The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update
Effective 1 October 2013
Cumulative for July, August, September and October 2013
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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.
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
  e.g. Mylanta Double

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 30  Lax-Sachets
                 .................. 18.14
  Note – Movicol will be delisted from 1 November 2013.

BLOOD AND BLOOD FORMING

31  STREPTOKINASE (delisting)
  Inj 250,000 iu vial.................................................. 117.70 1  Streptase
  Inj 1,500,000 iu vial............................................. 188.10 1  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 ................................................................. 1.19 100  Ethics Enalapril
  Tab 10 mg ............................................................... 1.47 100  Ethics Enalapril
  Tab 20 mg ............................................................... 1.91 100  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
  (1 price) – 1% DV Dec-13 to 2016 ......................... 1.45 35 g  Clomazol
  Vaginal crm 2% with applicator
  (1 price) – 1% DV Dec-13 to 2016 ......................... 2.20 20 g  Clomazol

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

### 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 (1 price) – 1% DV Dec-13 to 2016 | 26.00 | 100 | Ranbaxy-Cefaclor

- For oral liq 25 mg per ml – 1% DV Dec-13 to 2016 | 3.53 | 100 ml | Ranbaxy-Cefaclor

Restricted

### CEFTAZIDIME (suspend HSS)

- Inj 1 g vial – 1% DV Oct-11 to 2014 | 3.25 | 1 | DBL Ceftazidime

- Inj 2 g vial – 1% DV Oct-11 to 2014 | 6.49 | 1 | DBL Ceftazidime

Restricted

### 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...
Changes to Section H - effective 1 October 2013 (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.
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
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 x10⁶/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...
Changes to Section H - effective 1 September 2013 (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...
## Changes to Section H - effective 1 September 2013 (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 thrombocytopenia, 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 GLYCOPSYRONIUM 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

**DORNASE ALFA (amendment to restriction)**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250.00</td>
<td>Pulmozyme</td>
<td>6</td>
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</tbody>
</table>

Restricted

Any of the following:

1. **Cystic fibrosis** and the patient has been approved by the Cystic Fibrosis Panel; and/or
2. **Significant mucus production** and meets the following criteria

- **Treatment for up to four weeks** treatment for patients meeting the following:
  1. Patient is an in-patient; and
  2. The mucus production cannot be cleared by first line chest techniques.

- **Treatment for up to 3 days for patients diagnosed with empyema.**

### SPECIAL FOODS

**HIGH PROTEIN ENTERAL FEED 1.28 KCAL/ML 1.25 KCAL/ML**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.07</td>
<td>200 ml</td>
<td>Nutrison Protein Plus Multi Fibre</td>
</tr>
</tbody>
</table>

**PAEDIATRIC ORAL FEED 1 KCAL/ML**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.34</td>
<td>250 ml</td>
<td>Pediasure (Vanilla)</td>
</tr>
</tbody>
</table>

Note – the Pharmacodes for the tetra-packs and cans will be delisted from 1 November 2013.

**PAEDIATRIC ENTERAL FEED 0.76 KCAL/ML 0.75 KCAL/ML**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4.00</td>
<td>500 ml</td>
<td>Nutrini Low Energy Multifibre RTH</td>
</tr>
</tbody>
</table>

### EFFECTIVE 28 AUGUST 2013

**BLOOD AND BLOOD FORMING**

**ENOXAPARIN**

Inj 40 mg in 0.4 ml ampoule

### DERMATOLOGICALS

**DIMETHICONE (Removal of suggested brand)**

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td>Barrier Cream 555</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DP Barrier Cream</td>
</tr>
</tbody>
</table>

Expiration of Hospital Supply Status (HSS) period is 30 June of the year indicated unless otherwise stated.
Changes to Section H - effective 28 August 2013 (continued)

GENITO-URINARY SYSTEM

56 INTRA-UTERINE DEVICE
IUD

VACCINES

183 HUMAN PAPILLOMAVIRUS (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 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 10 TU 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

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

#### ALIMENTARY TRACT AND METABOLISM

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>21 BIOTIN</strong></td>
<td>Inj 10 mg per ml, 5 ml vial</td>
<td>Restricted: Metabolic disorders physician or metabolic disorders dietician.</td>
</tr>
<tr>
<td><strong>21 PYRIDOXAL-5-PHOSPHATE</strong></td>
<td>Tab 50 mg</td>
<td>Restricted: Metabolic disorders physician, metabolic disorders dietician or neurologist.</td>
</tr>
<tr>
<td><strong>23 ZINC</strong> (presentation amended)</td>
<td>Oral liq 5 mg per drop, 5 mg per 5 drops</td>
<td></td>
</tr>
</tbody>
</table>

#### BLOOD AND BLOOD FORMING ORGANS

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>28 APROTININ</strong></td>
<td>Inj 10,000 kIU per ml (equivalent to 200 mg per ml), 50 ml vial</td>
<td>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.</td>
</tr>
</tbody>
</table>

#### DERMATOLOGICALS

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>49 DIMETHICONE</strong> (Addition of suggested brand)</td>
<td>Crm 5%</td>
<td>(Barrier Cream 555) (DP Barrier Cream)</td>
</tr>
<tr>
<td><strong>49 ZINC</strong> (Addition of suggested brands)</td>
<td>Crm</td>
<td>(Zinc Cream (Orion)) (Zinc Cream (PSM))</td>
</tr>
<tr>
<td></td>
<td>Oint</td>
<td>(Zinc oxide (PSM) 15% ion Simple Ointment BP)</td>
</tr>
<tr>
<td><strong>50 ZINC WITH WOOL FAT</strong> (Addition of suggested brand)</td>
<td>Crm, zinc 15.25% with wool fat 4%</td>
<td>(Sudocrem)</td>
</tr>
<tr>
<td><strong>50 GLYCEROL WITH PARAFFIN</strong> (Addition of suggested brands)</td>
<td>Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10%</td>
<td>(QV cream)</td>
</tr>
</tbody>
</table>
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%
    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.
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
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).
Changes to Section H - effective 1 August 2013 (continued)

**HORMONE PREPARATIONS**

<table>
<thead>
<tr>
<th>No.</th>
<th>Brand or Generic</th>
<th>Price (ex man. Excl. GST)</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>PREDNISONE</td>
<td>$2.13</td>
<td>Apo-Prednisone S29</td>
</tr>
<tr>
<td>60</td>
<td>HYDROCORTISONE</td>
<td>$4.99</td>
<td>Solu-Cortef</td>
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<tr>
<td>62</td>
<td>LEUPRORELIN ACETATE (delisting)</td>
<td>$221.60</td>
<td>Lucrin Depot</td>
</tr>
<tr>
<td>66</td>
<td>CEFALEXIN (addition of HSS)</td>
<td>$5.70</td>
<td>Cephalexin ABM</td>
</tr>
<tr>
<td>68</td>
<td>PIPERACILLIN WITH TAZOBACTAM (↑ price and addition of HSS)</td>
<td>$5.84</td>
<td>Tazocin EF</td>
</tr>
<tr>
<td>70</td>
<td>CLINDAMYCIN (↑ price and addition of HSS)</td>
<td>$5.80</td>
<td>Clindamycin ABM</td>
</tr>
<tr>
<td>72</td>
<td>FLUCONAZOLE</td>
<td>$4.95</td>
<td>Fluconazole-Claris</td>
</tr>
<tr>
<td>72</td>
<td>ITRACONAZOLE</td>
<td>$2.99</td>
<td>Itrazole</td>
</tr>
<tr>
<td>74</td>
<td>CLOFAZAMINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>ZIDOVUDINE [AZT]</td>
<td>$152.25</td>
<td>Retrovir</td>
</tr>
</tbody>
</table>

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

**INFECTIONS**

<table>
<thead>
<tr>
<th>No.</th>
<th>Brand or Generic</th>
<th>Price (ex man. Excl. GST)</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>CEFALEXIN (addition of HSS)</td>
<td>$5.70</td>
<td>Cephalexin ABM</td>
</tr>
<tr>
<td>68</td>
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<td>$5.84</td>
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<tr>
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<td>FLUCONAZOLE</td>
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<tr>
<td>72</td>
<td>ITRACONAZOLE</td>
<td>$2.99</td>
<td>Itrazole</td>
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<tr>
<td>74</td>
<td>CLOFAZAMINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>ZIDOVUDINE [AZT]</td>
<td>$152.25</td>
<td>Retrovir</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.
Changes to Section H - effective 1 August 2013 (continued)

**MUSCULOSKELETAL**

### ALENDRONATE SODIUM (amendment to note in restriction)

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$22.90 4</td>
<td>Fosamax</td>
</tr>
</tbody>
</table>

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.

### ALENDRONATE SODIUM WITH CHOLECALCIFEROL (amendment to note in restriction)

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$22.90 4</td>
<td>Fosamax Plus</td>
</tr>
</tbody>
</table>

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.

### ZOLEDRONIC ACID (amendment to note in restriction)

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$600.00 100 ml</td>
<td>Aclasta</td>
</tr>
</tbody>
</table>

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.

### RALOXIFENE (amendment to note in restriction)

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>$53.76 28</td>
<td>Evista</td>
</tr>
</tbody>
</table>

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.

### COLCHICINE (price and addition of HSS)

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10.08 100</td>
<td>Colgout</td>
</tr>
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</table>

Note – Oxycontin controlled-release tab 10 mg, 20 mg, 40 mg and 80 mg to be delisted 1 October 2013.

**NERVOUS SYSTEM**

### OXYCODONE HYDROCHLORIDE

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST) $ Per</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$6.75 20</td>
<td>Oxydone BNM</td>
</tr>
<tr>
<td>$11.50 20</td>
<td>Oxydone BNM</td>
</tr>
<tr>
<td>$18.50 20</td>
<td>Oxydone BNM</td>
</tr>
<tr>
<td>$34.00 20</td>
<td>Oxydone BNM</td>
</tr>
</tbody>
</table>

Note – Oxycontin controlled-release tab 10 mg, 20 mg, 40 mg and 80 mg to be delisted 1 October 2013.
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 (1 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 LEVOMEPROMAZINE 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.
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 MERCAPTOPURINE (∨ 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 1+)
   (MCT Peptide 1+)
Changes to Section H - effective 1 August 2013 (continued)

<table>
<thead>
<tr>
<th></th>
<th>ORAL FEED 2 KCAL/ML</th>
</tr>
</thead>
</table>
| 173 | **Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml, bottle** | \[\text{Price: } \$1.90\text{ per 200 ml} \]
|   | **TwoCal HN** |

Note – TwoCal HN 237 ml can be delisted 1 October 2013.

<table>
<thead>
<tr>
<th></th>
<th>AMINO ACID FORMULA (I price)</th>
</tr>
</thead>
</table>
| 174 | **Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can** | \[\text{Price: } \$53.00\text{ per 400 g} \]
|   | **Neocate Advance (Vanilla)** |
|   | **Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can** | \[\text{Price: } \$53.00\text{ per 400 g} \]
|   | **Neocate Gold (Unflavoured)** |

Effective 12 July 2013

**INFECTIONS**

<table>
<thead>
<tr>
<th></th>
<th>AMPHOTERICIN B (amendment to restriction)</th>
</tr>
</thead>
<tbody>
<tr>
<td>72</td>
<td><strong>Inj 50 mg vial</strong></td>
</tr>
<tr>
<td></td>
<td>Restricted</td>
</tr>
<tr>
<td></td>
<td>Infectious disease physician, clinical microbiologist, haematologist, oncologist, transplant specialist or respiratory physician</td>
</tr>
<tr>
<td></td>
<td>Any of the following:</td>
</tr>
<tr>
<td></td>
<td>1 Proven or probable invasive fungal infection, to be prescribed under an established protocol; or</td>
</tr>
<tr>
<td></td>
<td>2 Both:</td>
</tr>
<tr>
<td></td>
<td>2.1 Possible invasive fungal infection; and</td>
</tr>
<tr>
<td></td>
<td>2.2 A multidisciplinary team (including an Infectious Disease physician or a Clinical Microbiologist) considers the treatment to be appropriate.</td>
</tr>
</tbody>
</table>
|   | **Inj (liposomal) 50 mg vial** – **1% DV Oct-12 to 2015** | \[\text{Price: } \$3,450.00\text{ per 10 vials} \]
|   | **AmBisome** |

<table>
<thead>
<tr>
<th></th>
<th>BUPIVACAINE HYDROCHLORIDE (additional presentations and amended presentations)</th>
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</thead>
<tbody>
<tr>
<td>99</td>
<td><strong>Inj 2.5 mg per ml, 20 ml ampoule</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Inj 5 mg per ml, 10 ml ampoule, sterile pack</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Inj 5 mg per ml, 20 ml ampoule, sterile pack</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Inj 5 mg per ml, 20 ml ampoule, sterile pack</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Inj 5 mg per ml, 20 ml ampoule, sterile pack</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Marcain</strong></td>
</tr>
</tbody>
</table>

Note: DV limit applies to theatre packs only.
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 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.

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 6-18 years with functional asplenia; or
   3 For organisation and community based outbreaks.
<table>
<thead>
<tr>
<th>Product Code</th>
<th>Product Description</th>
<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)**

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 62-18 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 OESTRADIOL OESTRIOL (correction of chemical name)

- **Tab 2 mg**
## Changes to Section H - effective 5 July 2013 (continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
</tr>
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<tbody>
<tr>
<td>61</td>
<td>CABERGOLINE (amendment to restriction)</td>
<td>Tab 0.5 mg – 1% DV Sep-12 to 2015</td>
<td>Dostinex</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$25.00 8</td>
<td>Dostinex</td>
</tr>
<tr>
<td></td>
<td>Restricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Inhibition of lactation; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 Patient has pathological hyperprolactinemia; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Patient has acromegaly.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## INFECTIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE (addition of new presentation)</td>
<td>Tab 62.5 mg with proguanil hydrochloride 25 mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infectious disease physician or clinical microbiologist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>87</td>
<td>EDROPHONIUM CHLORIDE (addition of new presentation)</td>
<td>Inj 10 mg per ml, 15 ml vial</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>For the diagnosis of myasthenia gravis.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## NERVOUS SYSTEM

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>BUPIVACAINE HYDROCHLORIDE (addition of new presentation)</td>
<td>Inj 1.25 mg per ml, 500 ml bag</td>
<td></td>
</tr>
</tbody>
</table>

## RESPIRATORY SYSTEM AND ALLERGIES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>157</td>
<td>SODIUM CHLORIDE (amendment to presentation)</td>
<td>Aqueous nasal spray 6.5 7.4 mg per ml</td>
<td></td>
</tr>
</tbody>
</table>

## VACCINES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>181</td>
<td>DIPHTHERIA AND TETANUS VACCINE (amendment to restriction)</td>
<td>Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 For vaccination of patients aged 45 and 65 years old; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 For vaccination of previously unimmunised patients; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 For revaccination of children following immunosuppression; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 For revaccination for patients with tetanus-prone wounds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>181</td>
<td>HAEMOPHILUS INFLUENZAE TYPE B VACCINE (amendment to restriction)</td>
<td>Inj 10 mcg vial with diluent syringe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 For primary vaccination in children; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 For revaccination of children following immunosuppression; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 For children aged 0-18 years with functional asplenia; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 For patients pre- and post-splenectomy.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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, |
|     | Restricted | 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 |
|     | 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

Products with Hospital Supply Status (HSS) are in bold. Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
Changes to Section H - effective 1 July 2013 (continued)

19 URSODEOXICHLIC 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 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

20 ISPAGHULA (PSYLLIUM) HUSK (i 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)
   (MultiADE tab (BPC cap strength) to be delisted 1 September 2013)

(Brand) indicates a brand example only. It is not a contracted product.
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 who 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 ............................................................... 52.00 5 Avelox
   ➔ Inj 2 mg per ml, 250 ml bag ............................................. 70.00 1 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
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/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 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

\[ \text{Tab } 0.5 \text{ mg} \]\(400.00 \text{ 30 Barangie} \)

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...
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

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
   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 naïve 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
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 <100,000 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:

continued...
Changes to Section H - effective 1 July 2013 (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 × 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 > 200 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 < 350 500 cells/mm3

Prevention of maternal transmission continued...
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 ONDANSERON (↓ 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
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  Pety-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  (Karicare Aptamil
           Feed Thickener)
           (Feed Thickener
           Karicare 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
  ∴ 3 Both:
    ∴ 3.1 Any of the following:
      ∴ 3.1.1 Cystic fibrosis; or
      ∴ 3.1.2 Any condition causing malabsorption; or
      ∴ 3.1.3 Faltering growth in an infant/child; or
      ∴ 3.1.4 Increased nutritional requirements; and
    ∴ 3.2 Patient has substantially increased metabolic requirements.
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.
Changes to Section H - effective 1 July 2013 (continued)

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(Brand) indicates a brand example only. It is not a contracted product.
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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
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ISSN 1172-3694 (Print) - ISSN 1179-3708 (Online)
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