

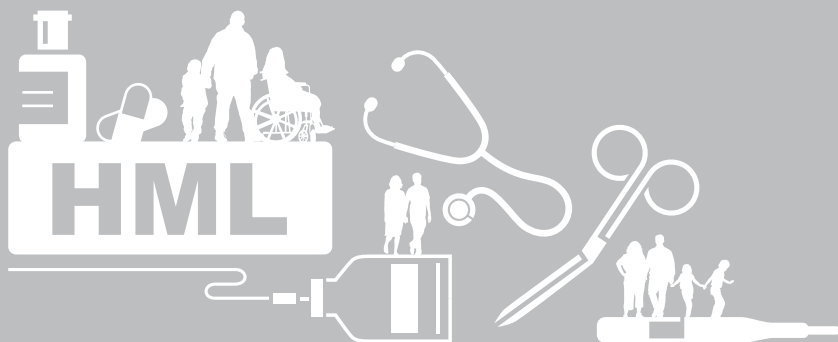
The Hospital Medicines List (HML)

# Section H

## for Hospital Pharmaceuticals

Update effective 1 November 2015

Cumulative for August, September,  
October and November 2015



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## Summary of decisions

### EFFECTIVE 1 NOVEMBER 2015

- Aciclovir (Aciclovir-Clarix) inj 250 mg vial – new listing and addition of HSS
- Acivlocir (Zovirax IV) inj 250 mg vial – to be delisted 1 January 2016
- Amino acid formula (without phenylalanine) (e.g. PKU Anamix Junior) powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet – amended presentation description
- Amino acid formula (without phenylalanine and tyrosine) (e.g. TYR Anamix Junior) powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet – amended presentation description
- Aqueous cream (Pharmacy Health SLS-free) crm 100 g – new listing and addition of HSS
- Aqueous cream (AFT) crm 100 g – to be delisted 1 January 2016
- Atracurium besylate (Tracrium) inj 10 mg per ml, 2.5 ml and 5 ml ampoules – price increase and addition of HSS
- Bisacodyl (Lax-Suppositories) suppos 10 mg – new listing and addition of HSS
- Bisacodyl (Dulcolax) suppos 10 mg – to be delisted 1 January 2016
- Blood ketone diagnostic test meter (Freestyle Optium Neo) meter – new listing
- Blood ketone diagnostic test meter (Freestyle Optium) meter – to be delisted 1 May 2016
- Busulfan (Myleran) tab 2 mg – price increase
- Cefoxitin (Cefoxitin Actavis) inj 1 g vial – new listing and addition of HSS
- Cefoxitin (Hospira) inj 1 g vial – to be delisted 1 January 2016
- Cetomacrogol (healthE) crm BP, 100 g – price decrease and addition of HSS
- Citalopram hydrobromide (PSM Citalopram) tab 20 mg – new listing and addition of HSS
- Citalopram hydrobromide (Arrow-Citalopram) tab 20 mg – to be delisted 1 January 2016
- Cyclizine hydrochloride (Nauzene) tab 50 mg – new listing and addition of HSS
- Cyclizine hydrochloride (Nausicalm) tab 50 mg – to be delisted 1 January 2016
- Dexamethasone (Dexmethsone) tab 0.5 mg and 4 mg – new listing and addition of HSS
- Dexamethasone (Douglas) tab 1 mg and 4 mg – to be delisted 1 January 2016
- Factor eight inhibitor bypassing fraction (FEIBA NF) inj 500 U, 1,000 U and 2,500 U – amended chemical name and brand name
- Flucloxacillin (Flucloxin) inj 1 g vial – addition of HSS

## Summary of decisions – effective 1 November 2015 (continued)

- Flucloxacillin (DBL Flucloxacillin) inj 1 g vial – to be delisted 1 January 2016
- Gabapentin (Neurontin) cap 100 mg, 300 mg and 400 mg – new listing
- Lansoprazole (Lanzol Relief) cap 15 mg and 30 mg – new listing and addition of HSS
- Lansoprazole (Solox) cap 15 mg and 30 mg – to be delisted 1 January 2016
- Letrozole (Letrole) tab 2.5 mg – new listing and addition of HSS
- Letrozole (Letraccord) tab 2.5 mg – to be delisted 1 January 2016
- Lisinopril (Ethics Lisinopril) tab 5 mg, 10 mg and 20 mg – new listing and addition of HSS
- Lisinopril (Arrow-Lisinopril) tab 5 mg, 10 mg and 20 mg – to be delisted 1 January 2016
- Mask for spacer device (e-chamber Mask) small – new listing
- Mask for spacer device (EZ-fit Paediatric Mask) size 2 – to be delisted 1 February 2016
- Mirtazapine (Apo-Mirtazapine) tab 30 mg and 45 mg – restriction removed
- Mixed salt solution for eye irrigation (Balanced Salt Solution) eye irrigation solution, 15 ml dropper bottle and 500 ml bottle – amended chemical name and presentation descriptions, new listing and addition of HSS
- Mixed salt solution for eye irrigation (e.g. Balanced Salt Solution) eye irrigation solution, 250 ml – amended chemical name and presentation description
- Nonacog alfa [recombinant factor IX] (BeneFIX) inj 3,000 iu vial – new listing
- Peak flow meter low range (Mini-Wright AFS Low Range) and normal range (Mini-Wright Standard) – new listing
- Peak flow meter (Breath-Alert) low range and normal range – to be delisted 1 February 2016
- Sertraline (Arrow-Sertraline) tab 50 mg – HSS suspended
- Spacer device 220 ml (single patient) (e-chamber Turbo) and 510 ml (single patient) (e-chamber La Grande) – new listing
- Spacer device (Space Chamber Plus) spacer device 230 ml (single patient) – to be delisted 1 February 2016
- Thiamine hydrochloride (e.g. Benerva) inj 100 mg per ml, 1 ml vial – new listing
- Voriconazole (Vttack) tab 50 mg and 200 mg – new listing and addition of HSS
- Voriconazole (Vfend) tab 50 mg and 200 mg – to be delisted 1 January 2016
- Ziprasidone (Zusdone) cap 20 mg, 40 mg, 60 mg and 80 mg – new listing and addition of HSS

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All decisions related to news items are effective from 1 November unless otherwise indicated

## Summary of decisions – effective 1 November 2015 (continued)

- Ziprasidone (Zeldox) cap 20 mg, 40 mg, 60 mg and 80 mg – to be delisted 1 January 2016

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

Effective 1 November 2015

### ALIMENTARY TRACT AND METABOLISM

15	LANSOPRAZOLE			
	Cap 15 mg – 1% DV Jan-16 to 2018.....	5.08	100	Lanzol Relief
	Cap 30 mg – 1% DV Jan-16 to 2018.....	5.93	100	Lanzol Relief
	Note – Solox cap 15 mg and 30 mg to be delisted from 1 January 2016.			
20	BISACODYL			
	Suppos 10 mg – 1% DV Jan-16 to 2018.....	3.78	10	Lax-Suppositories
	Note – Dulcolax suppos 10 mg to be delisted from 1 January 2016.			
25	THIAMINE HYDROCHLORIDE (new listing)			
	Inj 100 mg per ml, 1 ml vial			e.g. Benerva

### BLOOD AND BLOOD FORMING ORGANS

29	FACTOR EIGHT INHIBITORS BYPASSING FRACTION (amended chemical name and brand name)			
	→ Inj 500 U .....	1,640.00	1	FEIBA NF FEIBA
	→ Inj 1,000 U .....	3,280.00	1	FEIBA NF FEIBA
	→ Inj 2,500 U .....	7,250.00	1	FEIBA NF FEIBA
29	NONACOG ALFA [RECOMBINANT FACTOR IX] (new listing)			
	→ Inj 3,000 iu vial .....	3,720.00	1	BeneFIX

### CARDIOVASCULAR SYSTEM

37	LISINAPRIL			
	Tab 5 mg – 1% DV Jan-16 to 2018.....	1.80	90	Ethics Lisinopril
	Tab 10 mg – 1% DV Jan-16 to 2018.....	2.05	90	Ethics Lisinopril
	Tab 20 mg – 1% DV Jan-16 to 2018.....	2.76	90	Ethics Lisinopril
	Note – Arrow-Lisinopril tab 5 mg, 10 mg and 20 mg to be delisted from 1 January 2016.			

### DERMATOLOGICALS

51	AQUEOUS CREAM			
	Crnm 100 g – 1% DV Jan-16 to 2018.....	1.00	100 g	Pharmacy Health SLS-free
	<b>Note: DV limit applies to the pack sizes of 100 g or less.</b>			
	Note – AFT aqueous cream 100 g to be delisted from 1 January 2016.			
51	CETOMACROGOL (↓ price and addition of HSS)			
	Crnm BP, 100 g – 1% DV Jan-16 to 2018.....	1.47	1	healthE

→ 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 November 2015 (continued)

### HORMONE PREPARATIONS

60	DEXAMETHASONE			
	Tab 0.5 mg – 1% DV Jan-16 to 2018.....	0.88	30	<b>Dexamethsone</b>
	Tab 4 mg – 1% DV Jan-16 to 2018.....	1.84	30	<b>Dexamethsone</b>
	Note – Douglas dexamethasone tab 1 mg and 4 mg to be delisted from 1 January 2016.			

### INFECTIONS

70	CEFOXITIN			
	Inj 1 g vial – 1% DV Jan-16 to 2018.....	58.00	10	<b>Cefoxitin Actavis</b>
	Note – Hospira cefoxitin inj 1 g vial to be delisted from 1 January 2016.			
72	FLUCLOXACILLIN (addition of HSS)			
	Inj 1 g vial – 1% DV Jan-16 to 2017.....	11.60	10	<b>Flucloxin</b>
	Note – DBL Flucloxacillin inj 1 g vial to be delisted from 1 January 2016.			
77	VORICONAZOLE			
	→ Tab 50 mg – 1% DV Jan-16 to 2018.....	130.00	56	<b>Vttack</b>
	→ Tab 200 mg – 1% DV Jan-16 to 2018.....	500.00	56	<b>Vttack</b>
	Note – Vfend tab 50 mg and 200 mg to be delisted from 1 January 2016.			
88	ACICLOVIR			
	Inj 250 mg vial – 1% DV Jan-16 to 2018.....	10.10	5	<b>Aciclovir-Claris</b>
	Note – Zovirax IV inj 250 mg vial to be delisted from 1 January 2016.			

### MUSCULOSKELETAL SYSTEM

98	ATRACURIUM BESYLATE (↑ price and addition of HSS)			
	Inj 10 mg per ml, 2.5 ml ampoule – 1% DV Jan-16 to 2018.....	10.00	5	<b>Tracrium</b>
	Inj 10 mg per ml, 5 ml ampoule – 1% DV Jan-16 to 2018.....	12.50	5	<b>Tracrium</b>

### NERVOUS SYSTEM

111	MIRTAZAPINE (restriction removed)			
	Tab 30 mg – 1% DV Nov-15 to 2018.....	2.55	30	<b>Apo-Mirtazapine</b>
	Tab 45 mg – 1% DV Nov-15 to 2018.....	3.25	30	<b>Apo-Mirtazapine</b>
	<b>Restricted</b>			
	<b>Initiation</b>			
	<i>Re-assessment required after two years</i>			
	<b>Both:</b>			
	1 – The patient has a severe major depressive episode; and			
	2 – Either:			
	2.1 The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or			

continued...

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

continued...

### 2.2 Both:

- 2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and  
 2.2.2 The patient must have had a trial of one other antidepressant and either could not tolerate it or failed to respond to an adequate dose over an adequate period of time.

### Continuation

*Re-assessment required after two years*

The patient has a high risk of relapse (prescriber determined)

112	CITALOPRAM HYDROBROMIDE Tab 20 mg – <b>1% DV Jan-16 to 2018</b> .....	1.79	84	<b>PSM Citalopram</b>
	Note – Arrow-Citalopram tab 20 mg to be delisted from 1 January 2016.			
113	GABAPENTIN (new listing)			
	→ Cap 100 mg .....	7.16	100	Neurontin
	→ Cap 300 mg .....	11.00	100	Neurontin
	→ Cap 400 mg .....	13.75	100	Neurontin
113	SERTRALINE (HSS suspended) Tab 50 mg – <b>1% DV Sep-13 to 31/10/15 2016</b> .....	3.64	90	Arrow-Sertraline
117	CYCLIZINE HYDROCHLORIDE Tab 50 mg – <b>1% DV Jan-16 to 2018</b> .....	0.59	20	<b>Nauzene</b>
	Note – Nausicalm tab 50 mg to be delisted from 1 January 2016.			
120	ZIPRASIDONE			
	→ Cap 20 mg – <b>1% DV Jan-16 to 2018</b> .....	14.56	60	<b>Zusdone</b>
	→ Cap 40 mg – <b>1% DV Jan-16 to 2018</b> .....	24.75	60	<b>Zusdone</b>
	→ Cap 60 mg – <b>1% DV Jan-16 to 2018</b> .....	33.87	60	<b>Zusdone</b>
	→ Cap 80 mg – <b>1% DV Jan-16 to 2018</b> .....	39.74	60	<b>Zusdone</b>
	Note – Zeldox cap 20 mg, 40 mg, 60 mg and 80 mg to be delisted from 1 January 2016.			

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

128	BUSULFAN († price) Tab 2 mg .....	89.25	100	Myleran
141	LETROZOLE Tab 2.5 mg – <b>1% DV Jan-16 to 2018</b> .....	2.95	30	<b>Letrole</b>
	Note – Letraccord tab 2.5 mg to be delisted from 1 January 2016.			

→ 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 November 2015 (continued)

**SENSORY ORGANS**

179	<b>MIXED SALT SOLUTION FOR EYE IRRIGATION</b> CALCIUM CHLORIDE WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE, SODIUM CHLORIDE AND SODIUM CITRATE (amended chemical name and presentation description) Eye <b>irrigation solution drops calcium chloride</b> 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 15 ml <b>dropper bottle</b> – <b>1% DV Jan-16 to 2018</b> (new listing).....	5.00	15 ml	<b>Balanced Salt Solution</b> <i>e.g. Balanced Salt Solution</i>
	Eye <b>irrigation solution drops calcium chloride</b> 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 250 ml <i>e.g. Balanced Salt Solution</i>			
	Eye <b>irrigation solution drops calcium chloride</b> 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml <b>bottle</b> – <b>1% DV Jan-16 to 2018</b> (new listing).....	10.50	500 ml	<b>Balanced Salt Solution</b> <i>e.g. Balanced Salt Solution</i>

**SPECIAL FOODS**

197	AMINO ACID FORMULA (WITHOUT PHENYLALANINE) (presentation description amendment) → Powder <b>36 g 29-g</b> protein, <b>32 g 38-g</b> carbohydrate and <b>12.5 g fat 13.5-g</b> fibre per 100 g, <b>36 g 29-g</b> sachet <i>e.g. PKU Anamix Junior</i>			
198	AMINO ACID FORMULA (WITHOUT PHENYLALANINE AND TYROSINE) (presentation description amendment) → Powder <b>36 g 29-g</b> protein, <b>32 g 38-g</b> carbohydrate and <b>12.5 g 13.5-g</b> fat per 100 g, <b>36 g 29-g</b> g sachet <i>e.g. TYR Anamix Junior</i>			

**PART III – OPTIONAL PHARMACEUTICALS**

214	BLOOD KETONE DIAGNOSTIC TEST METER (new listing) Meter ..... Note – Freestyle Optium meter to be delisted from 1 May 2016.	40.00	1	Freestyle Optium Neo
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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 November 2015 (continued)

214	MASK FOR SPACER DEVICE			
	Small .....	2.20	1	e-chamber Mask
	Note – EZ-fit Paediatric Mask mask for spacer device size 2 to be delisted from 1 February 2016.			
214	PEAK FLOW METER			
	Low range.....	9.54	1	Mini-Wright AFS Low Range
	Normal range .....	9.54	1	Mini-Wright Standard
	Note – Breath-Alert peak flow meter low range and normal range to be delisted from 1 February 2016.			
215	SPACER DEVICE			
	220 ml (single patient).....	2.95	1	e-chamber Turbo
	510 ml (single patient) .....	5.12	1	e-chamber La Grande
	Note – Space Chamber Plus spacer device 230 ml (single patient) to be delisted from 1 February 2016.			

## Effective 1 October 2015

### ALIMENTARY TRACT AND METABOLISM

18	METFORMIN HYDROCHLORIDE (amended chemical name, new listing and addition of HSS)			
	Tab immediate-release 850 mg – <b>1% DV Dec-15 to 2018</b> .....	7.82	500	<b>Metformin Mylan</b>
	Note – Apotex metformin hydrochloride tab immediate-release 850 mg to be delisted from 1 December 2015.			
18	PIOGLITAZONE			
	Tab 15 mg – <b>1% DV Dec-15 to 2018</b> .....	3.47	90	<b>Vexazone</b>
	Tab 30 mg – <b>1% DV Dec-15 to 2018</b> .....	5.06	90	<b>Vexazone</b>
	Tab 45 mg – <b>1% DV Dec-15 to 2018</b> .....	7.10	90	<b>Vexazone</b>
18	PIOGLITAZONE (↓ price and delisting)			
	Tab 15 mg .....	1.08	28	<b>Pizaccord</b>
	Tab 30 mg .....	1.57	28	<b>Pizaccord</b>
	Tab 45 mg .....	2.21	28	<b>Pizaccord</b>
	Note – Pizaccord tab 15 mg, 30 mg and 45 mg to be delisted from 1 December 2015.			
20	BISACODYL (delisting)			
	Suppos 5 mg .....	3.00	6	Dulcolax
	Note – Dulcolax suppos 5 mg to be delisted from 1 December 2015.			
23	MULTIVITAMIN AND MINERAL SUPPLEMENT (new listing and amended restriction)			
	→ Cap .....	23.35	180	Clinicians Multivit & Mineral Boost <i>e.g. Clinicians Multivit &amp; Mineral Boost</i>

#### 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...*

→ 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 October 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 50mg, citrus bioflavonoid complex 50mg, 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.

### 24 MULTIVITAMIN RENAL

→ Cap ..... 8.39 30 Clinicians Renal Vit  
Restricted

Either:

- 1 The patient has chronic kidney disease and is receiving either peritoneal dialysis or haemodialysis; or
- 2 The patient has chronic kidney disease grade 5, defined as patient with an estimated glomerular filtration rate of <15 ml/min/1.73 m<sup>2</sup> body surface area (BSA).

## BLOOD AND BLOOD FORMING ORGANS

### 28 ALUMINIUM CHLORIDE

→ Topical soln 20% w/v

Restricted

For use as a haemostasis agent.

*e.g. Driclor*

### 29 FACTOR EIGHT INHIBITORS BYPASSING FRACTION

→ Inj 2,500 U ..... 7,250.00 1 FEIBA

## CARDIOVASCULAR SYSTEM

### 39 FLECAINIDE ACETATE (delisting)

Tab 100 mg ..... 68.78 60 Tambocor

Note – Tambocor tab 100 mg to be delisted from 1 December 2015.

### 45 DOBUTAMINE HYDROCHLORIDE (amended presentation description and new listing)

Inj 12.5 mg per ml, 20 ml ampoule *via*

– 1% DV Jan-16 to 2018 ..... 24.45 5 **Dobutamine-Claris**

## DERMATOLOGICALS

### 50 CALAMINE (↓ price and addition of HSS)

Crn, aqueous, BP – 1% DV Dec-15 to 2018 ..... 1.49 100 g **Pharmacy Health**

Lotn, BP – 1% DV Dec-15 to 2018 ..... 12.94 2,000 ml **PSM**

### 50 ISOTRETINOIN (↓ price and delisting)

Cap 10 mg ..... 14.96 120 Oratane

Cap 20 mg ..... 23.12 120 Oratane

Note – Oratane cap 10 mg and 20 mg to be delisted from 1 November 2015.

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

### HORMONE PREPARATIONS

- 59 **OXANDROLONE** ~~OXANDROLINE~~ (chemical name change)  
→ Tab 2.5 mg

### MUSCULOSKELETAL SYSTEM

- 100 **DICLOFENAC SODIUM**  
 Tab EC 25 mg – **1% DV Dec-15 to 2018** ..... 1.30 50 **Diclofenac Sandoz**  
 Tab EC 50 mg – **1% DV Dec-15 to 2018** ..... 1.00 50 **Diclofenac Sandoz**  
 Tab long-acting 75 mg – **1% DV Dec-15 to 2018** ..... 15.20 500 **Apo-Diclo SR**  
 Tab long-acting 100 mg – **1% DV Dec-15 to 2018** ..... 26.20 500 **Apo-Diclo SR**  
 Note – Apo-Diclo tab EC 25 mg and 50 mg, and Diclax SR tab long-acting 75 mg and 100 mg to be delisted from 1 December 2015.

### NERVOUS SYSTEM

- 104 **BUPIVACAINE HYDROCHLORIDE** (Pharmacode change)  
 Inj 5 mg per ml, 10 ml ampoule sterile pack  
 – **1% DV Sep-15 to 2018** ..... 20.25 5 **Marcaïn**  
 Note – Pharmacode change from 201359 to 728098. Pharmacode 201359 to be delisted from 1 October 2015.
- 107 **PARACETAMOL**  
 Suppos 125 mg – **1% DV Dec-15 to 2018** ..... 3.69 10 **Gacet**  
 Suppos 250 mg – **1% DV Dec-15 to 2018** ..... 3.79 10 **Gacet**  
 Note – Panadol suppos 125 mg and 250 mg to be delisted from 1 December 2015.
- 110 **OXYCODONE HYDROCHLORIDE** (↓ price and addition of HSS)  
 Inj 50 mg per ml, 1 ml ampoule – **1% DV Dec-15 to 2018** ..... 51.00 5 **OxyNorm**
- 113 **GABAPENTIN**  
 → Tab 600 mg  
 Note – Gabapentin tab 600 mg to be delisted 1 November 2015.
- 115 **LAMOTRIGINE** (delisting)  
 Tab dispersible 25 mg ..... 20.40 56 **Mogine**  
 Tab dispersible 50 mg ..... 34.70 56 **Mogine**  
 Tab dispersible 100 mg ..... 59.90 56 **Mogine**  
 Note – Mogine tab dispersible 25 mg, 50 mg and 100 mg to be delisted from 1 December 2015.
- 115 **PHENOBARBITONE** (↑ price and addition of HSS)  
 Tab 15 mg – **1% DV Dec-15 to 2018** ..... 30.00 500 **PSM**  
 Tab 30 mg – **1% DV Dec-15 to 2018** ..... 31.00 500 **PSM**
- 117 **DOMPERIDONE** (↓ price and addition of HSS)  
 Tab 10 mg – **1% DV Dec-15 to 2018** ..... 3.20 100 **Prokinex**
- 118 **ARIPIPRAZOLE**  
 → Tab 5 mg ..... 123.54 30 **Abilify**

→ 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 October 2015 (continued)

124	ZOPICLONE			
	Tab 7.5 mg – <b>1% DV Dec-15 to 2018</b> .....	0.98	30	<b>Zopiclone Actavis</b>
		8.99	500	<b>Zopiclone Actavis</b>
	Note – Apo-Zopiclone tab 7.5 mg to be delisted from 1 December 2015.			
125	DEXAMFETAMINE SULFATE († price and addition of HSS)			
	→ Tab 5 mg – <b>1% DV Dec-15 to 2018</b> .....	17.00	100	<b>PSM</b>

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

141	ETANERCEPT († price)			
	→ Inj 25 mg vial .....	799.96	4	Enbrel
	→ Inj 50 mg autoinjector .....	1,599.96	4	Enbrel
	→ Inj 50 mg syringe .....	1,599.96	4	Enbrel

### RESPIRATORY SYSTEM AND ALLERGIES

173	SALBUTAMOL			
	Aerosol inhaler, 100 mcg per dose CFC free .....	3.80	200 dose	SalAir
174	FLUTICASONE			
	Aerosol inhaler 50 mcg per dose .....	7.50	120 dose	Floair
	Aerosol inhaler 125 mcg per dose .....	13.60	120 dose	Floair
	Aerosol inhaler 250 mcg per dose .....	27.20	120 dose	Floair
174	SALMETEROL			
	Aerosol inhaler 25 mcg per dose .....	26.46	120 dose	Meterol
175	FLUTICASONE WITH SALMETEROL			
	Aerosol inhaler 50 mcg with salmeterol 25 mcg .....	37.48	120 dose	RexAir
	Aerosol inhaler 125 mcg with salmeterol 25 mcg .....	49.69	120 dose	RexAir

### SENSORY ORGANS

178	PREDNISOLONE SODIUM PHOSPHATE (new listing)			
	Eye drops 0.5%, single dose (preservative free) .....	38.50	20 dose	Minimis Prednisolone
180	DORZOLAMIDE WITH TIMOLOL			
	Eye drops 2% with timolol 0.5% – <b>1% DV Dec-15 to 2018</b> .....	3.45	5 ml	<b>Arrow-Dortim</b>
	Note – Cosopt eye drops to be delisted from 1 December 2015.			

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

### SPECIAL FOODS

207	ORAL FEED			
	→ Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can .....	14.90	840 g	Sustagen Hospital Formula (Chocolate) Sustagen Hospital Formula (Vanilla)

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.

Note – Sustagen Hospital Formual (chocolate and vanilla) powder 900 g can to be delisted from 1 April 2016.

## Effective 1 September 2015

### ALIMENTARY TRACT AND METABOLISM

18	METFORMIN			
	Tab immediate-release 500 mg – 1% DV Nov-15 to 2018.....	9.59	1,000	<b>Metchek</b>
	Note – Apotex metformin tab immediate-release 500 mg to be delisted from 1 November 2015.			

### BLOOD AND BLOOD FORMING ORGANS

29	EPTACOG ALFA [RECOMBINANT FACTOR VIIA] (amended restriction)			
	→ Inj 1 mg syringe .....	1,163.75	1	NovoSeven RT
	→ Inj 2 mg syringe .....	2,327.50	1	NovoSeven RT
	→ Inj 5 mg syringe .....	5,818.75	1	NovoSeven RT
	→ Inj 8 mg syringe .....	9,310.00	1	NovoSeven RT
	Restricted			
	When used in the treatment of haemophilia, <b>access to funded</b> treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
29	FACTOR EIGHT INHIBITORS BYPASSING <b>FRACTION AGENT</b> (amended chemical name and restriction, and ↓ price)			
	→ Inj 500 U .....	1,450.00	1	FEIBA
	→ Inj 1,000 U .....	2,900.00	1	FEIBA
	Restricted			
	When used in the treatment of haemophilia, <b>access to funded</b> treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
29	MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] (amended presentation description and ↓ price)			
	→ Inj 250 iu <b>prefilled syringe vial</b> .....	210.00	1	Xyntha
	→ Inj 500 iu <b>prefilled syringe vial</b> .....	420.00	1	Xyntha
	→ Inj 1,000 iu <b>prefilled syringe vial</b> .....	840.00	1	Xyntha
	→ Inj 2,000 iu <b>prefilled syringe vial</b> .....	1,680.00	1	Xyntha
	→ Inj 3,000 iu <b>prefilled syringe vial</b> .....	2,520.00	1	Xyntha

→ 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 September 2015 (continued)

29	NONACOG ALFA [RECOMBINANT FACTOR IX] (amended restriction)			
	→ Inj 250 iu vial .....	310.00	1	BeneFIX
	→ Inj 500 iu vial .....	620.00	1	BeneFIX
	→ Inj 1,000 iu vial .....	1,240.00	1	BeneFIX
	→ Inj 2,000 iu vial .....	2,480.00	1	BeneFIX
	Restricted			
	When used in the treatment of haemophilia, <b>access to funded</b> treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
29	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (↓ price)			
	→ Inj 250 iu vial .....	237.50	1	Kogenate FS
	→ Inj 500 iu vial .....	475.00	1	Kogenate FS
	→ Inj 1,000 iu vial .....	950.00	1	Kogenate FS
	→ Inj 2,000 iu vial .....	1,900.00	1	Kogenate FS
	→ Inj 3,000 iu vial .....	2,850.00	1	Kogenate FS
29	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (↑ price)			
	→ Inj 250 iu vial .....	287.50	1	Advate
	→ Inj 500 iu vial .....	575.00	1	Advate
	→ Inj 1,000 iu vial .....	1,150.00	1	Advate
	→ Inj 1,500 iu vial .....	1,725.00	1	Advate
	→ Inj 2,000 iu vial .....	2,300.00	1	Advate
	→ Inj 3,000 iu vial .....	3,450.00	1	Advate
31	HEPARIN SODIUM (amended presentation description)			
	Inj 1,000 iu per ml, 35 ml <del>vial ampoule</del>			
32	TICAGRELOR (amended restriction)			
	→ Tab 90 mg .....	90.00	56	Brilinta
	Restricted			
	Restricted to treatment of acute coronary syndromes specifically for patients who have recently ( <b>within the last 60 days</b> ) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome, and in whom fibrinolytic therapy has not been given in the last 24 hours and is not planned.			

### CARDIOVASCULAR SYSTEM

48	EPOPROSTENOL (new listing)			
	→ Inj 0.5 mg vial .....	36.61	1	Veletri
	→ Inj 1.5 mg vial .....	73.21	1	Veletri
	Restricted			
	For use as a bridge to transplant for patients with Pulmonary Arterial Hypertension who are on the active waiting list for lung transplantation.			

### DERMATOLOGICALS

49	HYDROGEN PEROXIDE			
	Soln 3% (10 vol) – <b>1% DV Nov-15 to 2018</b> .....	1.40	100 ml	<b>Pharmacy Health</b>
50	DIMETHICONE			
	Crn 10% pump bottle – <b>1% DV Nov-15 to 2018</b> .....	4.90	500 ml	<b>healthE Dimethicone 10%</b>

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

50	ISOTRETINOIN			
	Cap 10 mg – <b>1% DV Nov-15 to 2018</b> .....	12.47	100	<b>Isotane 10</b>
	Cap 20 mg – <b>1% DV Nov-15 to 2018</b> .....	19.27	100	<b>Isotane 20</b>
	Note – Oratane cap 10 mg and 20 mg to be delisted from 1 November 2015.			
51	CETOMACROGOL			
	Crm BP, 500 g – <b>1% DV Nov-15 to 2018</b> .....	2.74	500 g	<b>healthE</b>
	Note – Pharmacy Health cetomacrogol crm BP, 500 g to be delisted from 1 November 2015.			
52	MOMETASONE FUROATE			
	Crm 0.1% – <b>1% DV Nov-15 to 2018</b> .....	1.51	15 g	<b>Elocon Alcohol Free</b>
		2.90	50 g	<b>Elocon Alcohol Free</b>
	Oint 0.1% – <b>1% DV Nov-15 to 2018</b> .....	1.51	15 g	<b>Elocon</b>
		2.90	50 g	<b>Elocon</b>
	Note – m-Mometasone crm 0.1% and oint 0.1%, 15 g and 45 g, to be delisted from 1 November 2015.			

## GENITO-URINARY SYSTEM

57	FINASTERIDE (pack size change)			
	→ Tab 5 mg – <b>1% DV Dec-14 to 2017</b> .....	2.08	30	<b>Finpro</b>
	Note – The pack size has changed from 28 to 30 tab. The 28 tab pack will be delisted from 1 November 2015.			
57	OXYTOCIN (↓ price and addition of HSS)			
	Inj 5 iu per ml, 1 ml ampoule – <b>1% DV Nov-15 to 2018</b> .....	4.03	5	<b>Oxytocin BNM</b>
	Inj 10 iu per ml, 1 ml ampoule – <b>1% DV Nov-15 to 2018</b> (amended brand name) .....	5.03	5	<b>Oxytocin BNM BNM</b>

## INFECTIONS

69	TOBRAMYCIN (↑ price)			
	→ Inj 40 mg per ml, 2 ml vial .....	38.00	5	DBL Tobramycin
72	PIPERACILLIN WITH TAZOBACTAM (new listing)			
	→ Inj 4 g with tazobactam 0.5 g vial .....	5.84	1	Hospira
72	PIPERACILLIN WITH TAZOBACTAM (delisting)			
	→ Inj 4 g with tazobactam 0.5 g vial – <b>1% DV Oct-13 to 31/8/15 2016</b> .....	5.84	1	Tazocin EF
	Note – Tazocin EF inj 4 g with tazobactam 0.5 g vial to be delisted from 1 September 2015.			
82	NEVIRAPINE (↓ price and addition of HSS)			
	→ Tab 200 mg – <b>1% DV Nov-15 to 2018</b> .....	65.00	60	<b>Nevirapine Alphapharm</b>

## MUSCULOSKELETAL SYSTEM

98	DANTROLENE (new listing)			
	Inj 20 mg vial .....	800.00	6	Dantrium IV <i>e.g. Dantrium IV</i>

→ 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 September 2015 (continued)

### NERVOUS SYSTEM

104	PROPOFOL (delisting) Inj 10 mg per ml, 100 ml vial .....30.00	1		Diprivan
	Note – Diprivan inj 10 mg per ml, 100 ml vial to be delisted from 1 November 2015.			
107	PARACETAMOL (↓ price and addition of HSS) Suppos 500 mg – <b>1% DV Nov-15 to 2018</b> .....12.60	50		<b>Paracare</b>
110	PETHIDINE HYDROCHLORIDE (↑ price and addition of HSS) Tab 50 mg – <b>1% DV Nov-15 to 2018</b> .....4.46	10		<b>PSM</b>
	Tab 100 mg – <b>1% DV Nov-15 to 2018</b> .....6.25	10		<b>PSM</b>
111	MIRTAZAPINE → Tab 30 mg – <b>1% DV Nov-15 to 2018</b> .....2.55	30		<b>Apo-Mirtazapine</b>
	→ Tab 45 mg – <b>1% DV Nov-15 to 2018</b> .....3.25	30		<b>Apo-Mirtazapine</b>
	Note – Avanza tab 30 mg and 45 mg to be delisted from 1 November 2015.			
120	ZIPRASIDONE Inj 20 mg Inj 100 mg Note – Ziprasidone inj 20 mg and 100 mg to be delisted from 1 March 2016.			
122	ZUCLOPENTHIXOL DECANOATE (new listing) Inj 500 mg per ml, 1 ml ampoule			<i>e.g. Clopixol Conc</i>

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

128	THIOTEPA (new listing) Inj 100 mg vial			
129	EPIRUBICIN HYDROCHLORIDE Inj 2 mg per ml, 25 ml vial – <b>1% DV Nov-15 to 2018</b> .....30.00	1		<b>Epirubicin Ebewe</b>
	Inj 2 mg per ml, 50 ml vial – <b>1% DV Nov-15 to 2018</b> .....32.50	1		<b>Epirubicin Ebewe</b>
	Inj 2 mg per ml, 100 ml vial – <b>1% DV Nov-15 to 2018</b> .....65.00	1		<b>Epirubicin Ebewe</b>
	Note – DBL Epirubicin Hydrochloride inj 2 mg per ml, 25 ml, 50 ml and 100 ml vials to be delisted from 1 November 2015.			
129	IDARUBICIN HYDROCHLORIDE (↑ price and addition of HSS) Inj 5 mg vial – <b>1% DV Nov-15 to 2018</b> .....125.00	1		<b>Zavedos</b>
	Inj 10 mg vial – <b>1% DV Nov-15 to 2018</b> .....250.00	1		<b>Zavedos</b>
133	CISPLATIN Inj 1 mg per ml, 50 ml vial – <b>1% DV Nov-15 to 2018</b> .....12.29	1		<b>DBL Cisplatin</b>
	Inj 1 mg per ml, 100 ml vial – <b>1% DV Nov-15 to 2018</b> .....22.46	1		<b>DBL Cisplatin</b>
	Note – Cisplatin Ebewe inj 1 mg per ml, 50 ml and 100 ml vials to be delisted from 1 November 2015.			
138	CALCIUM FOLINATE (↑ price) Tab 15 mg .....104.26	10		DBL Leucovorin Calcium

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

### ALIMENTARY TRACT AND METABOLISM

14	HYDROCORTISONE ACETATE (amended presentation, † price and addition of HSS) Rectal foam 10%, <b>CFC free</b> (14 applications) – 1% DV Oct-15 to 2018 .....	26.55	21.1 g	<b>Colifoam</b>
16	ACARBOSE Tab 50 mg – 1% DV Oct-15 to 2018 .....	4.28	90	<b>Glucobay</b>
	Tab 100 mg – 1% DV Oct-15 to 2018 .....	7.78	90	<b>Glucobay</b>
	Note – Accarb tab 50 mg and 100 mg to be from delisted 1 October 2015.			
18	PANCREATIC ENZYME Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease – 1% DV Oct-15 to 2018 .....	34.93	100	<b>Creon 10000</b>
	Cap EC 25,000 BP u lipase, 18,000 BP u amylase and 1,000 BP u protease – 1% DV Oct-15 to 2018 .....	94.38	100	<b>Creon 25000</b>
20	BISACODYL († price and addition of HSS) Tab 5 mg – 1% DV Oct-15 to 2018 .....	5.99	200	<b>Lax-Tabs</b>

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

### BLOOD AND BLOOD FORMING ORGANS

28	FOLIC ACID Tab 0.8 mg – 1% DV Oct-15 to 2018 .....	20.60	1,000	<b>Apo-Folic Acid</b>
	Tab 5 mg – 1% DV Oct-15 to 2018 .....	10.92	500	<b>Apo-Folic Acid</b>
35	POTASSIUM DIHYDROGEN PHOSPHATE Inj 1 mmol per ml, 10 ml ampoule – 1% DV Oct-15 to 2018 .....	151.80	10	<b>Hospira</b>
35	SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE] Inj 1 mmol per ml, 20 ml ampoule – 1% DV Oct-15 to 2018 .....	47.50	5	<b>Biomed</b>

### CARDIOVASCULAR SYSTEM

37	QUINAPRIL WITH HYDROCHLOROTHIAZIDE († price and addition of HSS) Tab 10 mg with hydrochlorothiazide 12.5 mg – 1% DV Oct-15 to 2018 .....	3.65	30	<b>Accuretic 10</b>
	Tab 20 mg with hydrochlorothiazide 12.5 mg – 1% DV Oct-15 to 2018 .....	4.78	30	<b>Accuretic 20</b>
39	MEXILETINE HYDROCHLORIDE († price) Cap 150 mg .....	162.00	100	Mexiletine Hydrochloride USP
	Cap 250 mg .....	202.00	100	Mexiletine Hydrochloride USP



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 August 2015 (continued)

40	NADOLOL (↑ price and addition of HSS)			
	Tab 40 mg – 1% DV Oct-15 to 2018 .....	16.05	100	<b>Apo-Nadolol</b>
	Tab 80 mg – 1% DV Oct-15 to 2018 .....	24.70	100	<b>Apo-Nadolol</b>
43	BEZAFIBRATE (addition of HSS)			
	Tab 200 mg – 1% DV Oct-15 to 2018 (↓ price) .....	9.05	90	<b>Bezalip</b>
	Tab long-acting 400 mg – 1% DV Oct-15 to 2018 (↑ price) .....	6.78	30	<b>Bezalip Retard</b>
46	ALPROSTADIL HYDROCHLORIDE (↑ price and addition of HSS)			
	Inj 500 mcg per ml, 1 ml ampoule			
	– 1% DV Oct-15 to 2018 .....	1,650.00	5	<b>Prostin VR</b>
47	BOSENTAN			
	→ Tab 62.5 mg – 1% DV Jan-16 to 2018 .....	375.00	56	<b>Mylan-Bosentan</b>
	→ Tab 125 mg – 1% DV Jan-16 to 2018 .....	375.00	56	<b>Mylan-Bosentan</b>
	Note – Pms-Bosentan and Tracleer tab 62.5 mg and 125 mg to be delisted from 1 January 2016.			

### DERMATOLOGICALS

49	LINDANE [GAMMA BENZENE HEXACHLORIDE]			
	Crm 1%			
	Note – Lindane [gamma benzene hexachloride cream 1% to be delisted from 1 January 2016.			

### GENITO-URINARY SYSTEM

56	NORETHISTERONE			
	Tab 350 mcg – 1% DV Oct-15 to 2018 .....	6.25	84	<b>Noriday 28</b>

### HORMONE PREPARATIONS

59	CYPROTERONE ACETATE			
	Tab 50 mg – 1% DV Oct-15 to 2018 .....	15.87	50	<b>Procur</b>
	Tab 100 mg – 1% DV Oct-15 to 2018 .....	30.40	50	<b>Procur</b>
	Note – Siterone tab 50 mg and 100 mg to be delisted from 1 October 2015.			
60	METHYLPREDNISOLONE (AS SODIUM SUCCINATE) (↑ price and addition of HSS)			
	Tab 4 mg – 1% DV Oct-15 to 2018 .....	80.00	100	<b>Medrol</b>
	Tab 100 mg – 1% DV Oct-15 to 2018 .....	180.00	20	<b>Medrol</b>
	Inj 40 mg vial – 1% DV Oct-15 to 2018 .....	10.50	1	<b>Solu-Medrol</b>
	Inj 125 mg vial – 1% DV Oct-15 to 2018 .....	22.25	1	<b>Solu-Medrol</b>
60	METHYLPREDNISOLONE (AS SODIUM SUCCINATE) (↓ price and addition of HSS)			
	Inj 500 mg vial – 1% DV Oct-15 to 2018 .....	9.00	1	<b>Solu-Medrol</b>
	Inj 1 g vial – 1% DV Oct-15 to 2018 .....	16.00	1	<b>Solu-Medrol</b>
60	METHYLPREDNISOLONE ACETATE (↑ price and addition of HSS)			
	Inj 40 mg per ml, 1 ml vial – 1% DV Oct-15 to 2018 .....	40.00	5	<b>Depo-Medrol</b>

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

60	METHYLPREDNISOLONE ACETATE WITH <b>LIDOCAINE</b> [LIGNOCAINE] (amended chemical and presentation descriptions, ↑ price and addition of HSS) Inj 40 mg with <b>lidocaine</b> [lignocaine] <del>40 mg per ml</del> , 1 ml vial – <b>1% DV Oct-15 to 2018</b> .....	9.25	1	<b>Depo-Medrol with Lidocaine</b>
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### INFECTIONS

70	CEFEPIME → Inj 1 g vial – <b>1% DV Oct-15 to 2018</b> .....	3.95	1	<b>Cefepime-AFT</b>
	→ Inj 2 g vial – <b>1% DV Oct-15 to 2018</b> .....	6.92	1	<b>Cefepime-AFT</b>
	Note – DBL Cefepime inj 1 g and 2 g vials to be delisted from 1 October 2015.			
71	AZITHROMYCIN (amended presentation description, ↑ price and addition of HSS) → <b>Grans for oral liq 200 mg per 5 ml</b> <del>Oral liq (40 mg per ml)</del> – <b>1% DV Oct-15 to 2018</b> .....	12.50	15 ml	<b>Zithromax</b>
75	TRIMETHOPRIM (↑ price and addition of HSS) Tab 300 mg – <b>1% DV Oct-15 to 2018</b> .....	15.00	50	<b>TMP</b>

### MUSCULOSKELETAL SYSTEM

94	ZOLEDRONIC ACID (amended restriction) → Inj 5 mg per 100 ml, vial .....	600.00	100 ml	<b>Aclasta</b>
	Restricted Inherited bone fragility disorders Patient has been diagnosed with an inherited bone fragility disorder (e.g. osteogenesis imperfecta). Osteoporosis Both: 1 Any of the following: 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or 1.4 Documented T-Score ≥ -3.0 (see Note); or 1.5 A 10-year risk of hip fracture ≥ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or 1.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) or raloxifene; and 2 The patient will not be prescribed more than <b>5 mg of zoledronic acid one infusion</b> in a 12-month period. Initiation - glucocorticosteroid therapy Re-assessment required after 12 months All of the following: 1 The patient is receiving systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and 2 Any of the following:			

*continued...*

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

*continued...*

- 2.1 The patient has documented BMD  $\geq 1.5$  standard deviations below the mean normal value in young adults (i.e. T-Score  $\leq -1.5$ ) (see Note); or
- 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
- 2.3 The patient has had a Special Authority approval for alendronate (Underlying cause - glucocorticosteroid therapy) or raloxifene; and
- 3 The patient will not be prescribed more than **5 mg of zoledronic acid one infusion** in the 12-month approval period.

Continuation - glucocorticosteroid therapy

Re-assessment required after 12 months

Both:

- 1 The patient is continuing systemic glucocorticosteroid therapy ( $\geq 5$  mg per day prednisone equivalents); and
- 2 The patient will not be prescribed more than **5 mg of zoledronic acid one infusion** in the 12-month approval period.

Initiation - Paget's disease

Re-assessment required after 12 months

All of the following:

- 1 Paget's disease; and
- 2 Any of the following:
  - 2.1 Bone or articular pain; or
  - 2.2 Bone deformity; or
  - 2.3 Bone, articular or neurological complications; or
  - 2.4 Asymptomatic disease, but risk of complications; or
  - 2.5 Preparation for orthopaedic surgery; and
- 3 The patient will not be prescribed more than **5 mg of zoledronic acid one infusion** in the 12-month approval period.

Continuation - Paget's disease

Re-assessment required after 12 months

Both:

- 1 Any of the following:
  - 1.1 The patient has relapsed (based on increases in serum alkaline phosphatase); or
  - 1.2 The patient's serum alkaline phosphatase has not normalised following previous treatment with zoledronic acid; or
  - 1.3 Symptomatic disease (prescriber determined); and
- 2 The patient will not be prescribed more than **5 mg of zoledronic acid one infusion** in the 12-month approval period.

Notes:

- 1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- 2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score  $\leq -2.5$  and, therefore, do not require BMD measurement for treatment with bisphosphonates.
- 3 Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below  $-2.5$  with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- 4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

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

97	BENZBROMARONE (amended restriction)		
	→ Tab 100 mg .....	45.00	100
			Benzbromaron AL 100
	Restricted		
	<b>All of the following Both:</b>		
	<b>1 Patient has been diagnosed with gout; and</b>		
	<b>2 Any of the following:</b>		
	<b>2+.1</b> 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 <del>appropriate doses of</del> <b>addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or</b>		
	<b>2+.2</b> 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 <del>appropriate doses of use of</del> <b>probenecid at doses of up to 2 g per day or maximum tolerated dose; or</b>		
	<b>2+.3 Both:</b>		
	<b>2+.3.1</b> The patient has renal impairment <b>such that probenecid is contraindicated or likely to be ineffective</b> and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Notes); and		
	<b>2+.3.2</b> The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or		
	<b>2+.4 All of the following:</b>		
	<b>2+.4.1</b> The patient is taking azathioprine and requires urate-lowering therapy; and		
	<b>2+.4.2</b> Allopurinol is contraindicated; and		
	<b>2+.4.3</b> Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and		
	<b>32</b> The patient is receiving monthly liver function tests.		
	Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity. <b>In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective.</b> Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose. The New Zealand Rheumatology Association has developed information for prescribers which can be accessed from its website at <a href="http://www.rheumatology.org.nz/benzbromarone_prescriber_information.cfm">http://www.rheumatology.org.nz/benzbromarone_prescriber_information.cfm</a> <b><a href="http://www.rheumatology.org.nz/downloads/Benzbromarone-prescriber-information-NZRA-V2.pdf">www.rheumatology.org.nz/downloads/Benzbromarone-prescriber-information-NZRA-V2.pdf</a></b>		

98	FEBUXOSTAT (amended restriction)		
	→ Tab 80 mg .....	39.50	28
	→ Tab 120 mg .....	39.50	28
			Adenuric
			Adenuric
	Restricted		
	<b>Both:</b>		
	<b>1 Patient has been diagnosed with gout; and</b>		
	<b>2 Any of the following:</b>		
	<b>2.1</b> 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 <del>appropriate doses of</del> <b>addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or</b>		
	<b>2.2</b> 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 <del>appropriate doses of use of</del> <b>probenecid at doses of up to 2 g per day or maximum tolerated dose; or</b>		
	<b>2.3 Both:</b>		
	<b>3+ The patient has renal impairment <b>such that probenecid is contraindicated or likely to be ineffective</b> and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note);-and</b>		

continued...

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

continued...

3.2 – The patient has a rate of creatinine clearance greater than or equal to 30 ml/min.

Note: **In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. The efficacy and safety of febuxostat have not been fully evaluated in patients with severe renal impairment (creatinine clearance less than 30 ml/minute). No dosage adjustment of febuxostat is necessary in patients with mild or moderate renal impairment.** 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

105	LIDOCAINE [LIGNOCAINE] Crm 4% ..... 27.00 Crm 4% (5 g tubes) ..... 27.00	30 g 5	LMX4 LMX4
107	PARACETAMOL Tab soluble 500 mg – 1% DV Oct-15 to 2017 ..... 1.60	20	Paragesic Soluble
108	MORPHINE HYDROCHLORIDE (addition of HSS) Oral liq 1 mg per ml – 1% DV Oct-15 to 2018 ..... 8.84	200 ml	RA-Morph
108	MORPHINE HYDROCHLORIDE (↑ price and addition of HSS) Oral liq 2 mg per ml – 1% DV Oct-15 to 2018 ..... 14.00 Oral liq 5 mg per ml – 1% DV Oct-15 to 2018 ..... 18.00 Oral liq 10 mg per ml – 1% DV Oct-15 to 2018 ..... 26.00	200 ml 200 ml 200 ml	RA-Morph RA-Morph RA-Morph
110	OXYCODONE HYDROCHLORIDE (↓ price and addition of HSS) Cap immediate-release 5 mg – 1% DV Oct-15 to 2018 ..... 1.98 Cap immediate-release 10 mg – 1% DV Oct-15 to 2018 ..... 3.91 Cap immediate-release 20 mg – 1% DV Oct-15 to 2018 ..... 6.84	20 20 20	OxyNorm OxyNorm OxyNorm
111	MOCLOBEMIDE (↑ price and addition of HSS) Tab 150 mg – 1% DV Oct-15 to 2018 ..... 85.10 Tab 300 mg – 1% DV Oct-15 to 2018 ..... 30.70	500 100	Apo-Moclobemide Apo-Moclobemide
113	PHENYTOIN SODIUM Inj 50 mg per ml, 2 ml ampoule – 1% DV Oct-15 to 2018 ..... 88.63 Inj 50 mg per ml, 5 ml ampoule – 1% DV Oct-15 to 2018 ..... 133.92	5 5	Hospira Hospira
118	ARIPIRAZOLE (amended restriction) → Tab 10 mg ..... 123.54 → Tab 15 mg ..... 175.28 → Tab 20 mg ..... 213.42 → Tab 30 mg ..... 260.07	30 30 30 30	Abilify Abilify Abilify Abilify

Restricted

### Initiation – schizophrenia or related psychoses

Both:

1 Patient is suffering from schizophrenia or related psychoses; and

2 Either:

2.1 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of unacceptable side effects; or

continued...

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

continued...

2.2 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of inadequate clinical response.

### Initiation – Autism spectrum disorder\*

Psychiatrist or paediatrician

All of the following:

- 1 The patient has been diagnosed with an autism spectrum disorder\* and has symptoms of severe irritability; and
- 2 An effective dose of risperidone has been trialled and has been discontinued because of unacceptable side effects or inadequate response; and
- 3 The patient is aged less than 18 years.

Note: Indications marked with \* are Unapproved Indications

120	QUETIAPINE			
	Tab 25 mg – 1% DV Sep-14 to 2017 .....	2.10	90	Quetapel
	Tab 300 mg – 1% DV Sep-14 to 2017 .....	12.00	90	Quetapel
	Note – These are listing for new Pharmacodes, 2476266 and 2476274. The old Pharmacodes will be delisted from 1 February 2016.			
127	NICOTINE (new listing)			
	→ Oral spray 1 mg per dose			e.g. <i>Nicorette QuickMist Mouth Spray</i>
	Restricted			
	Any of the following:			
	1 For perioperative use in patients who have a 'nil by mouth' instruction; or			
	2 For use within mental health inpatient units; or			
	3 For acute use in agitated patients who are unable to leave the hospital facilities.			

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

128	BLEOMYCIN SULPHATE			
	Inj 15,000 iu (10 mg) vial – 1% DV Oct-15 to 2018 .....	150.48	1	DBL Bleomycin Sulfate
128	CYCLOPHOSPHAMIDE (addition of HSS)			
	Inj 1 g vial – 1% DV Oct-15 to 2018 .....	35.03	1	Endoxan
	Inj 2 g vial – 1% DV Oct-15 to 2018 .....	70.06	1	Endoxan
128	DACTINOMYCIN [ACTINOMYCIN D]			
	Inj 0.5 mg vial .....	145.00	1	Cosmegen
130	FLUOROURACIL (↑ price and addition of HSS)			
	Inj 50 mg per ml, 20 ml vial – 1% DV Oct-15 to 2018 .....	10.00	1	Fluorouracil Ebewe
130	FLUOROURACIL (↓ price and addition of HSS)			
	Inj 50 mg per ml, 50 ml vial – 1% DV Oct-15 to 2018 .....	17.00	1	Fluorouracil Ebewe
	Inj 50 mg per ml, 100 ml vial – 1% DV Oct-15 to 2018 .....	30.00	1	Fluorouracil Ebewe

→ 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 August 2015 (continued)

130	FLUOROURACIL (delist)		
	Inj 25 mg per ml, 100 ml vial .....	13.55	1 Hospira
	Inj 50 mg per ml, 10 ml vial .....	26.25	5 Fluorouracil Ebewe
	Note – Hospira inj 25 mg per ml, 100 ml vial and Fluorouracil Ebewe inj 50 mg per ml, 10 ml vial to be delisted from 1 October 2015.		

139	MEGESTROL ACETATE († price and addition of HSS)		
	Tab 160 mg – <b>1% DV Oct-15 to 2018</b> .....	54.30	30 <b>Apo-Megestrol</b>

141	TACROLIMUS (amended restriction)		
	→ Cap 0.5 mg – <b>1% DV Nov-14 to 31 Oct 2018</b> .....	85.60	100 <b>Tacrolimus Sandoz</b>
	→ Cap 1 mg – <b>1% DV Nov-14 to 31 Oct 2018</b> .....	171.20	100 <b>Tacrolimus Sandoz</b>
	→ Cap 5 mg – <b>1% DV Nov-14 to 31 Oct 2018</b> .....	428.00	50 <b>Tacrolimus Sandoz</b>

→ Inj 5 mg per ml, 1 ml ampoule

Restricted

**Initiation – organ transplant recipients**

For use in organ transplant recipients

**Initiation – Steroid-resistant nephrotic syndrome\***

**Either:**

- 1 The patient is a child with steroid-resistant nephrotic syndrome\* (SRNS) where ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; or
- 2 All of the following:
  - 2.1 The patient is an adult with SRNS; and
  - 2.2 Ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; and
  - 2.3 Cyclophosphamide or mycophenolate have been trialled and discontinued because of unacceptable side effects or inadequate clinical response, or these treatments are contraindicated.

Note: Indications marked with \* are Unapproved Indications

### RESPIRATORY SYSTEM AND ALLERGIES

171	BEE VENOM		
	→ Inj 120 mcg vial with diluent, 6 vial		
	Note – Bee venom inj 120 mcg vial with diluent, 6 vial to be delisted from 1 October 2015.		

### VACCINES

209	DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE (amended 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 – <b>1% DV Jul-14 to 2017</b> .....	0.00	1 <b>Boostrix</b>
			10 <b>Boostrix</b>
	Restricted		
	Funded for any of the following:		
	1 A single vaccine for pregnant woman between gestational weeks 28 and 38 during epidemics; or		
	2 A course of up to four vaccines is funded for children from age 7 up the age of 18 years inclusive to complete full primary immunisation; or		

*continued...*

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

*continued...*

- 3 An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens

Note: Tdap is not registered for patients aged less than 10 years. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

212	INFLUENZA VACCINE			
	→ 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 failure; 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; or
    - 2.4 Have chronic renal disease; or
    - 2.5 Have any cancer, excluding basal and squamous skin cancers if not invasive; or
    - 2.6 Have any of the following other conditions:
      - 2.6.1 Autoimmune disease; or
      - 2.6.2 Immune suppression or immune deficiency; or
      - 2.6.3 HIV; or
      - 2.6.4 Transplant recipients; or
      - 2.6.5 Neuromuscular and CNS diseases/ disorders; or
      - 2.6.6 Haemoglobinopathies; or
      - 2.6.7 Are children on long term aspirin; or
      - 2.6.8 Have a cochlear implant; or
      - 2.6.9 Errors of metabolism at risk of major metabolic ~~decompensation~~ decomposition; or
      - 2.6.10 Pre and post splenectomy; or
      - 2.6.11 Down syndrome; 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.

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**Hospital Medicines List queries:**

**Email: [HML@pharmac.govt.nz](mailto:HML@pharmac.govt.nz)**

**[www.pharmac.health.nz/medicines/hospital-pharmaceuticals](http://www.pharmac.health.nz/medicines/hospital-pharmaceuticals)**

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