The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update

Effective 1 February 2014

Cumulative for November, December 2013, January and February 2014
Contents

Summary of decisions effective 1 February 2014 ........................................... 3
Section H changes to Part II ............................................................................. 4
Section H changes to Part III ................................................................. 18
Index ............................................................................................................ 19
• Atomoxetine (Strattera) cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg – amendment to restriction
• Dexamethasone phosphate (Dexamethasone-hameln) inj 4 mg per ml, 1 ml ampoule and 2 ml ampoule – new listing
• Dexamethasone phosphate (Hospira) inj 4 mg per ml, 1 ml ampoule and 2 ml ampoule – delisting from 1 April 2014
• Dimethicone (healthE Dimethicone 5%) crm 5%, 100 g and crm 5% pump bottle, 500 ml – new listing
• Dimethyl sulfoxide, soln 99% – new listing
• Ferrous sulphate (Ferrograd) tab long-acting 325 mg (105 elemental) – new listing
• Ferrous sulphate (Ferodan) oral liq 30 mg (6 mg elemental) per ml – price decrease and addition of HSS
• Fluoxetine hydrochloride (Arrow-Fluoxetine) tab dispersible 20 mg, scored and cap 20 mg – new listing
• Fluoxetine hydrochloride (Fluo) tab dispersible 20 mg, scored and cap 20 mg – delisting from 1 April 2014
• Isosorbide mononitrate (Ismo 40 Retard) tab long-acting 40 mg – new listing
• Isosorbide mononitrate (Corangin) tab long-acting 40 mg – HSS suspended 31 January 2014 and delisting from 1 August 2014
• Mesalazine (Pentasa) suppos 1 g – delisting 28 packsize from 1 April 2014, the 30 packsize will remain listed
• Olanzapine (Olanzine) tab 2.5 mg – delisting from 1 April 2014, the Zypine brand remains listed.
• Phenoxymenthlypenicilllin (Penicillin V) (AFT) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml – amendment to presentation description, price decrease and addition of HSS
• Spironolactone (Spiractin) tab 25 mg – addition of HSS
• Spironolactone (Spirotone) tab 25 mg – HSS suspended 31 January 2014 and delisting from 1 April 2014
• Sugammadex (Bridion) inj 100 mg per ml, 2 ml vial and inj 100 mg per ml, 5 ml vial – amendment to restriction
• A range of Optional Pharmaceuticals, including some wound care products and disposable laparoscopic equipment are listed in an addendum to Part III which is available at www.pharmac.govt.nz.
Section H changes to Part II
Effective 1 February 2014

### ALIMENTARY TRACT AND METABOLISM

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>MESALAZINE (delisting)</td>
<td>Suppos 1 g</td>
<td>50.96 $ 28</td>
<td>Pentasa</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note – Pentasa suppos 1 g (28 packsize) to be delisted 1 April 2014. The 30 packsize will remain listed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>FERROUS SULPHATE</td>
<td>Tab long-acting 325 mg (105 mg elemental) (new listing)</td>
<td>2.06 $ 30</td>
<td>Ferrograd</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oral liq 30 mg (6 mg elemental) per ml</td>
<td>10.28 $ 500 ml</td>
<td>Ferodan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– 1% DV Apr-14 to 2016 (addition of HSS and ↓ price)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CARDIOVASCULAR SYSTEM

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>SPIRONOLACTONE</td>
<td>Tab 25 mg – 1% DV Feb-14 to 2016 (addition of HSS)</td>
<td>3.65 $ 100</td>
<td>Spiractin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tab 25 mg – 1% DV Sep-13 to 31/01/14</td>
<td>3.65 $ 100</td>
<td>Spirotone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note – Spirotone tab 25 mg to be delisted 1 April 2014.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>ISOSORBIDE MONONITRATE</td>
<td>Tab long-acting 40 mg – 1% DV Jun-11 to 31/01/14 2014</td>
<td>7.50 $ 30</td>
<td>Corangin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note – Corangin tab long-acting 40 mg to be delisted from 1 August 2014.</td>
<td></td>
<td>Ismo 40 Retard</td>
</tr>
</tbody>
</table>

### DERMATOLOGICALS

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>DIMETHICONE</td>
<td>Crm 5% tube – 1% DV Apr-14 to 2016</td>
<td>1.65 $ 100</td>
<td>healthE Dimethicone 5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crm 5% pump bottle – 1% DV Apr-14 to 2016</td>
<td>4.73 $ 500 ml</td>
<td>healthE Dimethicone 5%</td>
</tr>
</tbody>
</table>

### HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td>DEXAMETHASONE PHOSPHATE</td>
<td>Inj 4 mg per ml, 1 ml ampoule – 1% DV Apr-14 to 2016</td>
<td>25.80 $ 10</td>
<td>Dexamethasone-hameln</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inj 4 mg per ml, 2 ml ampoule – 1% DV Apr-14 to 2016</td>
<td>17.98 $ 5</td>
<td>Dexamethasone-hameln</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note – Hospira inj 4 mg per ml, 1 ml ampoule and 2 ml vial to be delisted 1 April 2014.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### INFECTIONS

<table>
<thead>
<tr>
<th>No.</th>
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<th>Description</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>63</td>
<td>PHENOXYMETHYLPENICILLIN [PENICILLIN V]</td>
<td>(amendment to presentation description, ↓ price and addition of HSS)</td>
<td></td>
<td>AFT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grans for oral liq 125 mg per ml 5 ml 25 mg per ml</td>
<td>1.64 $ 100 ml</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>– 1% DV Apr-14 to 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grans for oral liq 250 mg per ml 5 ml 50 mg per ml</td>
<td>1.74 $ 100 ml</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>– 1% DV Apr-14 to 2016</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Changes to Section H Part II – effective 1 February 2014 (continued)

MUSCULOSKELETAL SYSTEM

89 SUGAMMADEX (amendment to restriction)

- Inj 100 mg per ml, 2 ml vial ............................................. 1,200.00 10 Bridion
- Inj 100 mg per ml, 5 ml vial ............................................. 3,000.00 10 Bridion

Restricted
Any of the following:
1 Patient requires reversal of profound neuromuscular blockade following a rapid sequence induction that has been undertaken using rocuronium (i.e. suxamethonium is contraindicated or undesirable); or
2 Severe neuromuscular degenerative disease where the use of neuromuscular blockade is required; or
3 Patient has an unexpectedly difficult airway that cannot be intubated and requires a rapid reversal of anaesthesia and neuromuscular blockade; or
4 The duration of the patient’s surgery is unexpectedly short; or
5 Neostigmine or a neostigmine/anticholinergic combination is contraindicated (for example the patient has ischaemic heart disease, morbid obesity or COPD); or
6 Patient has a partial residual block after conventional reversal.

NERVOUS SYSTEM

102 FLUOXETINE HYDROCHLORIDE

- Tab dispersible 20 mg, scored – 1% DV Apr-14 to 2016 ........... 2.50 30 Arrow-Fluoxetine
- Cap 20 mg – 1% DV Apr-14 to 2016 ........................................ 1.74 90 Arrow-Fluoxetine

Note – Fluox tab dispersible 20 mg, scored and cap 20 mg to be delisted 1 April 2014.

109 OLANZAPINE (delisting)

- Tab 2.5 mg .............................................................................. 2.00 28 Olanzine

Note – Olanzine tab 2.5 mg to be delisted 1 April 2014. The Zypine brand remains listed.

113 ATOMOXETINE (amendment to restriction)

- Cap 10 mg.............................................................. 107.03 28 Strattera
- Cap 18 mg.............................................................. 107.03 28 Strattera
- Cap 25 mg.............................................................. 107.03 28 Strattera
- Cap 40 mg.............................................................. 107.03 28 Strattera
- Cap 60 mg.............................................................. 107.03 28 Strattera
- Cap 80 mg.............................................................. 139.11 28 Strattera
- Cap 100 mg.............................................................. 139.11 28 Strattera

Restricted
All of the following:
1 Patient has ADHD (Attention Deficit and Hyperactivity Disorder) diagnosed according to DSM-IV or ICD 10 criteria; and
2 Once-daily dosing; and
3 Any of the following:
   3.1 Treatment with a subsidised formulation of a stimulant has resulted in the development or worsening of serious adverse reactions or where the combination of subsidised stimulant treatment with another agent would pose an unacceptable medical risk; or
   3.2 Treatment with a subsidised formulation of a stimulant has resulted in worsening of co-morbid substance abuse or there is a significant risk of diversion with subsidised stimulant therapy; or
   3.3 An effective dose of a subsidised formulation of a stimulant has been trialled and has been discontinued because of inadequate clinical response; or
   3.4 Treatment with a subsidised formulation of a stimulant is considered inappropriate because the
Changes to Section H Part II – effective 1 February 2014 (continued)

1. The patient has a history of psychoses or has a first-degree relative with schizophrenia; and

4. The patient will not be receiving treatment with atomoxetine in combination with a subsidised formulation of a stimulant, except for the purposes of transitioning from subsidised stimulant therapy to atomoxetine.

Note: A "subsidised formulation of a stimulant" refers to currently listed methylphenidate hydrochloride tablet formulations (immediate release, sustained-release and extended-release) or dexamphetamine sulphate tablets.

VARIOUS

168 DIMETHYL SULFOXIDE
Soln 99%

Effective 1 January 2014

BLOOD AND BLOOD FORMING ORGANS

25 ELTROMBOPAG

\( \rightarrow \) Tab 25 mg.........................................................1,771.00  28  Revolade
\( \rightarrow \) Tab 50 mg.........................................................3,542.00  28  Revolade

Restricted

Haematologist

Initiation (idiopathic thrombocytopenic purpura – post-splenectomy)
Re-assessment required after 6 weeks.
All of the following:
1. Patient has had a splenectomy; and
2. Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab); and
3. Either:
   3.1. Patient has a platelet count of \( \leq \) 20,000 platelets per microlitre and has evidence of active bleeding; or
   3.2. Patient has a platelet count of \( \leq \) 10,000 platelets per microlitre.

Initiation – (idiopathic thrombocytopenic purpura – preparation for splenectomy)
Re-assessment required after 6 weeks.
The patient requires eltrombopag treatment as preparation for splenectomy.

Continuation – (idiopathic thrombocytopenic purpura – post-splenectomy)
Re-assessment required after 12 months
The patient has obtained a response (see note) from treatment during the initial approval or subsequent renewal periods and further treatment is required.
Note: Response to treatment is defined as a platelet count of >30,000 platelets per microlitre.

28 ASPIRIN

Tab 100 mg – 1% DV Mar-14 to 2016 ...............................10.50  990  Ethics Aspirin EC
1.60  90  Ethics Aspirin EC

(Brand) indicates a brand example only. It is not a contracted product.
Changes to Section H Part II – effective 1 January 2014 (continued)

**CARDIOVASCULAR SYSTEM**

33  CILAZAPRIL WITH HYDROCHLOROTHIAZIDE  
    Tab 5 mg with hydrochlorothiazide 12.5 mg  
    – 1% DV Mar-14 to 2016 ................................. 10.72  100  
    **Apo-Cilazapril/ Hydrochlorothiazide**  
    Note – Inhibace Plus tab 5 mg with hydrochlorothiazide 12.5 mg to be delisted from 1 March 2014.

37  DILTIAZEM HYDROCHLORIDE (HSS suspended and new brand listed)  
    Cap long-acting 120 mg  
    – 5% DV Feb-13 to 31/12/13  ............................. 31.83  500  
    **Apo-Diltiazem CD**  
    1.91  30  
    **Cardizem CD**

43  BOSENTAN (∫ price)  
    ➪ Tab 62.5 mg .................................................. 1,500.00  60  
    ➪ Tab 125 mg .................................................... 1,500.00  60  
    **pms-Bosentan**

**DERMATOLOGICALS**

49  POTASSIUM PERMANGANATE  
    Crystals

**GENITO-URINARY SYSTEM**

51  ETHINYLESTRODIOL WITH LEVONORGESTREL  
    Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets ...... 2.65  84  
    Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets ...... 2.30  84  
    **Ava 20 ED**  
    **Ava 30 ED**

54  SODIUM CITRO-TARTRATE (∫ price)  
    Grans eff 4 g sachets ............................................ 3.93  28  
    **Ural**

**INFECTIONS**

61  CEFTRIAXONE  
    Inj 500 mg vial – 1% DV Mar-14 to 2016 .................. 1.50  1  
    **Ceftriaxone-AFT**  
    Inj 1 g vial – 1% DV Mar-14 to 2016 ..................... 5.22  5  
    **Ceftriaxone-AFT**  
    Inj 2 g vial – 1% DV Mar-14 to 2016 ..................... 2.75  1  
    **Ceftriaxone-AFT**  
    Note – Veracol inj 500 mg vial, inj 2 g vial and Aspen Ceftriaxone inj 1 g vial to be delisted from 1 March 2014.

62  AMOXYCILLIN  
    Cap 250 mg – 1% DV Mar-14 to 2016 ..................... 16.18  500  
    **Apo-Amoxi**  
    Note – Alphamox cap 250 mg to be delisted from 1 March 2014.

63  PHENOXYMETHYLPENICILLIN [PENICILLIN V] (∫ price)  
    Cap 250 mg ..................................................... 11.99  50  
    Cap 500 mg ..................................................... 14.45  50  
    **Cilicaine VK**

66  NYSTATIN (∫ price)  
    Tab 500,000 u .................................................. 17.09  50  
    Cap 500,000 u .................................................. 15.47  50  
    **Nilstat**

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 Part II – effective 1 January 2014 (continued)

80  ZANAMIVIR

⇒ Powder for inhalation 5 mg............................................... 37.38  20 doses  Relenza Rotadisk

Restricted

Either:
1. Only for hospitalised patient with known or suspected influenza; or
2. For prophylaxis of influenza in hospitalised patients as part of a DHB hospital approved infections control plan.

MUSCULOSKELETAL SYSTEM

90  IBUPROFEN (↓ price and addition of HSS)

Oral liq 20 mg per ml – 1% DV Mar-14 to 2016................................. 1.89  200 ml  Fenpaed

NERVOUS SYSTEM

112  LORAZEPAM (↑ price)

Tab 1 mg ................................................................. 19.82  250  Ativan
Tab 2.5 mg ......................................................... 13.49  100  Ativan

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

121  ERLOTINIB (↓ price and amendment of restriction)

⇒ Tab 100 mg................................................................. 1,133.00  30  Tarceva
⇒ Tab 150 mg................................................................. 1,700.00  30  Tarceva

Restricted

Initiation

Re-assessment required after 3 months

Both:
1. Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
2. There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and
3. Either
   1.3.1 Patient is treatment naïve; or
   1.3.2 Both:
      1.3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and
      1.3.2.2 Patient has not received prior treatment with gefitinib; and
3.4 Erlotinib is to be given for a maximum of 3 months, or
2. The patient received funded erlotinib prior to 31 December 2013 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

Continuation

Re-assessment required after 6 months

Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.
Changes to Section H Part II – effective 1 January 2014 (continued)

148   AZATHIOPRINE (1 price)
       Inj 50 mg vial ................................................................. 126.00  1  Imuran

RESPIRATORY SYSTEM AND ALLERGIES

154   FLUTICASONE WITH SALMETEROL – Restricted (removal of restriction)
       Aerosol inhaler 50 mcg with salmeterol 25 mcg .................... 37.48  120 dose  Seretide
       Powder for inhalation 100 mcg with salmeterol 50 mcg .......... 37.48  60 dose  Seretide Accuhaler
       Aerosol inhaler 125 mcg with salmeterol 25 mcg .................... 49.69  120 dose  Seretide
       Powder for inhalation 250 mcg with salmeterol 50 mcg .......... 49.69  60 dose  Seretide Accuhaler

SENSORY ORGANS

159   TIMOLOL (addition of HSS)
       Eye drops 0.25%, gel forming – 1% DV Mar-14 to 2016 .......... 3.30  2.5 ml  Timoptol XE
       Eye drops 0.5%, gel forming – 1% DV Mar-14 to 2016 .......... 3.78  2.5 ml  Timoptol XE

VACCINES

189   INFLUENZA VACCINE
       ➤ Inj 45 mcg in 0.5 ml syringe .............................................. 90.00  10  Influvac
       ➤ ................................................................. 10  Fluarix

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 performed 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.

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

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 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. DHBs 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 specific 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;
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 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 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.
Changes to Section H Part II – effective 1 December 2013 (continued)

9 National Contract Pharmaceuticals
19.1 DHB Hospitals must take all necessary steps to enable any contracts between PHARMAC and a 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 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.

ALIMENTARY TRACT AND METABOLISM

12 MESALAZINE
Suppos 1 g ................................................................. 54.60 30 Pentasa

13 OILY PHENOL [PHENOL OILY]
Inj 5%, 5 ml vial

BLOOD AND BLOOD FORMING ORGANS

25 EPTACOG ALFA [RECOMBINANT FACTOR VIIA] (addition of restrictions and amendment to presentation description)

- Inj 1 mg syringe via# ........................................ 1,163.75 1 NovoSeven RT
- Inj 2 mg syringe via# ........................................ 2,327.50 1 NovoSeven RT
- Inj 5 mg syringe via# ........................................ 5,818.75 1 NovoSeven RT
- Inj 8 mg syringe via# ........................................ 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.

25 MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] (addition of restrictions)

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

25 NONACOG ALFA [RECOMBINANT FACTOR IX] (addition of restriction)

- 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.

25 FACTOR EIGHT INHIBITORS BYPASSING AGENT (move from Part III and addition of restriction)

- 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.

26 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (addition of restriction)

- Inj 250 iu vial .................................................. 237.50 1 Advate
- Inj 250 iu vial .................................................. 250.00 1 Kogenate FS
- Inj 500 iu vial .................................................. 475.00 1 Advate
- Inj 500 iu vial .................................................. 500.00 1 Kogenate FS
- Inj 1,000 iu vial ............................................... 950.00 1 Advate
- Inj 1,000 iu vial ............................................... 1,000.00 1 Kogenate FS
- Inj 1,500 iu vial ............................................... 1,425.00 1 Advate
- Inj 2,000 iu vial ............................................... 1,900.00 1 Advate
- Inj 3,000 iu vial ............................................... 2,850.00 1 Advate
- Inj 3,000 iu vial ............................................... 3,000.00 1 Kogenate FS

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

CARDIOVASCULAR SYSTEM

39 SPIRONOLACTONE

- Tab 25 mg ....................................................... 3.65 100 Spiractin
- Tab 100 mg ..................................................... 11.80 100 Spiractin

DERMATOLOGICALS

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

- Crm 90% with glycerol 10%, 400 g ............................. 2.10 100 g Pharmacy Health
- Crm 90% with glycerol 10%, 400 g ............................. 2.00 100 g Pharmacy Health
- Crm 90% with glycerol 10%, 400 g ............................. 3.20 100 g healthE

- Crm 90% with glycerol 10%, 1,000 ml ........................ 6.50 1,000 ml Pharmacy Health
- Crm 90% with glycerol 10%, 1,000 ml ........................ 2.00 1,000 ml Pharmacy Health
- Crm 90% with glycerol 10%, 1,000 ml ........................ 3.20 1,000 ml Pharmacy Health

- Crm 90% with glycerol 10%, 500 ml ............................ 4.50 500 ml Sorbolene with Glycerin
- Crm 90% with glycerol 10%, 500 ml ............................ 4.50 500 ml Pharmacy Health
- Crm 90% with glycerol 10%, 500 ml ............................ 4.50 500 ml Sorbolene with Glycerin

(Brand) indicates a brand example only. It is not a contracted product.
Changes to Section H Part II – effective 1 December 2013 (continued)

GENITO-URINARY SYSTEM

52 OXYTOCIN
  Inj 5 iu per ml, 1 ml ampoule - 1% DV Feb-14 to 2015 .......... 4.75  5  Oxytocin BNM
  Inj 10 iu per ml, 1 ml ampoule - 1% DV Feb-14 to 2015 .......... 5.98  5  Oxytocin BNM

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)
  ➔ Intra-uterine system, 20 mcg per day

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:
   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 CEFOTixin (change to brand name)
  Inj 1 g vial ............................................................... 55.00  5  Hospira Mayne

64 DAPTOMYCIN
  ➔ Inj 500 mg vial
Changes to Section H Part II – effective 1 December 2013 (continued)

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 accessed from its website at http://www.rheumatology.org.nz/benzbromarone_prescriber_information.cfm

NERVOUS SYSTEM

90 ROPINIROLE 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

(Brand) indicates a brand example only. It is not a contracted product.
### Changes to Section H Part II – effective 1 December 2013 (continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>103</td>
<td>GABAPENTIN</td>
</tr>
<tr>
<td></td>
<td>Cap 100 mg .............................................. 7.16 100 Arrow-Gabapentin</td>
</tr>
<tr>
<td></td>
<td>Cap 300 mg .................................................. 11.00 100 Arrow-Gabapentin</td>
</tr>
<tr>
<td></td>
<td>Cap 400 mg .................................................. 13.75 100 Arrow-Gabapentin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>109</td>
<td>OLANZAPINE</td>
</tr>
<tr>
<td></td>
<td>Tab 2.5 mg .................................................. 2.00 28 Zypine</td>
</tr>
<tr>
<td></td>
<td>Tab 5 mg ..................................................... 3.85 28 Zypine</td>
</tr>
<tr>
<td></td>
<td>Tab orodispersible 5 mg .................................. 6.36 28 Zypine ODT</td>
</tr>
<tr>
<td></td>
<td>Tab 10 mg ................................................... 6.35 28 Zypine</td>
</tr>
<tr>
<td></td>
<td>Tab orodispersible 10 mg ................................ 8.76 28 Zypine ODT</td>
</tr>
</tbody>
</table>

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

<table>
<thead>
<tr>
<th>Code</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>122</td>
<td>IMATINIB MESILATE (amendment to chemical name)</td>
</tr>
<tr>
<td></td>
<td>Tab 100 mg .............................................. 2,400.00 60 Glivec</td>
</tr>
</tbody>
</table>

### RESPIRATORY SYSTEM AND ALLERGIES

<table>
<thead>
<tr>
<th>Code</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>153</td>
<td>MONTELUKAST (amendment to restriction)</td>
</tr>
<tr>
<td></td>
<td>Tab 4 mg .................................................. 18.48 28 Singular</td>
</tr>
<tr>
<td></td>
<td>Tab 5 mg .................................................. 18.48 28 Singular</td>
</tr>
<tr>
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<td>Tab 10 mg .................................................. 18.48 28 Singular</td>
</tr>
</tbody>
</table>

Restrictetd
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 mg per day beclomethasone or budesonide, or 200 mg 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 inpatient 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

<table>
<thead>
<tr>
<th>Code</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>163</td>
<td>CHLORHEXIDINE WITH CETRIMIDE (amendment to presentation description)</td>
</tr>
<tr>
<td></td>
<td>Crm 0.1% 1% with cetrimide 0.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>163</td>
<td>DESFERROXAMINE MESILATE (change to brand name)</td>
</tr>
<tr>
<td></td>
<td>Inj 500 mg vial ........................................... 99.00 10 Hospira Mayne</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>165</td>
<td>IOHEXOL (new packsize)</td>
</tr>
<tr>
<td></td>
<td>Inj 350 mg per ml, 200 ml bottle ......................................... 311.16 10 Omnipaque</td>
</tr>
</tbody>
</table>

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

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 Part II – effective 1 December 2013 (continued)

SPECIAL FOODS

173 CARBOHYDRATE SUPPLEMENT (delisting)
   ➔ Powder 95 g carbohydrate per 100 g, 368 g can
   e.g. Moducal

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

Effective 1 November 2013

ALIMENTARY TRACT AND METABOLISM

13 GLYCOPYRRONIUM 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

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 mg 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.
Changes to Section H Part II – effective 1 November 2013 (continued)

DERMATOLOGICALS

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

INFECTIONS

80 OSELTAMIVIR
\( \rightarrow \) Powder for oral suspension 6 mg per ml
Restricted
Either:
1 Only for hospitalised patient with known or suspected influenza; or
2 For prophylaxis of influenza in hospitalised 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.

MUSCULOSKELETAL SYSTEM

88 BENZBROMARONE (amendment to brand name)
\( \rightarrow \) Tab 100 mg ................................................................. 45.00 100 Benzbromarone AL

NERVOUS SYSTEM

93 LEVODOPA WITH BENSERAZIDE (amendment to brand name)
Tab dispersible 50 mg with benserazide 12.5 mg ..................... 10.00 100 Madopar Dispersible Rapid

100 IMIPRAMINE HYDROCHLORIDE (remove S29)
Tab 10 mg ................................................................. 6.58 60 Tofranil S29

102 PAROXETINE HYDROCHLORIDE
Tab 20 mg ................................................................. 4.32 90 Loxamine
Note – Loxamine tab 20 mg (30 packsize) will be delisted from 1 January 2014.

107 ONDANSETRON
Tab 4 mg – 1% DV Jan-14 to 2016 ........................................ 5.51 50 Onrex
Tab 8 mg – 1% DV Jan-14 to 2016 ........................................ 6.19 50 Onrex
Note – Dr Reddy’s Ondansetron tab 4 mg and 8 mg will be delisted from 1 January 2014.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

119 METHOTREXATE
Inj 7.5 mg prefilled syringe - 1% DV Jan-14 to 2016 ............... 17.19 1 Methotrexate Sandoz
Inj 10 mg prefilled syringe - 1% DV Jan-14 to 2016 ............... 17.25 1 Methotrexate Sandoz
Inj 15 mg prefilled syringe - 1% DV Jan-14 to 2016 ............... 17.38 1 Methotrexate Sandoz
Inj 20 mg prefilled syringe - 1% DV Jan-14 to 2016 ............... 17.50 1 Methotrexate Sandoz
Inj 25 mg prefilled syringe - 1% DV Jan-14 to 2016 ............... 17.63 1 Methotrexate Sandoz
Inj 30 mg prefilled syringe - 1% DV Jan-14 to 2016 ............... 17.75 1 Methotrexate Sandoz
Changes to Section H Part II – effective 1 November 2013 (continued)

148  AZATHIOPRINE
     Tab 50 mg ................................................................. 18.45  100  Imuran
     Note – Imuran tab 50 mg will be delisted from 1 November 2013. The Imuprine brand remains listed.

RESPIRATORY SYSTEM AND ALLERGIES

152  SALBUTAMOL
     Oral liq 400 mcg per ml - 1% DV Jan-14 to 2016 ................ 2.06  150 ml  Ventolin
     Note – Salpin oral liq 400 mcg per ml to be delisted 1 January 2014.

SPECIAL FOODS

185  ORAL FEED (change of packsize)
     ➔ Powder 16 g protein, 59.8 g carbohydrate
     and 14 g fat per 100 g, can ......................................... 13.00  850 g  Ensure (Vanilla)
     Note – Ensure (Vanilla) 900 g packsize to be delisted 1 February 2014.

Section H changes to Part III
Effective 1 February 2014

192  OPTIONAL PHARMACEUTICALS
     In addition to the products expressly listed here in Part III: Optional Pharmaceuticals, a number of additional
     Optional Pharmaceuticals, including some wound care products and disposable laparoscopic equipment, are
     listed in an addendum to Part III which is available at www.pharmac.govt.nz. The Optional Pharmaceuticals listed
     in the addendum are deemed to be listed in Part III, and the Rules of the Pharmaceutical Schedule applying to
     products listed in Part III apply to them.

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

**Pharmaceuticals and brands**

<table>
<thead>
<tr>
<th>A</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advate</td>
<td>12</td>
</tr>
<tr>
<td>Amoxycillin</td>
<td>7</td>
</tr>
<tr>
<td>Apo-Amox-A</td>
<td>7</td>
</tr>
<tr>
<td>Apo-Cilazapril/Hydrochlo</td>
<td>7</td>
</tr>
<tr>
<td>Apo-Diltiazem CD</td>
<td>7</td>
</tr>
<tr>
<td>Apo-Ropinrole</td>
<td>14</td>
</tr>
<tr>
<td>Apresoline</td>
<td>16</td>
</tr>
<tr>
<td>Arrow-Fluoxetine</td>
<td>5</td>
</tr>
<tr>
<td>Arrow-Gabapentin</td>
<td>15</td>
</tr>
<tr>
<td>Aspirin</td>
<td>6</td>
</tr>
<tr>
<td>Ativan</td>
<td>8</td>
</tr>
<tr>
<td>Atomoxetine</td>
<td>5</td>
</tr>
<tr>
<td>Ava 20 ED</td>
<td>7</td>
</tr>
<tr>
<td>Ava 30 ED</td>
<td>7</td>
</tr>
<tr>
<td>Azathioprine</td>
<td>9, 18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>BeneFIX</td>
<td>12</td>
</tr>
<tr>
<td>Benzbromarone AL 100</td>
<td>14, 17</td>
</tr>
<tr>
<td>Benzbromarone</td>
<td>14, 17</td>
</tr>
<tr>
<td>Bosentan</td>
<td>7</td>
</tr>
<tr>
<td>Bridion</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbohydrate supplement</td>
<td>16</td>
</tr>
<tr>
<td>Cardizem CD</td>
<td>7</td>
</tr>
<tr>
<td>Cefoxitin</td>
<td>13</td>
</tr>
<tr>
<td>Ceftriaxone</td>
<td>7</td>
</tr>
<tr>
<td>Ceftriaxone-AFT</td>
<td>7</td>
</tr>
<tr>
<td>Cetomacrogol with glycerol</td>
<td>12</td>
</tr>
<tr>
<td>Chlorhexidine with cetrimide</td>
<td>15</td>
</tr>
<tr>
<td>Cilazapril with hydrochlorothiazide</td>
<td>7</td>
</tr>
<tr>
<td>Cilicaine VK</td>
<td>7</td>
</tr>
<tr>
<td>Corangin</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daptomycin</td>
<td>13</td>
</tr>
<tr>
<td>Desferrioxamine mesilate</td>
<td>15</td>
</tr>
<tr>
<td>Dexamethasone-hameln</td>
<td>4</td>
</tr>
<tr>
<td>Dexamethasone phosphate</td>
<td>4</td>
</tr>
<tr>
<td>Diltiazem hydrochloride</td>
<td>7</td>
</tr>
<tr>
<td>Dimethicone</td>
<td>4</td>
</tr>
<tr>
<td>Dimethyl sulfoxide</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eltrombopag</td>
<td>6</td>
</tr>
<tr>
<td>Enalapril maleate</td>
<td>16</td>
</tr>
<tr>
<td>Ensure (Vanilla)</td>
<td>18</td>
</tr>
<tr>
<td>Eptacog alfa [recombinant factor viia]</td>
<td>11</td>
</tr>
<tr>
<td>Eptifibatide</td>
<td>16</td>
</tr>
<tr>
<td>Erlotinib</td>
<td>8</td>
</tr>
<tr>
<td>Ethics Aspirin EC</td>
<td>6</td>
</tr>
<tr>
<td>Ethinylestradiol with levonorgestrel</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor eight inhibitors bypassing agent</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabapentin</td>
<td>15</td>
</tr>
<tr>
<td>Glivec</td>
<td>15</td>
</tr>
<tr>
<td>Glycopyronium bromide</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>healthE Dimethicone 5%</td>
<td>4</td>
</tr>
<tr>
<td>Hydralazine hydrochloride</td>
<td>16</td>
</tr>
<tr>
<td>Hydrocortisone with miconazole</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibuprofen</td>
<td>8</td>
</tr>
<tr>
<td>Imatinib mesilate</td>
<td>15</td>
</tr>
<tr>
<td>Imipramine hydrochloride</td>
<td>17</td>
</tr>
<tr>
<td>Imuran</td>
<td>9, 18</td>
</tr>
<tr>
<td>Influenza vaccine</td>
<td>9</td>
</tr>
<tr>
<td>Influvac</td>
<td>9</td>
</tr>
<tr>
<td>Integrilin</td>
<td>16</td>
</tr>
<tr>
<td>Iohexol</td>
<td>15</td>
</tr>
<tr>
<td>Ismo 40 Retard</td>
<td>4</td>
</tr>
<tr>
<td>Isosorbide mononitrate</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kogenate FS</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lactulose</td>
<td>16</td>
</tr>
<tr>
<td>Laevolac</td>
<td>16</td>
</tr>
<tr>
<td>Levodopa with benserazide</td>
<td>17</td>
</tr>
<tr>
<td>Levonorgestrel</td>
<td>13</td>
</tr>
<tr>
<td>Loniten</td>
<td>16</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>8</td>
</tr>
<tr>
<td>Loxamine</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madopar Rapid</td>
<td>17</td>
</tr>
<tr>
<td>m-Enalapril</td>
<td>16</td>
</tr>
<tr>
<td>Mesalazine</td>
<td>4, 11</td>
</tr>
<tr>
<td>m-Eston</td>
<td>14</td>
</tr>
<tr>
<td>Methotrexate</td>
<td>17</td>
</tr>
<tr>
<td>Methotrexate Sandoz</td>
<td>17</td>
</tr>
<tr>
<td>Micreme H</td>
<td>17</td>
</tr>
<tr>
<td>Minoxidil</td>
<td>16</td>
</tr>
<tr>
<td>Moducal</td>
<td>16</td>
</tr>
<tr>
<td>Montelukast</td>
<td>15</td>
</tr>
<tr>
<td>Moroectocog alfa [recombinant factor viii]</td>
<td>11</td>
</tr>
<tr>
<td>Morphine sulphate</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nilstat</td>
<td>7</td>
</tr>
</tbody>
</table>
Index
Pharmaceuticals and brands

Nonacog alfa [recombinant factor ix] .................. 12
NovoSeven RT ............................................. 11
Nystatin ..................................................... 7

O
Octocog alfa [recombinant factor viii] .............. 12
Oily phenol [phenol oily] ................................. 11
Olanzapine .................................................. 5, 15
Olanzine ..................................................... 5
Omnipaque ................................................... 15
Ondansetron ............................................... 17
Onrex ......................................................... 17
Oral feed ..................................................... 18
Oseltamivir .................................................. 17
Oxytocin ..................................................... 13
Oxytocin BNM ............................................. 13

P
Paroxetine hydrochloride ................................ 17
Pentasa ....................................................... 4, 11
Pharmacy Health Sorbolene with Glycerin........ 12
Phenoxymerhtypenicillin [penicillin V] .......... 4, 7
pms-Bosentan .............................................. 7
Potassium permanganate ................................ 7
Prampexole hydrochloride ............................. 14

R
Ramilpex ..................................................... 14
Relenza Rotadisk .......................................... 8
Revolade ..................................................... 6
Ropinrole hydrochloride ............................... 14

S
Salbutamol ................................................. 18
Seretide ..................................................... 9
Seretide Accuhaler ....................................... 9
Singulair .................................................... 15
Sodium citro-tartrate .................................... 7
Spiractin .................................................... 4, 12
Spironolactone ............................................ 4, 12
Spirotone ................................................... 4
Strattera .................................................... 5
Sugammadex .............................................. 5

T
Tarceva ...................................................... 8
Timolol ....................................................... 9
Timoptol XE ............................................... 9
Tofranil ..................................................... 17

U
Ural ............................................................. 7

V
Ventolin ..................................................... 18

X
Xyntha ....................................................... 11

Z
Zanamivir ................................................... 8
Zinc chloride ............................................... 16
Zypine ....................................................... 15
Zypine ODT ............................................... 15