Pharmaceutical Management Agency

# Section H Update for Hospital Pharmaceuticals

## Effective 1 October 2016

**Cumulative for August, September and October 2016**

PHARMAC
Pharmaceutical Management Agency

# Contents

## Summary of decisions
### EFFECTIVE 1 OCTOBER 2016

- Aspirin (Ethics Aspirin EC) tab 100 mg – price increase and addition of HSS
- Aspirin (Ethics Aspirin) tab dispersible 300 mg – new listing and addition of HSS
- Boceprevir (Victrelis) cap 200 mg – to be delisted 1 April 2017
- Cetirizine hydrochloride (Zista) tab 10 mg – new listing and addition of HSS
- Cetirizine hydrochloride (Zetop) tab 10 mg – to be delisted 1 December 2016
- Cilazapril (Apo-Cilazapril) tab 2.5 mg and 5 mg – new listing and addition of HSS
- Cilazapril (Zapril) tab 2.5 mg and 5 mg – to be delisted 1 December 2016
- Cinacalcet (Sensipar) tab 30 mg – amended restriction
- Coal tar (Midwest) soln BP, 200 ml – new listing and addition of HSS
- Compound electrolytes (Enerlyte) powder for oral soln – new listing and addition of HSS
- Disopyramide phosphate cap 150 mg – to be delisted 1 April 2017
- Enteral feed 1 kcal/ml (Jevity RTH) liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, bottle, 500 ml – to be delisted 1 June 2017
- Enteral feed 1 kcal/ml (Jevity) liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, can, 237 ml – to be delisted 1 June 2017
- Fludarabine phosphate (Fludarabine Ebewe) inj 50 mg vial – addition of HSS
- Fluphenazine decanoate (e.g. Modecate) inj 25 mg per ml, 2 ml ampoule – to be delisted 1 December 2016
- Ganciclovir (e.g. Virgan) eye gel 0.15% – to be delisted 1 November 2016
- Goserelin (Zoladex) implant 3.6 mg, syringe and implant 10.8 mg, syringe – amended presentation, price decrease and addition of HSS
- Hydrocortisone (Pharmacy Health) crm 1%, 500 g – price increase, addition of HSS and addition of DV Limit note
- Ipratropium bromide (Univent) nebuliser soln 250 mcg per ml, 1 ml and 2 ml ampoules – price increase and addition of HSS
- Leuprorelin acetate (Lucrin and Eligard) various presentations – amended presentation descriptions and brand names
- Midazolam (Midazolam-Claris) inj 1 mg per ml, 5 ml ampoule and inj 5 mg per ml, 3 ml ampoule – new listing and addition of HSS
- Midazolam (Hypnovel and Pfizer) inj 1 mg per ml, 5 ml ampoule and inj 5 mg per ml, 3 ml ampoule – to be delisted 1 December 2016

**Summary of decisions – effective 1 October 2016** (continued)

- Oral feed (Ensure (Chocolate)) powder 16 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can, 850 g – new listing of a new formulation
- Oral feed (Ensure Plus (chocolate)) liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can, 237 ml – to be delisted 1 April 2017
- Pancreatic enzyme – amended presentation descriptions
- Pantoprazole (Panzop Relief) tab EC 20 mg and 40 mg – new listing and addition of HSS
- Pantoprazole tab EC 20 mg (Pantoprazole Actavis 20) and tab EC 40 mg (Pantoprazole Actavis 40) – to be delisted 1 December 2016
- Salbutamol (Salamol) aerosol inhaler, 100 mcg per dose – to be delisted 1 April 2017

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

# Section H changes to Part II

## Effective 1 October 2016

### ALIMENTARY TRACT AND METABOLISM

16 PANTOPRAZOLE (brand change)

| | | | |
|---|---|---|---|
| Tab EC 20 mg – **1% DV Dec-16 to 2019** | 2.41 | 100 | **Panzop Relief** |
| Tab EC 40 mg – **1% DV Dec-16 to 2019** | 3.35 | 100 | **Panzop Relief** |

Note – Pantoprazole Actavis 20 tab EC 20 mg and Pantoprazole Actavis 40 tab EC 40 mg to be delisted from 1 December 2016.

18 PANCREATIC ENZYME

| | | | |
|---|---|---|---|
| Cap **pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)** ~~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 | **Creon 10000** |
| Cap **pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)** ~~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 | **Creon 25000** |
| Cap **pancreatin (314.650 – 350 175 mg (25,000 U lipase, 22,500 U amylase, 1.250 U proteas))** ~~EC 25,000 BP u lipase, 22,500 BP u amylase and 1,250 BP u protease~~ | | | |
| Powder **pancreatin 60.12 mg (3,600 Ph. Eur. u/amylase, 5,000 Ph. Eur. u/lipase and 200 Ph. Eur. u/protease)** ~~25,000 u lipase with 30,000 u amylase and 1,400 u Protease per g~~ | | | |

### BLOOD AND BLOOD FORMING ORGANS

35 ASPIRIN (↑ price and addition of HSS)

| | | | |
|---|---|---|---|
| Tab 100 mg – **10% DV Dec-16 to 2019** | 12.50 | 990 | **Ethics Aspirin EC** |

39 COMPOUND ELECTROLYTES (new listing)

| | | | |
|---|---|---|---|
| Powder for oral soln – **1% DV Dec-16 to 2019** | 2.30 | 10 | **Enerlyte** |

### CARDIOVASCULAR SYSTEM

41 CILAZAPRIL (brand change)

| | | | |
|---|---|---|---|
| Tab 2.5 mg – **1% DV Dec-16 to 2019** | 7.20 | 200 | **Apo-Cilazapril** |
| Tab 5 mg – **1% DV Dec-16 to 2019** | 12.00 | 200 | **Apo-Cilazapril** |

Note – Zapril tab 2.5 mg and 5 mg to be delisted from 1 December 2016.

43 DISOPYRAMIDE PHOSPHATE (delisting)

Cap 150 mg

Note – Disopyramide phosphate cap 150 mg to be delisted from 1 April 2017.

### DERMATOLOGICALS

56 HYDROCORTISONE (↑ price, addition of HSS and addition of DV Limit note)

| | | | |
|---|---|---|---|
| Crm 1%, 500 g – **1% DV Dec-16 to 2019** | 16.25 | 500 g | **Pharmacy Health** |

Note: DV limit applies to the pack sizes of greater than 100 g.

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

## Changes to Section H Part II – effective 1 October 2016 (continued)

### HORMONE PREPARATIONS

63 CINACALCET

➔ Tab 30 mg ..... 403.70 28 Sensipar

Restricted
Initiation
Nephrologist or endocrinologist
*Re-assessment required after 6 months*
Either:
1 All of the following:
  1.1 The patient has been diagnosed with a parathyroid carcinoma (see Note); and
  1.2 The patient has persistent hypercalcaemia (serum calcium ≥ 3 mmol/L) despite previous first-line treatments including **sodium thiosulfate (where appropriate) and** bisphosphonates ~~and sodium thiosulfate~~; and
  1.3 The patient is symptomatic; or
2 All of the following:
  2.1 The patient has been diagnosed with calciphylaxis (calcific uraemic arteriolopathy); and
  2.2 The patient has symptomatic (e.g. painful skin ulcers) hypercalcaemia (serum calcium ≥ 3 mmol/L); and
  2.3 The patient's condition has not responded to previous first-line treatments including bisphosphonates and sodium thiosulfate.

Continuation
Nephrologist or endocrinologist
Both:
1 The patient's serum calcium level has fallen to < 3mmol/L; and
2 The patient has experienced clinically significant symptom improvement.

Note: This does not include parathyroid adenomas unless these have become malignant.

67 GOSERELIN (amended presentation, ↓ price and addition of HSS)

Implant 3.6 mg, **syringe – 1% DV Dec-16 to 2019** ..... 66.48 1 **Zoladex**

Implant 10.8 mg, **syringe – 1% DV Dec-16 to 2019** ..... 177.50 1 **Zoladex**

67 LEUPRORELIN ACETATE (amended presentation description and brand name)

Inj 3.75 mg **prefilled dual chamber** syringe ..... 221.60 1 Lucrin Depot ~~PDS~~ **1-month**

Inj 7.5 mg syringe **with diluent** ..... 166.20 1 Eligard **1 Month**

Inj 11.25 mg **prefilled dual chamber** syringe ..... 591.68 1 Lucrin Depot ~~PDS~~ **3-month**

Inj 22.5 mg syringe **with diluent** ..... 443.76 1 Eligard **3 Month**

Inj 30 mg **prefilled dual chamber** syringe ..... 1,109.40 1 Lucrin Depot ~~PDS~~ **6-month**

Inj 45 mg syringe **with diluent** ..... 832.05 1 Eligard **6 month**

### INFECTIONS

92 BOCEPREVIR

➔ Cap 200 mg ..... 5,015.00 336 Victrelis

Note – Victrelis cap 200 mg to be delisted from 1 April 2017.

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

## Changes to Section H Part II – effective 1 October 2016 (continued)

### NERVOUS SYSTEM

111 ASPIRIN (new listing)
Tab dispersible 300 mg – **1% DV Dec-16 to 2019** ..... 3.90 100 **Ethics Aspirin**

126 FLUPHENAZINE DECANOATE
Inj 25 mg per ml, 2 ml ampoule e.g. Modecate
Note – Modecate inj 25 mg per ml, 2 ml ampoule to be delisted from 1 December 2016.

129 MIDAZOLAM (brand change)
Inj 1 mg per ml, 5 ml ampoule – **1% DV Dec-16 to 2019** ..... 4.30 10 **Midazolam-Claris**
Inj 5 mg per ml, 3 ml ampoule – **1% DV Dec-16 to 2019** ..... 2.50 5 **Midazolam-Claris**
Note Hypnovel and Pfizer inj 1 mg per ml, 5 ml ampoule and 5 mg per ml, 3 ml ampules to be delisted from 1 December 2016.

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

136 FLUDARABINE PHOSPHATE (addition of HSS)
Inj 50 mg vial – **1% DV Dec-16 to 2019** ..... 525.00 5 **Fludarabine Ebewe**

### RESPIRATORY SYSTEM AND ALLERGIES

181 CETIRIZINE HYDROCHLORIDE (brand change)
Tab 10 mg – **1% DV Dec-16 to 2019** ..... 1.01 100 **Zista**
Note – Zetop tab 10 mg to be delisted from 1 December 2016.

181 IPRATROPIUM BROMIDE (↑ price and addition of HSS)
Nebuliser soln 250 mcg per ml, 1 ml ampoule
– **1% DV Dec-16 to 2019** ..... 3.35 20 **Univent**
Nebuliser soln 250 mcg per ml, 2 ml ampoule
– **1% DV Dec-16 to 2019** ..... 3.52 20 **Univent**

183 SALBUTAMOL (delisting)
Aerosol inhaler, 100 mcg per dose ..... 4.00 200 dose Salamol
Note – Salamol aerosol inhaler, 100 mcg per dose to be delisted from 1 April 2017.

### SENSORY ORGANS

187 GANCICLOVIR (delisting)
Eye gel 0.15% *e.g. Virgan*
Note – Ganciclovir eye gel 0.15% to be delisted from 1 November 2016.

### EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

201 COAL TAR (new listing)
Soln BP – **1% DV Dec-16 to 2019** ..... 32.95 200 ml **Midwest**

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

## Changes to Section H Part II – effective 1 October 2016 (continued)

### SPECIAL FOODS

217 ORAL FEED (new listing)

➔ Powder 16 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can ..... 13.00 850 g Ensure (Chocolate)

Note – This is the listing of a new formulation with new Pharmacode (2504324).

217 ENTERAL FEED 1 KCAL/ML (delisting)

➔ Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, bottle ..... 2.65 500 ml Jevity RTH

➔ Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, can ..... 1.32 237 ml Jevity

Note – Jevity RTH liquid 500 ml and Jevity liquid 237 ml to be delisted from 1 June 2017.

217 ORAL FEED 1.5 KCAL/ML (delisting)

➔ Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can ..... 1.33 237 ml Ensure Plus (Chocolate)

Note – Ensure Plus (chocolate) liquid 237 ml to be delisted from 1 April 2017.

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

## Changes to Section H Part II – effective 1 September 2016

### BLOOD AND BLOOD FORMING ORGANS

30 IDARUCIZUMAB (new listing)

| | | | |
|---|---|---|---|
| ➔ Inj 50 mg per ml, 50 ml vial | 4,250.00 | 2 | Praxbind |

Restricted
Initiation
For the reversal of the anticoagulant effects of dabigatran when required in situations of life-threatening or uncontrolled bleeding, or for emergency surgery or urgent procedures.

33 ENOXAPARIN **SODIUM** (chemical name change and ↓ price)

| | | | |
|---|---|---|---|
| Inj 20 mg in 0.2 ml syringe | 30.91 | 10 | Clexane |
| Inj 40 mg in 0.4 ml syringe | 41.24 | 10 | Clexane |
| Inj 60 mg in 0.6 ml syringe | 62.18 | 10 | Clexane |
| Inj 80 mg in 0.8 ml syringe | 82.88 | 10 | Clexane |
| Inj 100 mg in 1 ml syringe | 103.80 | 10 | Clexane |
| Inj 120 mg in 0.8 ml syringe | 128.98 | 10 | Clexane |
| Inj 150 mg in 1 ml syringe | 147.41 | 10 | Clexane |

33 DABIGATRAN (↓ price)

| | | | |
|---|---|---|---|
| Cap 75 mg | 76.36 | 60 | Pradaxa |
| Cap 110 mg | 76.36 | 60 | Pradaxa |
| Cap 150 mg | 76.36 | 60 | Pradaxa |

36 PLERIXAFOR (new listing)

| | | | |
|---|---|---|---|
| ➔ Inj 20 mg per ml, 1.2 ml vial | 8,740.00 | 1 | Mozobil |

Restricted
Initiation – autologous stem cell transplant
Haematologist
*Limited to 3 days treatment*
All of the following:

1. Patient is to undergo stem cell transplantation; and
2. Patient has not had a previous unsuccessful mobilisation attempt with plerixafor; and
3. Any of the following:
   - 3.1 Both:
     - 3.1.1 Patient is undergoing G-CSF mobilisation; and
     - 3.1.2 Either:
       - 3.1.2.1 Has a suboptimal peripheral blood CD34 count of $\leq 10 \times 10^6$/L on day 5 after 4 days of G-CSF treatment; or
       - 3.1.2.2 Efforts to collect $>1\times10^6$ CD34 cells/kg have failed after one apheresis procedure; or
   - 3.2 Both:
     - 3.2.1 Patient is undergoing chemotherapy and G-CSF mobilisation; and
     - 3.2.2 Any of the following:
       - 3.2.2.1 Has rising white blood cell counts of $>5 \times 10^9$/L and a suboptimal peripheral blood CD34 count of $\leq 10 \times 10^6$/L; or
       - 3.2.2.2 Efforts to collect $>1\times10^6$ CD34 cells/kg have failed after one apheresis procedure; or
       - 3.2.2.3 The peripheral blood CD34 cell counts are decreasing before the target has been received; or
   - 3.3 A previous mobilisation attempt with G-CSF or G-CSF plus chemotherapy has failed.

## Changes to Section H Part II – effective 1 September 2016 (continued)

36 COMPOUND ELECTROLYTES (Pharmacode change)
Inj sodium 140 mmol/l with potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l and gluconate 23 mmol/l, bag ..... 5.00 500 ml Baxter
Note – Pharmacode change from 2076764 to 2474212.

36 COMPOUND ELECTROLYTES (Pharmacode change and ↓ price)
Inj sodium 140 mmol/l with potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l and gluconate 23 mmol/l, bag ..... 2.40 1,000 ml Baxter
Note – Pharmacode change from 610089 to 2474220.

37 GLUCOSE [DEXTROSE] (Pharmacode change)
Inj 5%, bag ..... 2.87 50 ml Baxter
3.87 250 ml Baxter
Note – Pharmacode change for 50 ml bag from 2232197 to 2076519, and for 250 ml bag from 2076276 to 466131.

37 GLUCOSE [DEXTROSE] (↑ price)
Inj 10%, bag ..... 6.11 500 ml Baxter
9.33 1,000 ml Baxter
Inj 50%, bag ..... 18.74 500 ml Baxter

37 GLUCOSE WITH POTASSIUM CHLORIDE (↑ price)
Inj 5% glucose with 20 mmol/l potassium chloride, bag ..... 12.09 1,000 ml Baxter

37 GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE (↑ price)
Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, bag ..... 8.31 1,000 ml Baxter
Inj 4% glucose with potassium chloride 30 mmol/l and sodium chloride 0.18%, bag ..... 10.74 1,000 ml Baxter

37 GLUCOSE WITH SODIUM CHLORIDE (↑ price)
Inj glucose 2.5% with sodium chloride 0.45%, bag ..... 8.12 500 ml Baxter
Inj glucose 5% with sodium chloride 0.9%, bag ..... 8.92 1,000 ml Baxter

37 GLUCOSE WITH SODIUM CHLORIDE (delisting)
Inj glucose 5% with sodium chloride 0.45%, bag ..... 9.87 500 ml Baxter
Note – Baxter glucose with sodium chloride inj glucose 5% with sodium chloride 0.45%, bag 500 ml to be delisted from 1 September 2016.

38 POTASSIUM CHLORIDE WITH SODIUM CHLORIDE (↑ price)
Inj 20 mmol/l potassium chloride with 0.9% sodium chloride, bag ..... 7.66 1,000 ml Baxter
Inj 30 mmol/l potassium chloride with 0.9% sodium chloride, bag ..... 9.40 1,000 ml Baxter

38 POTASSIUM CHLORIDE WITH SODIUM CHLORIDE (Pharmacode change and ↑ price)
Inj 40 mmol/l potassium chloride with 0.9% sodium chloride, bag ..... 12.26 1,000 ml Baxter
Note – Pharmacode change from 2232103 to 2478374.

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

## Changes to Section H Part II – effective 1 September 2016 (continued)

38 RINGER'S SOLUTION (↑ price)
Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, bag ..... 8.69 1,000 ml Baxter

### CARDIOVASCULAR SYSTEM

47 MANNITOL (↑ price)
Inj 10%, 1,000 ml bag ..... 24.85 1,000 ml Baxter
Inj 20%, 500 ml bag ..... 23.08 500 ml Baxter

47 MANNITOL (delisting)
Inj 15%, 500 ml bag ..... 9.84 500 ml Baxter
Note – Baxter mannitol inj 15%, 500 ml bag to be delisted from 1 September 2016.

48 ATORVASTATIN (brand change)
Tab 10 mg – **1% Nov-16 to 2018** ..... 9.29 500 **Lorstat**
Tab 20 mg – **1% Nov-16 to 2018** ..... 13.32 500 **Lorstat**
Tab 40 mg – **1% Nov-16 to 2018** ..... 21.23 500 **Lorstat**
Tab 80 mg – **1% Nov-16 to 2018** ..... 36.26 500 **Lorstat**
Note – Zarator tab 10 mg, 20 mg, 40 mg and 80 mg to be delisted from 1 November 2016.

### DERMATOLOGICALS

54 MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE (delisting)
Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%
Note – Malathion with permethrin and piperonyl butoxide spray 0.25% with permethrin 0.5% and piperonyl butoxide 2% to be delisted from 1 January 2017.

56 CLOBETASOL PROPIONATE (brand change)
Crm 0.05% – **1% Dec-16 to 2019** ..... 2.20 30 g **Dermol**
Oint 0.05% – **1% Dec-16 to 2019** ..... 2.20 30 g **Dermol**
Note – Clobetasol BNM crm 0.05% and oint 0.05% to be delisted from 1 December 2016.

### GENITO-URINARY SYSTEM

59 CLOTRIMAZOLE (addition of HSS)
Vaginal crm 1% with applicator
– **1% Nov-16 to 2019** (↑ price) ..... 1.60 35 g **Clomazol**
Vaginal crm 2% with applicator
– **1% Nov-16 to 2019** (↓ price) ..... 2.10 20 g **Clomazol**

### HORMONE PREPARATIONS

64 ZOLEDRONIC ACID (new listing)
➔ Inj 4 mg per 5 ml, vial ..... 84.50 1 Zoledronic acid Mylan

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

## Changes to Section H Part II – effective 1 September 2016 (continued)

### INFECTIONS

74 CEFALEXIN (new listing)
Cap 250 mg – **1% Dec-16 to 2019** ... 3.50 | 20 | **Cephalexin ABM**

74 CEFTRIAXONE (brand change)
Inj 500 mg vial – **1% Nov-16 to 2019** ... 1.20 | 1 | **DEVA**
Inj 1 g vial – **1% Nov-16 to 2019** ... 0.84 | 1 | **DEVA**
Note – Ceftriaxone-AFT inj 500 mg and 1 g vials to be delisted from 1 November 2016.

80 POSACONAZOLE (new listing)
➔ Tab modified-release 100 mg ... 869.86 | 24 | Noxafil

### MUSCULOSKELETAL SYSTEM

97 PYRIDOSTIGMINE BROMIDE (↑ price and addition of HSS)
Tab 60 mg – **1% Nov-16 to 2019** ... 42.79 | 100 | **Mestinon**

104 ATRACURIUM BESYLATE (HSS suspended)
Inj 10 mg per ml, 2.5 ml ampoule
– **1% DV Jan-16 to** ~~2018~~ **31/8/16** ... 10.00 | 5 | Tracrium
Inj 10 mg per ml, 5 ml ampoule
– **1% DV Jan-16 to** ~~2018~~ **31/8/16** ... 12.50 | 5 | Tracrium

104 VECURONIUM BROMIDE (delisting)
Inj 4 mg ampoule
Note – Vecuronium bromide inj 4 mg ampule delisted from 1 September 2016.

### NERVOUS SYSTEM

108 DESFLURANE (↓ price and addition of HSS)
Soln for inhalation 100%, 240 ml bottle
– **1% Sep-16 to 2019** ... 1,350.00 | 6 | **Suprane**

108 ISOFLURANE (↓ price and addition of HSS)
Soln for inhalation 100%, 250 ml bottle
– **1% Sep-16 to 2019** ... 1,020.00 | 6 | **Aerrane**

109 SEVOFLURANE (↓ price and addition of HSS)
Soln for inhalation 100%, 250 ml bottle
– **1% Sep-16 to 2019** ... 840.00 | 6 | **Baxter**

123 AMISULPRIDE (brand change)
Tab 100 mg – **1% Nov-16 to 2019** ... 4.56 | 30 | **Sulprix**
Tab 200 mg – **1% Nov-16 to 2019** ... 14.75 | 60 | **Sulprix**
Tab 400 mg – 1**% Nov-16 to 2019** ... 27.70 | 60 | **Sulprix**
Note Solian tab 100 mg, 200 mg and 400 mg to be delisted from 1 November 2016.

124 CHLORPROMAZINE HYDROCHLORIDE (new listing)
Oral liq 20 mg per ml

## Changes to Section H Part II – effective 1 September 2016 (continued)

125 RISPERIDONE (delisting)

| | | | |
|---|---|---|---|
| ➔ Tab orodispersible 0.5 mg | 21.42 | 28 | Risperdal Quicklet |
| ➔ Tab orodispersible 1 mg | 42.84 | 28 | Risperdal Quicklet |
| ➔ Tab orodispersible 2 mg | 85.71 | 28 | Risperdal Quicklet |

Note – Risperdal Quicklet tab orodispersible 0.5 mg, 1 mg and 2 mg to be delisted from 1 June 2017.

133 NICOTINE (discontinuation)

| | | | |
|---|---|---|---|
| Gum 2 mg – **1% DV Apr-14 to 2017** | 22.26 | 384 | **Habitrol (Classic)** |
| Gum 4 mg – **1% DV Apr-14 to 2017** | 25.67 | 384 | **Habitrol (Classic)** |

Note – Habitrol (Classic) gum 2 mg and 4 mg to be delisted from 1 March 2017. Habitrol gum 2 mg and 4 mg in Fruit and Mint flavours remain listed.

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

138 TEMOZOLOMIDE (restriction change)

| | | | |
|---|---|---|---|
| ➔ Cap 5 mg | 8.00 | 5 | Temaccord |
| ➔ Cap 20 mg | 36.00 | 5 | Temaccord |
| ➔ Cap 100 mg | 175.00 | 5 | Temaccord |
| ➔ Cap 250 mg | 410.00 | 5 | Temaccord |

Restricted

Initiation – High grade gliomas

***Re-assessment required after 12 months***

All of the following:

1 Either:
  1.1 Patient has newly diagnosed glioblastoma multiforme; or
  1.2 Patient has newly diagnosed anaplastic astrocytoma*; and
2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and
3 Following concomitant treatment temozolomide is to be used for a maximum of **5 days treatment per cycle** ~~six cycles of 5 days treatment~~, at a maximum dose of 200 mg/m$^2$ **per day**.

Initiation — Neuroendocrine tumours

*Re-assessment required after 9 months*

All of the following:

1 Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*; and
2 Temozolomide is to be given in combination with capecitabine; and
3 Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m$^2$ per day; and
4 Temozolomide to be discontinued at disease progression.

**Continuation – High grade gliomas**

***Re-assessment required after 12 months***

**Either:**

**1. Both:**
  **1.1. Patient has glioblastoma multiforme; and**
  **1.2. The treatment remains appropriate and the patient is benefitting from treatment; or**
**2. All of the following**
  **2.1. Patient has anaplastic astrocytoma*; and**
  **2.2. The treatment remains appropriate and the patient is benefitting from treatment; and**
  **2.3. Adjuvant temozolomide is to be used for a maximum of 24 months.**

Continuation — Neuroendocrine tumours

*Re-assessment required after 6 months*

Both:

1 No evidence of disease progression; and

*continued...*

## Changes to Section H Part II – effective 1 September 2016 (continued)

*continued...*

2 The treatment remains appropriate and the patient is benefitting from treatment.

Note: Indication marked with a * is an Unapproved Indication. Temozolomide is not funded for the treatment of relapsed glioblastoma multiforme.

144 MESNA (↓ price)

| | | | |
|---|---|---|---|
| Inj 100 mg per ml, 4 ml ampoule – **1% DV Oct-16 to 2019** | 161.25 | 15 | **Uromitexan** |
| Inj 100 mg per ml, 10 ml ampoule – **1% DV Oct-16 to 2019** | 370.35 | 15 | **Uromitexan** |

178 BACILLUS CALMETTE-GUERIN (BCG) (delisting)

| | | | |
|---|---|---|---|
| ➔ Inj 40 mg per ml, vial | 149.37 | 3 | SII-Onco-BCG |

Note – SII-Onco-BCG inj 40 mg per ml, vial to be delisted from 1 February 2017.

178 NIVOLUMAB (amended restriction)

| | | | |
|---|---|---|---|
| ➔ Inj 10 mg per ml, 4 ml vial | 1,051.98 | 1 | Opdivo |
| ➔ Inj 10 mg per ml, 10 ml vial | 2,629.96 | 1 | Opdivo |

Restricted
Initiation
Medical oncologist
*Re-assessment required after 4 months*
All of the following:
1 Patient has metastatic or unresectable melanoma stage III or IV; and
2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and
**3 Either:**
**3.1 Patient has not received funded pembrolizumab; or**
**3.2 Both:**
**3.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and**
**3.2.2 The cancer did not progress while the patient was on pembrolizumab; and**
**4**~~3~~ Nivolumab is to be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles); and
**5**~~4~~ Baseline measurement of overall tumour burden is documented (see Note); and
**6**~~5~~ Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of nivolumab will not be continued beyond 12 weeks **(6 cycles)** if their disease progresses during this time.

Continuation
Medical oncologist
*Re-assessment required after 4 months*
All of the following:
1 Any of the following:
1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
1.3 Patient has stable disease according to RECIST criteria (see Note); and
2 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and
3 No evidence of progressive disease according to RECIST criteria (see Note); and
4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and
5 Nivolumab will be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles).

Notes:
Disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST)

*continued...*

## Changes to Section H Part II – effective 1 September 2016 (continued)

*continued...*

version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Target lesion measurements should be assessed using CT or MRI imaging with the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks. Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to <10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

178 PEMBROLIZUMAB (new listing)

➔ Inj 50 mg vial ..... 2,340.00 1 Keytruda

Restricted

Initiation

Medical oncologist

*Re-assessment required after 4 months*

All of the following:

1 Patient has metastatic or unresectable melanoma stage III or IV; and
2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and
3 Either:
  3.1 Patient has not received funded nivolumab; or
  3.2 Both:
    3.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
    3.2.2 The cancer did not progress while the patient was on nivolumab; and
4 Pembrolizumab is to be used at a maximum dose of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 cycles); and
5 Baseline measurement of overall tumour burden is documented (see Note); and
6 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of pembrolizumab will not be continued beyond 12 weeks (4 cycles) if their disease progresses during this time.

Continuation

Medical oncologist

*Re-assessment required after 4 months*

All of the following:

1 Any of the following:
  1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
  1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
  1.3 Patient has stable disease according to RECIST criteria (see Note); and
2 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and
3 No evidence of progressive disease according to RECIST criteria (see Note); and
4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and

*continued...*

## Changes to Section H Part II – effective 1 September 2016 (continued)

*continued...*

5 Pembrolizumab is to be used at a maximum dose of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 cycles).

Notes:

Disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Target lesion measurements should be assessed using CT or MRI imaging with the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks. Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to <10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

## VARIOUS

| | | | | | |
|---|---|---|---|---|---|
| 199 | CHLORHEXIDINE (↑ price) | | | | |
| | Irrigation soln 0.02%, bottle | 6.20 | 100 ml | Baxter |
| | Irrigation soln 0.05%, bottle | 7.83 | 100 ml | Baxter |
| | | 7.37 | 500 ml | Baxter |
| | Irrigation soln 0.1%, bottle | 8.71 | 100 ml | Baxter |
| 199 | CHLORHEXIDINE (delisting) | | | | |
| | Irrigation soln 0.5%, bottle | 4.69 | 500 ml | Baxter |
| | Note – Baxter chlorhexidine irrigation soln 0.5%, bottle 500 ml to be delisted from 1 September 2016. | | | | |
| 199 | CHLORHEXIDINE WITH CETRIMIDE (↑ price) | | | | |
| | Irrigation soln 0.015% with cetrimide 0.15%, bottle | 6.04 | 100 ml | Baxter |
| | | 9.55 | 500 ml | Baxter |
| | Irrigation soln 0.05% with cetrimide 0.5%, bottle | 12.14 | 500 ml | Baxter |
| | Irrigation soln 0.1% with cetrimide 1%, bottle | 10.00 | 100 ml | Baxter |
| 199 | CHLORHEXIDINE WITH CETRIMIDE (Pharmacode change and ↑ price) | | | | |
| | Irrigation soln 0.05% with cetrimide 0.5%, bottle | 9.31 | 100 ml | Baxter |
| | Note – Pharmacode change from 2076152 to 2084430. | | | | |
| 199 | CHLORHEXIDINE WITH CETRIMIDE (delisting) | | | | |
| | Irrigation soln 0.1% with cetrimide 1%, bottle | 5.81 | 500 ml | Baxter |
| | Note – Baxter chlorhexidine with cetrimide irrigation soln 0.1% with cetrimide 1%, bottle 500 ml to be delisted from 1 September 2016. | | | | |



➔ Restriction

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

## Changes to Section H Part II – effective 1 September 2016 (continued)

199 GLYCINE (↑ price)

| | | | |
|---|---|---|---|
| Irrigation soln 1.5%, bottle | 19.48 | 2,000 ml | Baxter |
| | 22.70 | 3,000 ml | Baxter |

199 SODIUM CHLORIDE (↑ price)

| | | | |
|---|---|---|---|
| Irrigation soln 0.9%, bottle | 5.22 | 100 ml | Baxter |
| | 6.19 | 500 ml | Baxter |
| | 6.59 | 1,000 ml | Baxter |
| | 19.26 | 3,000 ml | Baxter |

199 SODIUM CHLORIDE (Pharmacode change and ↑ price)

| | | | |
|---|---|---|---|
| Irrigation soln 0.9%, bottle | 15.11 | 2,000 ml | Baxter |

Note – Pharmacode change from 785091 to 307122.

199 WATER (↑ price)

| | | | |
|---|---|---|---|
| Irrigation soln, bottle | 5.24 | 100 ml | Baxter |
| | 5.94 | 500 ml | Baxter |
| | 6.58 | 1,000 ml | Baxter |

199 WATER (Pharmacode change and ↑ price)

| | | | |
|---|---|---|---|
| Irrigation soln, bottle | 16.47 | 2,000 ml | Baxter |
| | 29.21 | 3,000 ml | Baxter |

Note – Pharmacode change for 2,000 ml bag from 2076799 to 761958, and for 3,000 ml bag from 2076780 to 2089963.

## SPECIAL FOODS

212 AMINO ACID FORMULA

| | | | |
|---|---|---|---|
| ➔ Powder 6 g protein, 31.5 g carbohydrate and 5.88 g fat per sachet | 6.00 | 48.5 g | Vivonex Paediatric |

Note – Vivonex Paediatric powder to be delisted from 1 April 2017.

## PART I – GENERAL RULES

7 HOSPITAL SUPPLY OF PHARMACEUTICALS

2 Hospital Pharmaceuticals

2.1 Section H Part II contains the list of Hospital Pharmaceuticals that must be funded by DHB Hospitals. Section H Part II does not currently encompass the following categories of pharmaceuticals except for any items specifically listed in this Section H Part II:

a) Medical Devices;
b) whole or fractionated blood products;
c) diagnostic products which have an ex vivo use, such as pregnancy tests and reagents;
d) disinfectants and sterilising products, except those that are to be used in or on a patient;
e) foods and probiotics;
f) radioactive materials;
g) medical gases; and
h) parenteral nutrition**; and**
**i) pharmaceutical products for in-vivo investigation of allergy.**

Subject to rule 2.2, the funding of pharmaceuticals identified in a)–**i)** ~~h)~~ above is a decision for individual DHB Hospitals.

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

## Changes to Section H Part II – effective 1 August 2016

### ALIMENTARY TRACT AND METABOLISM

| | | | | |
|---|---|---|---|---|
| 13 | LOPERAMIDE HYDROCHLORIDE (new listing) | | | |
| | Tab 2 mg – **1% DV Oct-16 to 2019** | 10.75 | 400 | **Nodia** |
| 14 | SULPHASALAZINE (↑ price and addition of HSS) | | | |
| | Tab 500 mg – **1% DV Oct-16 to 2019** | 14.00 | 100 | **Salazopyrin** |
| | Tab EC 500 mg – **1% DV Oct-16 to 2019** | 13.50 | 100 | **Salazopyrin EN** |
| 23 | FERROUS SULPHATE (↑ price and addition of HSS) | | | |
| | Oral liq 30 mg (6 mg elemental) per ml | | | |
| | – **1% DV Oct-16 to 2019** | 10.80 | 500 ml | **Ferodan** |
| 26 | **COLECALCIFEROL** ~~CHOLECALCIFEROL~~ (amended chemical name) | | | |
| | Cap 1.25 mg (50,000 iu) | 3.85 | 12 | Vit.D3 |

### BLOOD AND BLOOD FORMING ORGANS

| | | | | |
|---|---|---|---|---|
| 38 | SODIUM CHLORIDE (amended presentation description, ↑ price and addition of HSS) | | | |
| | Inj 23.4% (4 mmol/ml), 20 ml **ampoule** | | | |
| | – **1% DV Oct-16 to 2019** | 33.00 | 5 | **Biomed** |

### CARDIOVASCULAR SYSTEM

| | | | | |
|---|---|---|---|---|
| 43 | AMIODARONE HYDROCHLORIDE (new listing) | | | |
| | Tab 100 mg – **1% DV Oct-16 to 2019** | 4.66 | 30 | **Cordarone X** |
| | Tab 200 mg – **1% DV Oct-16 to 2019** | 7.63 | 30 | **Cordarone X** |
| 44 | LABETALOL (↑ price) | | | |
| | Tab 50 mg | 8.99 | 100 | Hybloc |
| | Tab 100 mg | 11.36 | 100 | Hybloc |
| | Tab 200 mg | 29.74 | 100 | Hybloc |
| 44 | METOPROLOL SUCCINATE (HSS delayed) | | | |
| | Tab long-acting 23.75 mg – **1% DV** ~~Nov-16~~ **Jan-17 to 2018** | 2.39 | 90 | **Metoprolol - AFT CR** |
| | Tab long-acting 47.5 mg – **1% DV** ~~Nov-16~~ **Jan-17 to 2018** | 3.48 | 90 | **Metoprolol - AFT CR** |
| | Tab long-acting 95 mg – **1% DV** ~~Nov-16~~ **Jan-17 to 2018** | 5.73 | 90 | **Metoprolol - AFT CR** |
| | Tab long-acting 190 mg – **1% DV** ~~Nov-16~~ **Jan-17 to 2018** | 11.54 | 90 | **Metoprolol - AFT CR** |
| 45 | SOTALOL (↑ price and addition of HSS) | | | |
| | Tab 80 mg – **1% DV Oct-16 to 2019** | 39.53 | 500 | **Mylan** |
| | Tab 160 mg – **1% DV Oct-16 to 2019** | 12.48 | 100 | **Mylan** |
| 47 | INDAPAMIDE (↑ price and addition of HSS) | | | |
| | Tab 2.5 mg – **1% DV Oct-16 to 2019** | 2.60 | 90 | **Dapa-Tabs** |
| 47 | SPIRONOLACTONE (addition of HSS) | | | |
| | Tab 25 mg – **1% DV Oct-16 to 2019** (↑ price) | 4.38 | 100 | **Spiractin** |
| | Tab 100 mg – **1% DV Oct-16 to 2019** | 11.80 | 100 | **Spiractin** |

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

## Changes to Section H Part II – effective 1 August 2016 (continued)

49 ISOSORBIDE MONONITRATE (↑ price)
Tab long-acting 60 mg ..... 8.49 | 90 | Duride

## DERMATOLOGICALS

54 PHENOTHRIN (new listing)
Shampoo 0.5%

## GENITO-URINARY SYSTEM

60 LEVONORGESTREL (new listing)
➔ Intra-uterine system, 20 mcg per day
– **1% DV Aug-16 to 2019** ..... 269.50 | 1 | **Mirena**
~~e.g. Mirena~~

60 MEDROXYPROGESTERONE ACETATE (↑ price and addition of HSS)
Inj 150 mg per ml, 1 ml syringe – **1% DV Oct-16 to 2019** ..... 7.25 | 1 | **Depo-Provera**

61 PROGESTERONE (amended restriction)
➔ Cap 100 mg – **1% DV Aug-16 to 2019** ..... 16.50 | 30 | **Utrogestan**

Restricted
Initiation
Gynaecologist or obstetrician
***Re-assessment required after 12 months***
Both:
1 For the prevention of pre-term labour*; and
2 Either:
2.1 The patient has a short cervix on ultrasound (defined as < 25mm at 16 to 28 weeks); or
2.2 The patient has a history of pre-term birth at less than 28 weeks.

**Continuation**
**Gynaecologist or obstetrician**
***Re-assessment required after 12 months***
**All of the following:**
**1. For the prevention of pre-term labour*; and**
**2. Treatment is required for second or subsequent pregnancy; and**
**3. Either:**
**3.1. The patient has a short cervix on ultrasound (defined as < 25 mm at 16 to 28 weeks); or**
**3.2. The patient has a history of pre-term birth at less than 28 weeks.**

Note: Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 23.1)

## HORMONE PREPARATIONS

64 HYDROCORTISONE (↑ price and addition of HSS)
Inj 100 mg vial – **1% DV Oct-16 to 2019** ..... 5.30 | 1 | **Solu-Cortef**

66 MEDROXYPROGESTERONE ACETATE (↑ price and addition of HSS)
Tab 2.5 mg – **1% DV Oct-16 to 2019** ..... 3.75 | 30 | **Provera**
Tab 5 mg – **1% DV Oct-16 to 2019** ..... 14.00 | 100 | **Provera**
Tab 10 mg – **1% DV Oct-16 to 2019** ..... 7.15 | 30 | **Provera**

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

## Changes to Section H Part II – effective 1 August 2016 (continued)

| | | | | |
|---|---|---|---|---|
| 65 | OESTRADIOL (new listing) | | | |
| | Patch 25 mcg per day – **1% DV Oct-16 to 2019** | 6.12 | 8 | **Estradot** |
| | Patch 50 mcg per day – **1% DV Oct-16 to 2019** | 7.04 | 8 | **Estradot** |
| | Patch 100 mcg per day – **1% DV Oct-16 to 2019** | 7.91 | 8 | **Estradot** |
| 66 | MEDROXYPROGESTERONE (↑ price, addition of HSS and amended brand name) | | | |
| | Tab 100 mg – **1% DV Oct-16 to 2019** | 101.00 | 100 | **Provera HD** ~~Provera~~ |

### INFECTIONS

| | | | | |
|---|---|---|---|---|
| 74 | CEFALEXIN (↓ price and addition of HSS) | | | |
| | Cap 500 mg – **1% DV Oct-16 to 2019** | 3.95 | 20 | **Cephalexin ABM** |
| 83 | RIFABUTIN (↑ price and addition of HSS) | | | |
| | ➔ Cap 150 mg – **1% DV Oct-16 to 2019** | 275.00 | 30 | **Mycobutin** |
| 84 | ORNIDAZOLE (↑ price and addition of HSS) | | | |
| | Tab 500 mg – **1% DV Oct-16 to 2019** | 23.00 | 10 | **Arrow-Ornidazole** |
| 85 | QUININE SULPHATE (↑ price) | | | |
| | Tab 300 mg | 61.91 | 500 | Q 300 |
| 86 | NEVIRAPINE (↑ price) | | | |
| | ➔ Oral suspension 10 mg per ml | 203.55 | 240 ml | Viramune Suspension |

### MUSCULOSKELETAL SYSTEM

| | | | | |
|---|---|---|---|---|
| 97 | PENICILLAMINE (↑ price) | | | |
| | Tab 125 mg | 67.23 | 100 | D-Penamine |
| | Tab 250 mg | 110.12 | 100 | D-Penamine |
| 98 | ALENDRONATE SODIUM WITH **COLECALCIFEROL** ~~CHOLECALCIFEROL~~ (chemical name and presentation description amendment) | | | |
| | ➔ Tab 70 mg with **colecalciferol** ~~cholecalciferol~~ 5,600 iu | 12.90 | 4 | Fosamax Plus |

### NERVOUS SYSTEM

| | | | | |
|---|---|---|---|---|
| 113 | MORPHINE TARTRATE (↑ price, addition of HSS and amended brand name) | | | |
| | Inj 80 mg per ml, 1.5 ml ampoule – **1% DV Oct-16 to 2019** | 42.72 | 5 | **DBL Morphine Tartrate** ~~Hospira~~ |
| 115 | DOTHIEPIN HYDROCHLORIDE (↑ price) | | | |
| | Tab 75 mg | 11.19 | 100 | Dopress |
| | Cap 25 mg | 6.45 | 100 | Dopress |
| 116 | FLUOXETINE HYDROCHLORIDE (addition of HSS) | | | |
| | Tab dispersible 20 mg, scored | | | |
| | – **1% DV Oct-16 to 2019** (↓ price) | 2.47 | 30 | **Arrow-Fluoxetine** |
| | Cap 20 mg – **1% DV Oct-16 to 2019** (↑ price) | 1.99 | 90 | **Arrow-Fluoxetine** |

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

## Changes to Section H Part II – effective 1 August 2016 (continued)

123 AMISULPRIDE (↑ price and addition of HSS)

| | | | |
|---|---|---|---|
| Oral liq 100 mg per ml – **1% DV Oct-16 to 2019** | 65.53 | 60 ml | **Solian** |

123 ONDANSETRON (HSS and delisting delayed)

| | | | |
|---|---|---|---|
| Inj 2 mg per ml, 4 ml ampoule | | | |
| – **1% DV Nov-16** ~~Sep-16~~ **to 2019** | 2.20 | 5 | **Ondansetron Kabi** |

Note – HSS for Ondansetron-Kabi has been delayed and will now begin from 1 November 2016. The delisting of Ondanaccord inj 2 mg per ml, 4 ml ampoule will also be delayed until 1 November 2016.

124 HALOPERIDOL (addition of HSS)

| | | | |
|---|---|---|---|
| Tab 500 mcg – **1% DV Oct-16 to 2019** | 6.23 | 100 | **Serenace** |
| Tab 1.5 mg – **1% DV Oct-16 to 2019** | 9.43 | 100 | **Serenace** |
| Tab 5 mg – **1% DV Oct-16 to 2019** | 29.72 | 100 | **Serenace** |
| Oral liq 2 mg per ml – **1% DV Oct-16 to 2019** | 23.84 | 100 ml | **Serenace** |
| Inj 5 mg per ml, 1ml ampoule – **1% DV Oct-16 to 2019** | 21.55 | 10 | **Serenace** |

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

135 MITOMYCIN C (↑ price and addition of HSS)

| | | | |
|---|---|---|---|
| Inj 5 mg vial – **1% DV Oct-16 to 2019** | 204.08 | 1 | **Arrow** |

136 METHOTREXATE (↑ price, addition of HSS and amended brand name)

| | | | |
|---|---|---|---|
| Inj 25 mg per ml, 2 ml vial – **1% DV Oct-16 to 2019** | 30.00 | 5 | **DBL Methotrexate Onco-Vial** ~~Hospira~~ |
| Inj 25 mg per ml, 20 ml vial – **1% DV Oct-16 to 2019** | 45.00 | 1 | **DBL Methotrexate Onco-Vial** ~~Hospira~~ |

137 DACARBAZINE (↑ price, addition of HSS and amended brand name)

| | | | |
|---|---|---|---|
| Inj 200 mg vial – **1% DV Oct-16 to 2019** | 58.06 | 1 | **DBL Dacarbazine** ~~Hospira~~ |

138 TEMOZOLOMIDE (amended restriction)

| | | | |
|---|---|---|---|
| ➔ Cap 5 mg | 8.00 | 5 | Temaccord |
| ➔ Cap 20 mg | 36.00 | 5 | Temaccord |
| ➔ Cap 100 mg | 175.00 | 5 | Temaccord |
| ➔ Cap 250 mg | 410.00 | 5 | Temaccord |

Restricted
Initiation – **High grade gliomas**
All of the following:
1 Either:
  1.1 Patient has newly diagnosed glioblastoma multiforme; or
  1.2 Patient has newly diagnosed anaplastic astrocytoma*; and
2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and
3 Following concomitant treatment temozolomide is to be used for a maximum of six cycles of 5 days treatment, at a maximum dose of 200 mg/m$^2$.

**Initiation – Neuroendocrine tumours**
***Re-assessment required after 9 months***
**All of the following:**
**1. Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*; and**
**2. Temozolomide is to be given in combination with capecitabine; and**

*continued...*

## Changes to Section H Part II – effective 1 August 2016 (continued)

*continued...*

**3. Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m² per day; and**

**4. Temozolomide to be discontinued at disease progression.**

**Continuation – Neuroendocrine tumours**
***Re-assessment required after 6 months***
**Both:**

**1. No evidence of disease progression; and**

**2. The treatment remains appropriate and the patient is benefitting from treatment.**

Note: Indication marked with a * is an Unapproved Indication. Temozolomide is not funded for the treatment of relapsed glioblastoma multiforme. ~~Reapplications will not be approved. Studies of temozolomide show that its benefit is predominantly in those patients with a good performance status (WHO grade 0 or 1 or Karnofsky score >80), and in patients who have had at least a partial resection of the tumour.~~

| | | | | |
|---|---|---|---|---|
| 144 | MESNA (↑ price and addition of HSS) | | | |
| | Tab 400 mg – **1% DV Oct-16 to 2019** | 273.00 | 50 | **Uromitexan** |
| | Tab 600 mg – **1% DV Oct-16 to 2019** | 407.50 | 50 | **Uromitexan** |
| | Inj 100 mg per ml, 4 ml ampoule – **1% DV Oct-16 to 2019** | 161.37 | 15 | **Uromitexan** |
| | Inj 100 mg per ml, 10 ml ampoule – **1% DV Oct-16 to 2019** | 370.49 | 15 | **Uromitexan** |
| 144 | VINCRISTINE SULPHATE (↑ price, addition of HSS and amended brand name) | | | |
| | Inj 1 mg per ml, 1 ml vial – **1% DV Oct-16 to 2019** | 74.52 | 5 | **DBL Vincristine Sulfate** ~~Hospira~~ |
| | Inj 1 mg per ml, 2 ml vial – **1% DV Oct-16 to 2019** | 85.61 | 5 | **DBL Vincristine Sulfate** ~~Hospira~~ |

## RESPIRATORY SYSTEM AND ALLERGIES

| | | | | |
|---|---|---|---|---|
| 180 | BECLOMETHASONE DIPROPIONATE (↑ price) | | | |
| | Nasal spray 50 mcg per dose | 5.26 | 200 dose | Alanase |
| | Nasal spray 100 mcg per dose | 6.00 | 200 dose | Alanase |
| 181 | BUDESONIDE (↑ price) | | | |
| | Nasal spray 50 mcg per dose | 5.26 | 200 dose | Butacort Aqueous |
| | Nasal spray 100 mcg per dose | 6.00 | 200 dose | Butacort Aqueous |
| 181 | PROMETHAZINE HYDROCHLORIDE (↑ price and addition of HSS) | | | |
| | Inj 25 mg per ml, 2 ml ampoule – **1% DV Oct-16 to 2019** | 15.54 | 5 | **Hospira** |

## SENSORY ORGANS

| | | | | |
|---|---|---|---|---|
| 187 | ACICLOVIR (new listing) | | | |
| | Eye oint 3% – **1% DV Oct-16 to 2019** | 14.92 | 4.5 g | **ViruPOS** |

## SPECIAL FOODS

| | | | | |
|---|---|---|---|---|
| 216 | HIGH ARGININE ORAL FEED 1.4 KCAL/ML (new listing) | | | |
| | ➔ Liquid 10.1 g protein, 15 g carbohydrate, 4.5 g fat and 0 g fibre per 100 ml, carton | 4.00 | 178 ml | Impact Advanced Recovery |

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

## Changes to Section H Part II – effective 1 August 2016 (continued)

216 HIGH ARGININE ORAL FEED 1.4 KCAL/ML (delisting)

| | | | |
|---|---|---|---|
| ➔ Liquid 7.6 g protein, 18.9 g carbohydrate, 3.9 g fat and 1.4 g fibre per 100 ml, carton | 4.00 | 237 ml | Impact Advanced Recovery (Chocolate)<br>Impact Advanced Recovery (Vanilla) |

Note – Impact Advanced Recovery (Chocolate and Vanilla), 237 ml to be delisted 1 February 2017.

# Index

Pharmaceuticals and brands

# Index
Pharmaceuticals and brands

# Index

Pharmaceuticals and brands

New Zealand Government

New Zealand
Permit No. 478

Permit

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