The Hospital Medicines List (HML)

Section H
for Hospital Pharmaceuticals
Update effective 1 May 2015
Cumulative for April and May 2015
Contents

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Summary of decisions
EFFECTIVE 1 MAY 2015

- Abiraterone acetate (Zytiga) tab 250 mg – new listing
- Alteplase inj 2 mg vial – new listing
- Amino acid formula (Elecare, Elecare LCP, Neocate, Neocate LCP, Neocate Gold, Neocate Advance, and Vivonex Paediatric) powder – amended restriction
- Amoxicillin (Amoxicillin Actavis) gran for oral liq 125 mg per 5 ml and 250 mg per 5 ml – new Pharmacodes, and old Pharmacodes to be delisted 1 July 2015
- Carbohydrate – amended restriction
- Cefuroxime (Zinacef) inj 750 mg and 1.5 g vials – HSS suspended
- Clobetasol propionate (Clobetasol BNM) crm 0.05% and oint 0.05% – new listing and addition of HSS
- Clobetasol propionate (Dermol) crm 0.05% and oint 0.05% – to be delisted 1 July 2015
- Diclofenac sodium eye drops 0.1%, single dose – delisted 1 May 2015
- Electrolytes (e.g. Custodiol-HTK) inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag – new listing
- Emulsifying ointment (AFT) oint BP, 500 g – price decrease, addition of HSS, and addition of DV Limit note
- Epoetin alfa [erythropoietin alfa] (Eprex) inj 8,000 iu in 0.8 ml syringe and 40,000 iu in 1 ml syringe – new listing and addition of HSS
- Erlotinib (Tarceva) tab 100 mg and 150 mg – amended restriction
- Escitalopram (Air Flow Products) tab 10 mg and 20 mg – new listing and addition of HSS
- Escitalopram (Loxalate) tab 10 mg and 20 mg – to be delisted 1 July 2015
- Extensively hydrolysed formula - amended restriction
- Fat – amended restriction
- Fat-modified feed (Monogen) powder 11.4 g protein, 68 g carbohydrate and 11.8 g fat per 100 g, 400 g can – amended restriction
- Gefitinib (Iressa) tab 250 mg – amended restriction
- Glyceryl trinitrate (Nitrolingual Pump Spray) oral pump spray 400 mcg per dose, 250 dose – new listing
- Ibuprofen (Brufen SR) tab long-acting 800 mg – price decrease and addition of HSS
Summary of PHARMAC decisions – effective 1 May 2015 (continued)

• Iloprost (Arrow-Iloprost) inj 50 mcg in 0.5 ml ampoule – HSS reinstated from July 2015
• Infliximab (Remicade) inj 100 mg – amended restriction
• Mannitol (e.g. Aridol) powder for inhalation – new listing
• Multivitamin and mineral supplement (e.g. Clinicians Multivitamin and Mineral Boost) cap – new listing
• Neostigmine metilsulfate (AstraZeneca) inj 2.5 mg per ml, 1 ml ampoule – Pharmacode change
• Octocog alfa [recombinant factor VIII] (Kogenate FS) inj 500 iu and 1,000 iu vials – Pharmacode changes
• Paediatric products – amended restriction
• Protein – amended restriction
• Ropivacaine hydrochloride (Naropin) inj 2 mg per ml, 100 ml and 200 ml bags – price decrease and addition of HSS
• Trastuzumab (Herceptin) inj 150 mg and 440 mg vials – amended restriction
• Zinc and castor oil (healthE) oint, BP, 500 g – new listing and addition of HSS
• Zoledronic acid (Aclasta) inj 5 mg per 100 ml, vial – amended restriction
# Section H changes to Part II
**Effective 1 May 2015**

## ALIMENTARY TRACT AND METABOLISM

25 **MULTIVITAMIN AND MINERAL SUPPLEMENT**  
Cap  

*Restricted  
*Limited to 3 months treatment*  
Both:  
1. Patient was admitted to hospital with burns; and  
2. Any of the following:  
   2.1 Burn size is greater than 15% of total body surface area (BSA) for all types of burns; or  
   2.2 Burn size is greater than 10% of BSA for mid-dermal or deep dermal burns; or  
   2.3 Nutritional status prior to admission or dietary intake is poor.  

*Note: Multivitamin and mineral supplement capsule composition includes vitamin A 250 IU, thiamine 2.5 mg, riboflavin 2.5 mg, nicotinamide 12.5 mg, vitamin B5 10 mg, pyridoxine 5 mg, vitamin B12 6.2 mcg, vitamin C 125 mg, cholecalciferol 2.5 mcg, vitamin E 25 mg, betaine 12.5 mg, biotin 12.5 mcg, boron 250 mcg, calcium 25 mg, choline 6.2 mg, chromium 25 mcg, citric acid 50 mg, citrus bioflavonoid complex 50 mg, co-enzyme Q10 1.2 mg, copper 125 mcg, folic acid 37.5 mcg, inositol 6.2 mg, iodine 25 mcg, iron 250 mcg, L-Glutamine 6.2 mg, magnesium 12.5 mg, molybdenum 12.5 mcg, manganese 0.5 mg, potassium 5 mg, selenium 18.7 mcg, zinc 1.9 mg.*

## BLOOD AND BLOOD FORMING ORGANS

28 **EPOETIN ALFA [ERYTHROPOIETIN ALFA]**  

- **Inj 8,000 iu in 0.8 ml syringe**  
  – 5% DV May-15 to 28 Feb 2018 ................................................. 352.69 6 Eprex  
- **Inj 40,000 iu in 1 ml syringe**  
  – 5% DV May-15 to 28 Feb 2018 ................................................. 263.45 1 Eprex  

30 **OCTOCOG ALFA [RECOMBINANT FACTOR VIII]**  

- **Inj 500 iu vial** ................................................................. 500.00 1 Kogenate FS  
- **Inj 1,000 iu vial** ............................................................. 1,000.00 1 Kogenate FS  

*Note – These are new packs with new Pharmacodes. The old Pharmacodes are to be delisted 1 August 2015.*

34 **ALTEPLASE**  
Inj 2 mg vial

## CARDIOVASCULAR SYSTEM

45 **GLYCERYL TRINITRATE**  
Oral pump spray 400 mcg per dose ................................................. 4.45 250 dose Nitrolingual Pump Spray

48 **ILOPROST (HSS reinstated)**  
Inj 50 mcg in 0.5 ml ampoule – 1% DV Jul-15 to 2016 .............. 89.50 1 Arrow-Iloprost

Products with Hospital Supply Status (HSS) are in **bold**.

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
Changes to Section H Part II – effective 1 May 2015 (continued)

### DERMATOLOGICALS

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
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<td>$ Per</td>
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50. **ZINC AND CASTOR OIL**  
Oint, BP – 1% DV Jul-15 to 2017 ........................................... 1.39 20 g healthE

51. **EMULSIFYING OINTMENT** (4 price, addition of HSS, and addition of DV Limit note)  
Oint BP, 500 g – 1% DV Jul-15 to 2017 ........................................... 2.73 500 g AFT  
Note: DV limit applies to pack sizes of greater than 200 g.

52. **CLOBETASOL PROPIONATE**  
Crm 0.05% – 1% DV Jul-15 to 2016 ........................................... 3.20 30 g Clobetasol BNM  
Oint 0.05% – 1% DV Jul-15 to 2016 ........................................... 3.20 30 g Clobetasol BNM  
Note – Dermol crm 0.05% and oint 0.05% to be delisted from 1 July 2015.

### INFECTIONS

70. **CEFURAXIME** (HSS suspended)  
Inj 750 mg vial – 1% DV Nov-14 to 30 Apr 15 2017 .................. 3.70 5 Zinacef  
Inj 1.5 g vial – 1% DV Nov-14 to 30 Apr 15 2017 .................. 1.30 1 Zinacef

72. **AMOXICILLIN** (new Pharmacodes)  
Grans for oral liq 125 mg per 5 ml ........................................... 0.88 100 ml Amoxicillin Actavis  
Grans for oral liq 250 mg per 5 ml ........................................... 0.97 100 ml Amoxicillin Actavis  
Note – New Pharmacodes listed for this brand. Old Pharmacodes to be delisted from 1 July 2015.

### MUSCULOSKELETAL SYSTEM

92. **NEOSTIGMINE METILSULFATE** (Pharmacode change)  
Inj 2.5 mg per ml, 1 ml ampoule – 1% DV Sep-14 to 2017 ...... 98.00 50 AstraZeneca  
Note – changing from 770612 to 311316.

94. **ZOLEDRONIC ACID** (amended restriction – amended criterion only displayed)  
⇒ Inj 5 mg per 100 ml, vial ..................................................... 600.00 100 ml Aclasta  
Restricted  
Inherited bone fragility disorders Osteogenesis imperfecta  
Patient has been diagnosed with an inherited bone fragility disorder (e.g. clinical or genetic osteogenesis imperfecta).

100. **IBUPROFEN** (4 price and addition of HSS)  
Tab long-acting 800 mg – 1% DV Jul-15 to 2018 ...................... 7.99 30 Brufen SR

### NERVOUS SYSTEM

106. **ROPIVACAINE HYDROCHLORIDE** (4 price and addition of HSS)  
Inj 2 mg per ml, 100 ml bag – 1% DV Jul-15 to 2017 ........ 60.00 5 Naropin  
Inj 2 mg per ml, 200 ml bag – 1% DV Jul-15 to 2017 ........ 79.50 5 Naropin

112. **ESCITALOPRAM**  
Tab 10 mg – 1% DV Jul-15 to 2016 ........................................... 1.40 28 Air Flow Products  
Tab 20 mg – 1% DV Jul-15 to 2016 ........................................... 2.40 28 Air Flow Products  
Note – Loxalate tab 10 mg and 20 mg to be delisted from 1 July 2015.
<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
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<td>$ Per</td>
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Products with Hospital Supply Status (HSS) are in **bold**. Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.

**Changes to Section H Part II – effective 1 May 2015 (continued)**

**ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS**

134 **ERLOTINIB** (amended restriction)

<table>
<thead>
<tr>
<th>Tab 100 mg – 1% DV Jun-15 to 2018</th>
<th>1,000.00</th>
<th>30</th>
<th>Tarceva</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab 150 mg – 1% DV Jun-15 to 2018</td>
<td>1,500.00</td>
<td>30</td>
<td>Tarceva</td>
</tr>
</tbody>
</table>

Restricted
Initiation

*Re-assessment required after 3 months*

Either:

1. All of the following:
   - 1.1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
   - 1.2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and

2. **Any of the following Either:**
   - 1.3.1 Patient is treatment naive; or
   - 1.3.2 Both:
     - 1.3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and
     - 1.3.2.2 Patient has not received prior treatment with gefitinib; or and
   - 1.3.3 Both:
     - 1.3.3.1 The patient has discontinued gefitinib within 6 weeks of starting treatment due to intolerance; and
     - 1.3.3.2 The cancer did not progress whilst on gefitinib; and

2. Erlotinib is to be given for a maximum of 3 months, or

2. The patient received funded erlotinib prior to 31 December 2013 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

Continuation

*Re-assessment required after 6 months*

Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

134 **GEFITINIB** (amended restriction)

<table>
<thead>
<tr>
<th>Tab 250 mg</th>
<th>1,700.00</th>
<th>30</th>
<th>Iressa</th>
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</thead>
</table>

Restricted
Initiation

*Re-assessment required after 3 months*

**All of the following Both:**

1. Patient has treatment naïve locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and

2. **Either:**
   - 2.1 Patient is treatment naïve; or
   - 2.2 Both:
     - 2.2.1 The patient has discontinued erlotinib within 6 weeks of starting treatment due to intolerance; and
     - 2.2.2 The cancer did not progress whilst on erlotinib; and

3. There is documentation confirming that disease expresses activating mutations of EGFR tyrosine kinase.

Continuation

*Re-assessment required after 6 months*

Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.
Changes to Section H Part II – effective 1 May 2015 (continued)

<table>
<thead>
<tr>
<th>138</th>
<th>ABIRATERONE ACETATE</th>
<th>Tab 250 mg</th>
<th>4,276.19</th>
<th>120</th>
<th>Zytiga</th>
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<tr>
<td></td>
<td>Restricted</td>
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<td>Initiation</td>
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<td></td>
<td>Medical oncologist, radiation oncologist or urologist</td>
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<td></td>
<td>Re-assessment required after 5 months</td>
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<td>All of the following:</td>
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<td>1 Patient has prostate cancer; and</td>
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<td>2 Patient has metastases; and</td>
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<td>3 Patient’s disease is castration resistant; and</td>
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<td>4 Either:</td>
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<td>4.1 All of the following:</td>
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<td>4.1.1 Patient is symptomatic; and</td>
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<td>4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and</td>
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<td>4.1.3 Patient has ECOG performance score of 0-1; and</td>
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<td>4.1.4 Patient has not had prior treatment with taxane chemotherapy; or</td>
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<td>4.2 All of the following:</td>
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<td>4.2.1 Patient’s disease has progressed following prior chemotherapy containing a taxane; and</td>
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<td>4.2.2 Patient has ECOG performance score of 0-2; and</td>
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<td>4.2.3 Patient has not had prior treatment with abiraterone.</td>
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Continuation
Medical oncologist, radiation oncologist or urologist
Re-assessment required after 5 months
All of the following:
1 Significant decrease in serum PSA from baseline; and
2 No evidence of clinical disease progression; and
3 No initiation of taxane chemotherapy with abiraterone; and
4 The treatment remains appropriate and the patient is benefiting from treatment.

<table>
<thead>
<tr>
<th>152</th>
<th>INFLIXIMAB (amended restriction – amended criterion only displayed)</th>
<th>Inj 100 mg</th>
<th>806.00</th>
<th>1</th>
<th>Remicade</th>
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<tr>
<td></td>
<td>Restricted</td>
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<tr>
<td></td>
<td>Initiation - severe ulcerative colitis</td>
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<td>Gastroenterologist</td>
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<td>All of the following:</td>
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<tr>
<td></td>
<td>1 Patient has histologically confirmed ulcerative colitis; and</td>
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<td>2 Either:</td>
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<td>2.1 Patient is 18 years or older and the Simple Clinical Colitis Activity Index (SCCAI) is ≥ 4; or</td>
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<td>2.2 Patient is under 18 years and the Paediatric Ulcerative Colitis Activity Index (PUCAI) score is ≥ 65; and</td>
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<td>3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses for an adequate duration (unless contraindicated) with corticosteroids; and</td>
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<td>4 Surgery (or further surgery) is considered to be clinically inappropriate; and</td>
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<td>5 Patient must be reassessed for continuation after 3 months of therapy.</td>
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Continuation - severe ulcerative colitis
Gastroenterologist
All of the following:
1 Patient is continuing to maintain remission and the benefit of continuing infliximab outweighs the risks; and
2 Either: | continued...
Changes to Section H Part II – effective 1 May 2015 (continued)

2.1 Patient is 18 years or older and the SCCAI score has reduced by \( \geq 2 \) points from the SCCAI score when the patient was initiated on infliximab; or

2.2 Patient is under 18 years and the PUCAI score has reduced by \( \geq 30 \) points from the PUCAI score when the patient was initiated on infliximab; and

3 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

167 TRASTUZUMAB (amended restriction – amended criterion only displayed)

\( \rightarrow \) Inj 150 mg vial ................................................. 1,350.00  1  Herceptin

\( \rightarrow \) Inj 440 mg vial ................................................. 3,875.00  1  Herceptin

Restricted

Early breast cancer

Limited to 12 months’ treatment

All of the following:

1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH+ (including FISH or other current technology); and

2 Maximum cumulative dose of 106 mg/kg (12 months’ treatment); and

3 Any of the following:

3.1 9 weeks’ concurrent treatment with adjuvant chemotherapy is planned; or

3.2 12 months’ concurrent treatment with adjuvant chemotherapy is planned; or

3.3 12 months’ sequential treatment following adjuvant chemotherapy is planned; or

3.4 12 months’ treatment with neoadjuvant and adjuvant chemotherapy is planned; or

3.5 3.4 [Continued: Other treatment regimen, in association with adjuvant chemotherapy, is planned.

SENSORY ORGANS

177 DICLOFENAC SODIUM

Eye drops 0.1%, single dose

VARIOUS

187 MANNITOL

Powder for inhalation  

\( e.g. \) Aridol

189 ELECTROLYTES

Inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride,
1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride,
180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag  

\( e.g. \) Custodiol-HTK

SPECIAL FOODS

193 CARBOHYDRATE (amended restriction)

Restricted

Use as an additive

Any of the following:

1 Cystic fibrosis; or

2 Chronic kidney disease; or

3 Cancer in children; or

continued...
Changes to Section H Part II – effective 1 May 2015 (continued)

continued...

4 Cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
5 Faltering growth in an infant/child; or
6 Bronchopulmonary dysplasia; or
7 Premature and post premature infant; or
8 Inborn errors of metabolism.

Use as a module
For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

193 FAT (amended restriction)
Restricted
Use as an additive
Any of the following:
1 Patient has inborn errors of metabolism; or
2 Faltering growth in an infant/child; or
3 Bronchopulmonary dysplasia; or
4 Fat malabsorption; or
5 Lymphangiectasia; or
6 Short bowel syndrome; or
7 Infants with necrotising enterocolitis; or
8 Biliary atresia; or
9 For use in a ketogenic diet; or
10 Chyle leak; or
11 Ascites; or
12 Patient has increased energy requirements, and for whom dietary measures have not been successful.

Use as a module
For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

194 PROTEIN (amended restriction)
Restricted
Use as an additive
Either:
1 Protein losing enteropathy; or
2 High protein needs.

Use as a module
For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.
Changes to Section H Part II – effective 1 May 2015 (continued)

199  **FAT-MODIFIED FEED** (amended restriction)
     ➔ Powder 11.4 g protein, 68 g carbohydrate and 11.8 g fat per 100 g, 400 g can
     e.g. *Monogen*
     Restricted
     Any of the following:
     1  Patient has metabolic disorders of fat metabolism; or
     2  Patient has a chyle leak; or
     3  Modified as a modular feed, **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule, for adults.**
     Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

201  **AMINO ACID FORMULA** (amended restriction)
     ➔ Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can
     e.g. *Neocate*
     ➔ Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can
     e.g. *Neocate LCP*
     ➔ Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can
     ..........................................................................
     53.00  400 g Neocate Gold
     (Unflavoured)
     ➔ Powder 14 g protein, 50 g carbohydrate and 24.3 g fat per 100 g, 400 g can
     e.g. *Neocate Advance*
     ➔ Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can
     ..........................................................................
     53.00  400 g Neocate Advance
     (Vanilla)
     ➔ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can
     ..........................................................................
     53.00  400 g Elecare LCP
     (Unflavoured)
     ➔ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can
     ..........................................................................
     53.00  400 g Elecare (Unflavoured)
     Elecare (Vanilla)
     ➔ Powder 6 g protein, 31.5 g carbohydrate and 5.88 g fat per sachet
     ..........................................................................
     6.00  48.5 g Vivonex Paediatric
     Restricted
     Initiation
     Any of the following:
     1  Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
     2  History of anaphylaxis to cows’ milk protein formula or dairy products; or
     3  Eosinophilic oesophagitis.
     Note: **a reasonable trial is defined as a 2-4 week trial.**
     Continuation
     Both:
     1  An assessment as to whether the infant can be transitioned to a cows’ milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and
     2  The outcome of the assessment is that the infant continues to require an amino acid infant formula.
Changes to Section H Part II – effective 1 May 2015 (continued)

201  EXTENSIVELY HYDROLYSED FORMULA (amended restriction – amended criterion only displayed)

  → Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can

  Restricted
  Initiation - new patients
  Any of the following:
  1 Both:
     1.1 Cows’ milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
     1.2 Either:
        1.2.1 Soy milk formula has been reasonably trialled without resolution of symptoms; or
        1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
  2 Severe malabsorption; or
  3 Short bowel syndrome; or
  4 Intractable diarrhoea; or
  5 Biliary atresia; or
  6 Cholestatic liver diseases causing malabsorption; or
  7 Cystic fibrosis; or
  8 Proven fat malabsorption; or
  9 Severe intestinal motility disorders causing significant malabsorption; or
  10 Intestinal failure.

  Note: A reasonable trial is defined as a 2-4 week trial.

203  PAEDIATRIC PRODUCTS (amended restriction)

  Restricted
  Both:
  1 Child is aged one to ten years; and
  2 Any of the following:
     2.1 The child is being fed via a tube or a tube is to be inserted for the purposes of feeding; or
     2.2 Any condition causing malabsorption; or
     2.3 Faltering growth in an infant/child; or
     2.4 Increased nutritional requirements; or
     2.5 The child has eaten, or is expected to eat, little or nothing for 3 days.

Effective 1 April 2015

ALIMENTARY TRACT AND METABOLISM

15  MESALAZINE (addition of HSS)

    Suppos 1 g – 1% DV Jun-15 to 2018.................................54.60  30  Pentasa

23  FERROUS FUMARATE († price and addition of HSS)

    Tab 200 mg (65 mg elemental) – 1% DV Jun-15 to 2018........2.89  100  Ferro-tab

BLOOD AND BLOOD FORMING ORGANS

34  CALCIUM GLUCONATE († price)

    Inj 10%, 10 ml ampoule .........................................................34.24  10  Hospira
Changes to Section H Part II – effective 1 April 2015 (continued)

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<td>SODIUM CHLORIDE</td>
<td>BD PosiFlush</td>
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<tr>
<td></td>
<td>Inj 0.9%, 3 ml syringe – 1% DV Jun-15 to 2018</td>
<td>10.65 30 BD PosiFlush</td>
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<td>For use in flushing of in-situ vascular access devices only.</td>
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<tr>
<td></td>
<td>Inj 0.9%, 5 ml syringe – 1% DV Jun-15 to 2018</td>
<td>10.80 30 BD PosiFlush</td>
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<td>For use in flushing of in-situ vascular access devices only.</td>
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<tr>
<td></td>
<td>Inj 0.9%, 10 ml syringe – 1% DV Jun-15 to 2018</td>
<td>11.25 30 BD PosiFlush</td>
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<tr>
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<td>For use in flushing of in-situ vascular access devices only.</td>
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**CARDIOVASCULAR SYSTEM**

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<td>CARVEDILOL (new listing and addition of HSS)</td>
<td>Dicarz</td>
</tr>
<tr>
<td></td>
<td>Tab 6.25 mg – 1% DV Jun-15 to 2017</td>
<td>3.90 60 Dicarz</td>
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<tr>
<td></td>
<td>Tab 12.5 mg – 1% DV Jun-15 to 2017</td>
<td>5.10 60 Dicarz</td>
</tr>
<tr>
<td></td>
<td>Tab 25 mg – 1% DV Jun-15 to 2017</td>
<td>6.30 60 Dicarz</td>
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<tr>
<td></td>
<td>Note – Dilatrend tab 6.25 mg, 12.5 mg and 25 mg to be delisted from 1 June 2015.</td>
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<th>Brand or Manufacturer</th>
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<tr>
<td>47</td>
<td>PAPAVERINE HYDROCHLORIDE († price)</td>
<td>Hospira</td>
</tr>
<tr>
<td></td>
<td>Inj 12 mg per ml, 10 ml ampoule</td>
<td>217.90 5 Hospira</td>
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**DERMATOLOGICALS**

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<td>AQUEOUS CREAM</td>
<td>AFT</td>
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<tr>
<td></td>
<td>Crm 100 g</td>
<td>1.23 100 g AFT</td>
</tr>
<tr>
<td></td>
<td>Note: DV limit applies to the pack sizes of 100 g or less.</td>
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<tr>
<td></td>
<td>Crm 500 g</td>
<td>1.96 500 g AFT</td>
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<td>Note: DV limit applies to the pack sizes of greater than 100 g.</td>
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<th>Description</th>
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<td>51</td>
<td>EMULSIFYING OINTMENT</td>
<td>Jaychem</td>
</tr>
<tr>
<td></td>
<td>Oint BP – 1% DV Apr-15 to 2017</td>
<td>1.84 100 g Jaychem</td>
</tr>
<tr>
<td></td>
<td>Note: DV limit applies to pack sizes of less greater than 200 g.</td>
<td></td>
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<tr>
<td></td>
<td>Oint BP, 500 g</td>
<td>3.04 500 g AFT</td>
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<td>Note: DV limit applies to pack sizes of greater than 100 g.</td>
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<th>Description</th>
<th>Brand or Manufacturer</th>
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<tr>
<td>52</td>
<td>BETAMETHASONE VALERATE</td>
<td>Beta Cream</td>
</tr>
<tr>
<td></td>
<td>Crm 0.1% – 1% DV Jun-15 to 2018</td>
<td>3.15 50 g Beta Cream</td>
</tr>
<tr>
<td></td>
<td>Oint 0.1% – 1% DV Jun-15 to 2018</td>
<td>3.15 50 g Beta Ointment</td>
</tr>
</tbody>
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<tr>
<th></th>
<th>Description</th>
<th>Brand or Manufacturer</th>
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<td>52</td>
<td>HYDROCORTISONE</td>
<td>Pharmacy Health</td>
</tr>
<tr>
<td></td>
<td>Crm 1%, 500 g</td>
<td>14.00 500 g Pharmacy Health</td>
</tr>
<tr>
<td></td>
<td>Note: DV limit applies to the pack sizes of greater than 100 g.</td>
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**HORMONE PREPARATIONS**

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<th>Description</th>
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<tbody>
<tr>
<td>61</td>
<td>OESTRADIOL VALERATE</td>
<td>Progynova</td>
</tr>
<tr>
<td></td>
<td>Tab 1 mg – 1% DV Jun-15 to 2018</td>
<td>12.36 84 Progynova</td>
</tr>
<tr>
<td></td>
<td>Tab 2 mg – 1% DV Jun-15 to 2018</td>
<td>12.36 84 Progynova</td>
</tr>
</tbody>
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Products with Hospital Supply Status (HSS) are in **bold**.
Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
Changes to Section H Part II – effective 1 April 2015 (continued)

62  NORETHISTERONE (↓ price and addition of HSS)
    Tab 5 mg – 1% DV Jun-15 to 2018 ........................................... 18.29  100  Primolut N

68  TERLIPRESSIN (↓ price and addition of HSS)
    Inj 1 mg per 8.5 ml ampoule – 1% DV Jun-15 to 2018 .......... 215.00  5  Glypressin

INFECTIONS

69  IMIPENEM WITH CILASTATIN
    → Inj 500 mg with 500 mg cilastatin vial
    – 1% DV Jun-15 to 2017 ..................................................... 13.79  1  Imipenem+Cilastin RBX
    Note – Primaxin inj 500 mg with 500 mg cilastin to be delisted from 1 June 2015.

72  PHENOXYMETHYL PENICILLIN [PENICILLIN V] (↓ price and addition of HSS)
    Cap 250 mg – 1% DV Jun-15 to 2018 ................................. 2.88  50  Cilicaine VK
    Cap 500 mg – 1% DV Jun-15 to 2018 ................................. 4.73  50  Cilicaine VK

76  FLUCONAZOLE (↑ price)
    → Oral liquid 50 mg per 5 ml ................................................. 98.50  35 ml  Diffucan

89  VALGANCICLOVIR (↓ price and addition of HSS)
    → Tab 450 mg – 1% DV Jun-15 to 2018 .................................. 1,050.00  60  Valcyte

MUSCULOSKELETAL SYSTEM

100  IBUROFEN
    Inj 10 mg per ml, 2 ml vial

101  NAPROXEN
    Tab long-acting 750 mg – 1% DV Jun-15 to 2018 ............... 18.00  90  Naprosyn SR 750
    Tab long-acting 1 g – 1% DV Jun-15 to 2018 ...................... 21.00  90  Naprosyn SR 1000

NERVOUS SYSTEM

102  APOMORPHINE HYDROCHLORIDE (↓ price)
    Inj 10 mg per ml, 2 ml ampoule ........................................ 119.00  5  Apomine

104  BUPIVACAINE HYDROCHLORIDE
    Inj 5 mg per ml, 10 ml ampoule .......................................... 35.00  50  Marcain
    Note – Marcain inj 5 mg per ml, 10 ml ampoule to be delisted 1 June 2015.

122  LORAZEPAM (addition of HSS)
    Tab 1 mg – 1% DV Jun-15 to 2018 (↓ price) ...................... 10.79  250  Ativan
    Tab 2.5 mg – 1% DV Jun-15 to 2018 (↓ price) .................... 13.88  100  Ativan

→ Restriction
(Brand) indicates a brand example only. It is not a contracted product.
Changes to Section H Part II – effective 1 April 2015 (continued)

**ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS**

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<tr>
<td></td>
<td>➔ Tab 100 mg – 1% <strong>DV Jun-15 to 2018</strong></td>
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<td></td>
<td>➔ Tab 150 mg – 1% <strong>DV Jun-15 to 2018</strong></td>
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<td>134</td>
<td>VINBLASTINE SULPHATE (↑ price)</td>
</tr>
<tr>
<td></td>
<td>Inj 1 mg per ml, 10 ml vial</td>
</tr>
</tbody>
</table>

|138| TAMOXIFEN CITRATE                      |
|   | Tab 10 mg                               | 2.63                 | 60        | Genox    |

Note – Genox tab 10 mg, 60 tablet pack size, to be delisted from 1 June 2015. The 100 tablet pack size remains available.
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Hospital Medicines List queries:
Freephone Information line 0800 66 00 50
Email: HML@pharmac.govt.nz
www.pharmac.health.nz/medicines/hospital-pharmaceuticals

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz
Freephone Information line (9am-5pm weekdays) 0800 66 00 50

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