAE TYPE B VACCINE (amendment to restriction)
   ➔ Inj 10 mcg vial with diluent syringe
   Restricted
   Any of the following:
   1 For primary vaccination in children; or
   2 For revaccination of children following immunosuppression; or
   3 For children aged 0-18 years with functional asplenia; or
   4 For patients pre- and post-splenectomy.

182 PNEUMOCOCCAL CONJUGATE (PCV13) VACCINE (amendment to restriction)
   ➔ Inj 30.8 mcg in 0.5 ml syringe
   Restricted
   Any of the following:
   1 For high risk children under the age of 5; or
   2 For patients aged less than 18 years pre- or post-splenectomy or with functional asplenia; or
   3 For revaccination of children following immunosuppression.

182 PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE (amendment to restriction)
   ➔ Inj 575 mcg in 0.5 ml vial
   Restricted
   Any of the following:
   1 For patients pre- and post-splenectomy or
   2 children aged 0-18 years with functional asplenia
   3 For revaccination of children following immunosuppression.
Changes to Section H - effective 5 July 2013 (continued)

183 DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE (amendment to restriction)

- Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid,
  25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemaglutinin, 8 mcg pertactin,
  80 D antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe (1)
  and inj 10 mcg haemophilus influenzae type B vaccine vial

Restricted
Either:
1. For primary vaccination in children; or
2. For revaccination of children following immunosuppression.

Effective 1 July 2013

11 14 Clinical Trials and Free Stock

14.1 DHB Hospitals may Give any Pharmaceutical that is funded by a third party and is being used:
- 14.1.1 as part of a clinical trial which has Ethics Committee approval; or
- 14.1.2 for on-going treatment of patients following the end of such a clinical trial.

14.2 DHB Hospitals may Give any Pharmaceutical that is provided free of charge by a supplier, provided that the Pharmaceutical is provided as part of a programme of which the DHB, or supplier, has notified PHARMAC.

ALIMENTARY TRACT AND METABOLISM

15 MESALAZINE (correcting formulation)

Tab EC 400 mg ................................................................. 49.50 100 Asacol

18 INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE (↓ price)

- Inj insulin lispro 25% with insulin lispro protamine 75%,
  100 u per ml, 3 ml cartridge ............................................. 42.66 5 Humalog Mix 25
- Inj insulin lispro 50% with insulin lispro protamine 50%,
  100 u per ml, 3 ml cartridge ............................................. 42.66 5 Humalog Mix 50

19 URSODEOXYCHOLIC ACID (amendment to restriction)

- Cap 250 mg – 1% DV May-12 to 2014 .................................. 71.50 100 Ursosan

Restricted

Alagille syndrome or progressive familial intrahepatic cholestasis
Either:
1. Patient has been diagnosed with Alagille syndrome; or
2. Patient has progressive familial intrahepatic cholestasis

Chronic severe drug induced cholestatic liver injury
All of the following:
1. Patient has chronic severe drug induced cholestatic liver injury; and
2. Cholestatic liver injury not due to Total Parenteral Nutrition (TPN) use in adults; and
3. Treatment with ursodeoxycholic acid may prevent hospital admission or reduce duration of stay

Cirrhosis
Both:

continued...
Changes to Section H - effective 1 July 2013 (continued)

1. Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative by liver biopsy; and
2. Patient not requiring a liver transplant (bilirubin > 100umol/l; decompensated cirrhosis)

Pregnancy/Cirrhosis
Either:
+ Patient diagnosed with cholestasis of pregnancy
2. Both:
  2.1. Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy, and
  2.2. Patient not requiring a liver transplant (bilirubin > 170umol/l; decompensated cirrhosis).

Note: Liver biopsy is not usually required for diagnosis but is helpful to stage the disease.

Haematological transplant
Both:
1. Patient at risk of veno-occlusive disease or has hepatic impairment and is undergoing conditioning treatment prior to allogenic stem cell or bone marrow transplantation; and
2. Treatment for up to 13 weeks.

Total parenteral nutrition induced cholestasis
Both:
1. Paediatric patient has developed abnormal liver function as indicated on testing which is likely to be induced by TPN; and
2. Liver function has not improved with modifying the TPN composition

BLOOD AND BLOOD FORMING ORGANS

31. TICAGRELOR

Tab 90 mg ................................................................. 90.00  56  Brilinta

Restricted
Restricted to treatment of acute coronary syndromes specifically for patients who have recently 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.
See text...
Changes to Section H - effective 1 July 2013 (continued)

2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
2.3.2.3 Viral load counts > 100000 copies per ml; or

2.4 Both:
   2.4.1 Patient aged 6 years and over; and
   2.4.2 CD4 counts < 350 cells/mm³

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

Post-exposure prophylaxis following non-occupational exposure to HIV
Both:
1. Treatment course to be initiated within 72 hours post exposure; and
2. Either 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.

2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required

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

82 ENTECAVIR
   ➔ Tab 0.5 mg................................................................. 400.00 30 Baraclude
   Restricted
   Gastroenterologist or infectious disease physician
   All of the following:
   1. Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
   2. Patient is Hepatitis B nucleoside analogue treatment-naive; and
   3. Entecavir dose 0.5 mg/day; and
   4. Either:
      4.1 ALT greater than upper limit of normal; or
      4.2 Bridging fibrosis or cirrhosis (Metavir stage 3 or greater or moderate fibrosis) on liver histology; and
   5. Either:
      5.1 HBeAg positive; or
      5.2 Patient has ≥ 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and
   6. No continuing alcohol abuse or intravenous drug use; and
   7. Not co-infected with HCV, HIV or HDV; and
   8. Neither ALT nor AST greater than 10 times upper limit of normal; and
   9. No history of hypersensitivity to entecavir; and
   10. No previous documented lamivudine resistance (either clinical or genotypic).

82 LAMIVUDINE (amendment to restriction)
   ➔ Oral liq 5 mg per ml
   ➔ Tab 100 mg – 1% DV Dec-12 to 2014.................................32.50 28 Zetlam
   Restricted
   Gastroenterologist, infectious disease specialist, paediatrician or general physician
   Initiation
   Re-assessment required after 12 months
   1.1 All of the following:
      1.1.1 HBsAg positive for more than 6 months; and
      1.1.2 HBeAg positive or HBV DNA positive defined as > 100,000 copies per ml by quantitative PCR at a reference laboratory; and
   continued...
Changes to Section H - effective 1 July 2013 (continued)

continued...

1.1.3 ALT greater than twice upper limit of normal or bridging fibrosis or cirrhosis (Metavir stage 3 or 4
or equivalent) on liver histology or clinical/radiological evidence of cirrhosis; or

21 HBV DNA positive cirrhosis prior to liver transplantation; or

32 HBsAg positive and have had a liver, kidney, heart, lung or bone marrow transplant; or

43 Hepatitis B virus naive patient who has received a liver transplant from an anti-HBc (Hepatitis B core
antibody) positive donor; or

4 Hepatitis B surface antigen (HbsAg) positive patient who is receiving chemotherapy for a malignancy, or
high dose steroids (at least 20mg/day for at least 7 days) or who has received such treatment within the
previous two months; or

5 Hepatitis B surface antigen positive patient who is receiving anti tumour necrosis factor treatment; or

6 Hepatitis B core antibody (anti-HBc) positive patient who is receiving rituximab plus high dose steroids
(e.g. R-CHOP).

2 All of the following:

2.1 No continuing alcohol abuse or intravenous drug use; and

2.2 Not coinfected with HCV or HDV; and

30 No history of hypersensitivity to lamivudine; and

2.4 No previous lamivudine therapy with genotypically proven lamivudine resistance.

Continuation – patients who have maintained continuous treatment and response to lamivudine
Re-assessment required after 2 years

All of the following:

1 Have maintained continuous treatment with lamivudine; and

2 Most recent test result shows continuing biochemical response (normal ALT); and

3 HBV DNA <100,000 copies per ml by quantitative PCR at a reference laboratory; or

Continuation – when given in combination with adefovir dipivoxil for patients with cirrhosis and resistance to
lamivudine
Re-assessment required after 2 years

All of the following:

1 Lamivudine to be used in combination with adefovir dipivoxil; and

2 Patient is cirrhotic; and

Documented resistance to lamivudine, defined as:

3 Patient has raised serum ALT (> 1 × ULN); and

4 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and

5 Detection of M204I or M204V mutation; or

Continuation – when given in combination with adefovir dipivoxil for patients with resistance to adefovir dipivoxil
Re-assessment required after 2 years

All of the following:

1 Lamivudine to be used in combination with adefovir dipivoxil; and

Documented resistance to adefovir, defined as:

2 Patient has raised serum ALT (> 1 × ULN); and

3 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and

4 Detection of N236T or A181T/V mutation.

83 TENOFOVIR DISOPROXIL FUMARATE (amendment to restriction)

⇒ Tab 300 mg..........................................................531.00 30 Viread

Restricted

Confirmed hepatitis B

Either:

1 All of the following:

1.1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and

1.2 Patient has had previous lamivudine, adefovir or entecavir therapy; and

1.3 HBV DNA greater than 20,000 IU/mL or increased ≥ 10 fold over nadir; and

continued...
Changes to Section H - effective 1 July 2013 (continued)

1.4 Any of the following:
   1.4.1 Lamivudine resistance - detection of M204I/V mutation; or
   1.4.2 Adefovir resistance - detection of A181T/V or N236T mutation; or
   1.4.3 Entecavir resistance - detection of relevant mutations including I169T, L180M T184S/A/I/L/G/C
       M,S202C/G/I,M204V or M250I/V mutation; or

2 Patient is either listed or has undergone liver transplantation for HBV; or

3 Patient has decompensated cirrhosis with a Mayo score >20.

Pregnant or Breastfeeding, Active hepatitis B

Limited to four twelve months’ treatment

Both:
1 Patient is HBsAg positive and pregnant; and
2 Either:
   2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or
   2.2 HBV DNA > 100 million IU/mL and ALT normal.

Pregnant, prevention of vertical transmission

Limited to six months’ treatment

Both:
1 Patient is HBsAg positive and pregnant; and
2 HBV DNA > 20,000 20 million IU/mL and ALT normal.

Confirmed HIV/AIDS

Both:
1 Confirmed HIV infection; and
2 Any of the following:
   2.1 Symptomatic patient; or
   2.2 Patient aged 12 months and under; or
2.3 Both:
   2.3.1 Patient aged 1 to 5 years; and
   2.3.2 Any of the following:
       2.3.2.1 CD4 counts < 1000 cells/mm3; or
       2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
       2.3.2.3 Viral load counts > 100000 copies per ml; or
   2.4 Both:
       2.4.1 Patient aged 6 years and over; and
       2.4.2 CD4 counts < 350 cells/mm3

Prevention of maternal transmission

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

Post-exposure prophylaxis following non-occupational exposure to HIV

Both:
1 Treatment course to be initiated within 72 hours post exposure; and
2 Either:
   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.

2.3 Patient has been subjected to non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

Percutaneous exposure

Patient has percutaneous exposure to blood known to be HIV positive
## Changes to Section H - effective 1 July 2013 (continued)

### 84 VALACICLOVIR (additional restriction)
- **Tab 500 mg**
  - Price: 102.72
  - Per: 30
  - Brand or Generic: Valtrex

- **Restricted**
  - **Immunocompromised patients**
  - **Limited to 7 days treatment**
  - Both:
    1. Patients is immunocompromised; and
    2. Patient has herpes zoster.

### NERVOUS SYSTEM

#### 106 VENLAFAXINE († price)
- **Tab 37.5 mg**
  - Price: 7.84
  - Per: 28
  - Brand: Arrow-Venlafaxine XR
- **Tab 75 mg**
  - Price: 13.94
  - Per: 28
  - Brand: Arrow-Venlafaxine XR
- **Tab 150 mg**
  - Price: 17.08
  - Per: 28
  - Brand: Arrow-Venlafaxine XR
- **Tab 225 mg**
  - Price: 27.14
  - Per: 28
  - Brand: Arrow-Venlafaxine XR
- **Cap 37.5 mg**
  - Price: 8.71
  - Per: 28
  - Brand: Efexor XR
- **Cap 75 mg**
  - Price: 17.42
  - Per: 28
  - Brand: Efexor XR
- **Cap 150 mg**
  - Price: 21.35
  - Per: 28
  - Brand: Efexor XR

#### 108 GABAPENTIN (additional restriction)
- **Cap 100 mg**
  - Price: 7.16
  - Per: 100
  - Brand: Nupentin
- **Cap 300 mg**
  - Price: 11.50
  - Per: 100
  - Brand: Nupentin
- **Cap 400 mg**
  - Price: 14.75
  - Per: 100
  - Brand: Nupentin
- **Tab 600 mg**
  - Price: 8.71
  - Per: 28
  - Brand: Efexor XR

- **Restricted**
- For preoperative and/or postoperative use for up to a total of 8 days’ use or
- For the pain management of burns patients with monthly review.

#### 111 SUMATRIPTAN († price and addition of HSS)
- **Tab 50 mg – 1% DV Sep-13 to 2016**
  - Price: 29.80
  - Per: 100
  - Brand: Arrow-Sumatriptan
- **Tab 100 mg – 1% DV Sep-13 to 2016**
  - Price: 54.80
  - Per: 100
  - Brand: Arrow-Sumatriptan
- **Inj 12 mg per ml, 0.5 ml cartridge – 1% DV Sep-13 to 2016**
  - Price: 13.80
  - Per: 2
  - Brand: Arrow-Sumatriptan

#### 112 ONDANSETRON († price and addition of HSS)
- **Inj 2 mg per ml, 2 ml ampoule – 1% DV Sep-13 to 2016**
  - Price: 1.82
  - Per: 5
  - Brand: Ondanaccord
- **Inj 2 mg per ml, 4 ml ampoule – 1% DV Sep-13 to 2016**
  - Price: 2.18
  - Per: 5
  - Brand: Ondanaccord

#### 118 MELATONIN (addition of suggested brand)
- **Tab modified-release 2 mg**
  - Price: 
  - Per: 
  - Brand: (Circadin)

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

#### 123 DOXORUBICIN HYDROCHLORIDE (addition of presentation and note)
- **Inj 50 mg vial**
  - Price: 
  - Per: 
  - Brand: Arrow-Doxorubicin
- **Inj 2 mg per ml, 25 ml vial – 1% DV Mar-13 to 2015**
  - Price: 17.00
  - Per: 1
  - Brand: Arrow-Doxorubicin

**Note:** DV limit applies to all 50 mg presentations of doxorubicin hydrochloride

---

*Products with Hospital Supply Status (HSS) are in **bold.**
Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.*
**SENSORY ORGANS**

166 CARBOMER (delay to brand listing)
- Ophthalmic gel 0.3%, single dose .................................................. **8.25**

166 MACROGOL 400 AND PROPYLENE GLYCOL (delay to brand listing)
- Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose............................... **4.30**

**SPECIAL FOODS**

168 FOOD/FLUID THICKENERS (amendment to note)

**NOTE:** While pre-thickened drinks have not been included in Section H, DHB hospitals may continue to use such products, provided that use was established prior to 1 July 2013. PHARMAC intends to make a further decision in relation to prethickened drinks in the future, and will notify of any change to this situation.

**NOTE:** While pre-thickened drinks and supplements have not been included in Section H, DHB hospitals may continue to use such products for patients with dysphagia, provided that:
- use was established prior to 1 July 2013; and
- the product has not been specifically considered and excluded by PHARMAC; and
- use of the product conforms to any applicable indication restrictions for similar products that are listed in Section H (for example, use of thickened high protein products should be in line with the restriction for high protein oral feed in Section H).

PHARMAC intends to make a further decision in relation to pre-thickened drinks and supplements in the future, and will notify of any change to this situation.

168 CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN (change to suggested brand name)
- Powder

173 HIGH CALORIE PRODUCTS (amendment to restriction)

**Restricted**

- **Either:** Any of the following:
  1. Patient is fluid **volume or rate** restricted; or
  2. Patient requires low **electrolyte**; or

- **23 Both:**
  23.1 Any of the following:
    - 23.1.1 Cystic fibrosis; or
    - 23.1.2 Any condition causing malabsorption; or
    - 23.1.3 Faltering growth in an infant/child; or
    - 23.1.4 Increased nutritional requirements; and
  23.2 Patient has substantially increased metabolic requirements.
Changes to Section H - effective 1 July 2013 (continued)

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<th>HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML (amendment to restriction)</th>
</tr>
</thead>
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<tr>
<td></td>
<td>➤ Liquid 6.3 g protein, 14.2 g carbohydrate</td>
</tr>
<tr>
<td></td>
<td>and 4.9 g fat per 100 ml, 1,000 ml bag</td>
</tr>
<tr>
<td></td>
<td>(Nutrison Protein Plus)</td>
</tr>
<tr>
<td></td>
<td>➤ Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat</td>
</tr>
<tr>
<td></td>
<td>and 1.5 g fibre per 100 ml, 1,000 ml bag</td>
</tr>
<tr>
<td></td>
<td>(Nutrison Protein Plus Multi Fibre)</td>
</tr>
<tr>
<td></td>
<td>Restricted</td>
</tr>
<tr>
<td></td>
<td>Both:</td>
</tr>
<tr>
<td></td>
<td>1  The patient has a high protein requirement; and</td>
</tr>
<tr>
<td></td>
<td>2  Any of the following:</td>
</tr>
<tr>
<td></td>
<td>2.1  Patient has liver disease; or</td>
</tr>
<tr>
<td></td>
<td>2.2  Patient is obese (BMI &gt; 30) and is undergoing surgery; or</td>
</tr>
<tr>
<td></td>
<td>2.3  Patient is fluid restricted; or</td>
</tr>
<tr>
<td></td>
<td>2.4  Patient does not have increased energy requirements.</td>
</tr>
<tr>
<td></td>
<td>2.4  Patient’s needs cannot be more appropriately met using a high calorie product.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
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<th>EXTENSIVELY HYDROLYSED FORMULA (change to suggested brand name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>➤ Powder 14 g protein, 53.4 g carbohydrate</td>
</tr>
<tr>
<td></td>
<td>and 27.3 g fat per 100 g, 450 g can</td>
</tr>
<tr>
<td></td>
<td>(Gold Pepti Junior Karicare Aptamil)</td>
</tr>
<tr>
<td></td>
<td>(Karicare Aptamil Gold Pepti Junior)</td>
</tr>
</tbody>
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<thead>
<tr>
<th>175</th>
<th>PRETERM FORMULA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>➤ Powder 1.9 g protein, 7.5 g carbohydrate</td>
</tr>
<tr>
<td></td>
<td>and 3.9 g fat per 14 g, can</td>
</tr>
<tr>
<td></td>
<td>........................................................................15.25 400 g S-26 Gold Premgro</td>
</tr>
<tr>
<td></td>
<td>Restricted</td>
</tr>
<tr>
<td></td>
<td>For infants born before 33 weeks’ gestation or weighing less than 1.5 kg at birth.</td>
</tr>
</tbody>
</table>

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<th>Paediatric Products Infant Formulas</th>
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<tr>
<td></td>
<td>PAEDIATRIC ORAL FEED 1 KCAL/ML</td>
</tr>
<tr>
<td></td>
<td>➤ Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat</td>
</tr>
<tr>
<td></td>
<td>and 0.6 g fibre per 100 ml, 100 ml bottle</td>
</tr>
<tr>
<td></td>
<td>(Infatrini)</td>
</tr>
<tr>
<td></td>
<td>Restricted</td>
</tr>
<tr>
<td></td>
<td>Both:</td>
</tr>
<tr>
<td></td>
<td>1. Either of the following:</td>
</tr>
<tr>
<td></td>
<td>1.1  The patient is fluid restricted; or</td>
</tr>
<tr>
<td></td>
<td>1.2  The patient has increased nutritional requirements due to faltering growth; and</td>
</tr>
<tr>
<td></td>
<td>2.  Patient is under 18 months old and weighs less than 8kg.</td>
</tr>
</tbody>
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<table>
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<th>HIGH ARGinine ORAL FEED 1.4 KCAL/ML</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>➤ Liquid 7.6 g protein, 18.9 g carbohydrate, 3.9 g fat</td>
</tr>
<tr>
<td></td>
<td>and 1.4 g fibre per 100 ml, carton</td>
</tr>
<tr>
<td></td>
<td>...........................................................................4.00 237 ml Impact Advanced Recovery (Vanilla)</td>
</tr>
<tr>
<td></td>
<td>(Impact Advanced Recovery (Chocolate))</td>
</tr>
</tbody>
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Note: these listings are new Pharmacodes for existing products.
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<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
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Changes to Section H - effective 1 July 2013 (continued)

**VARIOUS**

189  **IOHEXOL**
- Inj 350 mg per ml, 500 ml bottle .............................................. **780.00** 10 Omnipaque
- (Omnipaque inj 350 mg per ml, 500 ml bottle to be delisted 1 September 2013)

191  **PLERFUTREN**
- Inj 1.1 mg per ml, 2 ml vial
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**Pharmaceuticals and brands**

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

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz
Freephone Information line (9am-5pm weekdays) 0800 66 00 50

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