

The Hospital Medicines List (HML)

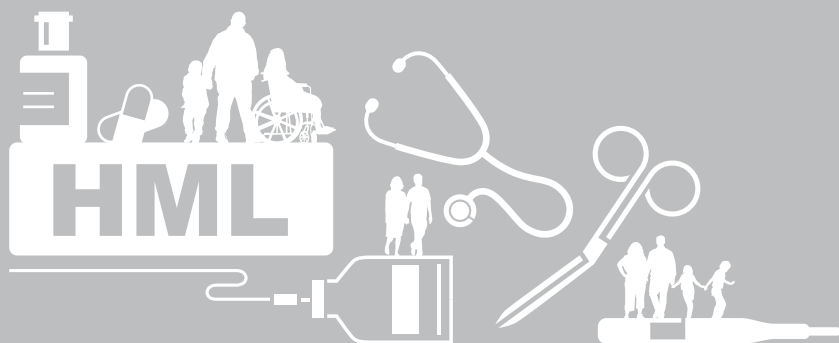
Section H

for Hospital Pharmaceuticals

Update

Effective 1 October 2013

Cumulative for July, August, September
and October 2013



Contents

HML Reprint 3
Interactive schedule 3
Additions to the HML 3
Section H changes to Part II 4
Index 35

HML Reprint

Preparations are being made to print a second edition of the HML. This new edition will incorporate changes up to and including 1 October 2013, for delivery late in October. These changes include additions, corrections and adjustments that have been made to the listings in the HML in response to DHB feedback since the first edition which was printed prior to the HML launch in July.



Interactive schedule

We are closer to providing an interactive version of the HML to be accessed from our website. This will be in a similar format to the current interactive schedule for community pharmaceuticals.

Additions to the HML

Since the introduction of the HML we have been making monthly changes via the HML Update. We have also been making mid-month changes, sometimes weekly, and these have been notified via the HML Transition Advice email newsletter. Sometimes these mid-month listings are out of sync with the monthly HML Updates. For instance the 28 August 2013 changes were not included in the September 2013 HML Update because these were approved after the September Update was distributed. These have been included in the October HML Update. Please note that all changes are listed in implementation date order. This means that the changes for 28 August follow the 1 September changes.

As always, all chemical and brands names are indexed at the back of the Update book.



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

Section H changes to Part II

Effective 1 October 2013

ALIMENTARY TRACT AND METABOLISM

14	ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETHICONE Oral liq 400 mg with magnesium hydroxide 400 mg and simethicone 30 mg per 5 ml			<i>e.g. Mylanta Double Strength</i>
21	MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE ➔ Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – 1% DV Nov-13 to 2014	10.00 18.14	30	Lax-Sachets Movicol

Note – Movicol will be delisted from 1 November 2013.

BLOOD AND BLOOD FORMING

31	STREPTOKINASE (delisting) Inj 250,000 iu vial..... Inj 1,500,000 iu vial.....	117.70 188.10	1 1	Streptase Streptase
----	---	------------------	--------	------------------------

Note – Streptase inj 250,000 iu vial and inj 1,500,00 iu vial will be delisted from 1 December 2013.

31	CLOPIDOGREL Tab 75 mg – 1% DV Dec-13 to 2016	5.48	84	Arrow - Clopid
----	--	------	----	-----------------------

Note – Apo-Clopidogrel tab 75 mg will be delisted from 1 December 2013.

34	POTASSIUM CHLORIDE WITH SODIUM CHLORIDE (amendment to presentation description) Inj 10 mmol mmol/l potassium chloride with 0.29% sodium chloride, 100 ml bag			
----	--	--	--	--

CARDIOVASCULAR SYSTEM

36	ENALAPRIL MALEATE Tab 5 mg Tab 10 mg Tab 20 mg	1.19 1.47 1.91	100 100 100	Ethics Enalapril Ethics Enalapril Ethics Enalapril
46	HYDRALAZINE HYDROCHLORIDE Inj 20 mg ampoule	25.90	5	Apresoline s29

GENITO-URINARY SYSTEM

55	CLOTRIMAZOLE (addition of HSS) Vaginal crm 1% with applicator (↑ price) – 1% DV Dec-13 to 2016	1.45	35 g	Clomazol
	Vaginal crm 2% with applicator (↓ price) – 1% DV Dec-13 to 2016	2.20	20 g	Clomazol

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

Changes to Section H - effective 1 October 2013 (continued)

57	TAMSULOSIN (new packsize and addition of HSS) ➔ Cap 400 mcg – 1% DV Dec-13 to 2016.....	13.51	100	Tamsulosin-Rex
	Restricted			
	Both:			
	1 Patient has symptomatic benign prostatic hyperplasia; and			
	2 The patient is intolerant of non-selective alpha blockers or these are contraindicated.			
	Note – the Tamsulosin-Rex cap 400 mcg (30 cap packsize) to be delisted from 1 December 2013.			

HORMONE PREPARATIONS

62	SECRETIN PENTAHYDROCHLORIDE (remove listing) Inj 100 u ampoule			
	Note – Secretin pentahydrochloride inj 100 u ampoule is listed in Various .			

INFECTIONS

66	CEFACLOR (addition of HSS) Cap 250 mg († price) – 1% DV Dec-13 to 2016	26.00	100	Ranbaxy-Cefaclor
	Grans for oral liq 25 mg per ml – 1% DV Dec-13 to 2016	3.53	100 ml	Ranbaxy-Cefaclor
66	CEFTAZADIME (suspend HSS) ➔ Inj 1 g vial – 1% DV Oct-11 to 2014 1/10/2013.....	3.25	1	DBL Ceftazidime
	➔ Inj 2 g vial – 1% DV Oct-11 to 2014 1/10/2013.....	6.49	1	DBL Ceftazidime
	Restricted			
	Infectious disease physician, clinical microbiologist or respiratory physician			

NERVOUS SYSTEM

97	RILUZOLE ➔ Tab 50 mg.....	400.00	56	Rilutek
	Restricted			
	Initiation			
	Neurologist or respiratory specialist.			
	Re-assessment required after 6 months			
	All of the following:			
	1 The patient has amyotrophic lateral sclerosis with disease duration of 5 years or less; and			
	2 The patient has at least 60 percent of predicted forced vital capacity within 2 months prior to the initial application; and			
	3 The patient has not undergone a tracheostomy; and			
	4 The patient has not experienced respiratory failure; and			
	5 Any of the following:			
	5.1 The patient is ambulatory; or			
	5.2 The patient is able to use upper limbs; or			
	5.3 The patient is able to swallow.			
	Continuation			
	Re-assessment required after 18 months.			
	All of the following:			
	1 The patient has not undergone a tracheostomy, and			
	2 The patient has not experienced respiratory failure; and			
	3 Any of the following:			
	3.1 The patient is ambulatory; or			

continued...

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

Changes to Section H - effective 1 October 2013 (continued)

continued...

3.2 The patient is able to use upper limbs; or

3.3 The patient is able to swallow.

102	PARACETAMOL ➔ Inj 10 mg per ml, 50 ml vial – 1% DV-Dec 13 to 2014	22.50	10	Paracetamol-AFT
104	OXYCODONE HYDROCHLORIDE (amendment to presentation description) Cap immediate-release 5 mg	2.83	20	OxyNorm
	Cap immediate-release 10 mg	5.58	20	OxyNorm
	Cap immediate-release 20 mg	9.77	20	OxyNorm
112	HYOSCINE HYDROBROMIDE (addition of HSS) ➔ Patch 1.5 mg – 1% DV Dec-13 to 2016	11.95	2	Scopoderm TTS
	Restricted Any of the following: 1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or 2 Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective; or 3 For treatment of post-operative nausea and vomiting where cyclizine, droperidol and a 5HT3 antagonist have proven ineffective, are not tolerated or are contraindicated.			
112	ONDANSETRON (delisting) Tab dispersible 4 mg	0.68	4	Dr Reddy's Ondansetron
	Note – Dr Reddy's Ondansetron tab dispersible 4 mg (4 tablet packsize) to be delisted from 1 December 2013. The 10 tablet packsize will remain listed.			

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

123	CYCLOPHOSPHAMIDE Tab 50 mg	158.00	100	Procytox
	Note - Cycloblastin tab 50 mg will be delisted from 1 December 2013.			
133	TAMOXIFEN CITRATE (addition of new pack sizes) Tab 10 mg	2.63	60	Genox
	Tab 20 mg – 1% DV Jun-11 to 2014	2.63	30	Genox

RESPIRATORY SYSTEM AND ALLERGIES

156	LORATADINE Tab 10 mg – 1% DV Dec-13 to 2016	1.30	100	Lorafix
	Note - Loraclear Hayfever Relief tab 10 mg will be delisted from 1 December 2013.			
158	BUDESONIDE (delisting) Powder for inhalation 200 mcg per dose.....	15.20	200 dose	Budenocort
	Powder for inhalation 400 mcg per dose.....	25.60	200 dose	Budenocort
	Note – Budenocort powder for inhalation 200 and 400 mcg per dose to be delisted from 1 December 2013.			

➔ 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 - effective 1 October 2013 (continued)

VARIOUS

193 MONOSODIUM L-ASPARTATE
Inj 14 mmol per 10 ml, 10 ml

Effective 1 September 2013

ALIMENTARY TRACT AND METABOLISM

15	MESALAZINE Modified release granules, 1 g	141.72	120 g	Pentasa
24	ASCORBIC ACID (↓ price, addition of HSS) Tab 100 mg – 1% DV Nov-13 to 2016	7.00	500	Cvite

CARDIOVASCULAR

40	PINDOLOL (↑ price and addition of HSS) Tab 5 mg – 1% DV Nov-13 to 2016	9.72	100	Apo-Pindolol
	Tab 10 mg – 1% DV Nov-13 to 2016	15.62	100	Apo-Pindolol
	Tab 15 mg – 1% DV Nov-13 to 2016	23.46	100	Apo-Pindolol
43	GEMFIBROZIL (↑ price and addition of HSS) Tab 600 mg – 1% DV Nov-13 to 2016	17.60	60	Lipazil

HORMONE PREPARATIONS

64	DESMOPRESSIN ACETATE ➔ Tab 100 mcg	36.40	30	Minirin
	➔ Tab 200 mcg (new listing)	93.60	30	Minirin

Restricted

Nocturnal enuresis

Either:

- 1 The nasal forms of desmopressin are contraindicated; or
- 2 An enuresis alarm is contraindicated

Cranial diabetes insipidus and the nasal forms of desmopressin are contraindicated.

INFECTIONS

65	GENTAMICIN SULPHATE Inj 10 mg per ml, 2 ml ampoule	175.10	25	APP Pharmaceuticals
69	MOXIFLOXACIN (amendment to presentation) ➔ Inj 2 mg per ml, 250 ml bag Inj 1.6 mg per ml, 250 ml bag	70.00	1	Avelox IV 400

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

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

84	BOCEPREVIR ➔ Cap 200 mg	5,015.00	336	Victrelis
	Restricted			
	Chronic hepatitis C – genotype 1, first-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 not received prior pegylated interferon treatment; and			
	3 Patient has IL-28B genotype CT or TT; and			
	4 Patient is to be treated in combination with pegylated interferon and ribavirin; and			
	5 Patient is hepatitis C protease inhibitor treatment-naive; and			
	6 Maximum of 44 weeks therapy.			
	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.			
85	INTERFERON ALFA ALPHA-2A (amendment to chemical name) Inj 3 m iu prefilled syringe Inj 6 m iu prefilled syringe Inj 9 m iu prefilled syringe			
85	INTERFERON ALFA ALPHA-2B (amendment to chemical name) Inj 18 m iu, 1.2 ml multidose pen Inj 30 m iu, 1.2 ml multidose pen Inj 60 m iu, 1.2 ml multidose pen			
86	PEGYLATED INTERFERON ALFA-2A ALPHA-2A (amendment to chemical name and restriction) ➔ Inj 135 mcg prefilled syringe ➔ Inj 180 mcg prefilled syringe	900.00	4	Pegasys
	➔ Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (112) ➔ Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112)	1,159.84	1	Pegasys RBV Combination Pack
	➔ Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (168) ➔ Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (168)	1,290.00	1	Pegasys RBV Combination Pack
	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:			

continued...

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

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

continued...

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.

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-naïve; 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.

continued...

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

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

continued...

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 thrombocytopaenia, dose should be reduced in accordance with the datasheet guidelines.

Pegylated Interferon alfa-2a is not approved for use in children.

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

➔ 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 - effective 1 September 2013 (continued)

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 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:- and		
	2.1 Patient is an in-patient; and		
	2.2 The mucus production cannot be cleared by first line chest techniques.		
	3 Treatment for up to 3 days for patients diagnosed with empyema.		

SPECIAL FOODS

173	HIGH PROTEIN ENTERAL FEED 1.28 KCAL/ML 1.25 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	Nutri Low Energy Multifibre RTH

Effective 28 August 2013

BLOOD AND BLOOD FORMING

29	ENOXAPARIN Inj 40 mg in 0.4 ml ampoule
----	---

DERMATOLOGICALS

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

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

Changes to Section H - effective 28 August 2013 (continued)

GENITO-URINARY SYSTEM

56	INTRA-UTERINE DEVICE IUD			<i>(Multiload Cu 375)</i> <i>(Multiload Cu 375 SL)</i>
----	-----------------------------	--	--	---

VACCINES

183	HUMAN PAPILOMAVIRUS (6, 11, 16 AND 18) VACCINE (Amendment to restriction) ➔ Inj 120 mcg in 0.5 ml syringe Restricted Any of the following: 1 Women aged between 9 and 19 19 years old; or 2 Male patients aged between 9 and 25 years old with confirmed HIV infection; or 3 For use in transplant patients.			
-----	--	--	--	--

VARIOUS

186	SODIUM THIOSULPHATE Inj 500 mg per ml, 20 ml ampoule			
188	POVIDONE-IODINE ➔ Vaginal tab 200 mg Restricted Rectal administration pre-prostate biopsy.			
190	GADOTERIC ACID Inj 0.5 mmol per ml, 10 ml syringe Inj 0.5 mmol per ml, 20 ml syringe			
191	SINCALIDE Inj 5 mcg per vial			
191	METHACHOLINE CHLORIDE Powder 100 mg			
191	TUBERCULIN, PURIFIED PROTEIN DERIVATIVE (amendment to presentation description) Inj 5 TU + 0.1 IU per 1 ml, 1 ml vial			

Effective 12 August 2013

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

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

Changes to Section H - 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**

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)*
 Oint
- 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)*

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

Changes to Section H - effective 2 August 2013 (continued)

50	PARAFFIN WITH WOOL FAT (Addition of suggested brands) Lotn liquid paraffin 15.9% with wool fat 0.6%		<i>(Alpha Keri Lotion)</i> <i>(BK Lotion)</i> <i>(DP Lotion)</i> <i>(Hydroderm Lotion)</i> <i>(Alpha Keri Bath Oil)</i>
	Lotn liquid paraffin 91.7% with wool fat 3%		

HORMONE PREPARATIONS

63	POTASSIUM IODATE Tab 170 mg		
----	--------------------------------	--	--

INFECTIONS

65	GENTAMICIN SULPHATE Inj 10 mg per ml, 2 ml ampoule		
----	---	--	--

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.		

➔ Restriction

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

Changes to Section H - effective 2 August 2013 (continued)

- 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.
- 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

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

Changes to Section H - effective 1 August 2013 (continued)

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.			

BLOOD AND BLOOD FORMING

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 (↑ price) Tab long-acting 20 mg	9.59	100	Nyefax Retard
42	INDAPAMIDE (↓ 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).			

➔ 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 - effective 1 August 2013 (continued)

HORMONE PREPARATIONS

60	PREDNISONE Tab 1 mg	2.13	100	Apo-Prednisone S29
60	HYDROCORTISONE (↑ 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 3.75 mg vial	221.60	1	Lucrin Depot
	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 (↓ 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
68	PIPERACILLIN WITH TAZOBACTAM (↓ price and addition of HSS) → Inj 4 g with tazobactam 0.5 g vial – 1% DV Oct-13 to 2016	5.84	1	Tazocin EF
70	CLINDAMYCIN (↓ price and addition of HSS) → Cap 150 mg – 1% DV Oct-13 to 2016	5.80	16	Clindamycin ABM
72	FLUCONAZOLE → Inj 2 mg per ml, 50 ml vial (↓ price and addition of HSS) – 1% DV Oct-13 to 2016	4.95	1	Fluconazole-Claris
	→ Inj 2 mg per ml, 100 ml vial (new listing) – 1% DV Oct-13 to 2016	6.47	1	Fluconazole-Claris
72	ITRACONAZOLE (↓ price and addition of HSS) → Cap 100 mg – 1% DV Oct-13 to 2016	2.99	15	Itrazole
74	GLOFAZAMINE CLOFAZIMINE (correcting chemical name) → Cap 50 mg Restricted Infectious disease physician, clinical microbiologist or dermatologist			
79	ZIDOVUDINE [AZT] (↑ price and addition of HSS) → Cap 100 mg – 1% DV Oct-13 to 2016	152.25	100	Retrovir
	→ Oral liq 10 mg per ml – 1% DV Oct-13 to 2016	30.45	200 ml	Retrovir

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

Changes to Section H - effective 1 August 2013 (continued)

MUSCULOSKELETAL

88	ALENDRONATE SODIUM (amendment to note in restriction) ➔ Tab 70 mg.....	22.90	4	Fosamax
	Restricted 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.			
89	ALENDRONATE SODIUM WITH CHOLECALCIFEROL (amendment to note in restriction) ➔ Tab 70 mg with cholecalciferol 5,600 iu.....	22.90	4	Fosamax Plus
	Restricted 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.			
90	ZOLEDRONIC ACID (amendment to note in restriction) ➔ Inj 0.05 mg per ml, 100 ml vial	600.00	100 ml	Aclasta
	Restricted 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.			
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.			

➔ 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 - effective 1 August 2013 (continued)

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
114	QUETIAPINE (new packsize)			
	Tab 100 mg	21.00	90	Dr Reddy's Quetiapine
	Note – the Dr Reddy's Quetiapine tab 100 mg 60 tab pack size to be delisted from 1 October 2013.			
114	LEVOMEPRMAZINE MALEATE (amended chemical name)			
	Tab 25 mg			
	Tab 100 mg			
	Inj 25 mg per ml, 1 ml ampoule			
117	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.			

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

Changes to Section H - effective 1 August 2013 (continued)

121 BUPROPION HYDROCHLORIDE (↓ price and addition of HSS)
 Tab modified-release 150 mg – **1% DV Oct-13 to 2016** 4.97 30 **Zyban**
 Note – There is a new Pharmacode for Zyban supplied at this price. The old Pharmacode is delisted from 1 August 2013.

121 NALTREXONE HYDROCHLORIDE (↓ price)
 ➔ Tab 50 mg – **1% DV Sep-13 to 2016** 76.00 30 **Naltraccord**

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

124 MITOMYCIN C (↑ price and addition of HSS)
 Inj 5 mg vial – **1% DV Oct-13 to 2016** 79.75 1 **Arrow**

125 MERCAPTOPYRINE (↑ price, addition of HSS and change to brand name)
 Tab 50 mg – **1% DV Oct-13 to 2016** 49.41 25 **Purinethol Puri-nethol**

126 DACARBAZINE (↑ price and addition of HSS)
 Inj 200 mg vial – **1% DV Oct-13 to 2016** 51.84 1 **Hospira**

131 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**
 Note – Docetaxel Ebewe inj 10 mg per ml, 2 ml and 8 ml to be delisted 1 October 2013.

131 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**

SENSORY

166 HYPROMELLOSE WITH DEXTRAN
 Eye drops 0.3% with dextran 0.1% 2.30 15 ml **Poly-Tears**

166 CARBOMER
 Ophthalmic gel 0.3%, single dose 8.25 30 **Poly Gel**

166 MACROGOL 400 AND PROPYLENE GLYCOL
 Eye drops 0.4% with propylene glycol 0.3% preservative free,
 single dose 4.30 24 **Systane Unit Dose**

SPECIAL FOODS

172 PEPTIDE-BASED ORAL FEED (Correcting brand name)
 ➔ Powder 13.8 g protein, 59 g carbohydrate
 and 18 g fat per 100 g, 400 g can
(MCT-Peptide)
(MCT-Peptide 1+)
(MCT Peptide)
(MCT Peptide 1+)

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

Changes to Section H - effective 1 August 2013 (continued)

173	ORAL FEED 2 KCAL/ML ➔ Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml, bottle.....	1.90	200 ml	TwoCal HN
Note – TwoCal HN 237 ml can to be delisted 1 October 2013.				
174	AMINO ACID FORMULA (↓ price) ➔ Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can.....	53.00	400 g	Neocate Advance (Vanilla)
	➔ Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can	53.00	400 g	Neocate Gold (Unflavoured)

Effective 12 July 2013

INFECTIONS

72	AMPHOTERICIN B (amendment to restriction) ➔ Inj 50 mg vial Restricted Infectious disease physician, clinical microbiologist, haematologist, oncologist, transplant specialist or respiratory physician Any of the following: 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.	3,450.00	10	AmBisome
	➔ Inj (liposomal) 50 mg vial – 1% DV Oct-12 to 2015			
	Restricted Infectious disease physician, clinical microbiologist, haematologist, oncologist, transplant specialist or respiratory physician 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.				

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

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

- 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 ~~mcg~~ **mg** per dose

SPECIAL FOODS

- 178 PROTIEIN 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 acidaemia, propionic acidaemia, methylmalonic acidaemia, 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.

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 ~~02~~ 12-18 years with functional asplenia; or
- 3 For organisation and community based outbreaks.



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

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

- 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 02-18 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;

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

Soln 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 ~~ŒSTRADIOL~~ **OESTRIOL** (correction of chemical name)

Tab 2 mg

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

Changes to Section H - effective 5 July 2013 (continued)

61	CABERGOLINE (amendment to restriction) ➔ Tab 0.5 mg – 1% DV Sep-12 to 2015.....	6.25 25.00	2 8	Dostinex 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			
----	--	--	--	--

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.			

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

Changes to Section H - effective 5 July 2013 (continued)

- 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.
- 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 haemagglutinin, 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

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

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

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:			
	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:-			
	1. 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 allogeneic 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			
20	ISPAGHULA (PSYLLIUM) HUSK (↓ price and addition of HSS) Powder for oral soln – 1% DV Sep-13 to 2016	5.51	500 g	Konsyl-D
24	ASCORBIC ACID Tab 100 mg	13.80	500	Cvite
	(Vitala-C tab 100 mg to be delisted 1 September 2013)			
25	MULTIVITAMINS Tab (BPC cap strength)			(Mvite)
	(MultiADE tab (BPC cap strength) to be delisted 1 September 2013)			

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

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

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.

CARDIOVASCULAR SYSTEM

42	METOLAZONE (amendment to restriction) → Tab 5 mg			
----	---	--	--	--

Restricted

Either:

1. For the treatment of Patients with ~~has~~ refractory heart failure who are ~~and is~~ intolerant or ~~have~~ **has** not responded to loop diuretics and/or loop-thiazide combination therapy; **or**
2. **Patient has severe refractory nephrotic oedema unresponsive to high dose loop diuretics and concentrated albumin infusions**

DERMATOLOGICALS

48	FUSIDATE SODIUM [FUSIDIC ACID] (↓ price and addition of HSS) Oint 2% – 1% DV Sep-13 to 2016	3.45	15 g	Foban
----	---	------	------	--------------

INFECTIONS

69	MOXIFLOXACIN (additional restriction) → Tab 400 mg..... → Inj 2 mg per ml, 250 ml bag.....	52.00 70.00	5 1	Avelox Avelox IV 400
----	--	----------------	--------	-------------------------

Restricted

Mycoplasma genitalium

All of the following:

1. **Has nucleic acid amplification test (NAAT) confirmed Mycoplasma genitalium; and**
2. **has tried and failed to clear infection using azithromycin; and**
3. **treatment is only for 7 days.**

70	FOSFOMYCIN → Powder for oral sol, 3 g sachet Restricted Infectious disease physician or clinical microbiologist			
----	---	--	--	--

71	PIVMECILLINAM → Tab 200 mg Restricted Infectious disease physician or clinical microbiologist			
----	---	--	--	--

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

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

77	NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
78	NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
79	PROTEASE INHIBITORS		
80	STRAND TRANSFER INHIBITORS		
	Restricted		
	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/mm ³ ; 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 < 350 500 cells/mm ³		
	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		

continued...

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

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

continued...

- 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 HBcAg positive or HBV DNA positive defined as > 100,000 copies per ml by quantitative PCR at a reference laboratory; and
- 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 coinfecting with HCV or HDV; and~~
- ~~2.3 Neither ALT nor AST greater than 10 times upper limit of normal; and~~
- ~~2.4 No history of hypersensitivity to lamivudine; and~~
- ~~2.5 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 < 100,00 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:

continued...

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

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

continued...

- 1 Lamivudine to be used in combination with adefovir dipivoxil; and Documented resistance to adefovir, defined as:
- 2 Patient has raised serum ALT ($> 1 \times$ 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
 - 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 > 100 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 $< 0.25 \times$ 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 < 350 500 cells/mm³

Prevention of maternal transmission

continued...

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

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

continued...

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

84	VALACICLOVIR (additional restriction)			
	→ Tab 500 mg.....	102.72	30	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.....	7.84	28	Arrow-Venlafaxine XR
	→ Tab 75 mg.....	13.94	28	Arrow-Venlafaxine XR
	→ Tab 150 mg.....	17.08	28	Arrow-Venlafaxine XR
	→ Tab 225 mg.....	27.14	28	Arrow-Venlafaxine XR
	→ Cap 37.5 mg.....	8.71	28	Efexor XR
	→ Cap 75 mg.....	17.42	28	Efexor XR
	→ Cap 150 mg.....	21.35	28	Efexor XR
108	GABAPENTIN (additional restriction)			
	→ Cap 100 mg.....	7.16	100	Nupentin
	→ Cap 300 mg.....	11.50	100	Nupentin
	→ Cap 400 mg.....	14.75	100	Nupentin
	→ Tab 600 mg.....			
	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.....	29.80	100	Arrow-Sumatriptan
	Tab 100 mg – 1% DV Sep-13 to 2016.....	54.80	100	Arrow-Sumatriptan
	Inj 12 mg per ml, 0.5 ml cartridge – 1% DV Sep-13 to 2016....	13.80	2	Arrow-Sumatriptan
112	ONDANSETRON (↓ price and addition of HSS)			
	Inj 2 mg per ml, 2 ml ampoule – 1% DV Sep-13 to 2016.....	1.82	5	Ondanaccord
	Inj 2 mg per ml, 4 ml ampoule – 1% DV Sep-13 to 2016.....	2.18	5	Ondanaccord

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

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

118 MELATONIN (addition of suggested brand)
 → Tab modified-release 2 mg (Circadin)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

123 DOXORUBICIN HYDROCHLORIDE (addition of presentation and note)
 → Inj 50 mg vial
 → Inj 2 mg per ml, 25 ml vial – 1% DV Mar-13 to 2015 17.00 1 **Arrow-Doxorubicin**
Note: DV limit applies to all 50 mg presentations of doxorubicin hydrochloride

SENSORY ORGANS

166 CARBOMER (delay to brand listing)
 Ophthalmic gel 0.3%, single dose 8.25 30 Poly-Gel

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 24 Systane Unit Dose

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 (Kaicare Aptamil Feed Thickener)
(Feed Thickener Kaicare Aptamil)

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.

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

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

- 173 HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML (amendment to restriction)
 → Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml, 1,000 ml bag (Nutrison Protein Plus)
 → 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)

Restricted

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 does not have increased energy requirements.
- 2.4 Patient's needs cannot be more appropriately met using a high calorie product.**

- 174 EXTENSIVELY HYDROLYSED FORMULA (change to suggested brand name)
 → Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can (Gold Pepti Junior Karicare Aptamil)
 (Karicare Aptamil-Gold Pepti-Junior)

- 175 PRETERM FORMULA
 → Powder 1.9 g protein, 7.5 g carbohydrate and 3.9 g fat per 14 g, can..... 15.25 400 g S-26 Gold Premgro
 Restricted
 For infants born before 33 weeks' gestation or weighing less than 1.5 kg at birth.

- 176 Paediatric Products **Infant Formulas**
 PAEDIATRIC ORAL FEED 1 KCAL/ML
 → Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, 100 ml bottle (Infatrini)
 Restricted
 Both:
 1. **Either of the following:**
 1.1 **The patient is fluid restricted; or**
 1.2 **The patient has increased nutritional requirements due to faltering growth; and**
 2. **Patient is under 18 months old and weighs less than 8kg.**

- 178 HIGH ARGININE ORAL FEED 1.4 KCAL/ML
 → Liquid 7.6 g protein, 18.9 g carbohydrate, 3.9 g fat and 1.4 g fibre per 100 ml, carton..... 4.00 237 ml Impact Advanced Recovery (Vanilla)
 (Impact Advanced Recovery (Chocolate))

Note: these listings are new Pharmacodes for existing products.

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

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			

Index

Pharmaceuticals and brands

A			
Aclasta	18	Circadin	32
Alendronate sodium	18	Clindamycin	17
Alendronate sodium with cholecalciferol	18	Clindamycin ABM	17
Alpha Keri Bath Oil	14	Clofazamine	17
Alpha Keri Lotion	14	Clofazimine	17
Aluminium hydroxide with magnesium hydroxide and simethicone	4	Clomazol	4
AmBisome	21	Clopidogrel	4
Amino acid formula	21	Clotrimazole	4
Amphotericin B	21	Colchicine	18
Apo-Pindolol	7	Colgout	18
Apo-Prednisone S29	17	Cvite	7, 26
Apresoline s29	4	Cyclophosphamide	6
Aprotinin	13	Cytarabine	10
Arrow - Clopid	4	D	
Arrow-Doxorubicin	32	Dacarbazine	20
Arrow-Sumatriptan	31	Dapa-Tabs	16
Arrow-Venlafaxine XR	10, 31	DBL Ceftazidime	5
Articaine hydrochloride with adrenaline	14	Defibrotide	23
Asacol	25	Desmopressin acetate	7
Ascorbic acid	7, 26	Dimethicone	11, 13
Atovaquone with proguanil hydrochloride	24	Diphtheria and tetanus vaccine	14, 24
Avelox	27	Diphtheria, tetanus, pertussis, polio, hepatitis b and haemophilus influenzae type b vaccine	25
Avelox IV 400	7, 27	Docetaxel	20
B		Docetaxel Ebewe	20
Bacillus calmette-guerin vaccine	22	Docetaxel Sandoz	20
Baraclude	28	Dornase alfa	11
Barrier Cream 555	11, 13	Dostinex	24
Biotin	13	Doxorubicin hydrochloride	32
BK Lotion	14	DP Barrier Cream	11, 13
Boceprevir	8	DP Lotion	14
Brilinta	27	Dr Reddy's Ondansetron	6
Budenocort	6	Dr Reddy's Quetiapine	19
Budesonide	6	E	
Bupivacaine hydrochloride	21, 24	Edrophonium chloride	24
Bupropion hydrochloride	20	Efexor XR	31
Buspirone hydrochloride	19	Enalapril maleate	4, 12
C		Energivit	22
Cabergoline	24	Enoxaparin	11
Calcitriol	16	Entecavir	28
Carbomer	20, 32	Ethics Enalapril	4
Carob bean gum with maize starch and maltodextrin	32	Evista	18
Cefaclor	5	Extensively hydrolysed formula	33
Cefalexin	17	F	
Cefalexin Sandoz	17	Feed Thickener Karicare Aptamil	32
Ceftazidime	5	Fluconazole	17
CellCept	10	Fluconazole-Claris	17
Cephalexin ABM	17	Foban	27
Chlorhexidine gluconate	23	Food/Fluid Thickeners	32
		Fosamax	18

Index

Pharmaceuticals and brands

Fosamax Plus	18	L	
Fosfomycin	27	Lamivudine	29
Fusidate sodium [fusidic acid]	27	Lax-Sachets	4
G		Leuprorelin acetate	17
Gabapentin	31	Levomepromazine	19
Gadoteric acid	12	Levomepromazine maleate	19
Gemfibrozil	7	Lidocaine [lignocaine] hydrochloride	22
Genox	6	Lipazil	7
Gentamicin sulphate	7, 14	Lorafix	6
Glucose	16	Loratadine	6
Glycerol with paraffin	13	Lucrin Depot	17
Glycopyrronium bromide	15	M	
Gold Pepti Junior Karicare Aptamil	33	m-Enalapril	12
H		Macrogol 400 and propylene glycol	20, 32
Haemophilus influenzae type b vaccine	24	Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	4
Haemophilus influenzae type b vaccine	14	Magnesium hydroxide	16
Haloperidol	19	Magnesium oxide	16
Hepatitis b vaccine	15	Magnesium sulphate	16
High arginine oral feed 1.4 Kcal/ml	33	Marevan	16
High calorie products	32	MCT Peptide	20
High protein enteral feed 1.25 Kcal/ml	11, 33	MCT Peptide 1+	20
High protein enteral feed 1.28 Kcal/ml	11	MCT Peptide	20
Humalog Mix 25	25	MCT Peptide 1+	20
Humalog Mix 50	25	Melatonin	32
Human papillomavirus (6, 11, 16 and 18) vaccine	12	Meningococcal (a, c, y and w-135) polysaccharide vaccine	22
Hydralazine hydrochloride	4	Mesalazine	7, 25
Hydrocortisone	17	Methacholine chloride	12
Hydroderm Lotion	14	Metolazone	27
Hydroxocobalamin	15	Mercaptopurine	20
Hyoscine hydrobromide	6	Mesna	20
Hypromellose with dextran	20	Mianserin hydrochloride	19
I		Minirin	7
Imipramine hydrochloride	10	Mitomycin C	20
Impact Advanced Recovery (Chocolate)	33	Monosodium l-aspartate	7
Impact Advanced Recovery (Vanilla)	33	Movicol	4
Infatrini	33	Moxifloxacin	7, 27
Insulin lispro with insulin lispro protamine	25	Multiload Cu 375	12
Interferon alfa-2a	8	Multiload Cu 375 SL	12
Interferon alfa-2b	8	Multivitamins	26
Interferon alpha-2a	8	Mvite	26
Intra-uterine device	12	Mycophenolate mofetil	10
Indapamide	16	Mylanta Double Strength	4
Interferon alpha-2b	8	N	
Iohexol	34	Naltraccord	20
Ispaghula (psyllium) husk	26	Naltrexone hydrochloride	20
Itraconazole	17	Neocate Advance (Vanilla)	21
Itrazole	17	Neocate Gold (Unflavoured)	21
K		Neostigmine metilsulfate with glycopyrronium bromide	10
Karicare Aptamil Feed Thickener	32		
Karicare Aptamil Gold Pepti Junior	33		
Konsyl-D	26		

Index

Pharmaceuticals and brands

Nifedipine.....	16	Protien free supplement.....	22
Non-nucleoside reverse transcriptase inhibitors ..	28	Pulmozyme.....	11
Nucleoside reverse transcriptase inhibitors	28	Puri-nethol.....	20
Nupentin.....	31	Purinethol	20
Nutrini Low Energy Multifibre RTH.....	11	Pyridoxal-5-phosphate	13
Nutrison Protein Plus.....	33	Q	
Nutrison Protein Plus Multi Fibre.....	11, 33	Quetiapine.....	19
Nyefax Retard	16	QV cream.....	13
O		R	
Oestradiol	23	Raloxifene.....	18
Oestriol.....	23	Ranbaxy-Cefaclor.....	5
Omnipaque	34	Retrovir.....	17
Ondanaccord	31	Rilutek	5
Ondansetron	6, 31	Riluzole.....	5
Oral feed 2 kcal/ml.....	21	Risedronate Sandoz	10
Oxycodone hydrochloride.....	6, 18	Risedronate sodium	10
Oxydone BNM.....	18	Rocaltrol.....	16
OxyNorm	6	S	
P		S-26 Gold Premgro	33
Pacific Buspirone	19	Salazopyrin	15
Paediatric enteral feed 0.75 Kcal/ml.....	11	Salazopyrin EN.....	15
Paediatric enteral feed 0.76 Kcal/ml.....	11	Scopoderm TTS.....	6
Paediatric oral feed 1 kcal/ml.....	11, 33	Secretin pentahydrochloride	5
Paracetamol-AFT	6	Serenace	19
Paraffin with wool fat.....	14	Sinalide.....	12
Pediasure (Chocolate).....	11	Sodium chloride.....	24
Pediasure (Strawberry).....	11	Sodium cromoglycate	22
Pediasure (Vanilla)	11	Sodium thiosulphate.....	12
Pegasys.....	8	Solu-Cortef	17
Pegasys RBV Combination Pack	8	Strand transfer inhibitors	28
Pegylated interferon alfa-2a.....	8	Streptase	4
Pegylated interferon alpha-2a	8	Streptokinase	4
Pentasa	7	Sudocrem	13
Peptide-based oral feed.....	20	Sulphasalazine	15
Pindolol	7	Sumatriptan	31
Piperacillin with tazobactam	17	Systane Unit Dose.....	20, 32
Pivmecillinam.....	27	T	
Plerfutren.....	34	Tamoxifen citrate.....	6
Pneumococcal conjugate (pcv13) vaccine....	15, 25	Tamsulosin.....	5
Pneumococcal (ppv23) polysaccharide vaccine	15, 23, 25	Tamsulosin-Rex.....	5
Poly Gel	32	Tazocin EF	17
Poly-Tears	20	Tenofovir disoproxil fumarate	30
Potassium chloride with sodium chloride.....	4	Ticagrelor	27
Potassium iodate	14	Tofranil S29	10
Povidone-iodine	12	Tuberculin, purified protein derivative.....	12
Prednisone.....	17	TwoCal HN.....	21
Preterm formula	33	U	
Procytox	6	Uromitexan	20
Progesterone	16	Ursodeoxycholic acid	26
Protease inhibitors	28	Ursosan.....	26
		Utrogestan	16

Index

Pharmaceuticals and brands

V	
Valaciclovir	31
Valtrex	31
Varicella zoster vaccine (chicken pox vaccine)....	23
Venlafaxine	10, 31
Victrelis.....	8
Viread	30
W	
Warfarin sodium.....	16
Z	
Zetlam	29
Zidovudine [AZT].....	17
Zinc	13
Zinc Cream (Orion).....	13
Zinc Cream (PSM).....	13
Zinc oxide (PSM) 15% ion Simple Ointment BP ...	13
Zinc with wool fat.....	13
Zoledronic acid	18
Zyban	20

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

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

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

newzealand.govt.nz