

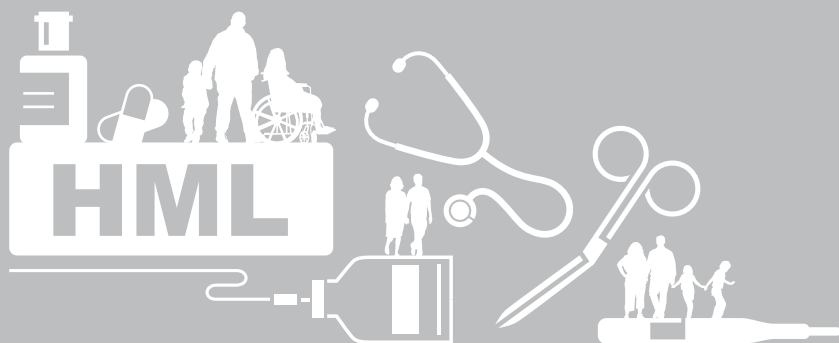
The Hospital Medicines List (HML)

# Section H

## for Hospital Pharmaceuticals

Update effective 1 July 2014

Cumulative for April, May, June and July 2014



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## Summary of decisions

EFFECTIVE 1 JULY 2014

- Acetazolamide (Diamox) tab 250 mg – addition of HSS
- Adalimumab (Humira and HumiraPen) inj 20 mg per 0.4 ml syringe; and inj 40 mg per 0.8 ml pen and syringe – amendment to restriction
- Alendronate sodium (Fosamax) tab 70 mg – price decrease
- Alendronate sodium with cholecalciferol (Fosamax Plus) tab 70 mg with cholecalciferol 5,600 iu – price decrease
- Amitriptyline (Arrow-Amitriptyline) tab 10 mg – price decrease and addition of HSS
- Amoxicillin – amendment to chemical name
- Amoxicillin (Amoxicillin-Actavis) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml – new listing and addition of HSS
- Amoxicillin (Ospamox) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml – delisting from 1 October 2014
- Aprepitant (Emend Tri-Pack) cap 2 x 80 mg and 1 x 125 mg – price decrease and addition of HSS
- Bacillus calmette-guerin vaccine (BCG Vaccine) – new listing and addition of HSS
- Bendroflumethiazide [bendrofluazide] tab 2.5 mg and 5 mg – price decrease and addition of HSS
- Benzylpenicillin sodium [penicillin G] (Sandoz) inj 600 mg (1 million units) vial – price decrease and addition of HSS
- Betamethasone valerate with clioquinol oint 0.1% with clioquinol 3% – presentation delisting from 1 September 2014
- Betaxolol (Betoptic S and Betoptic) eye drops 0.25% and 0.5% – new listing and addition of HSS
- Bicalutamide (Bicalaccord) tab 50 mg – price decrease and addition of HSS
- Brimonidine tartrate (Arrow-Brimonidine) eye drops 0.2% – price decrease and addition of HSS
- Bupivacaine hydrochloride with adrenaline (Marcaïn with Adrenaline) inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial and 5 mg per ml with adrenaline 1:200,000, 20 ml vials – addition of HSS
- Calcium carbonate (Arrow-Calcium) tab 1.25 g (500 mg elemental) – price decrease and addition of HSS
- Calcium carbonate (Arrow-Calcium) tab 1.5 g (600 mg elemental) – delisting from 1 September 2014.

## Summary of PHARMAC decisions – effective 1 July 2014 (continued)

- Capecitabine (Capecitabine Winthrop) tab 150 mg and 500 mg – new listing and addition of HSS
- Capecitabine (Xeloda) tab 150 mg and 500 mg – delisting from 1 September 2014
- Cefazolin (AFT) inj 500 mg and 1 g vials – addition of HSS
- Ciprofloxacin (Cipflox) tab 250 mg, 500 mg and 750 mg – price decrease and addition of HSS
- Clarithromycin (Apo-Clarithromycin) tab 250 mg and 500 mg – price decrease and addition of HSS
- Clotrimazole (Clomazol) crm 1% – price decrease and addition of HSS
- Cyclopentolate hydrochloride (Cyclogyl) eye drops 1% – price decrease and addition of HSS
- Dapsone (Link) tab 25 mg and 100 mg – new listing and addition of HSS
- Deferiprone (Ferriprox) tab 500 mg and oral liq 100 mg per ml – addition of restriction
- Desmopressin acetate (Desmopressin-PH&T) nasal spray 10 mcg per dose – price decrease and addition of HSS
- Dexamethasone with neomycin sulphate and polymyxin B sulphate (Maxitrol) eye oint and eye drops – addition of HSS
- Diatrizoate meglumine with sodium amidotrizoate (Urografin) inj 146 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle – amendment to chemical name and new listing , delist of 10 bottle pack size and delist of
- Diatrizoate meglumine with sodium amidotrizoate inj 370 mg with sodium amidotrizoate 100 mg per ml, 50 ml bottle – delisting from 1 July 2014
- Diazoxide (Proglycem) oral liq 50 mg per ml – new listing
- Diaztrizoate meglumine with sodium amidotrizoate (Gastrografin) oral liq 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle – new listing of single pack size and delisting of 10 pack size from 1 July 2014
- Diclofenac sodium (Voltaren Ophtha) eye drops 0.1% – addition of HSS
- Diphtheria and tetanus vaccine (ADT Booster) – amendment to restriction, new listing and addition of HSS
- Diphtheria, tetanus and pertussis vaccine (Boostrix) – amendment to restriction, new listing and addition of HSS
- Diphtheria, tetanus, pertussis and polio vaccine (Infanrix IPV) – amendment to restriction, new listing and addition of HSS

## Summary of PHARMAC decisions – effective 1 July 2014 (continued)

- Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenza type B vaccine (Infanrix-hexa) – amendment to restriction, new listing and addition of HSS
- Doxazosin (Apo-Doxazosin) tab 2 mg and 4 mg – price decrease and addition of HSS
- Doxycycline (Doxine) tab 100 mg – price decrease and addition of HSS
- Etanercept (Enbrel) inj 25 mg vial; and 50 mg autoinjector and syringe – amendment to restriction
- Exemestane (Aromasin) tab 25 mg – price decrease and addition of HSS
- Flucloxacillin (Flucloxin) inj 250 mg, 500 mg and 1 g mg vials – price decrease and addition of HSS
- Gadobutrol (Gadovist) inj 604.72 mg per ml (equivalent to 1 mmol per ml) – new listing of 15 ml prefilled syringe,; and price decrease and amendment of presentation description of 7.5 ml prefilled syringe
- Gadodiamide (Omniscan) inj 287 mg per ml – new listing of 5 ml vial,; price decrease for 10 ml vial, 10 ml and 15 ml prefilled syringe; and amendment to presentation description for syringes
- Gadodiamide (Omniscan) inj 287 mg per ml, 15 ml vial, 20 ml syringe and 20 ml vial – delisted from 1 July 2014
- Gadoteric acid (Dotarem) inj various– new listing, amendment of presentation description and addition of 15 ml bottle and syringe
- Gadoxetate disodium (Primovist) inj 181.43 mg per ml (equivalent to 0.25 mmol per ml), 10 ml prefilled syringe – new listing and amendment of presentation description
- Glycerol trinitrate (Nitroderm TTS 5 and TTS 10) patch 25 mg, 5 mg per day; and patch 50 mg, 10 mg per day – price decrease and addition of HSS
- Haemophilus influenza type B vaccine (Act-HIB) – new listing and addition of HSS
- Hepatitis A vaccine (Havrix and Havrix Junior) – amendment to restriction, new listing and addition of HSS
- Hepatitis B vaccine (HBvaxPRO) – amendment to restriction, new listing and addition of HSS
- Human papillomavirus (6, 11, 16 and 18) vaccine [HPV] (Gardasil) – amendment to restriction, new listing and addition of HSS
- Imatinib mesilate (Glivec) tab 100 mg – amendment to restriction
- Iodised oil (Lipiodol Ultra Fluid) inj 38% w/w (480 mg per ml), 10 ml ampoule – amendment of presentation description and new listing

## Summary of PHARMAC decisions – effective 1 July 2014 (continued)

- Iodixanol (Visipaque) inj 320 mg per ml, 150 ml bottle and 200 ml x 6 bottle pack size – delisting from 1 July 2014
  - Iodixanol (Visipaque) inj various – price decrease and addition of HSS
  - Iohexol (Omnipaque) inj various – new listing or decreased price; and addition of HSS
  - Iohexol (Omnipaque) inj, delist of 300 mg per ml, 500 ml bottle and 6 bottle packs of 300 mg per ml, 20 ml and 350 mg per ml, 20 ml – delist from 1 July 2014
  - Iomeprol inj – delist of all presentations from 1 July 2014
  - Iopromide inj – delist of all presentations from 1 July 2014
  - Iotrolan inj 240 mg per ml, 10 ml vial – delist from 1 July 2014 of 240 mg per ml, 10 ml vial
  - Iron polymaltose (Ferrum H) inj 50 mg per ml, 2 ml ampoule – price decrease and addition of HSS
  - Isosorbide mononitrate (Ismo-20) tab 20 mg – addition of HSS
  - Ketamine – amendment to chemical name
  - Ketamine (Biomed) inj 1 mg per ml, 100 ml bag; 4 mg per ml, 50 ml syringe; 10 mg per ml, 10 ml syringe – new listing and addition of HSS
  - Ketamine inj 100 mg per ml, 2 ml – new presentation listing
  - Ketoconazole tab 200 mg – amendment to restriction
  - Lidocaine [lignocaine] hydrochloride (Xylocaine Viscous) oral (viscous) soln 2% - addition of HSS
  - Lithium carbonate (Douglas) cap 250 mg – addition of HSS
  - Lodoxamide (Lomide) eye drops 0.1% – new listing and addition of HSS
  - Losartan potassium with hydrochlorothiazide (Arrow-Losartan & Hydrochlorothiazide) tab 50 mg with hydrochlorothiazide 12.5 mg – price decrease
  - Measles, mumps and rubella vaccine (M-M-R-II) – amendment to restriction, new listing and addition of HSS
  - Mebeverine hydrochloride (Colofac) tab 135 mg – addition of HSS
  - Meglumine gadopentetate (Magnevist) inj 469 mg per ml, 10 ml prefilled syringe and vial – price increase
  - Meglumine gadopentetate (Magnevist) inj 469 mg per ml, 15 ml vial and 20 ml vial for 10 ml syringe and vial, delist of 15 mg and 20 ml vials– delisted from 1 July 2014
  - Meglumine iotrexate (Biliscopin) inj 105 mg per ml, 100 ml bottle – new listing
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## Summary of PHARMAC decisions – effective 1 July 2014 (continued)

- Meningococcal (A, C, Y and W-135) conjugate vaccine (Menactra) – amendment to restriction, new listing and addition of HSS
- Meningococcal C conjugate vaccine (Neisvac-C) – amendment to restriction, new listing and addition of HSS
- Metoclopramide (Pfizer) inj 5 mg per ml, 2 ml ampoule – addition of HSS
- Metoclopramide hydrochloride (Metamide) tab 10 mg – price decrease and addition of HSS
- Mianserin hydrochloride tab 30 mg – addition of restriction
- Naphazoline hydrochloride (Naphcon Forte) eye drops 0.1% – addition of HSS
- Neostigmine metilsulfate (AstraZeneca) inj 2.5 mg per ml, 1 ml ampoule – price decrease and addition of HSS
- Nicotine (Habitrol) gum 2 mg and 4 mg (classic, fruit and mint); patch 7 mg per 24 hrs, 14 mg per 24 hrs and 21 mg per 24 hours; lozenge 1 mg and 2 mg – price decrease
- Nifedipine (Adefin XL) tab long-acting 30 mg and 60 mg – price decrease and addition of HSS
- Nifedipine (Arrow-Nifedipine) tab long-acting 30 mg and 60 mg delisting from 1 September 2014.
- Norfloxacin (Arrow-Norfloxacin) tab 400 mg – price decrease and addition of HSS
- Octreotide (DBL) inj 50 mcg per ml, 100 mcg per ml and 500 mcg per ml, 1 ml ampoules – new listing and addition of HSS
- Octreotide (Octreotide MaxRx) inj 50 mcg per ml, 100 mcg per ml and 500 mcg per ml, 1 ml ampoules – delisting from 1 September 2014
- Olanzapine (Olanzine) tab 5 mg – delisting from 1 September 2014
- Olanzapine (Zypine ODT) tab orodispersible 5 mg and 10 mg – price decrease and addition of HSS
- Olanzapine (Zypine) tab 2.5 mg, 5 mg and 10 mg – price decrease and addition of HSS
- Oral feed (Fortisip (Vanilla) powder 21.9 g protein, 53.5 g carbohydrate and 14.5 g fat per 100 g, can, 350 g – new listing – delisting of 900 g can from 1 September 2014.
- Paclitaxel (Anzatax) inj 6 mg per ml, 25 ml, and 50 ml vials – delisting from 1 September 2014
- Paclitaxel (Paclitaxel Actavis) inj 6 mg per ml, 16.7 ml, 25 ml, and 50 ml vials – delisting from 1 September 2014

## Summary of PHARMAC decisions – effective 1 July 2014 (continued)

- Paclitaxel (Paclitaxel Ebewe) inj 6 mg per ml, 5 ml, 16.7 ml, 25 ml, 50 ml and 100 ml vials – price decrease and addition of HSS
  - Pamidronate disodium (BNM) inj 3 mg per ml, 6 ml per ml and 9 mg per ml, 10 ml vials and inj 3 ml per ml, 5 ml vial – delisting from 1 September 2014
  - Pamidronate disodium (Pamisol) inj 3 mg per ml, 6 mg per ml and 9 mg per ml, 10 ml vials – new listing and addition of HSS
  - Paracetamol (Paracare Double Strength) oral liq 250 mg per 5 ml – price decrease and addition of HSS
  - Paracetamol (Paracetamol-AFT) inj 10 mg per ml, 50 ml vial and 10 mg per ml, 100 ml vial – delisting from 1 September 2014
  - Paracetamol (Perfalgan) inj 10 mg per ml, 50 ml vial and 10 mg per ml, 100 ml vial – new listing and addition of HSS
  - Patent Blue V (Obex Medical) inj 2.5%, 2 ml ampoule – new listing
  - Perflutren (Definity) inj 1.1 mg per ml, 1.5 ml vial – new listing
  - Permethrin (A-Scabies) lotn 5% – price decrease and addition of HSS
  - Pethidine hydrochloride (DBL Pethidine Hydrochloride) inj 50 mg per ml, 1 ml ampoule and 50 mg per ml, 2 ml ampoule – addition of HSS
  - Pilocarpine hydrochloride (Isopto Carpine) eye drops 1%, 2% and 4% – new listing and addition of HSS
  - Pneumococcal (PCV10) conjugate vaccine – delisting from 1 October 2014
  - Pneumococcal (PPV23) polysaccharide vaccine (Pneumovax 23) inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype) – amendment to restriction and presentation description, new listing and addition of HSS
  - Pneumococcal (Prevenar 13) conjugate vaccine – amendment to restriction, new listing and addition of HSS
  - Poliomyelitis vaccine (IPOL) – amendment to restriction, new listing and addition of HSS
  - Poloxamer (Coloxyl) oral drops 10% – addition of HSS
  - Procaine penicillin (Cilicaine) inj 1.5 g in 3.4 ml syringe – addition of HSS
  - Quetiapine (Dr Reddy's Quetiapine and Seroquel) tab 25 mg, 100 mg, 200 mg and 300 mg – delisting from 1 September 2014
  - Quetiapine (Quetapel) tab 25 mg, 100 mg, 200 mg and 300 mg – price decrease and addition of HSS
  - Ranitidine (Peptisothe) oral liq 150 mg per 10 ml – price decrease and addition of HSS
  - Risperidone (Apo-Risperidone and Risperdal) oral liq 1 mg per ml – delisting from 1 September 2014
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## Summary of PHARMAC decisions – effective 1 July 2014 (continued)

- Risperidone (Risperon) oral liq 1 mg per ml – price decrease and addition of HSS
- Rizatriptan (Rizamelt) tab orodispersible 10 mg – amendment to chemical name, price decrease and addition of HSS
- Rotavirus live reassortant oral vaccine (RotaTeq) – new listing and addition of HSS
- Simvastatin (Arrow-Simva) tab 10 mg, 20 mg, 40 mg and 80 mg – price decrease and addition of HSS
- Somatropin (Omnitrope) inj 5 mg, 10 mg and 15 mg cartridges – new listing, amended restriction
- Somatropin inj 16 iu (5.3 mg vial) and 36 iu (12 mg vial) and delisting of inj 16 iu (5.3 mg vial) and 36 iu (12 mg vial) presentations from 1 January 2015
- Temazepam (Normison) tab 10 mg – addition of HSS
- Terbinafine (Dr Reddy's Terbinafine) tab 250 mg – price decrease and addition of HSS
- Testosterone cypionate (Depo-Testosterone) inj 100 mg per ml, 10 ml vial – addition of HSS
- Timolol (Arrow-Timolol) eye drops 0.25% and 0.5% – new listing and addition of HSS
- Tobramycin (Tobrex) eye oint 0.3% and eye drops 0.3% – addition of HSS
- Tocilizumab (Actemra) inj 20 mg per ml, 4 ml, 10 ml, and 20 ml vials – amendment to restriction
- Ursodeoxycholic acid (Ursosan) cap 250 mg – price decrease and addition of HSS
- Varicella vaccine [chicken pox vaccine] (Varilrix) – new listing and addition of HSS
- Verapamil hydrochloride (Isoptin) tab 80 mg – addition of HSS
- Zidovudine [AZT] with lamivudine (Alphapharm) tab 300 mg with lamivudine 150 mg – price decrease and addition of HSS

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Section H changes to Part II

Effective 1 July 2014

### ALIMENTARY TRACT AND METABOLISM

14	MEBEVERINE HYDROCHLORIDE (addition of HSS) Tab 135 mg – 1% DV Sep-14 to 2017 .....	18.00	90	<b>Colofac</b>
14	RANITIDINE (↓ price and addition of HSS) Oral liq 150 mg per 10 ml – 1% DV Sep-14 to 2017 .....	4.92	300 ml	<b>Peptisoothe</b>
15	DIAZOXIDE ➔ Oral liq 50 mg per ml .....	620.00	30 ml	Proglycem
17	URSODEOXYCHOLIC ACID (↓ price and addition of HSS) ➔ Cap 250 mg – 1% DV Sep-14 to 2017 .....	53.40	100	<b>Ursosan</b>
18	POLOXAMER (addition of HSS) Oral drops 10% – 1% DV Sep-14 to 2017 .....	3.78	30 ml	<b>Coloxyl</b>
20	CALCIUM CARBONATE (↓ price and addition of HSS) Tab 1.25 g (500 mg elemental) – 1% DV Sep-14 to 2017..... Note: Tab 1.5 g (600 mg elemental) to be delisted 1 September 2014.	5.38	250	<b>Arrow-Calcium</b>
21	IRON POLYMALTOSE (↓ price and addition of HSS) Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-14 to 2017 .....	15.22	5	<b>Ferrum H</b>

### BLOOD AND BLOOD FORMING ORGANS

28	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] ➔ Inj 250 iu vial..... Note – This listing is for a new Pharmacode 2461366. The old Pharmacode 2187159 to be delisted from 1 October 2014.	250.00	1	Kogenate FS
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### CARDIOVASCULAR SYSTEM

37	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (↓ price) Tab 50 mg with hydrochlorothiazide 12.5 mg.....	2.18	30	Arrow-Losartan & Hydrochlorothiazide
37	DOXAZOSIN (↓ price and addition of HSS) Tab 2 mg – 1% DV Sep-14 to 2017 .....	6.75	500	<b>Apo-Doxazosin</b>
	Tab 4 mg – 1% DV Sep-14 to 2017 .....	9.67	500	<b>Apo-Doxazosin</b>
40	NIFEDIPINE (↓ price and addition of HSS) Tab long-acting 30 mg – 1% DV Sep-14 to 2017 .....	3.75	30	<b>Adefin XL</b>
	Tab long-acting 60 mg – 1% DV Sep-14 to 2017 .....	5.75	30	<b>Adefin XL</b>
	Note: Adefin XL tab long-acting 60 mg has a new Pharmacode 2444054. Note: Arrow-Nifedipine tab long-acting 30 mg and 60 mg to be delisted 1 Septemeber 2014.			

➔ Restriction

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	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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### Changes to Section H Part II – effective 1 July 2014 (continued)

41	VERAPAMIL HYDROCHLORIDE (addition of HSS) Tab 80 mg – 1% DV Sep-14 to 2017 .....	11.74	100	Isoptin
42	BENDROFLUMETHAZIDE [BENDROFLUAZIDE] (↓ price and addition of HSS) Tab 2.5 mg – 1% DV Sep-14 to 2017 .....	5.48	500	Arrow-Bendrofluazide
	Tab 5 mg – 1% DV Sep-14 to 2017 .....	8.95	500	Arrow-Bendrofluazide
43	SIMVASTATIN (↓ price and addition of HSS) Tab 10 mg – 1% DV Sep-14 to 2017 .....	0.95	90	Arrow-Simva
	Tab 20 mg – 1% DV Sep-14 to 2017 .....	1.61	90	Arrow-Simva
	Tab 40 mg – 1% DV Sep-14 to 2017 .....	2.83	90	Arrow-Simva
	Tab 80 mg – 1% DV Sep-14 to 2017 .....	7.91	90	Arrow-Simva
44	GLYCERYL TRINITRATE (↓ price and addition of HSS) Patch 25 mg, 5 mg per day – 1% DV Sep-14 to 2017 .....	15.73	30	Nitroderm TTS 5
	Patch 50 mg, 10 mg per day – 1% DV Sep-14 to 2017 .....	18.62	30	Nitroderm TTS10
44	ISOSORBIDE MONONITRATE (addition of HSS) Tab 20 mg – 1% DV Sep-14 to 2017 .....	17.10	100	Ismo-20

### DERMATOLOGICALS

48	CLOTRIMAZOLE (↓ price and addition of HSS) Crn 1% – 1% DV Sep-14 to 2017 .....	0.52	20 g	Clomazol
49	PERMETHRIN (↓ price and addition of HSS) Lotn 5% – 1% DV Sep-14 to 2017 .....	3.19	30 ml	A-Scabies
51	BETAMETHASONE VALERATE WITH CLIOQUINOL → Oint 0.1% with clioquinol 3% Note – Oint 0.1% with clioquinol 3% to be delisted from 1 September 2014.			

### HORMONE PREPARATIONS – SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

59	TESTOSTERONE CYPIONATE (addition of HSS) Inj 100 mg per ml, 10 ml vial – 1% DV Sep-14 to 2017 .....	76.50	1	Depo-Testosterone
63	SOMATROPIN → Inj 16 iu (5.3 mg vial) (delisting from 1 January 2015) → Inj 36 iu (12 mg vial) (delisting from 1 January 2015) → Inj 5 mg cartridge – 1% DV Jan-15 to 31/12/17 .....	109.50	1	Omnitrope
	→ Inj 10 mg cartridge – 1% DV Jan-15 to 31/12/17 .....	219.00	1	Omnitrope
	→ Inj 15 mg cartridge – 1% DV Jan-15 to 31/12/17 .....	328.50	1	Omnitrope

#### Restricted

Only for use in patients with approval by the New Zealand Growth Hormone Committee or the Adult Growth Hormone Panel

#### Initiation - growth hormone deficiency in children

Endocrinologist or Paediatric Endocrinologist

continued...

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Changes to Section H Part II – effective 1 July 2014 (continued)

continued...

Either:

- 1 Growth hormone deficiency causing symptomatic hypoglycaemia, or with other significant growth hormone deficient sequelae (e.g. cardiomyopathy, hepatic dysfunction) and diagnosed with GH < 5 mcg/l on at least two random blood samples in the first 2 weeks of life, or from samples during established hypoglycaemia (whole blood glucose < 2 mmol/l using a laboratory device); or
- 2 All of the following:
  - 2.1 Height velocity < 25th percentile for age; and adjusted for bone age/pubertal status if appropriate over 6 or 12 months using the standards of Tanner and Davies (1985); and
  - 2.2 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
  - 2.3 Peak growth hormone value of < 5.0 mcg per litre in response to two different growth hormone stimulation tests. In children who are 5 years or older, GH testing with sex steroid priming is required; and
  - 2.4 If the patient has been treated for a malignancy, they should be disease free for at least one year based upon follow-up laboratory and radiological imaging appropriate for the malignancy, unless there are strong medical reasons why this is either not necessary or appropriate; and
  - 2.5 Appropriate imaging of the pituitary gland has been obtained.

### Continuation - growth hormone deficiency in children

Endocrinologist or Paediatric Endocrinologist

*Re-assessment required after 12 months*

All of the following:

- 1 A current bone age is ≤ 14 years (female patients) or ≤ 16 years (male patients); and
- 2 Height velocity is ≥ 25th percentile for age (adjusted for bone age/pubertal status if appropriate) while on growth hormone treatment, as calculated over six months using the standards of Tanner and Davis (1985); and
- 3 Height velocity is ≥ 2.0 cm per year, as calculated over 6 months; and
- 4 No serious adverse effect that the patients specialist considers is likely to be attributable to growth hormone treatment has occurred; and
- 5 No malignancy has developed since starting growth hormone.

### Initiation - Turner syndrome

Endocrinologist or Paediatric Endocrinologist

All of the following:

- 1 The patient has a post-natal genotype confirming Turner Syndrome; and
- 2 Height velocity is < 25th percentile over 6-12 months using the standards of Tanner and Davies (1985); and
- 3 A current bone age is < 14 years.

### Continuation - Turner syndrome

Endocrinologist or Paediatric Endocrinologist

*Re-assessment required after 12 months*

All of the following:

- 1 Height velocity ≥ 50th percentile for age (while on growth hormone calculated over 6 to 12 months using the Ranke's Turner Syndrome growth velocity charts); and
- 2 Height velocity is ≥ 2 cm per year, calculated over six months; and
- 3 A current bone age is ≤ 14 years; and
- 4 No serious adverse effect that the specialist considers is likely to be attributable to growth hormone treatment has occurred; and
- 5 No malignancy has developed since starting growth hormone.

### Initiation - short stature without growth hormone deficiency

Endocrinologist or Paediatric Endocrinologist

All of the following:

- 1 The patient's height is more than 3 standard deviations below the mean for age or for bone age if there is marked growth acceleration or delay; and

continued...

➔ Restriction

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	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Changes to Section H Part II – effective 1 July 2014 (continued)

*continued...*

- 2 Height velocity is < 25th percentile for age (adjusted for bone age/pubertal status if appropriate), as calculated over 6 to 12 months using the standards of Tanner and Davies(1985); and
- 3 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
- 4 The patient does not have severe chronic disease (including malignancy or recognized severe skeletal dysplasia) and is not receiving medications known to impair height velocity.

### **Continuation - short stature without growth hormone deficiency**

Endocrinologist or Paediatric Endocrinologist

*Re-assessment required after 12 months*

All of the following:

- 1 Height velocity is  $\geq$  50th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
- 2 Height velocity is  $\geq$  2 cm per year as calculated over six months; and
- 3 Current bone age is  $\leq$  14 years (female patients) or  $\leq$  16 years (male patients); and
- 4 No serious adverse effect that the patient's specialist considers is likely to be attributable to growth hormone treatment has occurred.

### **Initiation - short stature due to chronic renal insufficiency**

Endocrinologist, Paediatric Endocrinologist, or Renal Physician on the recommendation of a Paediatric Endocrinologist and Endocrinologist

All of the following:

- 1 The patient's height is more than 2 standard deviations below the mean; and
- 2 Height velocity is < 25th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
- 3 A current bone age is  $\leq$  14 years (female patients) or  $\leq$  16 years (male patients); and
- 4 The patient is metabolically stable, has no evidence of metabolic bone disease and absence of any other severe chronic disease; and
- 5 The patient is under the supervision of a specialist with expertise in renal medicine; and
- 6 Either:
  - 6.1 The patient has a GFR  $\leq$  30 ml/min/1.73 m<sup>2</sup> as measured by the Schwartz method (Height(cm)/plasma creatinine (umol/l x 40 = corrected GFR (ml/min/1.73 m<sup>2</sup>) in a child who may or may not be receiving dialysis; or
  - 6.2 The patient has received a renal transplant and has received < 5mg/ m<sup>2</sup>/day of prednisone or equivalent for at least 6 months.

### **Continuation - short stature due to chronic renal insufficiency**

Endocrinologist, Paediatric Endocrinologist, or Renal Physician on the recommendation of a Paediatric Endocrinologist and Endocrinologist

*Re-assessment required after 12 months*

All of the following:

- 1 Height velocity is  $\geq$  50th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
- 2 Height velocity is  $\geq$  2 cm per year as calculated over six months; and
- 3 A current bone age is  $\leq$  14 years (female patients) or  $\leq$  16 years (male patients); and
- 4 No serious adverse effect that the patients specialist considers is likely to be attributable to growth hormone has occurred; and
- 5 No malignancy has developed after growth hormone therapy was commenced; and
- 6 The patient has not experienced significant biochemical or metabolic deterioration confirmed by diagnostic results; and
- 7 The patient has not received renal transplantation since starting growth hormone treatment; and
- 8 If the patient requires transplantation, growth hormone prescription should cease before transplantation and a new application should be made after transplantation based on the above criteria.

*continued...*

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Changes to Section H Part II – effective 1 July 2014 (continued)

continued...

### Initiation - Prader-Willi syndrome

Endocrinologist or Paediatric Endocrinologist

All of the following:

- 1 The patient has a diagnosis of Prader-Willi syndrome that has been confirmed by genetic testing or clinical scoring criteria; and
- 2 The patient's height velocity is < 25th percentile for bone age adjusted for bone age/pubertal status if appropriate as calculated over 6 to 12 months using the standards of Tanner and Davies (1985) or pubertal status over 6 to 12 months; and
- 3 Either:
  - 3.1 The patient is under two years of age and height velocity has been assessed over a minimum six month period from the age of 12 months, with at least three supine length measurements over this period demonstrating clear and consistent evidence of linear growth failure (with height velocity < 25th percentile); or
  - 3.2 The patient is aged two years or older; and
- 4 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
- 5 Sleep studies or overnight oximetry have been performed and there is no obstructive sleep disorder requiring treatment, or if an obstructive sleep disorder is found, it has been adequately treated under the care of a paediatric respiratory physician and/or ENT surgeon; and
- 6 There is no evidence of type II diabetes or uncontrolled obesity defined by BMI that has increased by  $\geq 0.5$  standard deviations in the preceding 12 months.

### Continuation - Prader-Willi syndrome

Endocrinologist or Paediatric Endocrinologist

*Re-assessment required after 12 months*

All of the following:

- 1 Height velocity is  $\geq 50$ th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
- 2 Height velocity is  $\geq 2$  cm per year as calculated over six months; and
- 3 A current bone age is  $\leq 14$  years (female patients) or  $\leq 16$  years (male patients); and
- 4 No serious adverse effect that the patient's specialist considers is likely to be attributable to growth hormone treatment has occurred; and
- 5 No malignancy has developed after growth hormone therapy was commenced; and
- 6 The patient has not developed type II diabetes or uncontrolled obesity as defined by BMI that has increased by  $\geq 0.5$  standard deviations in the preceding 12 months.

### Initiation - adults and adolescents

Endocrinologist or Paediatric Endocrinologist

All of the following:

- 1 The patient has a medical condition that is known to cause growth hormone deficiency (e.g. surgical removal of the pituitary for treatment of a pituitary tumour); and
- 2 The patient has undergone appropriate treatment of other hormonal deficiencies and psychological illnesses; and
- 3 The patient has severe growth hormone deficiency (see notes); and
- 4 The patient's serum IGF-I is more than 1 standard deviation below the mean for age and sex; and
- 5 The patient has poor quality of life, as defined by a score of 16 or more using the disease-specific quality of life questionnaire for adult growth hormone deficiency (QoL-AGHDA®).

\*Notes:

For the purposes of adults and adolescents, severe growth hormone deficiency is defined as a peak serum growth hormone level of  $\leq 3$  mcg per litre during an adequately performed insulin tolerance test (ITT) or glucagon stimulation test.

continued...

➔ Restriction

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Changes to Section H Part II – effective 1 July 2014 (continued)

*continued...*

Patients with one or more additional anterior pituitary hormone deficiencies and a known structural pituitary lesion only require one test. Patients with isolated growth hormone deficiency require two growth hormone stimulation tests, of which, one should be ITT unless otherwise contraindicated. Where an additional test is required, an arginine provocation test can be used with a peak serum growth hormone level of  $\leq 0.4$  mcg per litre.

The dose of somatropin should be started at 0.2 mg daily and be titrated by 0.1 mg monthly until it is within 1 standard deviation of the mean normal value for age and sex; and

The dose of somatropin not to exceed 0.7 mg per day for male patients, or 1 mg per day for female patients.

At the commencement of treatment for hypopituitarism, patients must be monitored for any required adjustment in replacement doses of corticosteroid and levothyroxine.

### Continuation - adults and adolescents

Endocrinologist or Paediatric Endocrinologist

*Re-assessment required after 12 months*

Either:

1 All of the following:

1.1 The patient has been treated with somatropin for  $< 12$  months; and

1.2 There has been an improvement in the Quality of Life Assessment defined as a reduction of at least 8 points on the Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA®) score from baseline; and

1.3 Serum IGF-I levels have increased to within  $\pm 1$ SD of the mean of the normal range for age and sex; and

1.4 The dose of somatropin does not exceed 0.7 mg per day for male patients, or 1 mg per day for female patients; or

2 All of the following:

2.1 The patient has been treated with somatropin for more than 12 months; and

2.2 The patient has not had a deterioration in Quality of Life defined as a 6 point or greater increase from their lowest QoL-AGHDA® score on treatment (other than due to obvious external factors such as external stressors); and

2.3 Serum IGF-I levels have continued to be maintained within  $\pm 1$ SD of the mean of the normal range for age and sex (other than for obvious external factors); and

2.4 The dose of somatropin has not exceeded 0.7 mg per day for male patients or 1 mg per day for female patients.

64	DESMOPRESSIN ACETATE (↓ price and addition of HSS) Nasal spray 10 mcg per dose – 1% DV Sep-14 to 2017 .....	22.95	6 ml	<b>Desmopressin-PH&amp;T</b>
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## INFECTIONS – AGENTS FOR SYSTEMIC USE

66	CEFAZOLIN (addition of HSS) Inj 500 mg vial – 1% DV Sep-14 to 2017 .....	3.99	5	<b>AFT</b>
	Inj 1 g vial – 1% DV Sep-14 to 2017 (↓ price) .....	3.38	5	<b>AFT</b>
67	CLARITHROMYCIN (↓ price and addition of HSS) → Tab 250 mg – 1% DV Sep-14 to 2017 .....	3.98	14	<b>Apo-Clarithromycin</b>
	→ Tab 500 mg – 1% DV Sep-14 to 2017 .....	10.40	14	<b>Apo-Clarithromycin</b>
67	AMOXICILLIN AMOXICILLIN (amendment to chemical name and new listing) Grans for oral liq 125 mg per 5 ml – 1% DV Oct -14 to 2017 .....	0.88	100 ml	<b>Amoxicillin Actavis</b>
	Grans for oral liq 250 mg per 5 ml – 1% DV Oct -14 to 2017 .....	0.97	100 ml	<b>Amoxicillin Actavis</b>
	Note – Ospamox grans for oral liq 125 mg and 250 mg per 5 ml to be delisted from 1 October 2014.			

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Changes to Section H Part II – effective 1 July 2014 (continued)</b>				
68	BENZYLPENICILLIN SODIUM [PENICILLIN G] (↓ price and addition of HSS) Inj 600 mg (1 million units) vial – 1% DV Sep-14 to 2017 .....	10.35	10	<b>Sandoz</b>
68	FLUCLOXACILLIN (↓ price and addition of HSS) Inj 250 mg vial – 1% DV Sep-14 to 2017 .....	8.80	10	<b>Flucloxin</b>
	Inj 500 mg vial – 1% DV Sep-14 to 2017 .....	9.20	10	<b>Flucloxin</b>
	Inj 1 g vial – 1% DV Sep-14 to 2017 .....	11.60	10	<b>Flucloxin</b>
68	PROCAINE PENICILLIN (addition of HSS) Inj 1.5 g in 3.4 ml syringe – 1% DV Sep-14 to 2017 .....	123.50	5	<b>Cilicaine</b>
68	CIPROFLOXACIN (↓ price and addition of HSS) → Tab 250 mg – 1% DV Sep-14 to 2017 .....	1.75	28	<b>Cipflox</b>
	→ Tab 500 mg – 1% DV Sep-14 to 2017 .....	2.00	28	<b>Cipflox</b>
	→ Tab 750 mg – 1% DV Sep-14 to 2017 .....	3.75	28	<b>Cipflox</b>
69	NORFLOXACIN (↓ price and addition of HSS) Tab 400 mg – 1% DV Sep-14 to 2017 .....	13.50	100	<b>Arrow-Norfloxacine</b>
69	DOXYCYCLINE (↓ price and addition of HSS) Tab 100 mg – 1% DV Sep-14 to 2017 .....	6.75	250	<b>Doxine</b>
71	KETOCONAZOLE (amendment to restriction) → Tab 200 mg <b>Restricted</b> Infectious disease physician, clinical microbiologist, dermatologist, endocrinologist or oncologist			
73	TERBINAFINE (↓ price and addition of HSS) Tab 250 mg – 1% DV Sep-14 to 2017 .....	1.50	14	<b>Dr Reddy's Terbinafine</b>
73	DAPSONE (new listing) → Tab 25 mg – 1% DV Sep-14 to 2017 .....	95.00	100	<b>Dapsone</b>
	→ Tab 100 mg – 1% DV Sep-14 to 2017 .....	110.00	100	<b>Dapsone</b>
79	ZIDOVUDINE [AZT] WITH LAMIVUDINE (↓ price and addition of HSS) → Tab 300 mg with lamivudine 150 mg – 1% DV Sep-14 to 2017 .....	44.00	60	<b>Alphapharm</b>

## MUSCULOSKELETAL SYSTEM

88	NEOSTIGMINE METILSULFATE (↓ price and addition of HSS) Inj 2.5 mg per ml, 1 ml ampoule – 1% DV Sep-14 to 2017 .....	98.00	50	<b>AstraZeneca</b>
88	ALENDRONATE SODIUM (↓ price) → Tab 70 mg .....	12.90	4	<b>Fosamax</b>
89	ALENDRONATE SODIUM WITH CHOLECALCIFEROL (↓ price) → Tab 70 mg with cholecalciferol 5,600 iu .....	12.90	4	<b>Fosamax Plus</b>

→ Restriction

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



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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### Changes to Section H Part II – effective 1 July 2014 (continued)

90	PAMIDRONATE DISODIUM			
	Inj 3 mg per ml, 10 ml vial – <b>1% DV Sep-14 to 2017</b> .....	6.80	1	<b>Pamisol</b>
	Inj 6 mg per ml, 10 ml vial – <b>1% DV Sep-14 to 2017</b> .....	13.20	1	<b>Pamisol</b>
	Inj 9 mg per ml, 10 ml vial – <b>1% DV Sep-14 to 2017</b> .....	19.20	1	<b>Pamisol</b>
Note – Pamidronate BNM inj 3 mg per ml, 6 mg per ml and 9 mg per ml, 10 ml vial to be delisted from 1 September 2014. Pamisol inj 3 mg per ml, 5 ml vial to be delisted from 1 September 2014.				

### NERVOUS SYSTEM

99	KETAMINE HYDROCHLORIDE (amendment to chemical name and new listing)			
	→ Inj 1 mg per ml, 100 ml bag – <b>1% DV Sep-14 to 2017</b> .....	27.00	1	<b>Biomed</b>
	→ Inj 4 mg per ml, 50 ml syringe – <b>1% DV Sep-14 to 2017</b> .....	25.00	1	<b>Biomed</b>
	→ Inj 10 mg per ml, 10 ml syringe – <b>1% DV Sep-14 to 2017</b> .....	14.00	1	<b>Biomed</b>
	→ Inj 100 mg per ml, 2 ml vial			
100	BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE (addition of HSS)			
	Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial			
	– <b>1% DV Sep-14 to 2017</b> .....	135.00	5	<b>Marcain with Adrenaline</b>
	Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial			
	– <b>1% DV Sep-14 to 2017</b> .....	115.00	5	<b>Marcain with Adrenaline</b>
100	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (addition of HSS)			
	Oral (viscous) soln 2% – <b>1% DV Sep-14 to 2017</b> .....	55.00	200 ml	<b>Xylocaine Viscous</b>
102	PARACETAMOL (addition of HSS)			
	Oral liq 250 mg per 5 ml – <b>20% DV Sep-14 to 2017</b> (↓ price) ....	4.35	1,000 ml	<b>Paracare Double Strength</b>
	→ Inj 10 mg per ml, 50 ml vial – <b>1% DV Sep-14 to 2017</b> .....	12.90	12	<b>Perfalgan</b>
	→ Inj 10 mg per ml, 100 ml vial – <b>1% DV Sep-14 to 2017</b> .....	12.90	12	<b>Perfalgan</b>
Note – Paracetamol-AFT inj 10 mg per ml, 50 ml vial and 100 ml vial to be delisted from 1 September 2014.				
104	OXYCODONE HYDROCHLORIDE			
	Tab controlled-release 80 mg – <b>1% DV Oct-13 to 2015</b> .....	34.00	20	<b>BNM</b>
Note – Oxycodone BNM tab controlled-release 80 mg to be delisted from 1 September 2014.				
105	PETHIDINE HYDROCHLORIDE (addition of HSS)			
	Inj 50 mg per ml, 1 ml ampoule – <b>1% DV Sep-14 to 2017</b> .....	5.51	5	<b>DBL Pethidine Hydrochloride</b>
	Inj 50 mg per ml, 2 ml ampoule – <b>1% DV Sep-14 to 2017</b> .....	5.83	5	<b>DBL Pethidine Hydrochloride</b>
105	AMITRIPTYLINE (↓ price and addition of HSS)			
	Tab 10 mg – <b>1% DV Sep-14 to 2017</b> .....	1.68	100	<b>Arrow-Amitriptyline</b>
106	MIANSERIN HYDROCHLORIDE (addition of restriction)			
	→ Tab 30 mg			
<b>Restricted – for continuation only</b>				

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 July 2014 (continued)**

111	RIZATRIPTAN <del>BENZOATE</del> (amendment to chemical name, ↓ price and addition of HSS) Tab orodispersible 10 mg – <b>1% DV Sep-14 to 2017</b> .....	8.10	30	<b>Rizamelt</b>
111	APREPITANT (↓ price and addition of HSS) ➔ Cap 2 x 80 mg and 1 x 125 mg – <b>1% DV Sep-14 to 2017</b> ....	100.00	3	<b>Emend Tri-Pack</b>
112	METOCLOPRAMIDE HYDROCHLORIDE (addition of HSS) Tab 10 mg – <b>1% DV Sep-14 to 2017</b> (↓ price)..... Inj 5 mg per ml, 2 ml ampoule – <b>1% DV Sep-14 to 2017</b> .....	1.82 4.50	100 10	<b>Metamide Pfizer</b>
114	LITHIUM CARBONATE (addition of HSS) Cap 250 mg – <b>1% DV Sep-14 to 2017</b> .....	9.42	100	<b>Douglas</b>
114	OLANZAPINE (↓ price and addition of HSS) Tab 2.5 mg – <b>1% DV Sep-14 to 2017</b> .....	0.75	28	<b>Zypine</b>
	Tab 5 mg – <b>1% DV Sep-14 to 2017</b> .....	1.65	28	<b>Zypine</b>
	Tab 10 mg – <b>1% DV Sep-14 to 2017</b> .....	2.55	28	<b>Zypine</b>
	Tab orodispersible 5 mg – <b>1% DV Sep-14 to 2017</b> .....	1.75	28	<b>Zypine ODT</b>
	Tab orodispersible 10 mg – <b>1% DV Sep-14 to 2017</b> .....	3.05	28	<b>Zypine ODT</b>
	Note – Olanzapine tab 5 mg to be delisted from 1 September 2014.			
114	QUETIAPINE (↓ price and addition of HSS) Tab 25 mg – <b>1% DV Sep-14 to 2017</b> .....	2.10	90	<b>Quetapel</b>
	Tab 100 mg – <b>1% DV Sep-14 to 2017</b> .....	4.20	90	<b>Quetapel</b>
	Tab 200 mg – <b>1% DV Sep-14 to 2017</b> .....	7.20	90	<b>Quetapel</b>
	Tab 300 mg – <b>1% DV Sep-14 to 2017</b> .....	12.00	90	<b>Quetapel</b>
	Note – Dr Reddy's Quetiapine and Seroquel tab 25 mg, 100 mg, 200 mg and 300 mg to be delisted from 1 September 2014.			
115	RISPERIDONE (↓ price and addition of HSS) Oral liq 1 mg per ml – <b>1% DV Sep-14 to 2017</b> .....	9.75	30 ml	<b>Risperon</b>
	Note – Apo-Risperidone and Risperdal oral liq 1 mg per ml to be delisted from 1 September 2014.			
118	TEMAZEPAM (addition of HSS) Tab 10 mg – <b>1% DV Sep-14 to 2017</b> .....	1.27	25	<b>Normison</b>
121	NICOTINE (↓ price) Gum 2 mg – <b>1% DV Apr-14 to 2017</b> .....	26.13	384	<b>Habitrol (Classic) Habitrol (Fruit) Habitrol (Mint)</b>
	Gum 4 mg – <b>1% DV Apr-14 to 2017</b> .....	30.12	384	<b>Habitrol (Classic) Habitrol (Fruit) Habitrol (Mint)</b>
	Patch 7 mg per 24 hours – <b>1% DV Apr-14 to 2017</b> .....	12.40	28	<b>Habitrol</b>
	Patch 14 mg per 24 hours – <b>1% DV Apr-14 to 2017</b> .....	13.27	28	<b>Habitrol</b>
	Patch 21 mg per 24 hours – <b>1% DV Apr-14 to 2017</b> .....	14.02	28	<b>Habitrol</b>
	Lozenge 1 mg – <b>1% DV Apr-14 to 2017</b> .....	15.15	216	<b>Habitrol</b>
	Lozenge 2 mg – <b>1% DV Apr-14 to 2017</b> .....	16.60	216	<b>Habitrol</b>

➔ Restriction

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		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 July 2014 (continued)**

**ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS**

124	CAPECITABINE			
	Tab 150 mg – 1% DV Sep-14 to 2016 .....	30.00	60	<b>Capecitabine</b> <b>Winthrop</b>
	Tab 500 mg – 1% DV Sep-14 to 2016 .....	120.00	120	<b>Capecitabine</b> <b>Winthrop</b>

Note – Xeloda tab 150 mg and 500 mg to be delisted from 1 September 2014.

128	IMATINIB MESILATE (amendment to restriction)			
	→ Tab 100 mg .....	2,400.00	60	Glivec

**Restricted**

For use in patients with approval from the CML/GIST Co-ordinator

**Initiation**

**Re-assessment required after 12 months**

**Both:**

- 1 Patient has diagnosis (confirmed by an oncologist) of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST); and
- 2 Maximum dose of 400 mg/day.

**Continuation**

**Re-assessment required after 12 months**

**Adequate clinical response to treatment with imatinib (prescriber determined).**

131	PACLITAXEL (↓ price and addition of HSS)			
	Inj 6 mg per ml, 5 ml vial – 1% DV Sep-14 to 2017 .....	45.00	5	<b>Paclitaxel Ebewe</b>
	Inj 6 mg per ml, 16.7 ml vial – 1% DV Sep-14 to 2017 .....	19.02	1	<b>Paclitaxel Ebewe</b>
	Inj 6 mg per ml, 25 ml vial – 1% DV Sep-14 to 2017 .....	26.69	1	<b>Paclitaxel Ebewe</b>
	Inj 6 mg per ml, 50 ml vial – 1% DV Sep-14 to 2017 .....	36.53	1	<b>Paclitaxel Ebewe</b>
	Inj 6 mg per ml, 100 ml vial – 1% DV Sep-14 to 2017 .....	73.06	1	<b>Paclitaxel Ebewe</b>

Note – Paclitaxel Actavis inj 6 mg per ml, 16.7 ml, 25 ml and 50 ml vial; and Anzatax inj 6 mg per ml, 25 ml and 50 ml vial to be delisted from 1 September 2014.

132	BICALUTAMIDE (↓ price and addition of HSS)			
	→ Tab 50 mg – 1% DV Sep-14 to 2017 .....	4.90	28	<b>Bicalaccord</b>

132	OCTREOTIDE			
	Inj 50 mcg per ml, 1 ml ampoule – 1% DV Sep-14 to 2017 .....	13.50	5	<b>DBL</b>
	Inj 100 mcg per ml, 1 ml ampoule – 1% DV Sep-14 to 2017 .....	22.40	5	<b>DBL</b>
	Inj 500 mcg per ml, 1 ml ampoule – 1% DV Sep-14 to 2017 .....	89.40	5	<b>DBL</b>

Note – Octreotide MaxRx inj 50 mcg, 100 mcg and 500 mcg per ml, 1 ml ampoule to be delisted from 1 September 2014.

133	EXEMESTANE (↓ price and addition of HSS)			
	Tab 25 mg – 1% DV Sep-14 to 2017 .....	14.50	30	<b>Aromasin</b>

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 July 2014 (continued)**

134	ETANERCEPT (additional restriction)			
	→ Inj 25 mg vial .....	949.96	4	Enbrel
	→ Inj 50 mg autoinjector.....	1,899.92	4	Enbrel
	→ Inj 50 mg syringe .....	1,899.92	4	Enbrel
	<b>Indication – pyoderma gangrenosum</b>			
	<b>Dermatologist.</b>			
	<b>All of the following;</b>			
	1. <b>Patient has pyoderma gangrenosum*;</b> and			
	2. <b>Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response;</b> and			
	3. <b>A maximum of 4 doses.</b>			
	<b>Renewal – pyoderma gangrenosum</b>			
	<b>Dermatologist</b>			
	<b>All of the following;</b>			
	1. <b>Patient has shown clinical improvement;</b> and			
	2. <b>Patient continues to require treatment;</b> and			
	3. <b>A maximum of 4 doses</b>			
138	ADALIMUMAB (additional restriction)			
	→ Inj 20 mg per 0.4 ml syringe.....	1,799.92	2	Humira
	→ Inj 40 mg per 0.8 ml pen .....	1,799.92	2	HumiraPen
	→ Inj 40 mg per 0.8 ml syringe.....	1,799.92	2	Humira
	<b>Indication – pyoderma gangrenosum</b>			
	<b>Dermatologist</b>			
	<b>All of the following;</b>			
	1. <b>Patient has pyoderma gangrenosum*;</b> and			
	2. <b>Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response;</b> and			
	3. <b>A maximum of 4 doses.</b>			
	<b>Renewal – pyoderma gangrenosum</b>			
	<b>Dermatologist</b>			
	<b>All of the following;</b>			
	1. <b>Patient has shown clinical improvement;</b> and			
	2. <b>Patient continues to require treatment;</b> and			
	3. <b>A maximum of 4 doses</b>			
156	TOCILIZUMAB (amendment to restriction)			
	→ Inj 20 mg per ml, 4 ml vial.....	220.00	1	Actemra
	→ Inj 20 mg per ml, 10 ml vial .....	550.00	1	Actemra
	→ Inj 20 mg per ml, 20 ml vial.....	1,100.00	1	Actemra
	<b>Initiation —Rheumatoid Arthritis</b>			
	<b>Rheumatologist</b>			
	<b>Re-assessment required after 6 months</b>			
	<b>All of the following;</b>			
	1 <b>Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer;</b> and			
	2 <b>Tocilizumab is to be used as monotherapy;</b> and			

*continued...*

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Changes to Section H Part II – effective 1 July 2014 (continued)

*continued...*

- 3** Either:
  - 3.1** Treatment with methotrexate is contraindicated; or
  - 3.2** Patient has tried and did not tolerate oral and/or parenteral methotrexate; and
- 4** Either:
  - 4.1** Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporin alone or in combination with another agent; or
  - 4.2** Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and
- 5** Either:
  - 5.1** Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
  - 5.2** Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 6** Either:
  - 6.1** Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 6.2** C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

### Continuation

#### Rheumatologist

##### *Re-assessment required after 6 months*

##### Either:

- 1** Following 6 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2** On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

Initiation – systemic juvenile idiopathic arthritis

Paediatric rheumatologist

Re-assessment required after 6 months

##### Both:

- 1** Patient diagnosed with systemic juvenile idiopathic arthritis; and
- 2** Patient has tried and not responded to a reasonable trial of all of the following, either alone or in combination: oral or parenteral methotrexate; non-steroidal anti-inflammatory drugs (NSAIDs); and systemic corticosteroids.

Continuation – systemic juvenile idiopathic arthritis

Paediatric rheumatologist

Re-assessment required after 6 months

##### Either:

- 1** Following up to 6 months' initial treatment, the patient has achieved at least an American College of Rheumatology paediatric 30% improvement criteria (ACR Pedi 30) response from baseline; or
- 2** On subsequent reapplications, the patient demonstrates at least a continuing ACR Pedi 30 response from baseline.

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 July 2014 (continued)**

**SENSORY ORGANS**

165	TOBRAMYCIN (addition of HSS)			
	Eye oint 0.3% – <b>1% DV Sep-14 to 2017</b> .....	10.45	3.5 g	<b>Tobrex</b>
	Eye drops 0.3% – <b>1% DV Sep-14 to 2017</b> .....	11.48	5 ml	<b>Tobrex</b>
165	DEXAMETHASONE WITH NEOMYCIN SULPHATE AND POLYMYXIN B SULPHATE (new listing)			
	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per g – <b>1% DV Sep-14 to 2017</b> .....	5.39	3.5 g	<b>Maxitrol</b>
	Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per ml – <b>1% DV Sep-14 to 2017</b> .....	4.50	5 ml	<b>Maxitrol</b>
166	DICLOFENAC SODIUM (addition of HSS)			
	Eye drops 0.1% – <b>1% DV Sep-14 to 2017</b> .....	13.80	5 ml	<b>Voltaren Ophtha</b>
166	LODOXAMIDE (new listing)			
	Eye drops 0.1% – <b>1% DV Sep-14 to 2017</b> .....	8.71	10 ml	<b>Lomide</b>
166	NAPHAZOLINE HYDROCHLORIDE (addition of HSS)			
	Eye drops 0.1% – <b>1% DV Sep-14 to 2017</b> .....	4.15	15 ml	<b>Naphcon Forte</b>
168	BETAXOLOL (new listing)			
	Eye drops 0.25% – <b>1% DV Sep-14 to 2017</b> .....	11.80	5 ml	<b>Betoptic S</b>
	Eye drops 0.5% – <b>1% DV Sep-14 to 2017</b> .....	7.50	5 ml	<b>Betoptic</b>
168	TIMOLOL			
	Eye drops 0.25% – <b>1% DV Sep-14 to 2017</b> .....	1.45	5 ml	<b>Arrow-Timolol</b>
	Eye drops 0.5% – <b>1% DV Sep-14 to 2017</b> .....	1.45	5 ml	<b>Arrow-Timolol</b>
168	ACETAZOLAMIDE (addition of HSS)			
	Tab 250 mg – <b>1% DV Sep-14 to 2017</b> .....	17.03	100	<b>Diamox</b>
169	PILOCARPINE HYDROCHLORIDE			
	Eye drops 1% – <b>1% DV Sep-14 to 2017</b> .....	4.26	15 ml	<b>Isopto Carpine</b>
	Eye drops 2% – <b>1% DV Sep-14 to 2017</b> .....	5.35	15 ml	<b>Isopto Carpine</b>
	Eye drops 4% – <b>1% DV Sep-14 to 2017</b> .....	7.99	15 ml	<b>Isopto Carpine</b>
169	BRIMONIDINE TARTRATE (↓ price and addition of HSS)			
	Eye drops 0.2% – <b>1% DV Sep-14 to 2017</b> .....	4.32	5 ml	<b>Arrow-Brimonidine</b>
169	CYCLOPENTOLATE HYDROCHLORIDE			
	Eye drops 1% – <b>1% DV Sep-14 to 2017</b> .....	8.76	15 ml	<b>Cyclogyl</b>

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 July 2014 (continued)**

**SPECIAL FOODS**

202	ORAL FEED → Powder 21.9 g protein, 53.5 g carbohydrate and 14.5 g fat per 100 g, can.....	3.67	350 g	Fortisip (Vanilla)
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Note: Fortisip (vanilla) in the 900 g pack size to be delisted from 1 September 2014.

**VACCINES**

196	DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE (amendment of restriction) → Inj 30 IU diphtheria toxoid with 30 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe – 1% DV Jul-14 to 2017.....	0.00	10	Infanrix IPV
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**Restricted**

For primary vaccination in children

Funded for patients meeting any of the following criteria:

1. A single dose for children up to the age of 7 who have completed primary immunisation; or
2. A course of up-to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation; or
3. An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
4. Five doses will be funded for children requiring solid organ transplantation.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

196	DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE (amendment to restriction) → Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe – 1% DV Jul-14 to 2017 .....	0.00	1 10	Boostrix Boostrix
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**Restricted**

Funded for any of the following

1. A single vaccine for pregnant woman between gestational weeks 28 and 38 during epidemics.
2. A course of up-to four vaccines is funded for children from age 7 to 17 years inclusive to complete full primary immunisation.
3. A course of up-to four vaccines is funded for children from age 7 to 17 years inclusive for re-immunisation following immunosuppression

Note: Tdap is not registered for patients aged less than 10 years.

Either:

1— For primary vaccination in children aged 7-18 years; or

2— For pregnant women between gestational weeks 28 and 38 during epidemics.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 July 2014 (continued)**

196	ADULT DIPHTHERIA AND TETANUS VACCINE (amendment to restriction) → Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe – 1% DV Jul-14 to 2017.....	0.00	5	ADT Booster
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**Restricted**

Any of the following:

- 1 For vaccination of patients aged 45 and 65 years old; or
- 2 For vaccination of previously unimmunised or partially immunised patients; or
- 3 For revaccination following immunosuppression; or
- 4 For boosting of 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.

Any of the following:

- 1 For vaccination of patients aged between 45 and 65 years old; or
- 2 For vaccination of previously unimmunised patients; or
- 3 For revaccination of children following immunosuppression; or
- 4 For revaccination for patients with tetanus-prone wounds; or
- 5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

**Note: Please refer to the Immunisation Handbook for appropriate schedule for catch-up programmes.**

196	DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE (amendment to restriction) → Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe (1) and inj 10 mcg haemophilus influenza type B vaccine vial – 1% DV Jul-14 to 2017 .....	0.00	10	Infanrix-hexa
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**Restricted**

Either

- 1 For primary vaccination in children; or
- 2 For revaccination of children following immunosuppression.

**Funded for patients meeting any of the following criteria**

- 1 Up to four doses for children up to the age of 10 for primary immunisation; or
- 2 Up to four doses (as appropriate) for children are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; renal dialysis and other severely immunosuppressive regimens; or
- 3 Up to five doses for children up to the age of 10 receiving solid organ transplantation.

**Note: A course of up-to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.**



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 July 2014 (continued)**

196	BACILLUS CALMETTE-GUERIN VACCINE → Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, 2-8 x 10 <sup>5</sup> cfu vial with diluent – <b>1% DV Oct-14 to 2017</b> .....	0.00	10	<b>BCG Vaccine</b>
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**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 Having 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 <http://www.health.govt.nz/tuberculosis> (search for downloads) or [www.bcgatlas.org/index.php](http://www.bcgatlas.org/index.php).

197	HAEMOPHILUS INFLUENZAE TYPE B VACCINE → Inj 10 mcg vial with diluent syringe – <b>1% DV Jul-14 to 2017</b> .....	0.00	1	<b>Act-HIB</b>
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**Restricted**

**One dose for patients meeting any of the following:**

- 1 For primary vaccination in children; or
- 2 For revaccination of children following immunosuppression; or
- 3 For children aged 0-18 years with functional asplenia; or
- 4 For patients pre- and post-splenectomy; or
- 5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

197	MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE (amendment to restriction) → Inj 4 mcg or each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – <b>1% DV Jul-14 to 2017</b> .....	0.00	1	<b>Menactra</b>
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**Restricted**

**Any of the following:**

- 1 **Up to three doses for patients pre- and post splenectomy and patients with functional or anatomic asplenia; or**
- 2 **One dose every five years for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or**
- 3 **One dose for close contacts of meningococcal cases; or**
- 4 **A maximum of two doses for bone marrow transplant patients; or**
- 5 **A maximum of two doses for patients following immunosuppression\*.**

**Note: children under seven years of age require a second dose three years after the first and then five yearly.**

**\*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.**

Any of the following:

- 1 For patients pre- and post-splenectomy; or
- 2 For children aged 0-18 years with functional asplenia; or
- 3 For organisation and community based outbreaks; or
- 4 For use in transplant patients; or
- 5 For use following immunosuppression.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 July 2014 (continued)**

197	MENINGOCOCCAL (A, C, Y AND W-135) POLYSACCHARIDE VACCINE (delisting) → Inj 200 mcg vial with diluent Note - Meningococcal (a, c, y and w-135) polysaccharide vaccine to delisted from 1 October 2014.		
197	MENINGOCOCCAL C CONJUGATE VACCINE (amendment to restriction) → Inj 10 mcg in 0.5 ml syringe – 1% DV Jul-14 to 2017..... 0.00	1 10	Neisvac-C Neisvac-C
	<b>Restricted</b> <b>Any of the following:</b> 1 Up to three doses for patients pre- and post splenectomy and patients with functional or anatomic asplenia; or 2 One dose every five years for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or 3 One dose for close contacts of meningococcal cases; or 4 A maximum of two doses for bone marrow transplant patients; or 5 A maximum of two doses for patients following immunosuppression*. Note: children under seven years of age require a second dose three years after the first and then five yearly. *Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days. Any of the following: 1 For patients pre- and post-splenectomy; or 2 For children aged 0-18 years with functional asplenia; or 3 For organisation and community based outbreaks; or 4 For use in transplant patients aged under 2 years; or 5 For use following immunosuppression in patients aged under 2 years.		
197	PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE (delisting) → Inj 16 mcg in 0.5 ml syringe		
	<b>Restricted</b> For primary vaccination in children Note – Pneumococcal (PCV10) conjugate vaccine to be delisted from 1 October 2014.		
197	PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE (amendment to restriction) → Inj 30.8 mcg in 0.5 ml syringe – 1% DV Oct-14 to 2017 ..... 0.00	1 10	Prevenar 13 Prevenar 13
	<b>Restricted</b> <b>Any of the following:</b> 1 A primary course of up to four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or 2 Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV10; or 3 One dose is funded for high risk children who have previously received four doses of PCV10; or 4 Up to an additional four doses (as appropriate) are funded for (re-)immunisation for patients with HIV, patients post HSCT, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis and other severely immunosuppressive regimens up to the age of 18; or 5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician. Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes Any of the following: 1 For high risk children under the age of 5; or		

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 July 2014 (continued)**

*continued...*

- 2 For patients aged less than 18 years pre- or post-splenectomy or with functional asplenia; or
- 3 For revaccination of children following immunosuppression; or
- 4 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

198	PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE → Inj 575 mcg in 0.5 ml vial ( <b>25 mcg of each 23 pneumococcal serotype</b> ) – 1% DV Jul-14 to 2017 .....	0.00	1	<b>Pneumovax 23</b>
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**Restricted**

**Either of the following:**

- 1 Up to three doses for patients pre- or post-splenectomy or with functional asplenia; or
- 2 Up to two doses are funded for high risk children to the age of 18.

Any of the following:

- 1 For patients pre- and post-splenectomy; or
- 2 For children aged 2-18 years with functional asplenia; or
- 3 For revaccination of children following immunosuppression; or
- 4 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

198	HEPATITIS A VACCINE (amendment to restriction) → Inj 720 ELISA units in 0.5 ml syringe – 1% DV Jul-14 to 2017 .....	0.00	1	<b>Havrix Junior</b>
	→ Inj 1440 ELISA units in 1 ml syringe – 1% DV Jul-14 to 2017 .....	0.00	1	<b>Havrix</b>

**Restricted**

**Funded for patients meeting any of the following criteria:**

- 1 Two vaccinations for use in transplant patients; or
- 2 Two vaccinations for use in children with chronic liver disease; or
- 3 One dose of vaccine for close contacts of known hepatitis A cases; or
- 4 One dose for any of the following on the recommendation of a local medical officer of health
  - 4.1 Children, aged 1–4 years inclusive who reside in Ashburton district; or
  - 4.2 Children, aged 1–9 years inclusive, residing in Ashburton; or
  - 4.3 Children, aged 1–9 years inclusive, who attend a preschool or school in Ashburton; or
  - 4.4 Children, aged older than 9 years, who attend a school with children aged 9 years old or less, in Ashburton funded for children in Ashburton.

Any of the following:

- 1 For use in transplant patients; or
- 2 For use in children with chronic liver disease; or
- 3 For close contacts of known hepatitis A carriers.

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 July 2014 (continued)**

198	HEPATITIS B RECOMBINATE VACCINE (amendment to restriction)			
	→ Inj 5 mcg in 0.5 ml vial – <b>1% DV Jul-14 to 2017</b> .....	0.00	1	<b>HBvaxPRO</b>
	→ Inj 10 mcg in 1 ml vial – <b>1% DV Jul-14 to 2017</b> .....	0.00	1	<b>HBvaxPRO</b>

**Restricted**

Funded for any of the following criteria:

- 1 for household or sexual contacts of known hepatitis B carriers; or
- 2 for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
- 3 for children up to the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination; or
- 4 for HIV positive patients; or
- 5 for hepatitis C positive patients; or
- 6 for patients following immunosuppression; or
- 7 for transplant patients.

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.

	→ Inj 40 mcg per 0.5 ml vial – <b>1% DV Jul-14 to 2017</b> (new listing) .....	0.00	1	<b>HBvaxPRO</b>
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**Restricted**

Funded for any of the following criteria:

- 1 for dialysis patients; or
- 2 for liver or kidney transplant patient.

199	ROTAVIRUS LIVE REASSORTANT ORAL VACCINE (new listing)			
	→ Oral susp G1, G2, G3, G4, P1(8)11.5 million CCID50 units per 2 ml, tube – <b>1% DV Jul-14 to 2017</b> .....	0.00	10	<b>RotaTeq</b>

**Restricted**

Maximum of three doses for patients meeting the following:

- 1 first dose to be administered in infants aged under 15 weeks of age; and
- 2 no vaccination being administered to children aged 8 months or over.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 July 2014 (continued)**

- 199 VARICELLA VACCINE [CHICKEN POX VACCINE] (new listing)  
 → Inj 2,000 PFU vial with diluent – **1% DV Jul-14 to 2017** ..... 0.00 1 **Varilrix**

**Restricted**

Maximum of two doses for any of the following:

- 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\*.
- 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 patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella.
- 6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.
- 7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

\* immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

Note – inj 1,350 PFU vial with diluent to be delisted from 1 July 2014.

- 198 HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV] (amendment to restriction)  
 → Inj 120 mcg in 0.5 ml syringe – **1% DV Jul-14 to 2017** ..... 0.00 10 **Gardasil**

**Restricted**

**Maximum of three doses for patient meeting any of the following criteria:**

- 1 Females aged under 20 years old; or**
- 2 Patients aged under 26 years old with confirmed HIV infection; or**
- 3 For use in transplant patients.**

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.

- 199 MEASLES, MUMPS AND RUBELLA VACCINE (amendment to restriction)  
 → Inj 1000 TCID50 measles, 12,500 TCID50 mumps and 1000 TCID50 rubella vial with diluent – **1% DV Jul-14 to 2017** ..... 0.00 10 **M-M-R-II**

**Restricted**

**A maximum of two doses for any patient meeting the following criteria:**

- 1 For primary vaccination in children; or**
- 2 For revaccination following immunosuppression; or**
- 3 For any individual susceptible to measles, mumps or rubella**

**Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.**

Any of the following:

- 1—For primary vaccination in children; or
- 2—For revaccination following immunosuppression; or
- 3—For any individual susceptible to measles, mumps or rubella.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 July 2014 (continued)**

199	POLIOMYELITIS VACCINE (amendment to restriction) → Inj 80 D-antigen units in 0.5 ml syringe – 1% DV Jul-14 to 2017.....	0.00	1	IPOL
<b>Restricted</b>				
<b>Up to three doses for patients meeting either of the following:</b>				
<b>1 For partially vaccinated or previously unvaccinated individuals; or</b>				
<b>2 For revaccination following immunosuppression.</b>				
<b>Note – please refer to the Immunisation Handbook for appropriate schedule for catch-up programmes.</b>				
Either:				
1 For previously unvaccinated individuals; or				
2 For revaccination following immunosuppression.				

**VARIOUS**

174	DEFERIPRONE → Tab 500 mg ..... 533.17 → Oral liq 100 mg per ml ..... 266.59	100 250 ml		Ferriprox Ferriprox
<b>Restricted</b>				
Patient has been diagnosed with chronic transfusional iron overload due to congenital inherited anaemia.				
175	DIATRIZOATE MEGLUMINE WITH DIATRIZOATE SODIUM <b>AMIDOTRIZOATE</b> Inj 146 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle (new listing) ..... 80.00 Inj 370 mg with sodium amidotrizoate 100 mg per ml, 50 ml bottle (delisting from 1 July 2014) Oral liq 660 mg per ml with diatrizoate sodium <b>amidotrizoate</b> 100 mg per ml, 100 ml <b>bottle</b> (↑ price) ..... 22.50	1 100 ml		Urografin Gastrografin
Note – Gastrografin inj 146 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle, 10 pack size, to be delisted from 1 July 2014.				
175	IODISED OIL Inj <b>38% w/w</b> (480 mg per ml), 10 ml ampoule.....	143.00	1	Lipiodol Ultra Fluid
175	IODIXANOL (↑ price and addition of HSS) Inj 270 mg per ml ( <b>iodine equivalent</b> ), 50 ml bottle – 5% DV Sep-14 to 2017 ..... 220.00 Inj 270 mg per ml ( <b>iodine equivalent</b> ), 100 ml bottle – 5% DV Sep-14 to 2017 ..... 430.00 Inj 320 mg per ml ( <b>iodine equivalent</b> ), 50 ml bottle – 5% DV Sep-14 to 2017 ..... 220.00 Inj 320 mg per ml ( <b>iodine equivalent</b> ), 100 ml bottle – 5% DV Sep-14 to 2017 ..... 430.00 Inj 320 mg per ml ( <b>iodine equivalent</b> ), 200 ml bottle – 5% DV Sep-14 to 2017 ..... 850.00	10 10 10 10 10		<b>Visipaque</b> <b>Visipaque</b> <b>Visipaque</b> <b>Visipaque</b> <b>Visipaque</b>
Note – Visipaque inj 320 mg per ml, 150 ml bottle and 200 ml x 6 bottle pack size to be delisted from 1 July 2014.				

→ Restriction

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 July 2014 (continued)**

176	IOHEXOL (addition of HSS)			
	Inj 240 mg per ml (iodine equivalent), 50 ml bottle – 5% DV Sep-14 to 2017 (↓ price) .....	75.00	10	<b>Omnipaque</b>
	Inj 300 mg per ml (iodine equivalent), 20 ml bottle – 5% DV Sep-14 to 2017 (new listing) .....	57.00	10	<b>Omnipaque</b>
	Inj 300 mg per ml (iodine equivalent), 50 ml bottle – 5% DV Sep-14 to 2017 (↓ price) .....	75.00	10	<b>Omnipaque</b>
	Inj 300 mg per ml (iodine equivalent), 100 ml bottle – 5% DV Sep-14 to 2017 (↓ price) .....	150.00	10	<b>Omnipaque</b>
	Inj 350 mg per ml (iodine equivalent), 20 ml bottle – 5% DV Sep-14 to 2017 (new listing) .....	59.00	10	<b>Omnipaque</b>
	Inj 350 mg per ml (iodine equivalent), 50 ml bottle – 5% DV Sep-14 to 2017 (↓ price) .....	75.00	10	<b>Omnipaque</b>
	Inj 350 mg per ml (iodine equivalent), 75 ml bottle – 5% DV Sep-14 to 2017 (↓ price) .....	114.00	10	<b>Omnipaque</b>
	Inj 350 mg per ml (iodine equivalent), 100 ml bottle – 5% DV Sep-14 to 2017 (↓ price) .....	150.00	10	<b>Omnipaque</b>
	Inj 350 mg per ml (iodine equivalent), 200 ml bottle – 5% DV Sep-14 to 2017 (↓ price) .....	290.00	10	<b>Omnipaque</b>

Note – Omnipaque inj 300 mg per ml, 50 ml bottle to be delisted from 1 July 2014. Omnipaque inj 300 mg per ml (iodine equivalent), 20 ml bottle in pack size 6 and inj 350 mg per ml (iodine equivalent), 20 ml bottle in pack size 6 to be delisted 1 July 2014.

176	IOMEPROL (delist from 1 July 2014.)			
	Inj 150 mg per ml, 50 ml bottle			
	Inj 300 mg per ml, 20 ml vial			
	Inj 300 mg per ml, 50 ml bottle			
	Inj 300 mg per ml, 100 ml bottle			
	Inj 350 mg per ml, 20 ml vial			
	Inj 350 mg per ml, 50 ml bottle			
	Inj 350 mg per ml, 75 ml bottle			
	Inj 350 mg per ml, 100 ml bottle			
	Inj 400 mg per ml, 50 ml bottle			
177	IOPROMIDE (delist from 1 July 2014)			
	Inj 240 per ml, 50 ml bottle			
	Inj 300 per ml, 20 ml vial			
	Inj 300 per ml, 50 ml bottle			
	Inj 300 per ml, 100 ml bottle			
	Inj 370 per ml, 30 ml vial			
	Inj 370 per ml, 50 ml bottle			
	Inj 370 per ml, 100 ml bottle			
	Inj 370 per ml, 200 ml bottle			
177	IOTROLAN (delist from 1 July 2014.)			
	Inj 240 mg per ml, 10 ml vial			

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Changes to Section H Part II – effective 1 July 2014 (continued)</b>				
177	GADOBUTROL			
	Inj <b>604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe (↓ price)</b> .....	180.00	5	Gadovist
	Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe (new listing) .....	700.00	10	Gadovist
177	GADODIAMIDE			
	Inj 287 mg per ml, 10 ml <b>prefilled syringe (↓ price)</b> .....	200.00	10	Omniscan
	Inj 287 mg per ml, 5 ml vial (new listing) .....	120.00	10	Omniscan
	Inj 287 mg per ml, 10 ml vial (↓ price) .....	170.00	10	Omniscan
	Inj 287 mg per ml, 15 ml <b>prefilled syringe (↓ price)</b> .....	320.00	10	Omniscan
	Note – Omniscan inj 287 mg per ml, 15 ml vial, 20 ml syringe and 20 ml vial to be delisted from 1 July 2014.			
177	GADOTERIC ACID (new listing)			
	Inj <b>279.32 mg per ml (0.5 mmol per ml), 10 ml prefilled syringe</b> .....	24.50	1	Dotarem
	Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml prefilled syringe.....	41.00	1	Dotarem
	Inj <b>279.32 mg per ml (0.5 mmol per ml), 20 ml prefilled syringe</b> .....	55.00	1	Dotarem
	Inj <b>279.32 mg per ml (0.5 mmol per ml), 5 ml bottle</b> .....	12.30	1	Dotarem
	Inj <b>279.32 mg per ml (0.5 mmol per ml), 10 ml bottle</b> .....	23.20	1	Dotarem
	Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml bottle .....	34.50	1	Dotarem
	Inj <b>279.32 mg per ml (0.5 mmol per ml), 20 ml bottle</b> .....	46.30	1	Dotarem
178	GADOXETATE DISODIUM (new listing)			
	Inj 181.43 mg per ml ( <b>equivalent to 0.25 mmol per ml</b> ), 10 ml <b>prefilled syringe</b> .....	300.00	1	Primovist
178	MEGLUMINE GADOPENTETATE			
	Inj 469 mg per ml, 10 ml <b>prefilled syringe (↑ price)</b> .....	95.00	5	Magnevist
	Inj 469 mg per ml, 10 ml vial (↑ price) .....	185.00	10	Magnevist
	<del>Inj 469 mg per ml, 15 ml vial (delist from 1 July 2014.)</del>			
	<del>Inj 469 mg per ml, 20 ml vial (delist from 1 July 2014.)</del>			
178	PATENT BLUE V (new listing)			
	Inj 2.5%, 2 ml ampoule.....	440.00	5	Obex Medical
178	MEGLUMINE IOTREXATE (new listing)			
	Inj 105 mg per ml, 100 ml bottle.....	150.00	100 ml	Biliscopin
178	PERFLUTREN (new listing)			
	Inj 1.1 mg per ml, 1.5 ml vial.....	180.00	1	Definity
		720.00	4	Definity



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Changes to Section H Part II – effective 1 June 2014

### BLOOD AND BLOOD FORMING ORGANS

- 34 PHOSPHORUS (amendment to presentation description)  
Tab eff 500 mg (**16 mmol**)

### CARDIOVASCULAR SYSTEM

- 42 SPIRONOLACTONE (delisting)  
Tab 100 mg – **1% DV Sep-13 to 2016** ..... 11.80 100 **Spirotone**  
Note – Spirotone tab 100 mg to be delisted from 1 August 2014. Spiractin remains listed.

### HORMONE PREPARATIONS – SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

- 64 TERLIPRESSIN  
Inj 0.1 mg per ml, 8.5 ml ampoule ..... 450.00 5 Glypressin  
Note – Glypressin inj 1 mg vial to be delisted from 1 December 2014.

### MUSCULOSKELETAL SYSTEM

- 93 FEBUXOSTAT  
→ Tab 80 mg..... 39.50 28 Adenuric  
→ Tab 120 mg..... 39.50 28 Adenuric

#### Restricted

Any of the following:

- 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
- 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
- 3 Both:
  - 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
  - 3.2 The patient has a rate of creatinine clearance greater than or equal to 30 ml/min.

Note: 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.

### NERVOUS SYSTEM

- 104 OXYCODONE HYDROCHLORIDE  
Tab controlled-release 10 mg – **1% DV Oct-13 to 2015** ..... 6.75 20 **BNM**  
Tab controlled-release 20 mg – **1% DV Oct-13 to 2015** ..... 11.50 20 **BNM**  
Note – Oxydone BNM tab controlled-release 10 mg and 20 mg to be delisted from 1 August 2014.
- 112 TROPISETRON (delisting)  
Cap 5 mg ..... 77.41 5 Navoban  
Note – Navoban cap 5 mg to be delisted from 1 August 2014.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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### Changes to Section H Part II – effective 1 June 2014 (continued)

114	OLANZAPINE (delisting)			
	Tab 10 mg .....	6.35	28	Olanzine
	Tab orodispersible 5 mg .....	6.36	28	Olanzine-D
	Tab orodispersible 10 mg .....	8.76	28	Olanzine-D

Note – Olanzine tab 10 mg and Olanzine-D tab orodispersible 5 mg and 10 mg to be delisted 1 August 2014.  
Zyprine and Zypine ODT brand remains listed.

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

126	PROCARBAZINE HYDROCHLORIDE († price)			
	Cap 50 mg .....	498.00	50	Natulan

### SPECIAL FOODS

192	PAEDIATRIC ORAL FEED → Powder 14.9 g protein, 54.3 g carbohydrate and 24.7 g fat per 100 g, can .....	20.00	850 g	Pediasure (Vanilla)
Note – Pediasure (Vanilla) in the 900 g can pack size to be delisted from 1 August 2014.				
193	LOW ELECTROLYTE ENTERAL FEED 1.8 KCAL/ML → Liquid 8.1 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, bottle .....	6.08	500 ml	Nepro HP RTH
193	LOW ELECTROLYTE ENTERAL FEED 2 KCAL/ML (delisting) → Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, bottle .....	6.08	500 ml	Nepro RTH
Note – Nepro RTH to be delisted from 1 August 2014.				
193	LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML → Liquid 8 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, carton .....	2.67	220 ml	Nepro HP (Strawberry) Nepro HP (Vanilla)
193	LOW ELECTROLYTE ORAL FEED 2 KCAL/ML (delisting) → Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, carton .....	2.43	200 ml	Nepro (Strawberry) Nepro (Vanilla)
Note – Nepro (Strawberry) and (Vanilla) to be delisted from 1 August 2014.				

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Changes to Section H Part II – effective 1 May 2014

### ALIMENTARY TRACT AND METABOLISM

12	LOPERAMIDE HYDROCHLORIDE (↓ price and addition of HSS) Cap 2 mg – <b>1% DV Jul-14 to 2016</b> .....	7.84	400	<b>Diamide Relief</b>
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### BLOOD AND BLOOD FORMING ORGANS

30	HEPARIN SODIUM (amendment to brand name) Inj 1,000 iu per ml, 1 ml ampoule .....	66.80	50	<b>Hospira Mayne</b>
	Inj 5,000 iu per ml, 1 ml ampoule .....	14.20	5	<b>Hospira Mayne</b>
32	CALCIUM GLUCONATE (amendment to brand name) Inj 10%, 10 ml ampoule .....	21.40	10	<b>Hospira Mayne</b>

### CARDIOVASCULAR SYSTEM

41	CLONIDINE (↓ price and addition of HSS) Patch 2.5 mg, 100 mcg per day – <b>1% DV Jul-14 to 2017</b> .....	12.80	4	<b>Catapres-TTS-1</b>
	Patch 5 mg, 200 mcg per day – <b>1% DV Jul-14 to 2017</b> .....	18.04	4	<b>Catapres-TTS-2</b>
	Patch 7.5 mg, 300 mcg per day – <b>1% DV Jul-14 to 2017</b> .....	22.68	4	<b>Catapres-TTS-3</b>
44	GLYCERYL TRINITRATE (amendment to brand name) Inj 5 mg per ml, 10 ml ampoule .....	40.00	5	<b>Hospira Mayne</b>
44	ADRENALINE (amendment to brand name) Inj 1 in 1,000, 1 ml ampoule .....	5.25	5	<b>Hospira Mayne</b>
	Inj 1 in 10,000, 10 ml ampoule .....	27.00	5	<b>Hospira Mayne</b>
46	PAPAVERINE HYDROCHLORIDE (amendment to brand name) Inj 12 mg per ml, 10 ml ampoule .....	73.12	5	<b>Hospira Mayne</b>

### GENITO-URINARY SYSTEM

57	OXYTOCIN (amendment to brand name) Inj 10 iu per ml, 1 ml ampoule – <b>1% DV Feb-14 to 2015</b> .....	5.98	5	<b>Oxytocin BNM</b>
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### INFECTIONS – AGENTS FOR SYSTEMIC USE

65	GENTAMICIN SULPHATE (amendment to brand name) Inj 10 mg per ml, 1 ml ampoule .....	8.56	5	<b>Hospira Mayne</b>
67	AMOXYCILLIN Cap 500 mg – <b>1% DV Jul-14 to 2016</b> .....	20.94	500	<b>Apo-Amoxi</b>

Note – Alphamox to be delisted from 1 July 2014.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 May 2014 (continued)**

**MUSCULOSKELETAL SYSTEM**

96	TIAPROFENIC ACID Tab 300 mg .....	19.26	60	Surgam
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Note – Sugram tab 300 mg to be delisted from 1 May 2014.

**NERVOUS SYSTEM**

99	BUPIVACAINE HYDROCHLORIDE (addition of HSS) Inj 5 mg per ml, 4 ml ampoule – <b>1% DV Jul-14 to 2017</b> .....	50.00	5	<b>Marcain Isobaric Marcain</b>
	Inj 2.5 mg per ml, 100 ml bag – <b>1% DV Jul-14 to 2017</b> .....	150.00	5	
107	DIAZEPAM (amendment to brand name) Inj 5 mg per ml, 2 ml ampoule .....	9.24	5	<b>Hospira Mayne</b>
112	HYOSCINE HYDROBROMIDE (amendment to brand name) Inj 400 mcg per ml, 1 ml ampoule .....	6.66	5	<b>Hospira Mayne</b>
116	PALIPERIDONE → Inj 25 mg syringe.....	194.25	1	Invega Sustenna
	→ Inj 50 mg syringe.....	271.95	1	Invega Sustenna
	→ Inj 75 mg syringe.....	357.42	1	Invega Sustenna
	→ Inj 100 mg syringe.....	435.12	1	Invega Sustenna
	→ Inj 150 mg syringe.....	435.12	1	Invega Sustenna

**Restricted**

**Initiation**

*Re-assessment required after 12 months*

Either:

- 1 The patient has had an initial Special Authority approval for risperidone depot injection or olanzapine depot injection; or
- 2 All of the following:
  - 2.1 The patient has schizophrenia or other psychotic disorder; and
  - 2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
  - 2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

**Continuation**

*Re-assessment required after 12 months*

The initiation of paliperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 May 2014 (continued)**

116	OLANZAPINE (amendment to restriction)			
	→ Inj 210 mg vial.....	280.00	1	Zyprexa Relprev
	→ Inj 300 mg vial.....	460.00	1	Zyprexa Relprev
	→ Inj 405 mg vial.....	560.00	1	Zyprexa Relprev

**Restricted**

**Initiation**

*Re-assessment required after 6 12 months*

**Either:**

- 1 The patient has had an initial Special Authority approval for risperidone depot injection or paliperidone depot injection; or**
- 2 All of the following:
  - 2.1 The patient has schizophrenia; and
  - 2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
  - 2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

**Continuation**

*Re-assessment required after 12 months*

**Either:**

- 1 ~~The patient has had less than 12 months' treatment with olanzapine depot injection and there is no clinical reason to discontinue treatment; or~~
- 2 The initiation of olanzapine depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of **an atypical antipsychotic olanzapine depot injection.**

117	RISPERIDONE (↓ price and amendment to restriction)			
	→ Inj 25 mg vial.....	135.98	1	Risperdal Consta
	→ Inj 37.5 mg vial.....	178.71	1	Risperdal Consta
	→ Inj 50 mg vial.....	217.56	1	Risperdal Consta

**Restricted**

**Initiation**

*Re-assessment required after 6 12 months*

**Either:**

- 1 The patient has had an initial Special Authority approval for paliperidone depot injection or olanzapine depot injection; or**
- 2 All of the following:
  - 2.1 The patient has schizophrenia or other psychotic disorder; and
  - 2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
  - 2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

**Continuation**

*Re-assessment required after 12 months*

**Either:**

- 1 ~~The patient has had less than 12 months' treatment with risperidone depot injection and there is no clinical reason to discontinue treatment; or~~
- 2 The initiation of risperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of **an atypical antipsychotic risperidone depot injection.**

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Changes to Section H Part II – effective 1 May 2014 (continued)

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

124	FLUOROURACIL (amendment to brand name) Inj 25 mg per ml, 100 ml vial .....	13.55	1	<b>Hospira Mayne</b>
124	GEMCITABINE Inj 200 mg vial .....	12.50	1	Gemcitabine Actavis 200
	Inj 1 g vial .....	62.50	1	Gemcitabine Actavis 1000
Note – Gemcitabine Actavis 200 and 1000 to be delisted from 1 July 2014.				
126	ETOPOSIDE (amendment to brand name) Inj 20 mg per ml, 5 ml vial .....	25.00	1	<b>Hospira Mayne</b>
131	VINBLASTINE SULPHATE (amendment to brand name) Inj 1 mg per ml, 10 ml vial .....	137.50	5	<b>Hospira Mayne</b>
133	TACROLIMUS ➔ Cap 0.5 mg – 1% DV Nov-14 to 31/10/18 .....	85.60	100	<b>Tacrolimus Sandoz</b>
	➔ Cap 1 mg – 1% DV Nov-14 to 31/10/18 .....	171.20	100	<b>Tacrolimus Sandoz</b>
	➔ Cap 5 mg – 1% DV Nov-14 to 31/10/18 .....	428.00	50	<b>Tacrolimus Sandoz</b>
Note – Prograf cap 0.5 mg, 1 mg, and 5 mg to be delisted from 1 November 2014.				

### RESPIRATORY SYSTEM AND ALLERGIES

160	PROMETHAZINE HYDROCHLORIDE (amendment to brand name) Inj 25 mg per ml, 2 ml ampoule .....	11.00	5	<b>Hospira Mayne</b>
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### SENSORY ORGANS

169	ATROPINE SULPHATE (addition of HSS) Eye drops 1% – 1% DV Jul-14 to 2017 .....	17.36	15 ml	<b>Atropt</b>
170	PARAFFIN LIQUID WITH WOOL FAT Eye oint 3% with wool fat 3% – 1% DV Jul-14 to 2017 .....	3.63	3.5 g	<b>Poly-Visc</b>

### VARIOUS

171	NALOXONE HYDROCHLORIDE (amendment to brand name) Inj 400 mcg per ml, 1 ml ampoule .....	33.00	5	<b>Hospira Mayne</b>
171	ETHANOL, DEHYDRATED (additional presentation) Inj 96%			

➔ Restriction

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Changes to Section H Part II – effective 1 April 2014

### BLOOD AND BLOOD FORMING ORGANS

- 30 TRISODIUM CITRATE  
Inj 46.7%, 3 ml syringe

### CARDIOVASCULAR SYSTEM

- 40 DILTIAZEM HYDROCHLORIDE (HSS suspended and new listing)
- |   |       |     |                  |
|---|-------|-----|------------------|
| Cap long-acting 180 mg                                  |       |     |                  |
| – 5% DV Feb-13 to <b>31/03/14</b> <del>2015</del> ..... | 47.67 | 500 | Apo-Diltiazem CD |
|   | 7.56  | 30  | Cardizem CD      |
| Cap long-acting 240 mg                                  |       |     |                  |
| – 5% DV Feb-13 to <b>31/03/14</b> <del>2015</del> ..... | 63.58 | 500 | Apo-Diltiazem CD |
|   | 10.22 | 30  | Cardizem CD      |

### INFECTIONS – AGENTS FOR SYSTEMIC USE

- 66 CEFEPIME (HSS suspended)
- |  |       |   |              |
|--|-------|---|--------------|
| → Inj 1 g vial – 1% DV Oct-12 to <del>2015</del> <b>31/03/14</b> ..... | 8.80  | 1 | DBL Cefepime |
| → Inj 2 g vial – 1% DV Oct-12 to <del>2015</del> <b>31/03/14</b> ..... | 17.60 | 1 | DBL Cefepime |

### MUSCULOSKELETAL SYSTEM

- 94 SUXAMETHONIUM CHLORIDE (↓ price and addition of HSS)  
Inj 50 mg per ml, 2 ml ampoule – **1% DV Jun-14 to 2017**.....
- |  |       |    |                    |
|--|-------|----|--------------------|
|  | 78.00 | 50 | <b>AstraZeneca</b> |
|--|-------|----|--------------------|

### NERVOUS SYSTEM

- 98 PERGOLIDE (delisting)
- |  |        |     |               |
|--|--------|-----|---------------|
| Tab 0.25 mg – <b>1% DV Sep-11 to 2014</b> .....                    | 48.00  | 100 | <b>Permax</b> |
| Tab 1 mg – <b>1% DV Sep-11 to 2014</b> .....                       | 170.00 | 100 | <b>Permax</b> |
| Note – Permax tab 0.25 mg and 1 mg to be delisted from 1 May 2014. |        |     |               |
- 111 BETAHISTINE DIHYDROCHLORIDE (↓ price and addition of HSS)  
Tab 16 mg – **1% DV Jun-14 to 2017** .....
- |  |      |    |                 |
|--|------|----|-----------------|
|  | 4.95 | 84 | <b>Vergo 16</b> |
|--|------|----|-----------------|
- 112 PROCHLORPERAZINE (↓ price and addition of HSS)  
Tab 5 mg – **1% DV Jun-14 to 2017** .....
- |  |      |     |                 |
|--|------|-----|-----------------|
|  | 9.75 | 500 | <b>Antinaus</b> |
|--|------|-----|-----------------|

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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### Changes to Section H Part II – effective 1 April 2014 (continued)

121	NICOTINE (amendment to HSS)		
	Gum 2 mg – 5% DV Oct-11 to <del>31/03/14 2014</del>		
	1% DV Apr-14 to 2017 .....	36.47	384
			<b>Habitrol (Classic)</b> <b>Habitrol (Fruit)</b> <b>Habitrol (Mint)</b>
	Gum 4 mg – 5% DV Oct-11 to <del>31/03/14 2014</del>		
	1% DV Apr-14 to 2017 .....	42.04	384
			<b>Habitrol (Classic)</b> <b>Habitrol (Fruit)</b> <b>Habitrol (Mint)</b>
	Patch 7 mg per 24 hours – 5% DV Oct-11 to		
	<del>31/03/14 2014</del> 1% DV Apr-14 to 2017 .....	18.13	28
	Patch 14 mg per 24 hours – 5% DV Oct-11 to		
	<del>31/03/14 2014</del> 1% DV Apr-14 to 2017 .....	18.81	28
	Patch 21 mg per 24 hours – 5% DV Oct-11 to		
	<del>31/03/14 2014</del> 1% DV Apr-14 to 2017 .....	19.14	28
	Lozenge 1 mg – 5% DV Oct-11 to <del>31/03/14 2014</del>		
	1% DV Apr-14 to 2017 .....	19.94	216
	Lozenge 2 mg – 5% DV Oct-11 to <del>31/03/14 2014</del>		
	1% DV Apr-14 to 2017 .....	24.27	216

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

123	METHOTREXATE		
	Tab 2.5 mg – 1% DV Jun-14 to 2015 .....	3.82	30
	Tab 10 mg – 1% DV Jun-14 to 2015 .....	26.25	50
	Note – Methoblastin tab 2.5 mg and 10 mg to be delisted from 1 June 2014.		
129	IMATINIB MESILATE		
	Cap 100 mg – 1% DV Jul-14 to 2017 .....	298.90	60
	Note: Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA0643 in Section B of the Pharmaceutical Schedule.		
152	AZATHIOPRINE		
	Tab 50 mg – 1% DV Jun-14 to 2016 .....	13.22	100
	Note – Imuprine tab 50 mg to be delisted from 1 June 2014.		



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 April 2014 (continued)**

149	RITUXIMAB (amendment to restriction)			
	→ Inj 10 mg per ml, 10 ml vial .....	1,075.50	2	Mabthera
	→ Inj 10 mg per ml, 50 ml vial .....	2,688.30	1	Mabthera
	Initiation – ANCA associated vasculitis			
	Rheumatologist or nephrologist			
	Limited to 4 weeks' treatment			
	All of the following:			
	1 Patient has been diagnosed with ANCA associated vasculitis*; and			
	2 Either:			
	2.1 Patient does not have MPO-ANCA positive vasculitis*; or			
	2.2 Mycophenolate mofetil has not been effective in those patients who have MPO-ANCA positive vasculitis*; and			
	3 The total rituximab dose would not exceed the equivalent of 375 mg/m <sup>2</sup> of body-surface area per week for a total of 4 weeks; and			
	4 Any of the following:			
	4.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve complete absence of disease after at least 3 months; or			
	4.2 Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose > 15 g; or			
	4.3 Cyclophosphamide and methotrexate are contraindicated; or			
	4.4 Patient is a female of child-bearing potential; or			
	4.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.			
	Note: Indications marked with * are Unapproved Indications.			
	Continuation – ANCA associated vasculitis			
	Rheumatologist or nephrologist			
	Limited to 4 weeks' treatment			
	All of the following:			
	1 Patient has been diagnosed with ANCA associated vasculitis*; and			
	2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and			
	3 The total rituximab dose would not exceed the equivalent			

**SPECIAL FOODS**

195	ORAL FEED 1.5 KCAL/ML (delisting)			
	→ Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can.....	1.33	237 ml	Ensure Plus (Strawberry)
	Note – Ensure Plus (Strawberry) to be delisted from 1 June 2014.			
195	ORAL FEED			
	→ Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can .....	13.00	850 g	Ensure (Chocolate)
	Note – Ensure (Chocolate) in the 900 g pack size to be delisted from 1 June 2014.			

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