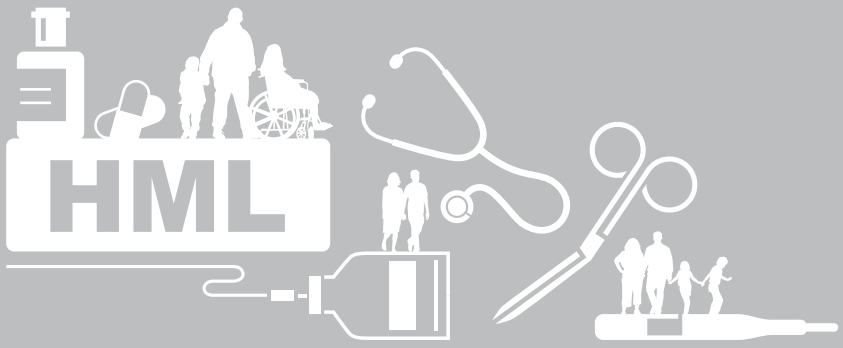
The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update effective 1 June 2015

Cumulative for April, May and June 2015



PHARMAC
Pharmaceutical Management Agency

Contents

Summary of decisions
EFFECTIVE 1 JUNE 2015

- Clarithromycin (Martindale) inj 500 mg vial – amended restriction
- Clobetasol propionate (Dermol) crm 0.05% and oint 0.05% - price decrease and to be delisted 1 July 2015
- Demeclocycline hydrochloride cap 300 mg – new listing
- Ezetimibe (Ezemibe) tab 10 mg – new listing and addition of HSS
- Ezetimibe with simvastatin (Zimybe) tab 10 mg with simvastatin 10 mg, 10 mg with simvastatin 20 mg, 10 mg with simvastatin 40 mg and 10 mg with simvastatin 80 mg – new listing and addition of HSS
- Influenza vaccine (Fluarix and Influvac) inj 45 mcg in 0.5 ml syringe – amended restriction
- Isradipine cap 2.5 mg – new listing
- Methoxsalen [8-methoxypsoralen] tab 10 mg – new listing
- Methoxsalen [8-methoxypsoralen] cap 10 mg – to be delisted 1 June 2015
- Nicardipine hydrochloride inj 2.5 mg per ml, 10 ml vial – new listing
- Pneumococcal (PPV23) polysaccharide vaccine (Pneumovax 23) inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) – new listing and addition of HSS
- Pneumococcal (PPV23) polysaccharide vaccine (Pneumovax 23) inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype) – to be delisted 1 December 2015 and removal of HSS
- Ropivacaine hydrochloride (Ropivacaine Kabi) inj 2 mg per ml, 10 ml and 20 ml ampoules, inj 7.5 mg per ml, 10 ml and 20 ml ampoules, and inj 10 mg per ml, 10 ml and 20 ml ampoules – new listing and addition of HSS
- Ropivacaine hydrochloride (Naropin) inj 2 mg per ml, 20 ml ampoule, inj 7.5 mg per ml, 10 ml and 20 ml ampoules and inj 10 mg per ml, 10 ml ampoule – price decrease and to be delisted 1 August 2015
- Tobramycin powder – new listing

	Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

Section H changes to Part II

Effective 1 June 2015

CARDIOVASCULAR SYSTEM

42 ISRADIPINE
Cap 2.5 mg

42 NICARDIPINE HYDROCHLORIDE
➔ Inj 2.5 mg per ml, 10 ml vial
Restricted
Anaesthetist, intensivist or paediatric cardiologist
Both:
1. Patient is a paediatric patient; and
2. Any of the following:
   2.1 Patient has hypertension requiring urgent treatment with an intravenous agent; or
   2.2 Patient has excessive ventricular afterload; or
   2.3 Patient is awaiting or undergoing cardiac surgery using cardiopulmonary bypass.

45 EZETIMIBE

➔ Tab 10 mg – **1% DV Aug-15 to 2017**	3.35	30	**Ezemibe**

45 EZETIMIBE WITH SIMVASTATIN

➔ Tab 10 mg with simvastatin 10 mg			
– **1% DV Aug-15 to 2017**	5.15	30	**Zimybe**
➔ Tab 10 mg with simvastatin 20 mg			
– **1% DV Aug-15 to 2017**	6.15	30	**Zimybe**
➔ Tab 10 mg with simvastatin 40 mg			
– **1% DV Aug-15 to 2017**	7.15	30	**Zimybe**
➔ Tab 10 mg with simvastatin 80 mg			
– **1% DV Aug-15 to 2017**	8.15	30	**Zimybe**

DERMATOLOGICALS

52 CLOBETASOL PROPIONATE (↓ price)

Crm 0.05%	3.20	30 g	Dermol
Oint 0.05%	3.20	30 g	Dermol

Note – Dermol cream 0.05% and oint 0.05% to be delisted from 1 July 2015.

53 METHOXSALEN [8-METHOXYPSORALEN] (presentation change)
Tab 10 mg (new listing)
~~Cap 10 mg~~ (delisted 1 June 2015)

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

INFECTIONS

69 TOBRAMYCIN
➔ Powder
Restricted
For addition to orthopaedic bone cement.

71 CLARITHROMYCIN (amended restriction)
➔ Inj 500 mg vial – **1% DV Mar-15 to 2017** ..... 20.40 1 **Martindale**
Restricted
Infusion
~~Infusion~~
1 Atypical mycobacterial infection; or
2 Mycobacterium tuberculosis infection where there is drug resistance or intolerance to standard pharmaceutical agents; or
3 Community-acquired pneumonia ~~(clarithromycin is not to be used as the first-line macrolide)~~.

73 DEMECLOCYCLINE HYDROCHLORIDE
Cap 300 mg

NERVOUS SYSTEM

106 ROPIVACAINE HYDROCHLORIDE (new listing and addition of HSS)

Inj 2 mg per ml, 10 ml ampoule – **1% DV Aug-15 to 2017**	9.05	5	**Ropivacaine Kabi**
Inj 2 mg per ml, 20 ml ampoule – **1% DV Aug-15 to 2017**	9.50	5	**Ropivacaine Kabi**
Inj 7.5 mg per ml, 10 ml ampoule – **1% DV Aug-15 to 2017**	10.20	5	**Ropivacaine Kabi**
Inj 7.5 mg per ml, 20 ml ampoule – **1% DV Aug-15 to 2017**	12.50	5	**Ropivacaine Kabi**
Inj 10 mg per ml, 10 ml ampoule – **1% DV Aug-15 to 2017**	10.90	5	**Ropivacaine Kabi**
Inj 10 mg per ml, 20 ml ampoule – **1% DV Aug-15 to 2017**	16.30	5	**Ropivacaine Kabi**

106 ROPIVACAINE HYDROCHLORIDE (↓ price and delisting)

Inj 2 mg per ml, 20 ml ampoule	17.50	5	Naropin
Inj 7.5 mg per ml, 10 ml ampoule	15.00	5	Naropin
Inj 7.5 mg per ml, 20 ml ampoule	18.90	5	Naropin
Inj 10 mg per ml, 10 ml ampoule	18.00	5	Naropin

Note – Naropin inj 2 mg per ml 20 ml, ampoule, inj 7.5 mg per ml, 10 ml and 20 ml ampoule, and inj 10 mg per ml, 10 ml ampoule to be delisted 1 August 2015.

VACCINES

209 PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE (delisting of vial and removal of HSS)
➔ Inj 575 mcg in 0.5 ml vial
(25 mcg of each 23 pneumococcal serotype)
– **1% DV Jul-14 to** ~~2017~~ **31 May 2015**..... 0.00 1 Pneumovax 23
Note – Pneumovax 23 inj 575 mcg in 0.5 ml vial to be delisted 1 December 2015.

209 PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE (new listing of prefilled syringe and addition of HSS)
➔ Inj 575 mcg in 0.5 ml prefilled syringe
(25 mcg of each 23 pneumococcal serotype)
– **1% DV Jun-15 to 2017**..... 0.00 1 **Pneumovax 23**

	Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

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

210 INFLUENZA VACCINE (amended restriction)

➔ Inj 45 mcg in 0.5 ml syringe ..... 90.00 10 Fluarix Influvac

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;

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 Patients who are compulsorily detained long-term in a forensic unit within a DHB hospital in the 2015 season.

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 May 2015

ALIMENTARY TRACT AND METABOLISM

25 MULTIVITAMIN AND MINERAL SUPPLEMENT

➔ Cap *e.g. Clinicians Multivitamin and Mineral Boost*

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

continued...

	Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

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

continued...

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**

DERMATOLOGICALS

50	ZINC AND CASTOR OIL			
	Oint, BP – **1% DV Jul-15 to 2017**	1.39	20 g	**healthE**
51	EMULSIFYING OINTMENT (↓ 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.			

	Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

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

INFECTIONS

70 CEFUROXIME (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 (↓ 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 (↓ 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.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

134 ERLOTINIB (amended restriction)

➔ Tab 100 mg – **1% DV Jun-15 to 2018**	1,000.00	30	**Tarceva**
➔ Tab 150 mg – **1% DV Jun-15 to 2018**	1,500.00	30	**Tarceva**

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

continued...

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

continued...

1.2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and

1.3 **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 getitinib within 6 weeks of starting treatment due to intolerance; and

1.3.3.2 The cancer did not progress while on gefitinib; and

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

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

Continuation

Re-assessment required after 6 months

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

134 GEFITINIB (amended restriction)

Tab 250 mg ..... 1,700.00 30 Iressa

Restricted

Initiation

Re-assessment required after 3 months

All of the following ~~Both~~:

1 Patient has ~~treatment naive~~ 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~~2~~ 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.

138 ABIRATERONE ACETATE

➔ Tab 250 mg ..... 4,276.19 120 Zytiga

Restricted

Initiation

Medical oncologist, radiation oncologist or urologist

Re-assessment required after 5 months

All of the following:

1 Patient has prostate cancer; and

2 Patient has metastases; and

3 Patient's disease is castration resistant; and

4 Either:

4.1 All of the following:

4.1.1 Patient is symptomatic; and

continued...

	Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

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

continued...

4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and
4.1.3 Patient has ECOG performance score of 0-1; and
4.1.4 Patient has not had prior treatment with taxane chemotherapy; or
4.2 All of the following:
4.2.1 Patient's disease has progressed following prior chemotherapy containing a taxane; and
4.2.2 Patient has ECOG performance score of 0-2; and
4.2.3 Patient has not had prior treatment with abiraterone.

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.

152 INFLIXIMAB (amended restriction – amended criterion only displayed)

➔ Inj 100 mg – **10% DV Mar-15 to 29 Feb 2020**	806.00	1	**Remicade**

Restricted
Initiation - severe ulcerative colitis
Gastroenterologist
All of the following:
1 Patient has histologically confirmed ulcerative colitis; and
2 **Either:**
2.1 Patient is 18 years or older and the Simple Clinical Colitis Activity Index (SCCAI) is ≥ 4**; or**
2.2 Patient is under 18 years and the Paediatric Ulcerative Colitis Activity Index (PUCAI) score is ≥ 65; and
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) and corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate; and
5 Patient must be reassessed for continuation after 3 months of therapy.

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:**
2.1 Patient is 18 years or older and the SCCAI score has reduced by ≥ 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 ≥ 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)

➔ Inj 150 mg vial	1,350.00	1	Herceptin
➔ Inj 440 mg vial	3,875.00	1	Herceptin

Restricted
Early breast cancer
Limited to 12 months' treatment

continued...

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

continued...

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~~ 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
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.

	Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

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

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.

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.

	Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

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

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.

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 — *e.g. Gold Pepti Junior Karicare Aptamil*

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

continued...

	Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

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

continued...

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 is being transitioned from TPN or tube feeding to oral feeding**; or**
2.6 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
36	SODIUM CHLORIDE			
	➔ Inj 0.9%, 3 ml syringe – **1% DV Jun-15 to 2018**	10.65	30	**BD PosiFlush**
	Restricted			
	For use in flushing of in-situ vascular access devices only.			
	➔ Inj 0.9%, 5 ml syringe – **1% DV Jun-15 to 2018**	10.80	30	**BD PosiFlush**
	Restricted			
	For use in flushing of in-situ vascular access devices only.			
	➔ Inj 0.9%, 10 ml syringe – **1% DV Jun-15 to 2018**	11.25	30	**BD PosiFlush**
	Restricted			
	For use in flushing of in-situ vascular access devices only.			

CARDIOVASCULAR SYSTEM

41	CARVEDILOL (new listing and addition of HSS)			
	Tab 6.25 mg – **1% DV Jun-15 to 2017**	3.90	60	**Dicarz**
	Tab 12.5 mg – **1% DV Jun-15 to 2017**	5.10	60	**Dicarz**
	Tab 25 mg – **1% DV Jun-15 to 2017**	6.30	60	**Dicarz**
	Note – Dilatrend tab 6.25 mg, 12.5 mg and 25 mg to be delisted from 1 June 2015.			

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer

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

47 PAPAVERINE HYDROCHLORIDE (↑ price)
Inj 12 mg per ml, 10 ml ampoule ..... 217.90 — 5 — Hospira

DERMATOLOGICALS

51 AQUEOUS CREAM
Crm 100 g ..... 1.23 — 100 g — AFT
~~Note: DV limit applies to the pack sizes of 100 g or less.~~
Crm 500 g ..... 1.96 — 500 g — AFT
~~Note: DV limit applies to the pack sizes of greater than 100 g.~~

51 EMULSIFYING OINTMENT
Oint BP – **1% DV Apr-15 to 2017** ..... 1.84 — 100 g — **Jaychem**
Note: DV limit applies to pack sizes of **less** ~~greater~~ than 200 g.
Oint BP, 500 g ..... 3.04 — 500 g — AFT
~~Note: DV limit applies to pack sizes of greater than 100 g.~~

52 BETAMETHASONE VALERATE
Crm 0.1% – **1% DV Jun-15 to 2018** ..... 3.15 — 50 g — **Beta Cream**
Oint 0.1% – **1% DV Jun-15 to 2018** ..... 3.15 — 50 g — **Beta Ointment**

52 HYDROCORTISONE
Crm 1%, 500 g ..... 14.00 — 500 g — Pharmacy Health
~~Note: DV limit applies to the pack sizes of greater than 100 g.~~

HORMONE PREPARATIONS

61 OESTRADIOL VALERATE
Tab 1 mg – **1% DV Jun-15 to 2018** ..... 12.36 — 84 — **Progynova**
Tab 2 mg – **1% DV Jun-15 to 2018** ..... 12.36 — 84 — **Progynova**

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 PHENOXYMETHYLPENICILLIN [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 — Diflucan

		Price (ex man. Excl. GST) $	Per	Brand or Generic Manufacturer
Changes to Section H Part II – effective 1 April 2015 (continued)				
89	VALGANCICLOVIR (↓ price and addition of HSS)			
	➔ Tab 450 mg – **1% DV Jun-15 to 2018**	1,050.00	60	**Valcyte**
MUSCULOSKELETAL SYSTEM				
100	IBUPROFEN			
	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**
ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS				
134	ERLOTINIB (↓ price and addition of HSS)			
	➔ Tab 100 mg – **1% DV Jun-15 to 2018**	1,000.00	30	**Tarceva**
	➔ Tab 150 mg – **1% DV Jun-15 to 2018**	1,500.00	30	**Tarceva**
138	VINBLASTINE SULPHATE (↑ price)			
	Inj 1 mg per ml, 10 ml vial	186.46	5	Hospira
140	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.			

➔ Restriction

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

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