Pharmaceutical Management Agency

Section H Update for Hospital Pharmaceuticals

Effective 1 November 2016

Cumulative for August, September, October and November 2016

PHARMAC
Pharmaceutical Management Agency

Contents

Summary of decisions
EFFECTIVE 1 NOVEMBER 2016

- Abacavir sulphate with lamivudine (Kivexa) tab 600 mg with lamivudine 300 mg – price decrease
- Amino acid formula (Alfamino Junior) powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can, 400 g – new listing
- Ascorbic acid (Cvite) tab 100 mg – price increase and addition of HSS
- Azathioprine (Imuran) inj 50 mg vial – price decrease and addition of HSS
- Calcipotriol (Daivonex) crm 50 mcg per g, 30 g and 100 g – to be delisted 1 April 2017
- Calcipotriol (Daivonex) soln 50 mcg per ml, 30 ml – to be delisted 1 April 2017
- Calcium carbonate (Calsource) tab eff 1.75 g (1 g elemental), 10 tab pack – new listing
- Capecitabine (Brinov) tab 150 mg and 500 mg – new listing and addition of HSS
- Capecitabine (Capecitabine Winthrop) tab 150 mg and 500 mg – to be delisted 1 January 2017
- Ceftriaxone (DEVA) inj 1 g vial – HSS delayed until 1 December 2016
- Ceftriaxone (Ceftriaxone-AFT) inj 1 g vial – delisting delayed until 1 December 2016
- Dolutegravir (Tivicay) tab 50 mg – new listing
- Enteral feed with fibre 0.83 kcal/ml (Nutrison 800 Complete Multi Fibre) liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre per 100 ml, bag, 1,000 ml – new listing
- Gemfibrozil (Lipazil) tab 600 mg – price increase and addition of HSS
- Iloprost (Ilomedin) inj 50 mcg in 0.5 ml ampoule – new listing and addition of HSS
- Iloprost (Arrow-Iloprost) inj 50 mcg in 0.5 ml ampoule – to be delisted 1 January 2017
- Leuprorelin acetate (Eligard) inj 30 mg vial – to be delisted 1 November 2016
- Leuprorelin acetate inj 7.5 mg syringe with diluent (Eligard 1 Month), inj 22.5 mg syringe with diluent (Eligard 3 Month), and inj 45 mg syringe with diluent (Eligard 6 Month) – to be delisted 1 June 2017
- Metoprolol succinate (Metoprolol – AFT CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – HSS start date suspended
- Midazolam (Midazolam-Claris) inj 1 mg per ml, 5 ml ampoule and inj 5 mg per ml, 3 ml ampoule – DV Limit and HSS expiry amended

Summary of decisions – effective 1 November 2016 (continued)

- Midazolam (Hypnovel) inj 1 mg per ml, 5 ml ampoule and inj 5 mg per ml, 3 ml ampoule – price decrease
- Montelukast (Apo-Montelukast) tab 4 mg, 5 mg and 10 mg – new listing and addition of HSS
- Montelukast (Singulair) tab 4 mg, 5 mg and 10 mg – to be delisted 1 January 2017
- Multivitamins (Mvite) tab (BPC cap strength) – new listing and addition of HSS
- Omeprazole (Omezol IV) inj 40 mg vial – new listing and addition of HSS
- Omeprazole (Dr Reddy's Omeprazole) inj 40 mg vial – amended presentation description and to be delisted 1 January 2017
- Oral feed (Ensure (Chocolate)) powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can, 850 g – amended presentation description
- Oral feed (Ensure (Vanilla)) powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can, 850 g – new listing of a new formulation
- Pancreatic enzyme cap pancreatin (175 mg (25,000 U lipase, 22,500 U amylase, 1,250 U protease)) – amended presentation description
- Prednisolone acetate (Prednisolone-AFT) eye drops 1%, 10 ml – new listing and addition of HSS
- Tolcapone (Tasmar) tab 100 mg – price increase and addition of HSS
- Vitamin B complex (Bplex) tab strong, BPC – new listing and addition of HSS

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

Section H changes to Part II

Effective 1 November 2016

ALIMENTARY TRACT AND METABOLISM

15	OMEPRAZOLE (brand change and amended presentation description)			
	Inj 40 mg **vial** ~~ampoule~~ – **1% DV Jan-17 to 2019**	13.00	5	**Omezol IV**
	Note – Dr Reddy's Omeparzole inj 40 mg vial to be delisted from 1 January 2017.			
18	PANCREATIC ENZYME (amended presentation description)			
	Cap pancreatin (~~314.650 – 350~~ 175 mg (25,000 U lipase, 22,500 U amylase, ~~1.250~~ **1,250** U protease**e**))			
22	CALCIUM CARBONATE (new listing of smaller pack size)			
	Tab eff 1.75 g (1 g elemental)	2.07	10	Calsource
25	MULTIVITAMINS (new listing)			
	Tab (BPC cap strength) – **1% DV Jan-17 to 2019**	10.50	1,000	**Mvite** ~~e.g. Mvite~~
26	ASCORBIC ACID (↑ price and addition of HSS)			
	Tab 100 mg – **1% DV Jan-17 to 2019**	8.10	500	**Cvite**
26	VITAMIN B COMPLEX (new listing)			
	Tab strong, BPC – **1% DV Jan-17 to 2019**	7.15	500	**Bplex**

CARDIOVASCULAR SYSTEM

44	METOPROLOL SUCCINATE (HSS start date suspended)			
	Tab long-acting 23.75 mg – ~~1% DV Jan-17 to 2018~~	2.39	90	Metoprolol - AFT CR
	Tab long-acting 47.5 mg – ~~1% DV Jan-17 to 2018~~	3.48	90	Metoprolol - AFT CR
	Tab long-acting 95 mg – ~~1% DV Jan-17 to 2018~~	5.73	90	Metoprolol - AFT CR
	Tab long-acting 190 mg – ~~1% DV Jan-17 to 2018~~	11.54	90	Metoprolol - AFT CR
48	GEMFIBROZIL (↑ price and addition of HSS)			
	Tab 600 mg – **1% DV Jan-17 to 2019**	19.56	60	**Lipazil**
52	ILOPROST (brand change)			
	Inj 50 mcg in 0.5 ml ampoule – **1% DV Jan-17 to 2019**	380.00	5	**Ilomedin**
	Note – Arrow-Iloprost inj 50 mcg in 0.5 ml ampoule to be delisted from 1 January 2017.			

DERMATOLOGICALS

57	CALCIPOTRIOL (delisting)			
	Crm 50 mcg per g	45.00	100 g	Daivonex
		16.00	30 g	Daivonex
	Soln 50 mcg per ml	16.00	30 ml	Daivonex
	Note – Daivonex crm 50 mcg per g, 30 g and 100 g, and soln 50 mcg per ml, 30 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 November 2016 (continued)

HORMONE PREPARATIONS

67 LEUPRORELIN ACETATE (delisting)

Inj 30 mg vial	591.68	1	Eligard

Note – Eligard inj 30 mg vial to be delisted from 1 November 2016.

67 LEUPRORELIN ACETATE (delisting)

Inj 7.5 mg syringe with diluent	166.20	1	Eligard 1 Month
Inj 22.5 mg syringe with diluent	443.76	1	Eligard 3 Month
Inj 45 mg syringe with diluent	832.05	1	Eligard 6 month

Note – Eligard 1 Month, 3 Month and 6 Month inj syringes to be delisted from 1 June 2017.

INFECTIONS

74 CEFTRIAXONE (Tender delay)

Inj 1 g vial – **1% Dec-16** ~~Nov-16~~ **to 2019**	0.84	1	**DEVA**

Note – Ceftriaxone-AFT inj 1 g vials to be delisted from 1 December 2016.

87 ABACAVIR SULPHATE WITH LAMIVUDINE (↓ price)

➔ Tab 600 mg with lamivudine 300 mg	427.29	30	Kivexa

89 DOLUTEGRAVIR (new listing)

➔ Tab 50 mg	1,090.00	30	Tivicay

Note – the restriction is the same restriction that currently applies to the other funded strand transfer inhibitor.

NERVOUS SYSTEM

108 TOLCAPONE (↑ price and addition of HSS)

Tab 100 mg – **1% DV Jan-17 to 2019**	132.50	100	**Tasmar**

129 MIDAZOLAM (DV Limit and HSS expiry amended)

Inj 1 mg per ml, 5 ml ampoule			
– **5%** ~~1%~~ **DV Dec-16 to** ~~2019~~ **2018**	4.30	10	**Midazolam-Claris**
Inj 5 mg per ml, 3 ml ampoule			
– **5%** ~~1%~~ **DV Dec-16 to** ~~2019~~ **2018**	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.

129 MIDAZOLAM (↓ price)

Inj 1 mg per ml, 5 ml ampoule	4.30	10	Hypnovel
Inj 5 mg per ml, 3 ml ampoule	2.50	5	Hypnovel

Note – Hypnovel inj 1 mg per ml, 5 ml ampoule and 5 mg per ml, 3 ml ampoules to be delisted from 1 December 2016.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

135 CAPECITABINE (brand change)

Tab 150 mg – **1% DV Jan-17 to 2019**	11.15	60	**Brinov**
Tab 500 mg – **1% DV Jan-17 to 2019**	62.28	120	**Brinov**

Note – Capecitabine Winthrop tab 150 mg and 500 mg to be delisted from 1 January 2017.

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

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

178 AZATHIOPRINE (↓ price and addition of HSS)
Inj 50 mg vial – **1% DV Jan-17 to 2019** ..... 60.00 1 **Imuran**

RESPIRATORY SYSTEM AND ALLERGIES

184 MONTELUKAST (brand change)
➔ Tab 4 mg – **1% DV Jan-17 to 2019** ..... 5.25 28 **Apo-Montelukast**
➔ Tab 5 mg – **1% DV Jan-17 to 2019** ..... 5.50 28 **Apo-Montelukast**
➔ Tab 10 mg – **1% DV Jan-17 to 2019** ..... 5.65 28 **Apo-Montelukast**
Note – Singulair tab 4 mg, 5 mg and 10 mg to be delisted from 1 January 2017.

SENSORY ORGANS

188 PREDNISOLONE ACETATE (new listing)
Eye drops 1% – **1% DV Jan-17 to 2019** ..... 3.93 10 ml **Prednisolone-AFT**

SPECIAL FOODS

212 AMINO ACID FORMULA (new listing)
➔ Powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can ..... 43.60 400 g Alfamino Junior

216 ENTERAL FEED WITH FIBRE 0.83 KCAL/ML (new listing)
➔ Liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre per 100 ml, bag ..... 5.29 1,000 ml Nutrison 800 Complete Multi Fibre

217 ORAL FEED (new listing)
➔ Powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can ..... 13.00 850 g Ensure (Vanilla)
Note – This is the listing of a new formulation with a new Pharmacode (2504316).

217 ORAL FEED (amended presentation description)
➔ Powder **15.9** ~~16~~ g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can ..... 26.00 850 g Ensure (Chocolate)
Note – This applies to Pharmacode 2504324 only.

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

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

PART I – GENERAL RULES

5 "DV Pharmaceutical", means a discretionary variance Pharmaceutical that does not have HSS but is used in place of one that does. Usually this means it is the same chemical entity, at the same strength, and in the same or a similar presentation or form, as the relevant National Contract Pharmaceutical with HSS. Where this is not the case, a note will be included with the listing of the relevant ~~Hospital~~ Pharmaceutical.

6 "Total Market Volume", means, for a particular ~~Hospital~~ Pharmaceutical with HSS in any given period, in accordance with the data available to PHARMAC, the sum of:

a) the total number of Units of the relevant ~~Hospital~~ Pharmaceutical with HSS purchased by all DHB Hospitals, or by a particular DHB Hospital in the case of the Individual DV Limit; and
b) the total number of Units of all the relevant DV Pharmaceuticals purchased by all DHB Hospitals, or by a particular DHB Hospital in the case of the Individual DV Limit.

11 **20.6 The terms and conditions of a National Contract shall apply for a National Contract Pharmaceutical which has HSS for a Medical Device. In the event there is any inconsistency between such a National Contract and these General Rules, for example but not limited to a DV Pharmaceutical or DV Limit, the National Contract shall prevail.**

	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.

➔ Restriction

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

	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.

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

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

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

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.				

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

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) Impact Advanced Recovery (Vanilla)

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

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