

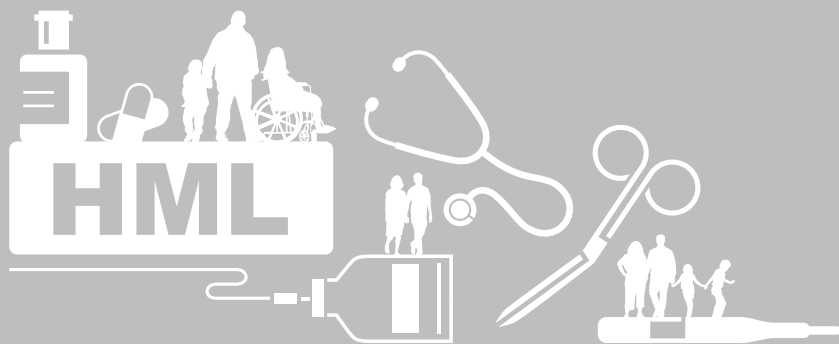
The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update effective 1 February 2015

Cumulative for December 2014,
January and February 2015



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Summary of decisions

EFFECTIVE 1 FEBRUARY 2015

- Amoxicillin with clavulanic acid (Curam Duo) tab 500 mg with clavulanic acid 125 mg – new listing
- Amoxicillin with clavulanic acid (Augmentin) tab 500 mg with clavulanic acid 125 mg – HSS suspended
- Azathioprine (Azamun) tab 25 mg – new listing
- Benzylamine hydrochloride spray 0.3% - new listing
- Carbamazepine tab 200 mg and 400 mg, and oral liq 20 mg per ml (Tegretol) and tab long-acting 200 mg and 400 mg (Tegretol CR) – new listing
- Clozapine (Clozaril) tab 25 mg and 100 mg – price decrease
- Diclofenac sodium (Voltaren D) tab 50 mg dispersible – new listing
- Emulsifying ointment (Jaychem) oint BP – price decrease and addition of HSS
- Fentanyl (Fentanyl Sandoz) patch 12.5 mcg per hour, 25 mcg per hour, 50 mcg per hour, 75 mcg per hour, and 100 mcg per hour – new listing and addition of HSS
- Fentanyl (Mylan Fentanyl Patch) patch 12.5 mcg per hour, 25 mcg per hour, 50 mcg per hour, 75 mcg per hour, and 100 mcg per hour – to be delisted 1 August 2015
- Imiquimod (Apo-Imiquimod Cream 5%) crm 5%, 250 mg sachet – restriction removed
- Levobunolol hydrochloride (Betagan) eye drops 0.25% - to be delisted 1 July 2015
- Methylphenidate hydrochloride (Ritalin LA) cap modified-release 10 mg, 20 mg, 30 mg and 40 mg – price decrease
- Metronidazole (AFT) inj 5 mg per ml, 100 ml bag – price decrease and addition of HSS
- Metronidazole (Baxter) inj 5 mg per ml, 100 ml bag – to be delisted 1 April 2015
- Morphine sulphate (Sevredol) tab immediate-release 10 mg and 20 mg – addition of HSS
- Nystatin (Nilstat) oral liquid 100,000 u per ml – price increase
- Oral feed (Sustagen Hospital Formula chocolate and vanilla) powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can, 900 g – price increase and addition of Note
- Permethrin (Lyderm) crm 5% - addition of HSS
- Pyridoxine hydrochloride (Vitamin B6 25) tab 25 mg – new listing and addition of HSS

Summary of PHARMAC decisions – effective 1 February 2015 (continued)

- Pyridoxine hydrochloride (PyridoxADE) tab 25 mg – to be delisted 1 April 2015
- Triamcinolone acetonide (Aristocort) crm 0.02%, 100 g and oint 0.02%, 100 g – price decrease and addition of HSS
- Triamcinolone acetonide (Kenacort-A 10) inj 10 mg per ml, 1 ml ampoule – amended brand name, price decrease and addition of HSS
- Triamcinolone acetonide (Kenacort-A 40) inj 40 mg per ml, 1 ml ampoule – price decrease and addition of HSS
- Triamcinolone acetonide (Kenalog in Orabase) paste 0.1% - new listing and addition of HSS
- Triamcinolone acetonide (Oracort) paste 0.1% - to be delisted 1 April 2015
- Zoledronic acid (Zometa) inj 4 mg per 5 ml, vial – amended restriction and Pharmacode change

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

Effective 1 February 2015

ALIMENTARY TRACT AND METABOLISM

24	BENZYDAMINE HYDROCHLORIDE Spray 0.3%			
24	TRIAMCINOLONE ACETONIDE Paste 0.1% – 1% DV Apr-15 to 2017 5.33 Note – Oracort paste 0.1% to be delisted from 1 April 2015.	5 g		Kenalog in Orabase
24	NYSTATIN (↑ price) Oral liquid 100,000 u per ml 3.35	24 ml		Nilstat
26	PYRIDOXINE HYDROCHLORIDE Tab 25 mg – 1% DV Apr-15 to 2017 2.15 Note – brand change from PyridoxADE.	90		Vitamin B6 25
26	PYRIDOXINE HYDROCHLORIDE Tab 25 mg – 1% DV Jan-15 to 31 Mar 2015 2.15 Note – PyridoxADE tab 25 mg to be delisted from 1 April 2015.	90		PyridoxADE

DERMATOLOGICALS

52	PERMETHRIN (addition of HSS) Crm 5% – 1% DV Apr-15 to 2017 4.20	30 g		Lyderm
53	EMULSIFYING OINTMENT (↓ price and addition of HSS) Oint BP – 1% DV Apr-15 to 2017 1.84 Note – DV limit applies to pack sizes of greater than 200 g.	100 g		Jaychem
54	TRIAMCINOLONE ACETONIDE (↓ price and addition of HSS) Crm 0.02% – 1% DV Apr-15 to 2017 6.30 Oint 0.02% – 1% DV Apr-15 to 2017 6.35	100 g 100 g		Aristocort Aristocort
56	IMIQUIMOD (restriction removed) → Crm 5%, 250 mg sachet – 1% DV Feb-15 to 2017 17.98 Restricted	12		Apo-Imiquimod Cream 5%
Any of the following:				
1 The patient has external anogenital warts and podophyllotoxin has been tried and failed (or is contraindicated); or				
2 The patient has external anogenital warts and podophyllotoxin is unable to be applied accurately to the site; or				
3 The patient has confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate.				
Notes:				
Superficial basal cell carcinoma				
<ul style="list-style-type: none"> • Surgical excision remains first line treatment for superficial basal cell carcinoma as it has a higher cure rate than imiquimod and allows histological assessment of tumour clearance. • Imiquimod has not been evaluated for the treatment of superficial basal cell carcinoma within 1 cm of the hairline, eyes, nose, mouth or ears. • Imiquimod is not indicated for recurrent, invasive, infiltrating, or nodular basal cell carcinoma. <i>continued...</i> 				

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 February 2015 (continued)

continued...

- Every effort should be made to biopsy the lesion to confirm that it is a superficial basal cell carcinoma.
- External anogenital warts
 - Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata).

HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

62	ZOLEDRONIC ACID → Inj 4 mg per 5 ml, vial	550.00	1	Zometa
	Restricted For hypercalcaemia of malignancy Oncologist, haematologist or palliative care specialist Any of the following: 1. Patient has hypercalcaemia of malignancy; or 2. Both: 2.1. Patient has bone metastases or involvement; and 2.2. Patient has severe bone pain resistant to standard first-line treatments; or 3 Both: 3.1. Patient has bone metastases or involvement; and 3.2. Patient is at risk of skeletal-related events (pathological fracture, spinal cord compression, radiation to bone or surgery to bone)			
	Note – new Pharmacode, 2473755, from 1 February 2015.			
63	TRIAMCINOLONE ACETONIDE (↓ price and addition of HSS) Inj 10 mg per ml, 1 ml ampoule – 1% DV Apr-15 to 2017 (amended brand name).....	20.80	5	Kenacort-A 10 Kenacort-A
	Inj 40 mg per ml, 1 ml ampoule – 1% DV Apr-15 to 2017	51.70	5	Kenacort-A 40

INFECTIONS - AGENTS FOR SYSTEMIC USE

75	AMOXICILLIN WITH CLAVULANIC ACID (HSS suspended and new listing) Tab 500 mg with clavulanic acid 125 mg – 1% DV Nov-14 to 2017	1.95 12.55	20 100	Augmentin Curam Duo
83	METRONIDAZOLE (↓ price and addition of HSS) Inj 5 mg per ml, 100 ml bag – 1% DV Apr-15 to 2017	6.94	5	AFT
	Note – Baxter metronidazole inj 5 mg per ml, 10 ml bag to be delisted from 1 April 2015.			

MUSCULOSKELETAL SYSTEM

103	DICLOFENAC SODIUM Tab 50 mg dispersible	1.50	20	Voltaren D
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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 February 2015 (continued)

NERVOUS SYSTEM

110	FENTANYL			
	Patch 12.5 mcg per hour – 1% DV Aug-15 to 2016	2.92	5	Fentanyl Sandoz
	Patch 25 mcg per hour – 1% DV Aug-15 to 2016	3.66	5	Fentanyl Sandoz
	Patch 50 mcg per hour – 1% DV Aug-15 to 2016	6.64	5	Fentanyl Sandoz
	Patch 75 mcg per hour – 1% DV Aug-15 to 2016	9.18	5	Fentanyl Sandoz
	Patch 100 mcg per hour – 1% DV Aug-15 to 2016	11.29	5	Fentanyl Sandoz
	Note – Mylan Fentanyl Patch patch 12.5 mcg per hour, 25 mcg per hour, 50 mcg per hour, 75 mcg per hour and 100 mcg per hour to be delisted from 1 August 2015.			
111	MORPHINE SULPHATE (addition of HSS)			
	Tab immediate-release 10 mg – 1% DV Apr-15 to 2017	2.80	10	Sevredol
	Tab immediate-release 20 mg – 1% DV Apr-15 to 2017	5.52	10	Sevredol
115	CARBAMAZEPINE			
	Tab 200 mg	14.53	100	Tegretol
	Tab long-acting 200 mg	16.98	100	Tegretol CR
	Tab 400 mg	34.58	100	Tegretol
	Tab long-acting 400 mg	39.17	100	Tegretol CR
	Oral liq 20 mg per ml	26.37	250 ml	Tegretol
121	CLOZAPINE (↓ price)			
	Tab 25 mg	5.69	50	Clozaril
		11.36	100	Clozaril
	Tab 100 mg	14.73	50	Clozaril
		29.45	100	Clozaril
130	METHYLPHENIDATE HYDROCHLORIDE (↓ price)			
	→ Cap modified-release 10 mg	15.60	30	Ritalin LA
	→ Cap modified-release 20 mg	20.40	30	Ritalin LA
	→ Cap modified-release 30 mg	25.52	30	Ritalin LA
	→ Cap modified-release 40 mg	30.60	30	Ritalin LA

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

173	AZATHIOPRINE			
	Tab 25 mg	8.28	60	Azamun

SENSORY ORGANS

184	LEVOBUNOLOL HYDROCHLORIDE			
	Eye drops 0.25%	7.00	5 ml	Betagan
	Note – Betagan eye drops 0.25% to be delisted from 1 July 2015.			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 February 2015 (continued)

SPECIAL FOODS

211	ORAL FEED (↑ price and addition of Note) → Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can	14.90	900 g	Sustagen Hospital Formula (Chocolate) Sustagen Hospital Formula (Vanilla)
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Note: Community subsidy of Sustagen Hospital Formula is subject to both Special Authority criteria and a manufacturer's surcharge. Higher subsidy by endorsement is available for patients meeting the following endorsement criteria; fat malabsorption, fat intolerance or chyle leak.

Effective 1 January 2015

ALIMENTARY TRACT AND METABOLISM

22	LEVOCARNITINE → Oral soln 1,100 mg per 15 ml (new listing) → Oral soln 500 mg per 15 ml (delisting) Note – Levocarnitine oral soln 500 mg per 15 ml to be delisted 1 July 2015.			
24	ZINC SULPHATE (addition of HSS) Cap 137.4 mg (50 mg elemental) – 1% DV Mar-15 to 2017	11.00	100	Zincaps

CARDIOVASCULAR SYSTEM

42	BISOPROLOL FUMARATE (amended chemical name, ↓ price and addition of HSS) Tab 2.5 mg – 1% DV Mar-15 to 2017	2.40	30	Bosvate
	Tab 5 mg – 1% DV Mar-15 to 2017	3.50	30	Bosvate
	Tab 10 mg – 1% DV Mar-15 to 2017	6.40	30	Bosvate
47	GLYCERYL TRINITRATE (↑ price) Inj 5 mg per ml, 10 ml ampoule	100.00	5	Hospira
48	EPHEDRINE (↓ price and addition of HSS) Inj 30 mg per ml, 1 ml ampoule – 1% DV Mar-15 to 2017	51.48	10	Max Health

DERMATOLOGICALS

51	MICONAZOLE NITRATE (↑ price and addition of HSS) Crm 2% – 1% DV Mar-15 to 2017	0.55	15 g	Multichem
54	HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN WITH WOOL-FAT AND MINERAL OIL- (amended chemical name and presentation description) Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% wool fat hydrous 3% and mineral oil – 1% DV Dec-14 to 2017	10.57	250 ml	DP Lotn HC

→ 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 January 2015 (continued)

GENITO-URINARY SYSTEM

61	SOLIFENACIN SUCCINATE (↓ price)			
	→ Tab 5 mg	37.50	30	Vesicare
	→ Tab 10 mg	37.50	30	Vesicare

HORMONE PREPARATIONS – SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

62	TESTOSTERONE UNDECANOATE			
	Inj 250 mg per ml, 4 ml vial (new listing)	86.00	1	Reandron 1000
	Inj 250 mg per ml, 4 ml ampoule (delisting)	86.00	1	Reandron 1000

Note – Reandron 1000 inj 250 mg per ml, 4 ml ampoule to be delisted 1 March 2015.

INFECTIONS – AGENTS FOR SYSTEMIC USE

73	CEFOXITIN (↑ price)			
	Inj 1 g vial	74.25	5	Hospira
74	CLARITHROMYCIN			
	→ Inj 500 mg vial – 1% DV Mar-15 to 2017	20.40	1	Martindale
	Note – Klacid inj 500 mg vial to be delisted from 1 March 2015.			
83	PENTAMIDINE ISETHIONATE			
	→ Inj 300 mg vial – 1% DV Mar-15 to 2017	180.00	5	Pentacarinat

MUSCULOSKELETAL SYSTEM

100	ALLOPURINOL (↓ price and addition of HSS)			
	Tab 100 mg – 1% DV Mar-15 to 2017	15.11	1,000	Apo-Allopurinol
	Tab 300 mg – 1% DV Mar-15 to 2017	15.91	500	Apo-Allopurinol

NERVOUS SYSTEM

112	PARACETAMOL WITH CODEINE (↓ price)			
	Tab paracetamol 500 mg with codeine phosphate 8 mg	2.11	100	Paracetamol + Codeine (Relieve)
115	DIAZEPAM (↑ price)			
	Inj 5 mg per ml, 2 ml ampoule	11.83	5	Hospira
120	HYOSCINE HYDROBROMIDE (↑ price)			
	Inj 400 mcg per ml, 1 ml ampoule	46.50	5	Hospira

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

158	INFLIXIMAB (↓ price and addition of HSS)			
	→ Inj 100 mg – 10% DV Mar-15 to 29 Feb 2020	806.00	1	Remicade

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2015 (continued)

170	TOCILIZUMAB (amended restriction – amended criterion only displayed)			
	→ 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

Restricted

Initiation -Rheumatoid Arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

1 All of the following:

1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or

1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and

1.3 The patient has been started on rituximab for rheumatoid arthritis in a DHB hospital in accordance with the HML rules; and

1.4 Either:

1.4.1 The patient has experienced intolerable side effects from rituximab; or

1.4.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis; or

2 All of the following:

2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and

2.2 Tocilizumab is to be used as monotherapy; and

2.3 Either:

2.3.1 Treatment with methotrexate is contraindicated; or

2.3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and

2.4 Either:

2.4.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporine alone or in combination with another agent; or

2.4.2 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

2.5 Either:

2.5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or

2.5.2 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

2.6 Either:

2.6.1 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

2.6.2 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 – **Rheumatoid Arthritis**

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.

→ 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 January 2015 (continued)

RESPIRATORY SYSTEM AND ALLERGIES

176	PROMETHAZINE HYDROCHLORIDE (↑ price) Inj 25 mg per ml, 2 ml ampoule	11.99	5	Hospira
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SENSORY ORGANS

181	DEXAMETHASONE WITH TOBRAMYCIN Eye drops 0.1% with tobramycin 0.3% – 1% DV Mar-15 to 2017	12.64	5 ml	Tobradex
181	GANCICLOVIR Eye gel 0.15%			e.g. Virgan
182	CIPROFLOXACIN WITH HYDROCORTISONE WITH CIPROFLOXACIN (amended chemical and presentation descriptions, and new listing with HSS) Ear drops ciprofloxacin 0.2% with 1% hydrocortisone with ciprofloxacin 0.2% – 1% DV Mar-15 to 2017	16.30	10 ml	Ciproxin HC Otic
185	APRACLONIDINE Eye drops 0.5% – 1% DV Mar-15 to 2017	19.77	5 ml	lopidine

VARIOUS

187	NALOXONE HYDROCHLORIDE (↑ price) Inj 400 mcg per ml, 1 ml ampoule	48.84	5	Hospira
188	DESFERRIOXAMINE MESILATE (↑ price) Inj 500 mg vial	109.89	10	Hospira

VACCINES

215	INFLUENZA VACCINE (amended restriction) → Inj 45 mcg in 0.5 ml syringe	90.00	10	Fluarix Influvac
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Restricted

Any of the following:

- 1 All people 65 years of age and over; or
- 2 People under 65 years of age who:
 - 2.1 Have any of the following cardiovascular diseases:
 - 2.1.1 Ischaemic heart disease; or
 - 2.1.2 Congestive heart disease; or
 - 2.1.3 Rheumatic heart disease; or
 - 2.1.4 Congenital heart disease; or
 - 2.1.5 Cerebro-vascular disease; or
 - 2.2 Have any of the following chronic respiratory diseases:
 - 2.2.1 Asthma, if on a regular preventative therapy; or
 - 2.2.2 Other chronic respiratory disease with impaired lung function; or
 - 2.3 Have diabetes;
 - 2.4 Have chronic renal disease;
 - 2.5 Have any cancer, excluding basal and squamous skin cancers if not invasive;

continued...

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2015 (continued)

continued...

- 2.6 Have any of the following other conditions:
- 2.6.1 Autoimmune disease;
 - 2.6.2 Immune suppression;
 - 2.6.3 HIV;
 - 2.6.4 Transplant recipients;
 - 2.6.5 Neuromuscular and CNS diseases;
 - 2.6.6 Haemoglobinopathies;
 - 2.6.7 Are children on long term aspirin; or
- 2.7 Are pregnant, or
- 2.8 Are children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness; or
- ~~3 People under 18 years of age living within the boundaries of the Canterbury District Health Board.~~
- Note: The following conditions are excluded from funding:
- asthma not requiring regular preventative therapy; and
 - hypertension and/or dyslipidaemia without evidence of end-organ disease.

Effective 1 December 2014

ALIMENTARY TRACT AND METABOLISM

18	INSULIN ASPART Inj 100 u per ml, 3 ml syringe	51.19	5		NovoRapid FlexPen
20	DOCUSATE SODIUM WITH SENNOSIDES (↓ price) Tab 50 mg with sennosides 8 mg	4.40	200		Laxsol
21	DANTHRON WITH POLOXAMER – Restricted see terms below → Oral liq 25 mg with poloxamer 200 mg per 5 ml	21.30	300 ml		Pinorax
	→ Oral liq 75 mg with poloxamer 1 g per 5 ml	43.60	300 ml		Pinorax Forte
	Note – Pinorax and Pinorax Forte oral liquid to be delisted from 1 April 2015.				
23	POTASSIUM IODATE Tab 256 mcg (150 mcg elemental iodine)				
	Note – Potassium iodate tab 256 mcg (150 mcg elemental iodine) to be delisted 1 December 2014.				

CARDIOVASCULAR SYSTEM

43	AMLODIPINE (↓ price and addition of HSS) Tab 2.5 mg – 1% DV Feb-15 to 2017	2.21	100		Apo-Amlodipine
48	NORADRENALINE Inj 1 mg per ml, 2 ml ampoule (delisting) Inj 1 mg per ml, 4 ml ampoule (new listing)				
	Note – Noradrenaline inj 1 mg per ml, 2 ml ampoule to be delisted from 1 June 2015.				
50	ILOPROST Inj 50 mcg in 0.5 ml ampoule – 1% DV Feb-15 to 2016	89.50	1		Arrow-Iloprost
	Note – Ilomedin inj 50 mcg in 0.5 ml ampoule to be delisted from 1 February 2015.				

→ 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 December 2014 (continued)

DERMATOLOGICALS

56	IMIQUIMOD → Crm 5%, 250 mg sachet – 1% DV Feb-15 to 2017	17.98	12	Apo-Imiquimod Cream 5%
Note – Aldara crm 5% to be delisted 1 February 2015.				

GENITO-URINARY SYSTEM

59	LEVONORGESTREL (amended presentation description) Subdermal implant (2 x 75 mg rods) Implant 75 mg – 5% DV Oct-14 to 31 Dec 2017	133.65	1	Jadelle
61	SODIUM CITRO-TARTRATE (↓ price and addition of HSS) Grans eff 4 g sachets – 1% DV Feb-15 to 2017	2.93	28	Ural

HORMONE PREPARATIONS – SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

62	ZOLEDRONIC ACID (amended presentation description) → Inj 4 mg per 5 ml, vial 0.8 mg per ml, 5 ml vial	550.00	1	Zometa
63	PREDNISOLONE (↓ price) Oral liq 5 mg per ml	7.50	30 ml	Redipred
71	TERLIPRESSIN Inj 1 mg per 8.5 ml ampoule	450.00	5	Glypressin

INFECTIONS – AGENTS FOR SYSTEMIC USE

74	ERYTHROMYCIN (AS ETHYLSUCCINATE) (↑ price) Grans for oral liq 200 mg per 5 ml	5.00	100 ml	E-Mycin
	Grans for oral liq 400 mg per 5 ml	6.77	100 ml	E-Mycin
75	AMOXICILLIN Grans for oral liq 125 mg per 5 ml	1.55	100 ml	Ospamox
	Grans for oral liq 250 mg per 5 ml	1.10	100 ml	Ospamox
Note – Ospamox grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml to be delisted from 1 February 2015.				

MUSCULOSKELETAL SYSTEM

97	ZOLEDRONIC ACID (amended presentation description) → Inj 5 mg per 100 ml, vial 0.05 mg per ml, 100 ml vial	600.00	100 ml	Aclasta
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NERVOUS SYSTEM

129	DEXAMFETAMINE SULFATE (Pharmacode change) → Tab 5 mg – 1% DV Mar-13 to 2015	16.50	100	PSM
Note – change in Pharmacode from 206547 to 2461374. Pharmacode 206547 to be delisted from 1 February 2015.				

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

131	DONEPEZIL HYDROCHLORIDE (4 price and addition of HSS)			
	Tab 5 mg – 1% DV Feb-15 to 2017	5.48	90	Donepezil-Rex
	Tab 10 mg – 1% DV Feb-15 to 2017	10.51	90	Donepezil-Rex

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

138	TRETINOIN (↑ price)			
	Cap 10 mg	479.50	100	Vesanoid
139	IMATINIB MESILATE (Note amendment and new listing of 400 mg presentation)			
	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 SA1460 in Section B of the Pharmaceutical Schedule.			
	→ Tab 100 mg	2,400.00	60	Glivec
	Cap 100 mg – 1% DV Jul-14 to 2017	298.90	60	Imatinib-AFT
	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 SA1460 in Section B of the Pharmaceutical Schedule.			
	Cap 400 mg (new listing)	597.80	30	Imatinib-AFT

RESPIRATORY SYSTEM AND ALLERGIES

175	CETIRIZINE HYDROCHLORIDE			
	Oral liq 1 mg per ml – 1% DV Feb-15 to 2017	2.99	200 ml	Histaclear
	Note – Cetirizine – AFT oral liq 1 mg per ml to be delisted from 1 February 2015.			

SPECIAL FOODS

209	LOW ELECTROLYTE ORAL FEED 2 KCAL/ML			
	→ Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml bottle			e.g. Suplena
	Note – Suplena liquid to be delisted from 1 February 2015.			

VACCINES

214	PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE			
	→ Inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype) – 1% DV Jul-14 to 2017	0.00	1	Pneumovax 23

Restricted

Any 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, or
- 3 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

→ Restriction

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

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New Zealand
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