## Contents

Summary of decisions effective 1 December 2013 ........................................ 3
Section H changes to Part II ............................................................................. 5
Index ............................................................................................................... 14
• Mesalazine (Pentasa) suppos 1 g – new packsize
• Oily phenol [phenol oily] – amendment to chemical name
• Eptacog alfa [recombinant factor VIIa] (Novoseven RT) - addition of restrictions and amendment to presentation description
• Morococog alfa [recombinant factor VIII] (Xyntha) - addition of restriction
• Nonacog alfa [recombinant factor IX] (BeneFIX) - addition of restriction
• Factor eight inhibitors bypassing agent (FEIBA) - move from Part III and addition of restriction
• Octocog alfa [recombinant factor VIII] (Advate and Kogenate FS) - addition of restriction
• Spironolactone (Spiractin) tab 25 mg and 100 mg - new brand name
• Cetomacrogol with glycerol – amendment to presentation description and brand name
• Oxytocin (Oxytocin BNM) inj 5 iu per ml, 1 ml ampoule, 10 iu per ml, 1 ml ampoule – new listing
  Note – Syntocinon inj 5 iu per ml, 1 ml and inj 10 iu per ml, 1 ml to be delisted from 1 February 2014.
• Levonorgestrel, intra-uterine system, 20 mcg per day - amendment to restriction
• Cefoxitin inj 1 g vial – amended brand name
• Daptomycin, inj 500 mg vial - new listing
• Benzbromarone (Benzbromaron AL 100) tab 100 mg – addition of note
• Ropinirole hydrochloride (Apo-Ropinirole) tab 0.25 mg, 1 mg, 2 mg and 5 mg – new listing
  Note – Ropin tab 0.25 mg, 1 mg, 2 mg and 5 mg to be delisted 1 March 2014.
• Pramipexole hydrochloride (Ramipex) tab 0.25 mg and tab 1 mg – new listing
• Morphine sulphate (m-Eslon) cap long-acting 10 mg, 30 mg, 60 mg and 100 mg – reduction in price and addition of HSS
• Gabapentin (Arrow-Gabapentin) cap 100 mg, 300 mg and 400 mg – new listing
• Olanzapine (Zypine) tab 2.5 mg, 5 mg, and 10 mg – new brand name
• Olanzapine (Zypine ODT) tab orodispersible 5 mg and 10 mg – new brand name
• Imatinib mesilate - amendment to chemical name
• Montelukast (Singulair) tab 4 mg, 5 mg and 10 mg - amendment to restriction
• Chlorhexidine with cetrimide, crm 0.1% with cetrimide 0.5% - amendment to presentation description
Summary of decisions – effective 1 December 2013 (continued)

- Desferrioxamine mesilate, inj 500 mg vial – amended brand name
- Iohexal (Omnipaque) inj 350 mg per ml, 200 ml bottle – new packsize
- Carbohydrate supplement, powder 95 g carbohydrate per 100 g, 368 g can - removal of suggested brand
Section H changes to Part II
Effective 1 December 2013

GENERAL RULES

2 Introducing PHARMAC

PHARMAC, the Pharmaceutical Management Agency, is a Crown entity established pursuant to the New Zealand Public Health and Disability Act 2000 (The Act). The primary objective of PHARMAC is to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided.

The PHARMAC Board consists of up to six members appointed by the Minister of Health. All decisions relating to PHARMAC’s operation are made by or under the authority of the Board. More information on the Board can be found at www.pharmac.govt.nz.

The functions of PHARMAC are set out in section 48 of the Act. PHARMAC is required to perform these functions within the amount of funding provided to it in the Pharmaceutical Budget or to DHBs from their own budgets for the use of pharmaceuticals in their hospitals, as applicable, and in accordance with its annual plan statement of intent and any directions given by the Minister (Section 103 of the Crown Entities Act).

The Government has agreed that PHARMAC will assume responsibility for the assessment, prioritisation and procurement of medical devices on behalf of DHBs. Medical devices come within the definition of Pharmaceuticals in the Act.

PHARMAC is assuming responsibility for procurement of some medical devices categories immediately, as a first step to full PHARMAC management of these categories within the Pharmaceutical Schedule.

4 “Give” means to administer, provide or dispense (or, in the case of a Medical Device, use) a Pharmaceutical, or to arrange for the administration, provision or dispensing (or, in the case of a Medical Device, use) of a Pharmaceutical, and “Given” has a corresponding meaning.

5 “National Contract” means a contractual arrangement between PHARMAC and a Pharmaceutical supplier which sets out the basis on which any Pharmaceutical may be purchased for use in a DHB Hospital, including an agreement as to a national price.

6 2 Hospital Pharmaceuticals

2.2 Section H Part III lists Optional Pharmaceuticals that PHARMAC and the relevant pharmaceutical supplier Pharmaceutical supplier have entered into contractual arrangements for the purchase of, including an agreement on a national price and other obligations such as HSS. DHB Hospitals may choose whether or not to fund the Optional Pharmaceuticals listed in Part III of Section H, but if they do, they must comply with any National Contract requirements.

2.3 Section H Part II does not encompass the provision of pharmaceutical treatments for DHB Hospital staff as part of an occupational health and safety programme. DHB Hospitals may choose whether or not to fund pharmaceutical treatments for such use, but if they do, they must comply with any National Contract requirements.

6 2.1 Section H Part II contains the list of Hospital Pharmaceuticals that must be funded by DHB Hospitals. Section H Part II does not currently encompass the following categories of pharmaceuticals except for any items specifically listed in this Section H Part II:

a) Medical Devices;
b) whole or fractionated blood products;
c) diagnostic products which have an ex vivo use, such as pregnancy tests and reagents;
d) disinfectants and sterilising products, except those that are to be used in or on a patient;
Changes to Section H Part II - effective 1 December 2013 (continued)

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

- e) foods and probiotics;
- f) radioactive materials;
- g) medical gases; and
- h) parenteral nutrition.

Subject to rule 2.2, the funding of pharmaceuticals identified in a) – h) above is a decision for individual DHB Hospitals.

8 18 Hospital Pharmaceutical Contracts

18.1 A DHB Hospital may enter into a contract for the purchase of any Pharmaceutical, including any Medical Device, that it is entitled to fund in accordance with this Schedule H and that is not a National Contract Pharmaceutical, provided that such a contract:

- a) does not oblige the relevant DHB Hospital to purchase a volume of that Pharmaceutical, if that Pharmaceutical is a DV Pharmaceutical, that is greater than the relevant DV Limit;
- b) enables PHARMAC to access and use future price and volume data in respect of that Pharmaceutical; and
- c) enables the relevant DHB Hospital to terminate the contract or relevant parts of the contract in order to give full effect to the national National contract Contract on no more than 3 months’ written notice to the pharmaceutical supplier.

18.3 Following written notification from PHARMAC that a Pharmaceutical is a National Contract Pharmaceutical, either through Section H updates or otherwise, DHB Hospitals must, unless PHARMAC expressly notifies otherwise:

- a) take any steps available to them to terminate pre-existing contracts or relevant parts of such a contract, and
- b) not to enter any new contracts or extend the period of any current contracts, for the supply of that National Contract Pharmaceutical or the relevant chemical entity or Medical Device.

9 19 National Contract Pharmaceuticals

19.1 DHB Hospitals must take all necessary steps to enable any contracts between PHARMAC and a pharmaceutical Pharmaceutical supplier in relation to National Contract Pharmaceuticals to be given full effect.

19.2 The contractual arrangement between PHARMAC and the relevant pharmaceutical supplier of a National Contract Pharmaceutical requires it to be made available by for purchase at the relevant Price by any or all of the following:

- a) DHB Hospitals at Designated Delivery Points; and/or
- b) Contract Manufacturers (expressly for the purpose of compounding).

In the case of Medical Devices, a National Contract may require the Medical Device to be purchased by, and/or supplied to, a third party logistics provider.

10 22.1 DHB Hospitals must provide to PHARMAC, on a monthly basis in accordance with PHARMAC’s requirements, any volume data and, unless it would result in a breach of a pre-existing contract, price data held by those DHB Hospitals in respect of any Hospital Pharmaceuticals listed in Part II of Section H of the Schedule Pharmaceutical (including any Medical Device) listed in Section H.
## Changes to Section H Part II - effective 1 December 2013 (continued)

### ALIMENTARY TRACT AND METABOLISM

<table>
<thead>
<tr>
<th></th>
<th>Products with Hospital Supply Status (HSS) are in <strong>bold</strong>. Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.</th>
<th></th>
</tr>
</thead>
</table>
| 12 | **MESALAZINE**  
Suppos 1 g | 54.60  
30 | **Pentasa** |
| 13 | **OILY PHENOL [PHENOL OILY]**  
Inj 5%, 5 ml vial |   |   |

### BLOOD AND BLOOD FORMING ORGANS

<table>
<thead>
<tr>
<th></th>
<th>EPTACOG ALFA [RECOMBINANT FACTOR VIIA] (addition of restrictions and amendment to presentation description)</th>
<th></th>
</tr>
</thead>
</table>
|   | Inj 1 mg syringe vial | 1,163.75  
1 | **NovoSeven RT** |
|   | Inj 2 mg syringe vial | 2,327.50  
1 | **NovoSeven RT** |
|   | Inj 5 mg syringe vial | 5,818.75  
1 | **NovoSeven RT** |
|   | Inj 8 mg syringe vial | 9,310.00  
1 | **NovoSeven RT** |

**Restricted**  
When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

<table>
<thead>
<tr>
<th></th>
<th>MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] (addition of restrictions)</th>
<th></th>
</tr>
</thead>
</table>
|   | Inj 250 iu vial | 225.00  
1 | **Xyntha** |
|   | Inj 500 iu vial | 450.00  
1 | **Xyntha** |
|   | Inj 1,000 iu vial | 900.00  
1 | **Xyntha** |
|   | Inj 2,000 iu vial | 1,800.00  
1 | **Xyntha** |
|   | Inj 3,000 iu vial | 2,700.00  
1 | **Xyntha** |

**Restricted**  
When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

<table>
<thead>
<tr>
<th></th>
<th>NONACOG ALFA [RECOMBINANT FACTOR IX] (addition of restriction)</th>
<th></th>
</tr>
</thead>
</table>
|   | Inj 250 iu vial | 310.00  
1 | **BeneFIX** |
|   | Inj 500 iu vial | 620.00  
1 | **BeneFIX** |
|   | Inj 1,000 iu vial | 1,240.00  
1 | **BeneFIX** |
|   | Inj 2,000 iu vial | 2,480.00  
1 | **BeneFIX** |

**Restricted**  
When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

<table>
<thead>
<tr>
<th></th>
<th>FACTOR EIGHT INHIBITORS BYPASSING AGENT (move from Part III and addition of restriction)</th>
<th></th>
</tr>
</thead>
</table>
|   | Inj 500 U | 1,640.00  
1 | **FEIBA** |
|   | Inj 1,000 U | 3,280.00  
1 | **FEIBA** |

**Restricted**  
When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.
Changes to Section H Part II - effective 1 December 2013 (continued)

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (addition of restriction)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 250 iu vial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 500 iu vial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 1,000 iu vial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 1,500 iu vial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 2,000 iu vial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 3,000 iu vial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restricted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

39  SPIRONOLACTONE

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tab 25 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tab 100 mg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DERMATOLOGICALS

47  CETOMACROGOL WITH GLYCEROL (amendment to presentation description and brand name)

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Crm 90% with glycerol 10%, 100 g</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crm 90% with glycerol 10%, 1,000 ml</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crm 90% with glycerol 10%, 500 ml</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GENITO-URINARY SYSTEM

52  OXYTOCIN

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inj 5 iu per ml, 1 ml ampoule - 1% DV Feb-14 to 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inj 10 iu per ml, 1 ml ampoule - 1% DV Feb-14 to 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note – Syntocinon inj 5 iu per ml, 1 ml and inj 10 iu per ml, 1 ml to be delisted from 1 February 2014.

52  LEVONORGESTREL (amendment to restrictions)

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intra-uterine system, 20 mcg per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Restricted

Obstetrician or gynaecologist

Initiation – heavy menstrual bleeding

All of the following:

1. The patient has a clinical diagnosis of heavy menstrual bleeding; and
2. The patient has failed to respond to or is unable to tolerate other appropriate pharmaceutical therapies as per the Heavy Menstrual Bleeding Guidelines; and
3. Either Any of the following:

continued...
Changes to Section H Part II - effective 1 December 2013 (continued)

3.1 Serum ferritin level < 16 mcg/l (within the last 12 months); or
3.2 Haemoglobin level < 120 g/l; or
3.3 The patient has had a uterine ultrasound and either a hysteroscopy or endometrial biopsy.

Continuation – heavy menstrual bleeding
Either:
1 Patient demonstrated clinical improvement of heavy menstrual bleeding; or
2 Previous insertion was removed or expelled within 3 months of insertion.

Initiation – endometriosis
The patient has a clinical diagnosis of endometriosis confirmed by laparoscopy.

Continuation – endometriosis
Either:
1 Patient demonstrated satisfactory management of endometriosis; or
2 Previous insertion was removed or expelled within 3 months of insertion.

Note – Endometriosis is an unregistered indication.

INFECTIONS

61  CEFOXITIN (change to brand name)
    Inj 1 g vial ................................................................. 55.00  5  Hospira Mayne

64  DAPTOMYCIN
    ➔ Inj 500 mg vial

MUSCULOSKELETAL SYSTEM

88  BENZBROMARONE (addition of note)
    ➔ Tab 100 mg ................................................................. 45.00  100  Benzbromaron

Restricted
Both:
1 Any of the following:
   1.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of
       at least 600 mg/day and appropriate doses of probenecid; or
   1.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is
       required and serum urate remains greater than 0.36 mmol/l despite appropriate doses of probenecid; or
   1.3 Both:
      1.3.1 The patient has renal impairment and serum urate remains greater than 0.36 mmol/l despite
          optimal treatment with allopurinol (see Note); and
      1.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or
   1.4 All of the following:
      1.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and
      1.4.2 Allopurinol is contraindicated; and
      1.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to
          reduced renal function; and
2 The patient is receiving monthly liver function tests.

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity. Optimal treatment with
allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of
allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to
600 mg or the maximum tolerated dose.

The New Zealand Rheumatology Association has developed information for prescribers which can be
Changes to Section H Part II - effective 1 December 2013 (continued)

NERVOUS SYSTEM

90  ROPI NIOLE HYDROCHLORIDE
    Tab 0.25 mg - 1% DV Mar-14 to 2016 ........................................ 2.36  100  Apo-Ropinirole
    Tab 1 mg - 1% DV Mar-14 to 2016 ............................................ 5.32  100  Apo-Ropinirole
    Tab 2 mg - 1% DV Mar-14 to 2016 ............................................ 7.72  100  Apo-Ropinirole
    Tab 5 mg - 1% DV Mar-14 to 2016 ............................................ 14.48 100  Apo-Ropinirole

Note – Ropin tab 0.25 mg, 1 mg, 2 mg and 5 mg to be delisted 1 March 2014.

93  PRAMIPEXOLE HYDROCHLORIDE
    Tab 0.25 mg ............................................................................. 7.20  100  Ramipex
    Tab 1 mg .................................................................................. 24.39 100  Ramipex

99  MORPHINE SULPHATE († price and addition of HSS)
    Cap long-acting 10 mg - 1% DV Feb-14 to 2016 ......................... 1.70  10  m-Eslon
    Cap long-acting 30 mg - 1% DV Feb-14 to 2016 ......................... 2.50  10  m-Eslon
    Cap long-acting 60 mg - 1% DV Feb-14 to 2016 ......................... 5.40  10  m-Eslon
    Cap long-acting 100 mg - 1% DV Feb-14 to 2016 ......................... 6.38  10  m-Eslon

103  GABAPENTIN
    ➞  Cap 100 mg ................................................................. 7.16  100  Arrow-Gabapentin
    ➞  Cap 300 mg ................................................................. 11.00 100  Arrow-Gabapentin
    ➞  Cap 400 mg ................................................................. 13.75 100  Arrow-Gabapentin

109  OLANZAPINE
    Tab 2.5 mg ............................................................................. 2.00  28  Zypine
    Tab 5 mg .................................................................................. 3.85  28  Zypine
    Tab orodispersible 5 mg .......................................................... 6.36  28  Zypine ODT
    Tab 10 mg ............................................................................. 6.35  28  Zypine
    Tab orodispersible 10 mg ......................................................... 8.76  28  Zypine ODT

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

122  IMATINIB MESILATE (amendment to chemical name)
    ➞  Tab 100 mg ........................................................................ 2,400.00 60  Glivec
Changes to Section H Part II - effective 1 December 2013 (continued)

RESPIRATORY SYSTEM AND ALLERGIES

153 MONTELUKAST (amendment to restriction)

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$18.48</td>
<td>28</td>
<td>28</td>
</tr>
</tbody>
</table>

Tab 4 mg…………………………………………………………………………………...18.48 28  
Tab 5 mg…………………………………………………………………………………...18.48 28  
Tab 10 mg…………………………………………………………………………………..18.48 28

Restricted
Pre-school wheeze

Both All of the following:
1 To be used for the treatment of intermittent severe wheezing (possibly viral) in children under 5 years; and
2 The patient has trialled inhaled corticosteroids at a dose of up to 400 mcg per day beclomethasone or budesonide, or 200 mcg per day fluticasone for at least one month; and
3 The patient has had continues to have at least three episodes in the previous 12 months of acute wheeze severe enough to seek medical attention severe exacerbations at least one of which required hospitalisation (defined as in-patient stay or prolonged Emergency Department treatment) in the past 12 months.

Exercise-induced asthma

Both:
1 Patient is being treated has been trialled with maximal asthma therapy, including inhaled corticosteroids and long-acting beta-adrenoceptor agonists; and
2 Patient continues to receive optimal inhaled corticosteroid therapy; and
3 Patient continues to experience frequent episodes of exercise-induced bronchoconstriction.

VARIOUS

163 CHLORHEXIDINE WITH CETRIMIDE (amendment to presentation description)

Crm 0.1% +% with cetrimide 0.5%

163 DESFERRIOXAMINE MESILATE (change to brand name)

Inj 500 mg vial ……………………………………………………………………………99.00 10  Hospira Mayne

165 IOHEXOL (new packsize)

Inj 350 mg per ml, 200 ml bottle…………………………………………………………311.16 10  Omnipoque

Note – Omnipoque inj 350 mg per ml, 200 ml bottle packsize 6 inj to be delisted 1 February 2014.

SPECIAL FOODS

173 CARBOHYDRATE SUPPLEMENT (delisting)

Powder 95 g carbohydrate per 100 g, 368 g can

Note – Moducal is to be delisted from 1 February 2014.

Effective 1 November 2013

ALIMENTARY TRACT AND METABOLISM

13 GLYCOPHYRRONIUM BROMIDE (amendment to presentation description)

Inj 0.2 mg 200 mcg per ml, 1 ml ampoule

- 1% DV Oct-13 to 2016 ……………………………………………………………………………28.56 10  Max Health
Changes to Section H Part II - effective 1 November 2013 (continued)

17  LACTULOSE
    Oral liq 10 g per 15 ml – 1% DV May-14 to 2016 .......................... 3.84 500 ml Laevolac
    Note – Laevolac oral liq 10 g per 15 ml, 1,000 ml pack size will be delisted from 1 May 2014.

20  ZINC CHLORIDE (amendment to presentation description)
    Inj 5.3 mg per ml (5.1 mg per ml elemental), 2 ml ampoule

BLOOD AND BLOOD FORMING ORGANS

28  EPTIFIBATIDE (amendment to restriction)
    ➔ Inj 750 mcg per ml, 100 ml vial ............................................. 324.00 1 Integrilin
    ➔ Inj 2 mcg per ml, 10 ml vial .................................................. 111.00 1 Integrilin
    Restricted
    Either:
    1. For use in patients with acute coronary syndromes undergoing percutaneous coronary intervention; or
    2. For use in patients with definite or strongly suspected intra-coronary thrombus on coronary angiography.

CARDIOVASCULAR SYSTEM

33  ENALAPRIL MALEATE
    Tab 5 mg .......................................................... 1.07 90 m-Enalapril
    Tab 10 mg ....................................................... 1.32 90 m-Enalapril
    Tab 20 mg ....................................................... 1.72 90 m-Enalapril
    Note – m-Enalapril tab 5 mg, 10 mg and 20 mg will be delisted from 1 January 2014. The Ethics Enalapril brand remains listed.

42  HYDRALAZINE HYDROCHLORIDE (remove S29)
    Inj 20 mg ampoule .................................................. 25.90 5 Apresoline s29

42  MINOXIDIL (correction to listing)
    ➔ Tab 10 mg ...................................................... 70.00 100 Loniten
    Restricted
    For patients with severe refractory hypertension which has failed to respond to extensive multiple therapies.

DERMATOLOGICALS

49  HYDROCORTISONE WITH MICONAZOLE (correction to listing)
    Crm 1% with miconazole nitrate 2% ........................................... 2.20 15 g Micreme H

INFECTIONS

80  OSELTAMIVIR
    ➔ Powder for oral suspension 6 mg per ml
    Restricted
    Either:
    1. Only for hospitalized patient with known or suspected influenza; or
    2. For prophylaxis of influenza in hospitalized patients as part of a DHB hospital approved infections control plan.
    Note – Oseltamivir powder for oral suspension 12 mg per ml will be delisted from 1 November 2013.
Changes to Section H - effective 1 November 2013 (continued)

### MUSCULOSKELETAL SYSTEM

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Brand</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>Benzbromaron AL</td>
<td>BENZBROMARONE (amendment to brand name) Tab 100 mg</td>
<td>$45.00</td>
<td>100</td>
</tr>
</tbody>
</table>

### NERVOUS SYSTEM

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Brand</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>93</td>
<td>Madopar Dispersible Rapid</td>
<td>LEVODOPA WITH BENSERAZIDE (amendment to brand name) Tab dispersible 50 mg with benserazide 12.5 mg</td>
<td>$10.00</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Brand</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Tofranil S29</td>
<td>IMIPRAMINE HYDROCHLORIDE (remove S29) Tab 10 mg</td>
<td>$6.58</td>
<td>60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Brand</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>102</td>
<td>Loxamine</td>
<td>PAROXETINE HYDROCHLORIDE</td>
<td>$4.32</td>
<td>90</td>
</tr>
</tbody>
</table>

Note – Loxamine tab 20 mg (30 packsize) will be delisted from 1 January 2014.

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Brand</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>107</td>
<td>Onrex</td>
<td>ONDANSETRON</td>
<td>$5.51</td>
<td>50</td>
</tr>
</tbody>
</table>

Note – Dr Reddy’s Ondansetron tab 4 mg and 8 mg will be delisted from 1 January 2014.

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Brand</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>119</td>
<td>Methotrexate Sandoz</td>
<td>METHOTREXATE</td>
<td>$17.19</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inj 7.5 mg prefilled syringe - 1% DV Jan-14 to 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Methotrexate Sandoz</td>
<td>Inj 10 mg prefilled syringe - 1% DV Jan-14 to 2016</td>
<td>$17.25</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Methotrexate Sandoz</td>
<td>Inj 15 mg prefilled syringe - 1% DV Jan-14 to 2016</td>
<td>$17.38</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Methotrexate Sandoz</td>
<td>Inj 20 mg prefilled syringe - 1% DV Jan-14 to 2016</td>
<td>$17.50</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Methotrexate Sandoz</td>
<td>Inj 25 mg prefilled syringe - 1% DV Jan-14 to 2016</td>
<td>$17.63</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Methotrexate Sandoz</td>
<td>Inj 30 mg prefilled syringe - 1% DV Jan-14 to 2016</td>
<td>$17.75</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Brand</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>148</td>
<td>Imuran</td>
<td>AZATHIOPRINE</td>
<td>$18.45</td>
<td>100</td>
</tr>
</tbody>
</table>

Note – Imuran tab 50 mg will be delisted from 1 November 2013. The Imuprine brand remains listed.

### RESPIRATORY SYSTEM AND ALLERGIES

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Brand</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>152</td>
<td>Ventolin</td>
<td>SALBUTAMOL</td>
<td>$2.06</td>
<td>150 ml</td>
</tr>
</tbody>
</table>

Note – Salapin oral liq 400 mcg per ml to be delisted 1 January 2014.

### SPECIAL FOODS

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Brand</th>
<th>Description</th>
<th>Price</th>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>185</td>
<td>Ensure (Vanilla)</td>
<td>ORAL FEED (change of packsize) Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can</td>
<td>$13.00</td>
<td>850 g</td>
</tr>
</tbody>
</table>

Note – Ensure (Vanilla) 900 g packsize to be delisted 1 February 2014.
<table>
<thead>
<tr>
<th>Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceuticals and brands</td>
</tr>
</tbody>
</table>

| A | Advate ................................................................. 8 |
| Apo-Ropinirole ............................................................. 10 |
| Apresoline ........................................................................ 12 |
| Arrow-Gabapentin ............................................................ 10 |
| Azathioprine ....................................................................... 13 |
| B | BeneFIX ................................................................. 7 |
| Benz bromaron AL 100 .......................................................... 9, 13 |
| Benz bromarone ................................................................. 9 |
| C | Carbohydrate supplement .................................................. 11 |
| Cefoxitin ............................................................................ 9 |
| Cetomacrogol with glycerol .................................................. 8 |
| Chlorhexidine with cetrimide ................................................ 11 |
| D | Dapomycin .................................................................... 9 |
| Desferrioxamine mesilate ...................................................... 11 |
| E | Enalapril maleate ............................................................. 12 |
| Ensure (Vanilla) ................................................................. 13 |
| Eptacog alfa [recombinant factor viii] .................................... 7 |
| Eptifibatide ........................................................................ 12 |
| F | Factor eight inhibitors bypassing agent .................................. 7 |
| FEIBA ............................................................................... 7 |
| G | Gabapentin .................................................................. 10 |
| Glivec ................................................................................ 10 |
| Glycopyrronium bromide ....................................................... 11 |
| H | Hydralazine hydrochloride .................................................. 12 |
| Hydrocortisone with miconazole .......................................... 12 |
| I | Imatinib mesilate ............................................................. 10 |
| Imipramine hydrochloride ..................................................... 13 |
| Imuran ............................................................................... 13 |
| Integrilin .......................................................................... 12 |
| Iohexol ............................................................................. 11 |
| K | Kogenate FS ................................................................. 8 |
| L | Lactulose ...................................................................... 12 |
| Laevolac ........................................................................... 12 |
| Levonorgestrel ................................................................. 8 |
| Loniten ............................................................................. 12 |
| Loxamine .......................................................................... 13 |
| M | Madopar Rapid ............................................................... 13 |
| m-Enalapril ....................................................................... 12 |
| Mesalazine ....................................................................... 7 |
| m-Eslon .......................................................................... 12 |
| Methotrexate Sandoz ............................................................. 13 |
| Methotrexate .................................................................. 13 |
| Micr e H ......................................................................... 12 |
| Minoxidil .......................................................................... 12 |
| Moducal ........................................................................... 11 |
| Montelukast .................................................................... 11 |
| Morococog alfa [recombinant factor viii] ................................. 7 |
| Morphine sulphate ............................................................. 10 |
| N | Nonacog alfa [recombinant factor ix] ..................................... 7 |
| NovoSeven RT .................................................................. 7 |
| O | Octocog alfa [recombinant factor viii] .................................... 8 |
| Oily phenol [phenol oily] ....................................................... 7 |
| Olanzapine .................................................................... 10 |
| Omnipaque ...................................................................... 11 |
| Ondansetron .................................................................... 13 |
| Onrex ............................................................................. 13 |
| Oral feed ......................................................................... 13 |
| Oseltamivir .................................................................... 12 |
| Oxytocin ......................................................................... 8 |
| Oxytocin BNM ................................................................ 8 |
| P | Paroxetine hydrochloride .................................................. 13 |
| Pentasa ........................................................................... 7 |
| Pharmacy Health Sorbolene with Glycerin ............................. 8 |
| Pramipexole hydrochloride ................................................. 10 |
| R | Ramipex ..................................................................... 10 |
| Ropinirole hydrochloride ..................................................... 10 |
| S | Salbutamol .................................................................. 13 |
| Singulair ....................................................................... 11 |
| Spiractin ......................................................................... 8 |
| Spironolactone .................................................................. 8 |
| T | Tofranil .................................................................... 13 |
| V | Ventolin ...................................................................... 13 |
| X | Xyntha ....................................................................... 7 |
| Z | Zinc chloride ................................................................ 12 |
| Zypine ........................................................................... 10 |
| Zypine ODT ................................................................... 10 |
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