

Pharmaceutical Management Agency

Section H Update for Hospital Pharmaceuticals

Effective 1 July 2017

Cumulative for April, May, June and July 2017



Contents

Summary of decisions effective 1 July 2017	3
Section H changes to Part II	10
Index	42

Summary of decisions

EFFECTIVE 1 JULY 2017

- Acetazolamide (Diamox) tab 250 mg – addition of HSS
- Acitretin (Novatretin) cap 10 mg and 25 mg – addition of HSS
- Adult diphtheria and tetanus vaccine (ADT Booster) inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe – addition of HSS
- Alfentanil (Hameln) inj 0.5 mg per ml, 2 ml ampoule – price decrease and addition of HSS
- Amlodipine (Apo-Amlodipine) tab 2.5 mg, 5 mg and 10 mg – price decrease and addition of HSS
- Amorolfine (MycoNail) nail soln 5%, 5 ml – price decrease and addition of HSS
- Amoxicillin (Ibiamox) inj 250 mg, 500 mg and 1 g vials – addition of HSS
- Atropine sulphate (Atropt) eye drops 1%, 15 ml – addition of HSS
- Azithromycin tab 250 mg and 500 mg (Apo-Azithromycin), and grans for oral liq 200 mg per 5 ml (40 mg per ml) (Zithromax) – amended restriction
- Bendamustine hydrochloride (Ribomustin) inj 25 mg vial and 100 mg vial – new listing
- Benzylpenicillin sodium [Penicillin G] (Sandoz) inj 600 mg (1 million units) vial – addition of HSS
- Betahistine dihydrochloride (Vergo 16) tab 16 mg – price decrease and addition of HSS
- Bupivacaine hydrochloride (Marcaïn Isobaric) inj 5 mg per ml, 4 ml ampoule – addition of HSS
- Bupivacaine hydrochloride (Marcaïn) inj 2.5 mg per ml, 100 ml bag – addition of HSS
- Cefazolin (AFT) inj 500 mg vial and 1 g vial – price decrease and addition of HSS
- Cefotaxime (DBL Cefotaxime) inj 1 g vial – price decrease and addition of HSS
- Ciprofloxacin (Cipflox) tab 250 mg, 500 mg and 750 mg – price decrease and addition of HSS
- Clarithromycin (Apo-Clarithromycin) tab 250 mg and 500 mg – addition of HSS
- Clarithromycin (Martindale) inj 500 mg vial – price decrease and addition of HSS
- Clonidine (Mylan) patch 2.5 mg, 100 mcg per day, patch 5 mg, 200 mcg per day, and patch 7.5 mg, 300 mcg per day – new listing and addition of HSS

Summary of decisions – effective 1 July 2017 (continued)

- Clonidine (Catapress-TTS) patch 2.5 mg, 100 mcg per day, patch 5 mg, 200 mcg per day, and patch 7.5 mg, 300 mcg per day – to be delisted 1 September 2017
 - Cyproterone acetate with ethinyloestradiol (Ginet) tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets – price decrease and addition of HSS
 - Dexmedetomidine (Precedex) inj 100 mcg per ml, 2 ml vial – price decrease and addition of HSS
 - Diphtheria, tetanus and pertussis vaccine (Boostrix) inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe – addition of HSS
 - Diphtheria, tetanus, pertussis and polio vaccine (Infanrix IPV) inj 30 IU diphtheria toxoid with 30IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe – addition of HSS
 - Diphtheria, tetanus, pertussis, polio, hepatitis b and haemophilus influenzae type b vaccine (Infanrix-hexa) inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe (1) and inj 10 mcg haemophilus influenzae type B vaccine vial – addition of HSS
 - Docetaxel (DBL Docetaxel) inj 10 mg per ml, 2 ml vial and 8 ml vial – price decrease and addition of HSS
 - Docusate sodium (Coloxyl) tab 50 mg and 120 mg – addition of HSS
 - Donepezil hydrochloride (Donepezil-Rex) tab 5 mg and 10 mg – price decrease and addition of HSS
 - Doxazosin (Apo-Doxazosin) tab 2 mg – addition of HSS
 - Doxazosin (Apo-Doxazosin) tab 4 mg – price decrease and addition of HSS
 - Ephedrine (Max Health) inj 30 mg per ml, 1 ml ampoule – price decrease and addition of HSS
 - Erlotinib (Tarceva) tab 100 mg and 150 mg – amended restriction
 - Exemestane (Pfizer Exemestane) tab 25 mg – addition of HSS
 - Flucloxacillin (Flucloxin) inj 250 mg and 500 mg vials – price increase and addition of HSS
 - Flucloxacillin (Flucil) inj 1 g vial – new listing
 - Flucloxacillin (Flucloxin) inj 1 g vial – to be delisted 1 September 2017
 - Gefitinib (Iressa) tab 250 mg – amended restriction
-

Summary of decisions – effective 1 July 2017 (continued)

- Gliclazide (Glizide) tab 80 mg – price decrease and addition of HSS
 - Glycerol (healthE Glycerol BP Liquid) liq, 500 ml – new listing and addition of HSS
 - Glycerol (ABM Glycerol Liq) liq 2,000 ml – to be delisted 1 September 2017
 - Haemophilus influenzae type b vaccine (Hiberix) Haemophilus Influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml – new listing and addition of HSS
 - Haemophilus influenzae type b vaccine (Act-HIB) inj 10 mcg vial with diluent syringe – to be delisted 1 October 2017
 - Hepatitis A vaccine inj 720 ELISA units in 0.5 ml syringe (Havrix Junior) and inj 1440 ELISA units in 1 ml syringe (Havrix) – addition of HSS
 - Hepatitis B recombinant vaccine (HBvaxPRO) inj 5 mcg in 0.5 ml vial and inj 10 mcg in 1 ml vial – amended restriction and addition of HSS
 - Hepatitis B recombinant vaccine (HBvaxPRO) inj 40 mcg in 1 ml vial – addition of HSS
 - Hydrocortisone (ABM) powder – price decrease and addition of HSS
 - Hydrocortisone and paraffin liquid and lanolin (DP Lotn HC) lotn 1% with paraffin liquid 15.9% and lanolin 0.6% - addition of HSS
 - Infliximab (Remicade) inj 100 mg – amended restriction
 - Influenza vaccine (Influvac) inj 45 mcg in 0.5 ml syringe – amended restriction
 - Iodised oil (Lipiodol Ultra Fluid) inj 38% w/w (480 mg per ml), 10 ml ampoule – price increase
 - Isosorbide mononitrate (Duride) tab long-acting 60 mg – price decrease and addition of HSS
 - Ivabradine tab 5 mg – new listing
 - Ketoconazole (Sebizole) shampoo 2%, 100 ml – addition of HSS
 - Lamivudine (Zeffix) tab 100 mg and oral liq 5 mg per ml – amended restriction
 - Lenalidomide (Revlimid) cap 15 mg – new listing
 - Lidocaine [lignocaine] (LMX4) crm 4%, 5 g – new listing
 - Lidocaine [lignocaine] (LMX4) crm 4% (5 g tubes) 5 pack – to be delisted 1 December 2017
 - Lidocaine [lignocaine] hydrochloride with adrenaline and tetracaine hydrochloride (Topicaine) soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe – addition of HSS
 - Lopinavir with ritonavir (Kaletra) tab 200 mg with ritonavir 50 mg – price decrease and addition of HSS
-

Summary of decisions – effective 1 July 2017 (continued)

- Magnesium sulphate (DBL) inj 2 mmol per ml, 5 ml ampoule – price decrease and addition of HSS
 - Measles, mumps and rubella vaccine (Priorix) injection, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml – new listing and addition of HSS
 - Measles, mumps and rubella vaccine (M-M-R-II) inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent, 10 injection pack – to be delisted 1 October 2017
 - Melatonin (Circadin) tab modified-release 2 mg – new listing and amended restriction
 - Melatonin tab 1 mg and 2 mg, and cap 2 mg and 3 mg – to be delisted from 1 January 2018
 - Meningococcal (A, C, Y and W-135) conjugate vaccine (Menactra) inj 4 mcg or each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – addition of HSS
 - Meningococcal C conjugate vaccine (Neisvac-C) inj 10 mcg in 0.5 ml syringe, 1 injection pack – addition of HSS
 - Meningococcal C conjugate vaccine (Neisvac-C) inj 10 mcg in 0.5 ml syringe, 10 injection pack – to be delisted 1 July 2017
 - Methotrexate (Methotrexate Ebewe) inj 100 mg per ml, 50 ml vial – price decrease and addition of HSS
 - Miconazole nitrate (Micreme) vaginal crm 2% with applicator, 40 g – price decrease and addition of HSS
 - Morphine sulphate (Sevredol) tab immediate-release 10 mg and 20 mg – addition of HSS
 - Morphine sulphate (DBL Morphine Sulphate) inj 5 mg per ml, 1 ml ampoule; 10 mg per ml, 1 ml ampoule; 15 mg per ml, 1 ml ampoule; and 30 mg per ml, 1 ml ampoule – price decrease and addition of HSS
 - Naltrexone hydrochloride (Naltraccord) tab 50 mg – price decrease and addition of HSS
 - Nivolumab (Opdivo) inj 10 mg per ml, 4 ml vial and 10 ml vial – amended restriction
 - Non-nucleoside reverse transcriptase inhibitors – amended restriction
 - Noradrenaline (Noradrenaline BNM) inj 1 mg per ml, 4 ml ampoule – new listing and addition of HSS
 - Nucleoside reverse transcriptase inhibitors – amended restriction
 - Olanzapine tab 2.5 mg, 5 mg and 10 mg (Zypine) and tab orodispersible 5 mg and 10 mg (Zypine ODT) – price decrease and addition of HSS
-

Summary of decisions – effective 1 July 2017 (continued)

- Olopatadine (Patanol) eye drops 0.1%, 5 ml – price decrease
- Oxazepam (Ox-Pam) tab 10 mg and 15 mg – addition of HSS
- Paracetamol (Perfalgan) inj 10 mg per ml, 50 ml vial – to be delisted 1 September 2017
- Paracetamol (Paracetamol Kabi) inj 10 mg per ml, 100 ml vial – new listing and addition of HSS
- Paracetamol (Perfalgan) inj 10 mg per ml, 100 ml vial – to be delisted 1 September 2017
- Paracetamol with codeine (Paracetamol + Codeine (Relieve)) tab paracetamol 500 mg with codeine phosphate 8 mg, 1,000 tab pack – new listing and addition of HSS
- Paracetamol with codeine (Paracetamol + Codeine (Relieve)) tab paracetamol 500 mg with codeine phosphate 8 mg, 100 tab pack – to be delisted 1 September 2017
- Pamidronate disodium (Pamisol) inj 3 mg per ml, 10 ml vial and 9 mg per ml, 10 ml vial – price decrease and addition of HSS
- Pamidronate disodium (Pamisol) inj 6 mg per ml, 10 ml vial – price increase and addition of HSS
- Pembrolizumab (Keytruda) inj 50 mg vial – amended restriction
- Perindopril (Apo-Perindopril) tab 2 mg and 4 mg – addition of HSS
- Pethidine hydrochloride (DBL Pethidine Hydrochloride) inj 50 mg per ml, 1 ml and 2 ml ampoules – price decrease and addition of HSS
- Pneumococcal (PCV10) conjugated vaccine (Synflorix) inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe – new listing and addition of HSS
- Pneumococcal (PCV13) conjugate vaccine (Prevenar 13) inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5 ml syringe – amended presentation description and restriction
- Pneumococcal (PPV23) polysaccharide vaccine (Pneumovax 23) inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) – amended restriction and addition of HSS
- Poliomyelitis vaccine (IPOL) inj 80 D-antigen units in 0.5 ml syringe – addition of HSS
- Poloxamer (Coloxyl) oral drops 10%, 30 ml – addition of HSS
- Procaine penicillin (Cilicaine) inj 1.5 g in 3.4 ml syringe – addition of HSS

Summary of decisions – effective 1 July 2017 (continued)

- Protease inhibitors – amended restriction
- Quetiapine (Quetapel) tab 25 mg, 100 mg, 200 mg and 300 mg – price decrease and addition of HSS
- Rifampicin (Rifadin) cap 150 mg and 300 mg, oral liq 100 mg per 5 ml, and inj 600 mg vial – addition of HSS
- Rifaximin (Xifaxan) tab 550 mg – addition of HSS
- Risperidone (Risperon) oral liq 1 mg per ml, 30 ml – price decrease and addition of HSS
- Rituximab (Mabthera) inj 10 mg per ml, 10 ml vial and 50 ml vial – amended restriction
- Rizatriptan (Rizamelt) tab orodispersible 10 mg – price decrease and addition of HSS
- Ropivacaine hydrochloride (Ropivacaine Kabi) inj 2 mg per ml, 100 ml and 200 ml bags – new listing and addition of HSS
- Ropivacaine hydrochloride (Naropin) inj 2 mg per ml, 100 ml and 200 ml bags – to be delisted 1 September 2017
- Ropivacaine hydrochloride (Ropivacaine Kabi) inj 2 mg per ml, 10 ml and 20 ml ampoules; inj 7.5 mg per ml, 10 ml and 20 ml ampoules; and inj 10 mg per ml, 10 ml and 20 ml ampoules – price decrease and addition of HSS
- Rotavirus oral vaccine (Rotarix) oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator – new listing and addition of HSS
- Rotavirus live reassortant oral vaccine (RotaTeq) oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50 units per 2 ml, tube – to be delisted 1 October 2017
- Roxithromycin (Rulide D) tab dispersible 50 mg – new listing
- Sildenafil inj 0.8 mg per ml, 12.5 ml vial – new listing and amended restriction
- Sodium citro-tartrate (Ural) grans eff 4 g sachets – price decrease and addition of HSS
- Strand transfer inhibitors – amended restriction
- Temazepam (Normison) tab 10 mg – addition of HSS
- Testosterone cypionate (Depo-Testosterone) inj 100 mg per ml, 10 ml vial – addition of HSS
- Timolol (Arrow-Timolol) eye drops 0.25% and 0.5%, 5 ml – price decrease and addition of HSS

Summary of decisions – effective 1 July 2017 (continued)

- Tramadol hydrochloride tab sustained-release 100 mg (Tramal SR 100), tab sustained-release 150 mg (Tramal SR 150), tab sustained-release 200 mg (Tramal SR 200), and cap 50 mg (Arrow-Tramadol) – price decrease and addition of HSS
- Tramadol hydrochloride inj 50 mg per ml, 1 ml ampoule (Tramal 50) and 2 ml ampoule (Tramal 100) – addition of HSS
- Triamcinolone acetonide (Aristocort) crm 0.02%, 100 g – addition of HSS
- Triamcinolone acetonide (Aristocort) oint 0.02%, 100 g – addition of HSS
- Triamcinolone acetonide (Kenacort-A 10) inj 10 mg per ml, 1 ml ampoule – addition of HSS
- Triamcinolone acetonide (Kenacort-A 40) inj 40 mg per ml, 1 ml ampoule – price decrease and addition of HSS
- Triamcinolone acetonide (Kenalog in Orabase) paste 0.1%, 5 g – addition of HSS
- Tuberculin PPD [mantoux] test (Tubersol) inj 5 TU per 0.1 ml, 1 ml vial – new listing and addition of HSS
- Tuberculin, purified protein derivative inj 5 TU per 0.1 ml, 1 ml vial – to be delisted 1 July 2017
- Ursodeoxycholic acid (Ursosan) cap 250 mg – price decrease and addition of HSS
- Vancomycin (Mylan) inj 500 mg vial – price decrease and addition of HSS
- Varicella vaccine [chickenpox vaccine] (Varilrix) inj 2000 PFU prefilled syringe plus vial – new listing of 10 vial pack, amended restriction, amended chemical name, amended presentation description and addition of HSS
- Voriconazole (Vfend) inj 200 mg vial – price increase
- Zidovudine [AZT] with lamivudine (Alphapharm) tab 300 mg with lamivudine 150 mg – price decrease and addition of HSS

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

Section H changes to Part II

Effective 1 July 2017

ALIMENTARY TRACT AND METABOLISM

16	RIFAXIMIN (addition of HSS) → Tab 550 mg – 1% DV Sep-17 to 2020	625.00	56	Xifaxan
18	GLICLAZIDE (↓ price and addition of HSS) Tab 80 mg – 1% DV Sep-17 to 2020	10.29	500	Glizide
18	URSODEOXYCHOLIC ACID (↓ price and addition of HSS) → Cap 250 mg – 1% DV Sep-17 to 2020	37.95	100	Ursosan
19	DOCUSATE SODIUM (addition of HSS) Tab 50 mg – 1% DV Sep-17 to 2020	2.31	100	Coloxyl
	Tab 120 mg – 1% DV Sep-17 to 2020	3.13	100	Coloxyl
19	POLOXAMER (addition of HSS) Oral drops 10% – 1% DV Sep-17 to 2020	3.78	30 ml	Coloxyl
24	MAGNESIUM SULPHATE (↓ price and addition of HSS) Inj 2 mmol per ml, 5 ml ampoule – 1% DV Sep-17 to 2020	10.21	10	DBL
25	TRIAMCINOLONE ACETONIDE (addition of HSS) Paste 0.1% – 1% DV Sep-17 to 2020	5.33	5 g	Kenalog in Orabase

CARDIOVASCULAR SYSTEM

42	PERINDOPRIL (addition of HSS) Tab 2 mg – 1% DV Sep-17 to 2020	3.75	30	Apo-Perindopril
	Tab 4 mg – 1% DV Sep-17 to 2020	4.80	30	Apo-Perindopril
43	DOXAZOSIN (addition of HSS) Tab 2 mg – 1% DV Sep-17 to 2020	6.75	500	Apo-Doxazosin
	Tab 4 mg – 1% DV Sep-17 to 2020 – (↓ price)	9.09	500	Apo-Doxazosin
44	IVABRADINE (new listing) → Tab 5 mg Restricted Initiation Both: 1 Patient is indicated for computed tomography coronary angiography; and 2 Either: 2.1 Patient has a heart rate of greater than 70 beats per minute while taking a maximally tolerated dose of beta blocker; or 2.2 Patient is unable to tolerate beta blockers.			

→ 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 July 2017 (continued)

46	AMLODIPINE (↓ price and addition of HSS)		
	Tab 2.5 mg – 1% DV Sep-17 to 2020	1.72	100
	Tab 5 mg – 1% DV Sep-17 to 2020	3.33	250
	Tab 10 mg – 1% DV Sep-17 to 2020	4.40	250
			Apo-Amlodipine
			Apo-Amlodipine
			Apo-Amlodipine
47	CLONIDINE (brand change)		
	Patch 2.5 mg, 100 mcg per day – 1% DV Sep-17 to 2020	7.40	4
	Patch 5 mg, 200 mcg per day – 1% DV Sep-17 to 2020	10.04	4
	Patch 7.5 mg, 300 mcg per day – 1% DV Sep-17 to 2020	12.34	4
	Note – Catapres-TTS-1 patch 2.5 mg, 100 mcg per day, Catapres-TTS-2 patch 5 mg, 200 mcg per day and Catapres-TTS-3 patch 7.5 mg, 300 mcg per day to be delisted from 1 September 2017.		
			Mylan
			Mylan
			Mylan
50	ISOSORBIDE MONONITRATE (↓ price and addition of HSS)		
	Tab long-acting 60 mg – 1% DV Sep-17 to 2020	8.29	90
			Duride
51	EPHEDRINE (↓ price and addition of HSS)		
	Inj 30 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	36.04	10
			Max Health
51	NORADRENALINE (new listing)		
	Inj 1 mg per ml, 4 ml ampoule – 1% DV Sep-17 to 2019	125.00	10
			Noradrenaline BNM
52	SILDENAFIL (new listing and amended restriction)		
	→ Inj 0.8 mg per ml, 12.5 ml vial		
	Restricted		
	Initiation — tablets		
	Any of the following:		
	1 For use in patients with approval by the Pulmonary Arterial Hypertension Panel; or		
	2 For use in neonatal units for persistent pulmonary hypertension of the newborn (PPHN); or		
	3 For use in weaning patients from inhaled nitric oxide; or		
	4 For perioperative use in cardiac surgery patients; or		
	5 For use in intensive care as an alternative to nitric oxide; or		
	6 In-hospital stabilisation in emergency situations; or		
	7 All of the following:		
	7.1 Patient has Raynaud’s phenomenon; and		
	7.2 Patient has severe digital ischaemia (defined as severe pain requiring hospital admission or with a high likelihood of digital ulceration; digital ulcers; or gangrene); and		
	7.3 Patient is following lifestyle management (proper body insulation, avoidance of cold exposure, smoking cessation support, avoidance of sympathomimetic drugs); and		
	7.4 Patient has persisting severe symptoms despite treatment with calcium channel blockers and nitrates (unless contraindicated or not tolerated).		
	Initiation — injection		
	Both:		
	1 For use in the treatment of pulmonary hypertension in infants or children being treated in paediatric intensive care units and neonatal intensive care units when the enteral route is not accessible; and		
	2 Any of the following:		
	2.1 For perioperative use following cardiac surgery; or		
	2.2 For use in persistent pulmonary hypertension of the newborn (PPHN); or		
	2.3 For use in congenital diaphragmatic hernia.		

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

Changes to Section H Part II – effective 1 July 2017 (continued)

DERMATOLOGICALS

54	AMOROLFINE (↓ price and addition of HSS) Nail soln 5% – 1% DV Sep-17 to 2020	15.95	5 ml	MycONail
54	KETOCONAZOLE (addition of HSS) Shampoo 2% – 1% DV Sep-17 to 2020	2.99	100 ml	Sebizole
57	HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN (addition of HSS) Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – 1% DV Sep-17 to 2020	10.57	250 ml	DP Lotn HC
57	TRIAMCINOLONE ACETONIDE (addition of HSS) Crm 0.02% – 1% DV Sep-17 to 2020	6.30	100 g	Aristocort
	Oint 0.02% – 1% DV Sep-17 to 2020	6.35	100 g	Aristocort
58	ACITRETIN (addition of HSS) Cap 10 mg – 1% DV Sep-17 to 2020	17.86	60	Novatrein
	Cap 25 mg – 1% DV Sep-17 to 2020	41.36	60	Novatrein

GENITO-URINARY SYSTEM

60	MICONAZOLE NITRATE (↓ price and addition of HSS) Vaginal crm 2% with applicator – 1% DV Sep-17 to 2020	3.88	40 g	Micreme
60	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL (↓ price and addition of HSS) Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets – 1% DV Sep-17 to 2020	4.67	168	Ginet
63	SODIUM CITRO-TARTRATE (↓ price and addition of HSS) Grans eff 4 g sachets – 1% DV Sep-17 to 2020	2.34	28	Ural

HORMONE PREPARATIONS

65	TESTOSTERONE CYPIONATE (addition of HSS) Inj 100 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020	76.50	1	Depo-Testosterone
67	TRIAMCINOLONE ACETONIDE (addition of HSS) Inj 10 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	20.80	5	Kenacort-A 10
67	TRIAMCINOLONE ACETONIDE (↓ price and addition of HSS) Inj 40 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	51.10	5	Kenacort-A 40

INFECTIONS

76	CEFAZOLIN (↓ price and addition of HSS) Inj 500 mg vial – 1% DV Sep-17 to 2020	3.39	5	AFT
	Inj 1 g vial – 1% DV Sep-17 to 2020	3.29	5	AFT

→ 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 July 2017 (continued)

76	CEFOTAXIME (↓ price and addition of HSS) Inj 1 g vial – 1% DV Sep-17 to 2020	14.60	10	DBL Cefotaxime
77	AZITHROMYCIN (amened restriction) → Tab 250 mg – 1% DV Sep-15 to 2018	9.00	30	Apo-Azithromycin
	→ Tab 500 mg – 1% DV Sep-15 to 2018	1.05	2	Apo-Azithromycin
	→ Grans for oral liq 200 mg per 5 ml (40 mg per ml) – 1% DV Oct-15 to 2018	12.50	15 ml	Zithromax

Restricted

Initiation — **bronchiolitis obliterans syndrome, cystic fibrosis and atypical Mycobacterial infections**

Any of the following:

- 1 Patient has received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome; or
- 2 Patient has cystic fibrosis and has chronic infection with *Pseudomonas aeruginosa* or *Pseudomonas* related gram negative organisms*; or
- 3 **Patient has an atypical Mycobacterial infection** For any other condition for five days' treatment, with review after five days.

Indications marked with * are Unapproved Indications

Initiation — **non-cystic fibrosis bronchiectasis***

Respiratory specialist or paediatrician

Re-assessment required after 12 months

All of the following:

- 1 For prophylaxis of exacerbations of non-cystic fibrosis bronchiectasis*; and
- 2 Patient is aged 18 and under; and
- 3 Either:
 - 3.1 Patient has had 3 or more exacerbations of their bronchiectasis, within a 12 month period; or
 - 3.2 Patient has had 3 acute admissions to hospital for treatment of infective respiratory exacerbations within a 12 month period.

Indications marked with * are Unapproved Indications

Continuation — **non-cystic fibrosis bronchiectasis***

Respiratory specialist or paediatrician

Re-assessment required after 12 months

All of the following:

- 1 The patient has completed 12 months of azithromycin treatment for non-cystic fibrosis bronchiectasis; and
- 2 Following initial 12 months of treatment, the patient has not received any further azithromycin treatment for non-cystic fibrosis bronchiectasis for a further 12 months, unless considered clinically inappropriate to stop treatment; and
- 3 The patient will not receive more than a total of 24 months' azithromycin cumulative treatment (see note).

Note: A maximum of 24 months of azithromycin treatment for non-cystic fibrosis will be subsidised in the community.

Indications marked with * are Unapproved Indications

Initiation — other indications

Re-assessment required after 5 days

For any other condition.

Continuation — other indications

Re-assessment required after 5 days

For any other condition.

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

Changes to Section H Part II – effective 1 July 2017 (continued)

77	CLARITHROMYCIN (addition of HSS) → Tab 250 mg – 1% DV Sep-17 to 2020	3.98	14	Apo-Clarithromycin
	→ Tab 500 mg – 1% DV Sep-17 to 2020	10.40	14	Apo-Clarithromycin
77	CLARITHROMYCIN (↓ price and addition of HSS) → Inj 500 mg vial – 1% DV Sep-17 to 2020	12.40	1	Martindale
78	AMOXICILLIN (addition of HSS) Inj 250 mg vial – 1% DV Sep-17 to 2020	10.67	10	Ibiamox
	Inj 500 mg vial – 1% DV Sep-17 to 2020	12.41	10	Ibiamox
	Inj 1 g vial – 1% DV Sep-17 to 2020	17.29	10	Ibiamox
78	BENZYLPENICILLIN SODIUM [PENICILLIN G] (addition of HSS) Inj 600 mg (1 million units) vial – 1% DV Sep-17 to 2020	10.35	10	Sandoz
78	FLUCLOXACILLIN (↑ price and addition of HSS) Inj 250 mg vial – 1% DV Sep-17 to 2020	9.00	10	Flucloxin
	Inj 500 mg vial – 1% DV Sep-17 to 2020	9.40	10	Flucloxin
78	FLUCLOXACILLIN (brand change) Inj 1 g vial – 1% DV Sep-17 to 2020	5.22	5	Flucil
	Note – Flucloxin inj 1 g vial to be delisted from 1 September 2017.			
78	PROCAINE PENICILLIN (addition of HSS) Inj 1.5 g in 3.4 ml syringe – 1% DV Sep-17 to 2020	123.50	5	Cilicaïne
78	ROXITHROMYCIN (new listing) → Tab dispersible 50 mg.....	7.19	10	Rulide D
	Restricted Initiation Only for use in patients under 12 years of age			
79	CIPROFLOXACIN (↓ price and addition of HSS) → Tab 250 mg – 1% DV Sep-17 to 2020	1.45	28	Ciptflox
	→ Tab 500 mg – 1% DV Sep-17 to 2020	1.99	28	Ciptflox
	→ Tab 750 mg – 1% DV Sep-17 to 2020	3.15	28	Ciptflox
81	VANCOMYCIN (↓ price and addition of HSS) → Inj 500 mg vial – 1% DV Sep-17 to 2020	2.37	1	Mylan
83	VORICONAZOLE (↑ price) → Inj 200 mg vial.....	222.00	1	Vfend

→ 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 July 2017 (continued)

85	RIFAMPICIN (addition of HSS)		
	→ Cap 150 mg – 1% DV Sep-17 to 2020	55.75	100
	→ Cap 300 mg – 1% DV Sep-17 to 2020	116.25	100
	→ Oral liq 100 mg per 5 ml – 1% DV Sep-17 to 2020	12.00	60 ml
	→ Inj 600 mg vial – 1% DV Sep-17 to 2020	128.85	1
			Rifadin
			Rifadin
			Rifadin
			Rifadin
87	NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (amended restriction) (amended criteria only shown)		
	Restricted		
	Initiation — Confirmed HIV		
	Patient has confirmed HIV infection		
	Both:		
	1 — Confirmed HIV infection; and		
	2 — Any of the following:		
	2.1 Symptomatic patient; or		
	2.2 Patient aged 12 months and under; or		
	2.3 Both:		
	2.3.1 Patient aged 1 to 5 years; and		
	2.3.2 Any of the following:		
	2.3.2.1 CD4 counts < 1000 cells/mm ³ ; or		
	2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or		
	2.3.2.3 Viral load counts > 100000 copies per ml; or		
	2.4 Both:		
	2.4.1 Patient aged 6 years and over; and		
	2.4.2 CD4 counts < 500 cells/mm ³ .		
88	NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (amended restriction) (amended criteria only shown)		
	Restricted		
	Initiation — Confirmed HIV		
	Patient has confirmed HIV infection		
	Both:		
	1 — Confirmed HIV infection; and		
	2 — Any of the following:		
	2.1 Symptomatic patient; or		
	2.2 Patient aged 12 months and under; or		
	2.3 Both:		
	2.3.1 Patient aged 1 to 5 years; and		
	2.3.2 Any of the following:		
	2.3.2.1 CD4 counts < 1000 cells/mm ³ ; or		
	2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or		
	2.3.2.3 Viral load counts > 100000 copies per ml; or		
	2.4 Both:		
	2.4.1 Patient aged 6 years and over; and		
	2.4.2 CD4 counts < 500 cells/mm ³ .		

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

Changes to Section H Part II – effective 1 July 2017 (continued)

89 ZIDOVUDINE [AZT] WITH LAMIVUDINE (↓ price and addition of HSS)
 → Tab 300 mg with lamivudine 150 mg
 – 1% DV Sep-17 to 2020 33.00 60 **Alphapharm**

89 PROTEASE INHIBITORS (amended restriction) (amended criteria only shown)

Restricted

Initiation — Confirmed HIV

Patient has confirmed HIV infection

Both:

1 Confirmed HIV infection; and

2 Any of the following:

2.1 Symptomatic patient; or

2.2 Patient aged 12 months and under; or

2.3 Both:

2.3.1 Patient aged 1 to 5 years; and

2.3.2 Any of the following:

2.3.2.1 CD4 counts < 1000 cells/mm³; or

2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or

2.3.2.3 Viral load counts > 100000 copies per ml; or

2.4 Both:

2.4.1 Patient aged 6 years and over; and

2.4.2 CD4 counts < 500 cells/mm³.

90 LOPINAVIR WITH RITONAVIR (↓ price and addition of HSS)

→ Tab 200 mg with ritonavir 50 mg – 1% DV Sep-17 to 2020 ... 463.00 120 **Kaletra**

90 STRAND TRANSFER INHIBITORS (amended restriction) (amended criteria only shown)

Restricted

Initiation — Confirmed HIV

Patient has confirmed HIV infection

Both:

1 Confirmed HIV infection; and

2 Any of the following:

2.1 Symptomatic patient; or

2.2 Patient aged 12 months and under; or

2.3 Both:

2.3.1 Patient aged 1 to 5 years; and

2.3.2 Any of the following:

2.3.2.1 CD4 counts < 1000 cells/mm³; or

2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or

2.3.2.3 Viral load counts > 100000 copies per ml; or

2.4 Both:

2.4.1 Patient aged 6 years and over; and

2.4.2 CD4 counts < 500 cells/mm³.

→ 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 July 2017 (continued)

92	LAMIVUDINE (amended restriction) (amended criteria only shown)			
	→ Tab 100 mg	6.00	28	Zeffix
	→ Oral liq 5 mg per ml	270.00	240 ml	Zeffix
	Restricted			
	Initiation			
	Gastroenterologist, infectious disease specialist, paediatrician or general physician			
	<i>Limited to 12 months treatment</i>			
	Any of the following:			
	1 Hepatitis B virus (HBV) DNA positive cirrhosis prior to liver transplantation; or			
	2 Hepatitis B surface antigen (HBsAg) -positive and have had a liver, kidney, heart, lung or bone marrow transplant; or			
	3 Hepatitis B virus naïve patient HBV-naïve patient who has received a liver transplant from a an anti-HBe (H hepatitis B core antibody (anti-HBc)-positive donor ; or			
	4 Hepatitis B surface antigen HbsAg positive (HbsAg) patient who is receiving chemotherapy for a malignancy, or high dose steroids (at least 20 mg/day for at least 7 days) , or who has received such treatment within the previous two months; or			
	5 HBsAg-positive Hepatitis B surface antigen-positive patient who is receiving anti tumour necrosis factor treatment; or			
	6 Anti-HBc-positive Hepatitis B core antibody (anti-HBc)-positive patient who is receiving rituximab in combination with immunosuppressive chemotherapies for a malignancy, plus high dose steroids (e.g. R-CHOP).			

MUSCULOSKELETAL SYSTEM

101	PAMIDRONATE DISODIUM (↓ price and addition of HSS)			
	Inj 3 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020	5.98	1	Pamisol
	Inj 9 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020	17.05	1	Pamisol
101	PAMIDRONATE DISODIUM (↑ price and addition of HSS)			
	Inj 6 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020	15.02	1	Pamisol

NERVOUS SYSTEM

110	DEXMEDETOMIDINE (↓ price and addition of HSS)			
	Inj 100 mcg per ml, 2 ml vial – 1% DV Sep-17 to 2020	357.00	5	Precedex
111	BUPIVACAINE HYDROCHLORIDE (addition of HSS)			
	Inj 5 mg per ml, 4 ml ampoule – 1% DV Sep-17 to 2020	50.00	5	Marcain Isobaric
	Inj 2.5 mg per ml, 100 ml bag – 1% DV Sep-17 to 2020	150.00	5	Marcain
112	LIDOCAINE [LIGNOCAINE] (new listing)			
	Crm 4%	5.40	5 g	LMX4
	Note – LMX4 crm 4% (5 g tubes) 5 pack to be delisted from 1 December 2017.			
112	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE (addition of HSS)			
	Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe – 1% DV Sep-17 to 2020	17.50	1	Topicaine

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
Changes to Section H Part II – effective 1 July 2017 (continued)				
113	ROPIVACAINE HYDROCHLORIDE (brand change)			
	Inj 2 mg per ml, 100 ml bag – 1% DV Sep-17 to 2020	29.50	5	Ropivacaine Kabi
	Inj 2 mg per ml, 200 ml bag – 1% DV Sep-17 to 2020	39.00	5	Ropivacaine Kabi
	Note – Naropin inj 2 mg per ml, 100 ml bag and 200 ml bag to be delisted from 1 September 2017.			
113	ROPIVACAINE HYDROCHLORIDE (↓ price and addition of HSS)			
	Inj 2 mg per ml, 10 ml ampoule – 1% DV Sep-17 to 2020	8.80	5	Ropivacaine Kabi
	Inj 2 mg per ml, 20 ml ampoule – 1% DV Sep-17 to 2020	9.20	5	Ropivacaine Kabi
	Inj 7.5 mg per ml, 10 ml ampoule – 1% DV Sep-17 to 2020	9.90	5	Ropivacaine Kabi
	Inj 7.5 mg per ml, 20 ml ampoule – 1% DV Sep-17 to 2020	12.15	5	Ropivacaine Kabi
	Inj 10 mg per ml, 10 ml ampoule – 1% DV Sep-17 to 2020	10.55	5	Ropivacaine Kabi
	Inj 10 mg per ml, 20 ml ampoule – 1% DV Sep-17 to 2020	15.80	5	Ropivacaine Kabi
114	PARACETAMOL (brand change)			
	→ Inj 10 mg per ml, 100 ml vial – 1% DV Sep-17 to 2020	8.40	10	Paracetamol Kabi
	Note – Perfalgan inj 10 mg per ml, 100 ml vial to be delisted from 1 September 2017.			
114	PARACETAMOL (delisting)			
	→ Inj 10 mg per ml, 50 ml vial.....	12.90	12	Perfalgan
	Note – Perfalgan inj 10 mg per ml, 50 ml vial to be delisted from 1 September 2017.			
114	ALFENTANIL (↓ price and addition of HSS)			
	Inj 0.5 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020	34.38	10	Hameln
115	MORPHINE SULPHATE (addition of HSS)			
	Tab immediate-release 10 mg – 1% DV Sep-17 to 2020	2.80	10	Sevredol
	Tab immediate-release 20 mg – 1% DV Sep-17 to 2020	5.52	10	Sevredol
115	MORPHINE SULPHATE (↓ price and addition of HSS)			
	Inj 5 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	6.27	5	DBL Morphine Sulphate
	Inj 10 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	4.47	5	DBL Morphine Sulphate
	Inj 15 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	4.76	5	DBL Morphine Sulphate
	Inj 30 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	6.19	5	DBL Morphine Sulphate
116	PARACETAMOL WITH CODEINE (pack size change and addition of HSS)			
	Tab paracetamol 500 mg with codeine phosphate 8 mg – 1% DV Sep-17 to 2020	18.21	1,000	Paracetamol + Codeine (Relieve)
	Note – Paracetamol + Codeine (Relieve) tab paracetamol 500 mg with codeine phosphate 8 mg, 100 tab pack to be delisted from 1 September 2017.			
116	PETHIDINE HYDROCHLORIDE (↓ price and addition of HSS)			
	Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	4.98	5	DBL Pethidine Hydrochloride
	Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020	5.12	5	DBL Pethidine Hydrochloride

→ 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 July 2017 (continued)

116	TRAMADOL HYDROCHLORIDE (↓ price and addition of HSS)			
	Tab sustained-release 100 mg – 1% DV Sep-17 to 2020	1.55	20	Tramal SR 100
	Tab sustained-release 150 mg – 1% DV Sep-17 to 2020	2.10	20	Tramal SR 150
	Tab sustained-release 200 mg – 1% DV Sep-17 to 2020	2.75	20	Tramal SR 200
	Cap 50 mg – 1% DV Sep-17 to 2020	2.25	100	Arrow-Tramadol
116	TRAMADOL HYDROCHLORIDE (addition of HSS)			
	Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	4.50	5	Tramal 50
	Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020	4.50	5	Tramal 100
123	RIZATRIPTAN (↓ price and addition of HSS)			
	Tab orodispersible 10 mg – 1% DV Sep-17 to 2020	5.26	30	Rizamelt
123	BETAHISTINE DIHYDROCHLORIDE (↓ price and addition of HSS)			
	Tab 16 mg – 1% DV Sep-17 to 2020	2.89	84	Vergo 16
126	OLANZAPINE (↓ price and addition of HSS)			
	Tab 2.5 mg – 1% DV Sep-17 to 2020	0.64	28	Zypine
	Tab 5 mg – 1% DV Sep-17 to 2020	1.15	28	Zypine
	Tab orodispersible 5 mg – 1% DV Sep-17 to 2020	1.25	28	Zypine ODT
	Tab 10 mg – 1% DV Sep-17 to 2020	1.65	28	Zypine
	Tab orodispersible 10 mg – 1% DV Sep-17 to 2020	2.05	28	Zypine ODT
126	QUETIAPINE (↓ price and addition of HSS)			
	Tab 25 mg – 1% DV Sep-17 to 2020	1.79	90	Quetapel
	Tab 100 mg – 1% DV Sep-17 to 2020	3.45	90	Quetapel
	Tab 200 mg – 1% DV Sep-17 to 2020	5.75	90	Quetapel
	Tab 300 mg – 1% DV Sep-17 to 2020	9.60	90	Quetapel
127	RISPERIDONE (↓ price and addition of HSS)			
	Oral liq 1 mg per ml – 1% DV Sep-17 to 2020	7.66	30 ml	Risperon
129	OXAZEPAM (addition of HSS)			
	Tab 10 mg – 1% DV Sep-17 to 2020	6.17	100	Ox-Pam
	Tab 15 mg – 1% DV Sep-17 to 2020	8.53	100	Ox-Pam
131	MELATONIN (new listing and amended restriction)			
	→ Tab modified-release 2 mg	28.22	30	Circadin

Restricted

Initiation — insomnia secondary to neurodevelopmental disorder

Psychiatrist, paediatrician, neurologist or respiratory specialist

Re-assessment required after 12 months

All of the following:

- 1 Patient has been diagnosed with persistent and distressing insomnia secondary to a neurodevelopmental disorder (including, but not limited to, autism spectrum disorder or attention deficit hyperactivity disorder); and**
- 2 Behavioural and environmental approaches have been tried or are inappropriate; and**
- 3 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day; and**
- 4 Patient is aged ≤18 years.**

continued...

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

Changes to Section H Part II – effective 1 July 2017 (continued)
continued...

Continuation — insomnia secondary to neurodevelopmental disorder
Psychiatrist, paediatrician, neurologist or respiratory specialist
Re-assessment required after 12 months

All of the following:

- 1 Patient is aged ≤ 18 years; and**
- 2 Patient has demonstrated clinically meaningful benefit from funded modified-release melatonin (clinician determined); and**
- 3 Patient has had a trial of funded modified-release melatonin discontinuation within the past 12 months and has had a recurrence of persistent and distressing insomnia; and**
- 4 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day.**

Initiation — insomnia where benzodiazepines and zopiclone are contraindicated

Both:

- 1 Patient has insomnia and benzodiazepines and zopiclone are contraindicated; and**
- 2 For in-hospital use only.**

Initiation

For in hospital use only. For the treatment of insomnia where benzodiazepines and zopiclone are contraindicated.

131	MELATONIN (delisting) → Tab 1 mg → Tab 2 mg → Cap 2 mg → Cap 3 mg Note – Melatonin tab 1 mg, 2 mg and cap 2 mg and 3 mg to be delisted from 1 January 2018.			
131	TEMAZEPAM (addition of HSS) Tab 10 mg – 1% DV Sep-17 to 2020	1.27	25	Normison
133	DONEPEZIL HYDROCHLORIDE (↓ price and addition of HSS) Tab 5 mg – 1% DV Sep-17 to 2020	4.34	90	Donepezil-Rex
	Tab 10 mg – 1% DV Sep-17 to 2020	6.64	90	Donepezil-Rex
134	NALTREXONE HYDROCHLORIDE (↓ price and addition of HSS) → Tab 50 mg – 1% DV Sep-17 to 2020	112.55	30	Naltraccord

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

Changes to Section H Part II – effective 1 July 2017 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

136 BENDAMUSTINE HYDROCHLORIDE (new listing)

→ Inj 25 mg vial.....	271.35	1	Ribomustin
→ Inj 100 mg vial.....	1,085.38	1	Ribomustin

Restricted

Initiation — treatment naive CLL

All of the following:

- 1 The patient has Binet stage B or C, or progressive stage A chronic lymphocytic leukaemia requiring treatment; and
- 2 The patient is chemotherapy treatment naive; and
- 3 The patient is unable to tolerate toxicity of full-dose FCR; and
- 4 Patient has ECOG performance status 0-2, and
- 5 Patient has a Cumulative Illness Rating Scale (CIRS) score of <6; and
- 6 Bendamustine is to be administered at a maximum dose of 100 mg/m² on days 1 and 2 every 4 weeks for a maximum of 6 cycles.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL). Chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

Initiation — Indolent, Low-grade lymphomas

Re-assessment required after 9 months

All of the following:

- 1 The patient has indolent low grade NHL requiring treatment; and
- 2 Patient has a WHO performance status of 0-2; and
- 3 Either:
 - 3.1 Both:
 - 3.1.1 Patient is treatment naive; and
 - 3.1.2 Bendamustine is to be administered for a maximum of 6 cycles (in combination with rituximab when CD20+); or
 - 3.2 All of the following:
 - 3.2.1 Patient has relapsed refractory disease following prior chemotherapy; and
 - 3.2.2 The patient has not received prior bendamustine therapy; and
 - 3.2.3 Either:
 - 3.2.3.1 Both:
 - 3.2.3.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+), and
 - 3.2.3.1.2 Patient has had a rituximab treatment-free interval of 12 months or more; or
 - 3.2.3.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients.

Continuation — Indolent, Low-grade lymphomas

Re-assessment required after 9 months

Both:

- 1 Patients have not received a bendamustine regimen within the last 12 months; and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+), and
 - 2.1.2 Patient has had a rituximab treatment-free interval of 12 months or more; or
 - 2.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients.

Note: 'indolent, low-grade lymphomas' includes follicular, mantle cell, marginal zone and lymphoplasmacytic/Waldenström's macroglobulinaemia.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer	
Changes to Section H Part II – effective 1 July 2017 (continued)				
138	METHOTREXATE (↓ price and addition of HSS) Inj 100 mg per ml, 50 ml vial – 1% DV Sep-17 to 2020	79.99	1	Methotrexate Ebewe
139	LLENALIDOMIDE (new listing) → Cap 15 mg.....	7,239.18	21	Revlimid
142	ERLOTINIB (amended restriction) (amended criteria only shown) → Tab 100 mg	764.00	30	Tarceva
	→ Tab 150 mg.....	1,146.00	30	Tarceva
	Initiation <i>Re-assessment required after 4 months</i> All of the following:			
	1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and			
	2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and			
	3 Either:			
	3.1 Patient is treatment naive; or			
	3.2 Both:			
	3.2.1 The patient has discontinued gefitinib within 12 weeks of starting treatment due to intolerance; and			
	3.2.2 The cancer did not progress while on gefitinib; and			
	4 Erlotinib is to be given for a maximum of 3 months.			
142	GEFITINIB (amended restriction) (amended criteria only shown) → Tab 250 mg.....	1,700.00	30	Iressa
	Initiation <i>Re-assessment required after 4 months</i> All of the following:			
	1 Patient has locally advanced or metastatic, unresectable, non-squamous non small cell lung cancer (NSCLC); and			
	2 Either:			
	2.1 Patient is treatment naive; or			
	2.2 Both:			
	2.2.1 The patient has discontinued erlotinib within 12 weeks of starting treatment due to intolerance; and			
	2.2.2 The cancer did not progress while on erlotinib; and			
	3 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and			
	4 Gefitinib is to be given for a maximum of 3 months.			
146	DOCETAXEL (↓ price and addition of HSS) Inj 10 mg per ml, 2 ml vial – 1% DV Sep-17 to 2020	12.40	1	DBL Docetaxel
	Inj 10 mg per ml, 8 ml vial – 1% DV Sep-17 to 2020	26.95	1	DBL Docetaxel
149	EXEMESTANE (addition of HSS) Tab 25 mg – 1% DV Sep-17 to 2020	14.50	30	Pfizer Exemestane

→ 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 July 2017 (continued)

162	INFLIXIMAB (amended restriction) (amended criteria only shown) → Inj 100 mg – 10% DV Mar-15 to 29 Feb 2020 806.00	1	Remicade
	<p>Restricted Initiation — neurosarcoidosis Neurologist <i>Re-assessment required after 18 months</i> All of the following: 1 Biopsy consistent with diagnosis of neurosarcoidosis; and 2 Patient has CNS involvement; and 3 Patient has steroid-refractory disease; and 4 Either: 4.1 IV cyclophosphamide has been tried; or 4.2 Treatment with IV cyclophosphamide is clinically inappropriate.</p> <p>Continuation — neurosarcoidosis Neurologist <i>Re-assessment required after 18 months</i> Either: 1 A withdrawal period has been tried and the patient has relapsed; or 2 All of the following: 2.1 A withdrawal period has been considered but would not be clinically appropriate; and 2.2 There has been a marked reduction in prednisone dose; and 2.3 Either: 2.3.1 There has been an improvement in MRI appearances; or 2.3.2 Marked improvement in other symptomology.</p> <p>Initiation — severe Behcet's disease <i>Re-assessment required after 4 months</i> All of the following: 1 The patient has severe Behcet's disease which is significantly impacting the patient's quality of life (see Notes); and 2 Either: 2.1 The patient has severe ocular, neurological and/or vasculitic symptoms and has not responded adequately to one or more treatment(s) appropriate for the particular symptom(s) (see Notes); or 2.2 The patient has severe gastrointestinal, rheumatologic and/or mucocutaneous symptoms and has not responded adequately to two or more treatment appropriate for the particular symptom(s) (see Notes); and 3 The patient is experiencing significant loss of quality of life.</p> <p>Notes. a) Behcet's disease diagnosed according to the International Study Group for Behcet's Disease. Lancet 1990;335(8697):1078-80. Quality of life measured using an appropriate quality of life scale such as that published in Gilworth et al J Rheumatol. 2004;31:931-7. b) Treatments appropriate for the particular symptoms are those that are considered standard conventional treatments for these symptoms, for example intravenous/oral steroids and other immunosuppressants for ocular symptoms; azathioprine, steroids, thalidomide, interferon alpha and ciclosporin for mucocutaneous symptoms; and colchicine, steroids and methotrexate for rheumatological symptoms.</p> <p>Continuation — Severe Behcet's disease <i>Re-assessment required after 6 months</i> Both: 1 Patient has had a good clinical response to initial treatment with measurably improved quality of life; and 2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.</p>		

continued...

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

Changes to Section H Part II – effective 1 July 2017 (continued)

continued...

Initiation — severe ocular inflammation

*Therapy limited to **Re-assessment required after 3 doses***

Both:

- 1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
- 2 Either:
 - 2.1 ~~patient has failed to achieve control of severe vision-threatening ocular inflammation following Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids~~ **has proven ineffective at controlling symptoms**; or
 - 2.2 Patient developed new inflammatory symptoms while receiving high dose steroids.

Initiation — chronic ocular inflammation

*Therapy limited to **Re-assessment required after 3 doses***

Both:

- 1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and
- 2 **Either:**
 - 2.1 Patient is **18 years or older and treatment with** ~~has tried~~ at least two other immunomodulatory agents **has proven ineffective**; or
 - 2.2 Patient is **under 18 years and treatment with methotrexate has proven ineffective.**

Continuation — **severe** ocular inflammation

Re-assessment required after 12 months

Both:

- 1 Patient has had a good clinical response to initial treatment; and
- 2 ~~Either:~~
 - 2.1 A trial withdrawal of infliximab has been trialled and patient has relapsed after trial withdrawal; or
 - 2.2 Patient has Behcet's disease

Any of the following:

- 1 The patient has had a good clinical response following 3 initial doses; or
- 2 The patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema), following 12 months' treatment; or
- 3 The patient has a sustained steroid sparing effect, allowing reduction in prednisone to <10mg daily, or steroid drops less than twice daily if under 18 years old, following 12 months' treatment.

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

Continuation — chronic ocular inflammation

Re-assessment required after 12 months

Any of the following:

- 1 The patient has had a good clinical response following 3 initial doses; or
- 2 The patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema), following 12 months' treatment; or
- 3 The patient has a sustained steroid sparing effect, allowing reduction in prednisone to <10mg daily, or steroid drops less than twice daily if under 18 years old, following 12 months' treatment.

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

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

Changes to Section H Part II – effective 1 July 2017 (continued)

169	RITUXIMAB (amended restriction) (amended criteria only shown)		
	→ Inj 10 mg per ml, 10 ml vial.....	1,075.50	2 Mabthera
	→ Inj 10 mg per ml, 50 ml vial.....	2,688.30	1 Mabthera

Restricted

Initiation — Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:

- 1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
- 2 The patient is rituximab treatment naïve; and
- 3 Either:
 - 3.1 The patient is chemotherapy treatment naïve; or
 - 3.2 Both:
 - 3.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
 - 3.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; and
- 4 The patient has good performance status; and
- ~~5 The patient has good renal function (creatinine clearance \geq 30 ml/min); and~~

~~65~~ The patient does not have chromosome 17p deletion CLL; and

~~76~~ Rituximab to be administered in combination with fludarabine and cyclophosphamide **or bendamustine** for a maximum of 6 treatment cycles; and

~~87~~ It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) **or bendamustine**.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with rituximab is expected to improve symptoms and improve ECOG score to <2.

Continuation — Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:

- 1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
- 2 The patient has had a rituximab treatment-free interval of 36 months or more; and
- 3 The patient does not have chromosome 17p deletion CLL; and
- 4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) **or bendamustine**; and
- 5 Rituximab to be administered in combination with fludarabine and cyclophosphamide **or bendamustine** for a maximum of 6 treatment cycles.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

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

Changes to Section H Part II – effective 1 July 2017 (continued)

182	NIVOLUMAB (amended restriction) (amended criteria only shown)		
	→ 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 <i>Re-assessment required after 4 months</i>		
	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 The patient has ECOG performance score of 0-2; and		
	4 Either:		
	4.1 3-1 Patient has not received funded pembrolizumab; or		
	4.2 3-2 Both:		
	4.2.1 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		
	4.2.2 3-2-2 The cancer did not progress while the patient was on pembrolizumab; and		
	54 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		
	65 Baseline measurement of overall tumour burden is documented (see Note); and		
	76 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.		
183	PEMBROLIZUMAB (amended restriction) (amended criteria only shown)		
	→ Inj 50 mg vial.....	2,340.00	1 Keytruda
	Restricted Initiation Medical oncologist <i>Re-assessment required after 4 months</i>		
	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 The patient has ECOG performance score of 0-2; and		
	4 Either:		
	4.1 3-1 Patient has not received funded nivolumab; or		
	4.2 3-2 Both:		
	4.2.1 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		
	4.2.2 3-2-2 The cancer did not progress while the patient was on nivolumab; and		
	54 Pembrolizumab is to be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles); and		
	65 Baseline measurement of overall tumour burden is documented (see Note); and		
	76 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 (6 cycles) if their disease progresses during this time.		

→ 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 July 2017 (continued)

SENSORY ORGANS

194	OLOPATADINE (↓ price) Eye drops 0.1%	13.60	5 ml	Patanol
196	TIMOLOL (↓ price and addition of HSS) Eye drops 0.25% – 1% DV Sep-17 to 2020	1.43	5 ml	Arrow-Timolol
	Eye drops 0.5% – 1% DV Sep-17 to 2020	1.43	5 ml	Arrow-Timolol
196	ACETAZOLAMIDE (addition of HSS) Tab 250 mg – 1% DV Sep-17 to 2020	17.03	100	Diamox
197	ATROPINE SULPHATE (addition of HSS) Eye drops 1% – 1% DV Sep-17 to 2020	17.36	15 ml	Atropt

VARIOUS

202	IODISED OIL (↑ price) Inj 38% w/w (480 mg per ml), 10 ml ampoule	280.00	1	Lipiodol Ultra Fluid
204	TUBERCULIN, PURIFIED PROTEIN DERIVATIVE (delisting) Inj 5 TU per 0.1 ml, 1 ml vial Note – Tuberculin, purified protein derivative inj 5 TU per 0.1 ml, 1 ml vial to be delisted 1 July 2017.			

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

208	GLYCEROL (new listing) Liq – 1% DV Sep-17 to 2020	3.28	500 ml	healthE Glycerol BP Liquid
	Note – ABM Glycerol Liq 2,000 ml to be delisted from 1 September 2017.			
208	HYDROCORTISONE (↓ price and addition of HSS) Powder – 1% DV Sep-17 to 2020	49.95	25 g	ABM

VACCINES

225	DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE (addition of HSS) → Inj 30 IU diphtheria toxoid with 30IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe – 0% DV Sep-17 to 2020	0.00	10	Infanrix IPV
225	DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE (addition of HSS) → Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe (1) and inj 10 mcg haemophilus influenzae type B vaccine vial – 0% DV Sep-17 to 2020	0.00	10	Infanrix-hexa

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

Changes to Section H Part II – effective 1 July 2017 (continued)

225	ADULT DIPHTHERIA AND TETANUS VACCINE (addition of HSS) → Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe – 0% DV Jul-17 to 2020 0.00	5	ADT Booster
226	DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE (addition of HSS) → Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe – 0% DV Sep-17 to 2020 0.00	1 10	Boostrix Boostrix
226	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (new listing and addition of HSS) → Haemophilus Influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml – 0% DV Sep-17 to 2020 0.00	1	Hiberix
226	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (delisting) → Inj 10 mcg vial with diluent syringe..... 0.00 Note – Act-HIB Inj 10 mcg vial with diluent syringe to be delisted from 1 October 2017.	1	Act-HIB
226	MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE (addition of HSS) → Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – 0% DV Jul-17 to 2020 0.00	1	Menactra
227	MENINGOCOCCAL C CONJUGATE VACCINE (addition of HSS and delisting) → Inj 10 mcg in 0.5 ml syringe – 0% DV Jul-17 to 2020 0.00 Note – Neisvac-C inj 10 mcg in 0.5 ml syringe 10 inj pack to be delisted from 1 July 2017.	1	Neisvac-C
227	PNEUMOCOCCAL (PCV10) CONJUGATED VACCINE (new listing and addition of HSS) → Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe – 0% DV Sep-17 to 2020 0.00	10	Synflorix

Restricted

Initiation

Either:

- 1 A primary course of four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or
- 2 Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV13.

Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

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

Changes to Section H Part II – effective 1 July 2017 (continued)

227	PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE (amended presentation and restriction)			
	→ Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5 ml syringe.....	0.00	1 10	Prevenar 13 Prevenar 13

Restricted

Initiation — **High risk children who have received PCV10**

Therapy limited to 1 dose

Any of the following:

- 1 A primary course of four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or
- 2 Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV10; or
- 3 One dose is funded for high risk children (over the age of 17 months and **up to the age of under 18 years**) who have previously received four doses of PCV10; ~~or~~

Initiation — **High risk children aged under 5 years**

Therapy limited to 4 doses

Both:

- 1 **Up to an additional four doses (as appropriate) are funded for children aged under 5 years for (re-) immunisation; and**
- 2 **Any of the following:**
 - 2.1 **on immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or**
 - 2.2 **with primary immune deficiencies; or**
 - 2.3 **with HIV infection; or**
 - 2.4 **with renal failure, or nephrotic syndrome; or**
 - 2.5 **who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or**
 - 2.6 **with cochlear implants or intracranial shunts; or**
 - 2.7 **with cerebrospinal fluid leaks; or**
 - 2.8 **receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or**
 - 2.9 **with chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or**
 - 2.10 **pre term infants, born before 28 weeks gestation; or**
 - 2.11 **with cardiac disease, with cyanosis or failure; or**
 - 2.12 **with diabetes; or**
 - 2.13 **with Down syndrome; or**
 - 2.14 **who are pre- or post-splenectomy, or with functional asplenia.**

Initiation — **High risk adults and children 5 years and over**

Therapy limited to 4 doses

- 4 **Up to an additional four doses (as appropriate) are funded for (re-)immunisation of patients 5 years and over with HIV, for patients pre or post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency; ~~or~~**

Initiation — **Testing for primary immunodeficiency diseases**

- 5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes

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

Changes to Section H Part II – effective 1 July 2017 (continued)

227	PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE (amended criteria and addition of HSS) → Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) – 0% DV Jul-17 to 2020	0.00	1	Pneumovax 23
	Restricted Initiation — High risk patients Therapy limited to three doses Any of the following: 1 Up to three doses (as appropriate) for patients with HIV, for patients post haematopoietic stem cell transplant, or chemotherapy; pre- or post-splenectomy, or with functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency.†; or			
	Initiation — High risk children Therapy limited to two doses Both: 12 Up to two doses are funded for high risk children to the age of Patient is a child under 18 years for (re-)immunisation; and			
	2 Any of the following: 2.1 on immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or 2.2 with primary immune deficiencies; or 2.3 with HIV infection; or 2.4 with renal failure, or nephrotic syndrome; or 2.5 who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or 2.6 with cochlear implants or intracranial shunts; or 2.7 with cerebrospinal fluid leaks; or 2.8 receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or 2.9 with chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or 2.10 pre term infants, born before 28 weeks gestation; or 2.11 with cardiac disease, with cyanosis or failure; or 2.12 with diabetes; or 2.13 with Down syndrome; or 2.14 who are pre-or post-splenectomy, or with functional asplenia.			
	Initiation — Testing for primary immunodeficiency diseases 3 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.			
228	HEPATITIS A VACCINE (addition of HSS) → Inj 720 ELISA units in 0.5 ml syringe – 0% DV Sep-17 to 2020	0.00	1	Havrix Junior
	→ Inj 1440 ELISA units in 1 ml syringe – 0% DV Sep-17 to 2020	0.00	1	Havrix

→ 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 July 2017 (continued)

228	HEPATITIS B RECOMBINANT VACCINE (amended restriction and addition of HSS)			
	→ Inj 5 mcg in 0.5 ml vial – 0% DV Jul-17 to 2020	0.00	1	HBvaxPRO
	→ Inj 10 mcg in 1 ml vial – 0% DV Jul-17 to 2020	0.00	1	HBvaxPRO

Restricted
Initiation

Any of the following:

- 1 for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
- 2 for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
- 3 for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination **or require a primary course of vaccination**; or
- 4 for HIV positive patients; or
- 5 for hepatitis C positive patients; or
- 6 for patients following non-consensual sexual intercourse; or
- 7 for patients following immunosuppression; or
- 8 for **solid organ** transplant patients; or
- 9 for post-haematopoietic stem cell transplant (HSCT) patients; or**
- 109** following needle stick injury.

228	HEPATITIS B RECOMBINANT VACCINE (addition of HSS)			
	→ Inj 40 mcg per 1 ml vial – 0% DV Jul-17 to 2020	0.00	1	HBvaxPRO

229	INFLUENZA VACCINE (amended criterion only shown)			
	→ Inj 45 mcg in 0.5 ml syringe.....	90.00	10	Influvac

Initiation — Other conditions

Any of the following:

- 1 Any of the following:
 - 1.1 Diabetes; or
 - 1.2 chronic renal disease; or
 - 1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
 - 1.4 Autoimmune disease; or
 - 1.5 Immune suppression or immune deficiency; or
 - 1.6 HIV; or
 - 1.7 Transplant recipient; or
 - 1.8 Neuromuscular and CNS diseases/ disorders; or
 - 1.9 Haemoglobinopathies; or
 - 1.10 Is a child on long term aspirin; or
 - 1.11 Has a cochlear implant; or
 - 1.12 Errors of metabolism at risk of major metabolic decompensation; or
 - 1.13 Pre and post splenectomy; or
 - 1.14 Down syndrome; or
 - 1.15 Is pregnant; or
 - 1.16 Is a child aged four and under who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or
- 2 Patients who are compulsorily detained long-term in a forensic unit within a DHB hospital; or
- 3 People under 18 years of age living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board); **or**
- 4 People under 18 years of age who have been displaced from their homes in Edgecumbe and the surrounding region.**

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

Changes to Section H Part II – effective 1 July 2017 (continued)

230	MEASLES, MUMPS AND RUBELLA VACCINE (new listing and addition of HSS) → Injection, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml – 0% DV Sep-17 to 2020 0.00	10	Priorix
230	MEASLES, MUMPS AND RUBELLA VACCINE (delisting) → Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent 0.00	10	M-M-R-II
	Note – M-M-R-II Inj 1000 TCID50 measles, 12,500 TCID50 mumps and 1,000 TCID50 rubella vial with diluent, 10 inj pack to be delisted from 1 October 2017.		
230	POLIOMYELITIS VACCINE (addition of HSS) → Inj 80 D-antigen units in 0.5 ml syringe – 0% DV Jul-17 to 2020 0.00	1	IPOL
231	ROTAVIRUS ORAL VACCINE (new listing and addition of HSS) → Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator – 0% DV Sep-17 to 2020 0.00	10	Rotarix
	Restricted Initiation <i>Therapy limited to two doses</i> Both: 1 First dose to be administered in infants aged under 14 weeks of age; and 2 No vaccination being administered to children aged 24 weeks or over.		
231	ROTAVIRUS LIVE REASSORTANT ORAL VACCINE → Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50 units per 2 ml, tube 0.00	10	RotaTeq
	Note – RotaTeq oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50 units per 2 ml, tube to be delisted from 1 October 2017.		
231	VARICELLA VACCINE [CHICKENPOX VACCINE] [CHICKEN POX VACCINE] (new listing of 10 vial pack, amended restriction, amended chemical name, amended presentation and addition of HSS) → Inj 2000 PFU prefilled syringe plus vial Inj 2,000 PFU vial with diluent – 0% DV Sep-17 to 2020 0.00	10 1	Varilrix Varilrix
	Restricted Initiation — primary vaccinations <i>Therapy limited to 1 dose</i> Either: 1 Any infant born on or after 1 April 2016; or 2 For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox). Initiation — other conditions <i>Therapy limited to 2 doses</i> Any of the following: 1 Any of the following for non-immune patients: 1.1 with chronic liver disease who may in future be candidates for transplantation; or 1.2 with deteriorating renal function before transplantation; or		

continued...

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

Changes to Section H Part II – effective 1 July 2017 (continued)

continued...

- 1.3 prior to solid organ transplant; or
- 1.4 prior to any elective immunosuppression*; or
- 1.5 for post exposure prophylaxis who are immune competent inpatients.; or
- 2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist.
- 3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist.
- 4 For HIV positive patients non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist.
- 5 For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella.
- 6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella; or
- 7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

Note * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days.

Initiation

Therapy limited to 2 doses

Any of the following:

- 1 Any of the following:
 - for non-immune patients
 - 1.1 With chronic liver disease who may in future be candidates for transplantation; or
 - 1.2 With deteriorating renal function before transplantation; or
 - 1.3 Prior to solid organ transplant; or
 - 1.4 Prior to any elective immunosuppression*; or
 - 1.5 For post exposure prophylaxis who are immune competent inpatients.; or
- 2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist; or
- 3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist; or
- 4 For HIV positive non-immune to varicella with mild or moderate immunosuppression on advice of HIV specialist; or
- 5 For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella; or
- 6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella; or
- 7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

231	TUBERCULIN PPD [MANTOUX] TEST (new listing)			
	Inj 5 TU per 0.1 ml, 1 ml vial – 0% DV Jul-17 to 2020	0.00	1	Tubersol

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

Changes to Section H Part II – effective 1 June 2017

ALIMENTARY TRACT AND METABOLISM

27	ALFACALCIDOL (addition of HSS) Cap 0.25 mcg – 1% DV Aug-17 to 2020	26.32	100	One-Alpha
	Cap 1 mcg – 1% DV Aug-17 to 2020	87.98	100	One-Alpha
27	ALFACALCIDOL (new listing) Oral drops 2 mcg per ml – 1% DV Aug-17 to 2020	60.68	20 ml	One-Alpha
27	PYRIDOXINE HYDROCHLORIDE (new listing) Inj 100 mg per ml, 30 ml vial			

CARDIOVASCULAR SYSTEM

46	NIFEDIPINE (new listing and addition of HSS) Tab long-acting 10 mg – 1% DV Aug-17 to 2020	10.63	60	Adalat 10
----	--	-------	----	------------------

DERMATOLOGICALS

54	SULPHADIAZINE SILVER (↓ price and addition of HSS) Crm 1% – 1% DV Aug-17 to 2020	10.80	50 g	Flamazine
55	Antiparasitics Barrier Creams (amended Therapeutic subgroup) DIMETHICONE Lotn 4% – 1% DV Jul-17 to 2019	4.98	200 ml	healthE Dimethicone 4% Lotion

GENITO-URINARY SYSTEM

60	NYSTATIN (new listing and addition of HSS) Vaginal crm 100,000 u per 5 g with applicator(s) – 1% DV Aug-17 to 2020	4.45	75 g	Nilstat
----	--	------	------	----------------

HORMONE PREPARATIONS

65	TESTOSTERONE (new listing) Patch 5 mg per day	80.00	30	Androderm
----	--	-------	----	------------------

INFECTIONS

78	AMOXICILLIN WITH CLAVULANIC ACID (brand change) Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml – 1% DV Aug-17 to 2019	2.20	100 ml	Curam
	Note – Augmentin grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml to be delisted from 1 August 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 June 2017 (continued)

97	PEGYLATED INTERFERON ALFA-2A (delisting) → Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112)	1,159.84	1	Pegasys RBV Combination Pack
----	--	----------	---	---------------------------------

Note – Pegasys RBV Combination Pack inj 180 mcg prefilled syringe (4) with ribavirin tab 200 ng (112) to be delisted from 1 August 2017.

MUSCULOSKELETAL SYSTEM

107	CELECOXIB (new listing and addition of HSS) → Cap 100 mg – 1% DV Aug-17 to 2020.....	3.63	60	Celecoxib Pfizer
	→ Cap 200 mg – 1% DV Aug-17 to 2020.....	2.30	30	Celecoxib Pfizer

Note – The DV limit of 1% applies to the celecoxib chemical rather than each individual line item.
Note – Celecoxib cap 400 mg to be delisted from 1 August 2017.

NERVOUS SYSTEM

115	MORPHINE TARTRATE (delisting) Inj 80 mg per ml, 5 ml ampoule	107.67	5	Hospira
-----	---	--------	---	---------

Note – Hospira inj 80 mg per ml, 5 ml ampoule to be delisted from 1 August 2017.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

140	TEMOZOLOMIDE (amended restriction) → Cap 5 mg – 1% DV Feb-17 to 2019.....	10.20	5	Orion Temozolomide
	→ Cap 20 mg – 1% DV Feb-17 to 2019.....	18.30	5	Orion Temozolomide
	→ Cap 100 mg – 1% DV Feb-17 to 2019.....	40.20	5	Orion Temozolomide
	→ Cap 250 mg – 1% DV Feb-17 to 2019.....	96.80	5	Orion Temozolomide

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 at a maximum dose of 200 mg/m² 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/m² per day; and
- 4 Temozolomide to be discontinued at disease progression.

Continuation — High grade gliomas

Re-assessment required after 12 months

Either:

- 1 Both:

continued...

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

Changes to Section H Part II – effective 1 June 2017 (continued)

continued...

- 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
- 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 **high grade glioma**.

147	AMINOLEVULINIC ACID HYDROCHLORIDE (new listing)			
	→ Powder for oral soln, 30 mg per ml, 1.5 g vial	4,400.00	1	Giolan
		44,000.00	10	Giolan

Restricted

Initiation – high grade malignant glioma

All of the following:

- 1 Patient has newly diagnosed, untreated, glioblastoma multiforme; and
- 2 Treatment to be used as adjuvant to fluorescence-guided resection; and
- 3 Patient's tumour is amenable to complete resection.

SPECIAL FOODS

216	PEPTIDE-BASED ORAL ENTERAL FEED 1.5 KCAL/ML (amended chemical name)			
	→ Liquid 6.75 g protein, 18.4 g carbohydrate and 5.5 g fat per			
	100 ml, bottle	18.06	1,000 ml	Vital

VACCINES

229	INFLUENZA VACCINE (HSS expired)			
	→ Inj 45 mcg in 0.5 ml syringe			
	– 0% DV Feb-17 to 31 Dec 2019 31 May 2017	90.00	10	Influvac

→ 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 May 2017

DERMATOLOGICALS

55	DIMETHICONE (new listing and addition of HSS) Lotn 4% - 1% DV Jul-17 to 2019	4.98	200 ml	healthE Dimethicone 4% Lotion
58	CALCIPOTRIOL (addition of HSS) Oint 50 mcg per g – 1% DV Jul-17 to 2020	45.00	100 g	Daivonex

HORMONE PREPARATIONS

66	DEXAMETHASONE PHOSPHATE (new pack size) Inj 4 mg per ml, 2 ml ampoule – 1% DV Jul-16 to 2019	25.18	10	Max Health
----	--	-------	----	-------------------

Note – This is a listing of a new pack size

INFECTIONS

78	PIPERACILLIN WITH TAZOBACTAM (new listing) → Inj 4 g with tazobactam 0.5 g vial	15.50	1	Tazocin EF
86	METRONIDAZOLE (new listing) Inj 5 mg per ml, 100 ml bottle.....	1.39	1	AFT

NERVOUS SYSTEM

128	FLUPHENAZINE DECANOATE – Restricted: For continuation only (delisting) → Inj 12.5 mg per 0.5 ml ampoule	17.60	5	Modecate
	→ Inj 25 mg per ml, 1 ml ampoule.....	27.90	5	Modecate
	→ Inj 25 mg per ml, 2 ml ampoule.....			<i>e.g. Modecate</i>
	→ Inj 100 mg per ml, 1 ml ampoule.....	154.50	5	Modecate

Note – Modecate inj 12.5 mg per 0.5 ml, inj 25 mg per ml, 1 ml and 2 ml, and 100 mg per ml, 1 ml ampoules to be delisted from 1 December 2017.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

184	AZATHIOPRINE (brand change) Tab 25 mg – 1% DV Jul-17 to 2019	9.66	100	Imuran
	Tab 50 mg – 1% DV Jul-17 to 2019	10.58	100	Imuran

Note – Azamun tab 25 mg and 50 mg to be delisted from 1 July 2017.

RESPIRATORY SYSTEM AND ALLERGIES

191	SODIUM CROMOGLYCATE (delisting) Powder for inhalation 20 mg per dose Note – Sodium cromoglycate powder for inhalation 20 mg per dose to be delisted from 1 June 2017.			
-----	---	--	--	--

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

Changes to Section H Part II – effective 1 May 2017 (continued)

VACCINES

229	<p>INFLUENZA VACCINE (Restriction amended (affected criterion only shown))</p> <p>→ Inj 45 mcg in 0.5 ml syringe</p> <p>– 0% DV Feb-17 to 31 Dec 2019</p>	90.00	10	Influvac
	<p>Restricted</p> <p>Initiation — Other conditions</p> <p>Any of the following Either:</p> <p>1 Any of the following:</p> <p>1.1 Diabetes; or</p> <p>1.2 chronic renal disease; or</p> <p>1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or</p> <p>1.4 Autoimmune disease; or</p> <p>1.5 Immune suppression or immune deficiency; or</p> <p>1.6 HIV; or</p> <p>1.7 Transplant recipient; or</p> <p>1.8 Neuromuscular and CNS diseases/ disorders; or</p> <p>1.9 Haemoglobinopathies; or</p> <p>1.10 Is a child on long term aspirin; or</p> <p>1.11 Has a cochlear implant; or</p> <p>1.12 Errors of metabolism at risk of major metabolic decompensation; or</p> <p>1.13 Pre and post splenectomy; or</p> <p>1.14 Down syndrome; or</p> <p>1.15 Is pregnant; or</p> <p>1.16 Is a child aged four and under who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or</p> <p>2 Patients who are compulsorily detained long-term in a forensic unit within a DHB hospital; or</p> <p>3 People under 18 years of age living within the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board).</p>			

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

Changes to Section H Part II – effective 1 April 2017

BLOOD AND BLOOD FORMING ORGANS

40	SODIUM CHLORIDE (new listing) Inj 0.9%, 20 ml ampoule.....	5.00	20	Multichem
40	SODIUM CHLORIDE (HSS suspended) Inj 0.9%, 20 ml ampoule – 1% DV Mar-17 to 2019 31 Mar 2017	7.50	30	InterPharma
40	WATER (new listing) Inj 20 ml ampoule.....	5.00	20	Multichem
40	WATER (HSS suspended) Inj 20 ml ampoule – 1% DV Mar-17 to 2019-31 Mar 2017	7.50	30	Interpharma

CARDIOVASCULAR SYSTEM

44	AMIODARONE HYDROCHLORIDE (brand change) Inj 50 mg per ml, 3 ml ampoule – 1% DV Jun-17 to 2019	9.98	5	Lodi
	Note – Cordarone-X inj 50 mg per ml, 3 ml ampule to be delisted from 1 June 2017.			

GENITO-URINARY SYSTEM

61	LEVONORGESTREL (↑ price and addition of HSS) Tab 1.5 mg – 1% DV Jun-17 to 2019	4.95	1	Postinor-1
----	--	------	---	-------------------

HORMONE PREPARATIONS

67	PREDNISONE (addition of HSS) Tab 1 mg – 1% DV Jun-17 to 2020	10.68	500	Apo-Prednisone
	Tab 2.5 mg – 1% DV Jun-17 to 2020	12.09	500	Apo-Prednisone
	Tab 5 mg – 1% DV Jun-17 to 2020	11.09	500	Apo-Prednisone
	Tab 20 mg – 1% DV Jun-17 to 2020	29.03	500	Apo-Prednisone
68	CLOMIFENE GLOMIPHENE CITRATE (chemical name change) Tab 50 mg	29.84	10	Mylan Clomiphene Serophene

INFECTIONS

81	FUSIDIC ACID (addition of HSS) → Tab 250 mg – 1% DV Jun-17 to 2020	34.50	12	Fucidin
90	DARUNAVIR (↓ price and addition of HSS) → Tab 400 mg – 1% DV Jun-17 to 2020	335.00	60	Prezista
	→ Tab 600 mg – 1% DV Jun-17 to 2020	476.00	60	Prezista

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

Changes to Section H Part II – effective 1 April 2017 (continued)

MUSCULOSKELETAL SYSTEM

99	AURANOFIN - Restricted: for continuation only (restriction added and delisting) Tab 3 mg Note – Auranofin tab 3 mg to be delisted from 1 September 2017.			
99	LEFLUNOMIDE (brand change) Tab 10 mg – 1% DV Jun-17 to 2020	2.90	30	Apo-Leflunomide
	Tab 20 mg – 1% DV Jun-17 to 2020	2.90	30	Apo-Leflunomide
	Note – Arava tab 10 mg and 20 mg to be delisted from 1 June 2017.			
108	NAPROXEN (amended pack size) Tab long-acting 750 mg – 1% DV Jun-15 to 2018	5.60	28	Naprosyn SR 750
	Tab long-acting 1 g – 1% DV Jun-15 to 2018	6.53	28	Naprosyn SR 1000
	Note – Naproxen tab 750 mg and 1 g pack size change from 90 pack bottle to 28 blister pack. The 90 tablet packs will be delisted at a later date.			

NERVOUS SYSTEM

109	BENZATROPINE BENZTROPINE MESYLATE (chemical name change) Tab 2 mg	7.99	60	Benzotrop
	Inj 1 mg per ml, 2 ml ampoule	95.00	5	Cogentin
117	VENLAFAXINE (brand change) Cap 37.5 mg – 1% DV Jun-17 to 2020	6.38	84	Enlafax XR
	Cap 75 mg – 1% DV Jun-17 to 2020	8.11	84	Enlafax XR
	Cap 150 mg – 1% DV Jun-17 to 2020	11.16	84	Enlafax XR
	Note – Arrow-Venlafaxine XR tab modified release 37.5 mg, 75 mg, 150 mg and 225 mg, and Efexor XR cap modified release 37.5 mg, 75 mg and 150 mg to be delisted from 1 June 2017.			
123	APREPITANT (new listing) → Cap 40 mg.....	71.43	5	Emend
123	SUMATRIPTAN (brand change) Tab 50 mg – 1% DV Jun-17 to 2019	24.44	100	Apo-Sumatriptan
	Tab 100 mg – 1% DV Jun-17 to 2019	46.23	100	Apo-Sumatriptan
	Note – Arrow-Sumatriptan tab 50 mg and 100 mg to be delisted from 1 June 2017.			
124	GRANISETRON (delisting) Tab 1 mg – 1% DV Jan-15 to 2017	5.98	50	Granirex
	Note – Granirex tab 1 mg to be delisted from 1 October 2017.			
134	BUPROPION HYDROCHLORIDE (addition of HSS) Tab modified-release 150 mg – 1% DV Jun-17 to 2020	11.00	30	Zyban

→ 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 April 2017 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

142	ERLOTINIB (amended restriction – amended criteria shown only)			
	→ Tab 100 mg.....	764.00	30	Tarceva
	→ Tab 150 mg.....	1,146.00	30	Tarceva
	Restricted			
	Initiation			
	<i>Re-assessment required after 4 months</i>			
	All of the following:			
	1 Patient has locally advanced or metastatic, unresectable, non-squamous Non-Small Cell Lung Cancer (NSCLC); and			
	2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and			
	3 Either Any of the following:			
	3.1 Patient is treatment naive; or			
	3.2 Both:			
	3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and			
	3.2.2 Patient has not received prior treatment with gefitinib; or			
	3.2.3 Both:			
	3.2.1.3.1 The patient has discontinued gefitinib within 12 weeks of starting treatment due to intolerance; and			
	3.2.1.3.2 The cancer did not progress while on gefitinib; and			
	4 Erlotinib is to be given for a maximum of 3 months.			

SPECIAL FOODS

211	PROTEIN SUPPLEMENT (delisting)			
	→ Powder 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g, 275 g can			e.g. <i>Promod</i>
	Note – Promod powder to be delisted from 1 April 2017.			
213	AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE) (delisting)			
	→ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can			e.g. <i>MSUD Maxamaid</i>
	Note – MSUD Maxamaid to be delisted from 1 May 2017.			

Index

Pharmaceuticals and brands

A			
Acetazolamide	27	Celecoxib Pfizer..... 35	
Acitretin	12	Chicken pox vaccine	32
Act-HIB	28	Chickenpox vaccine	32
Adalat 10	34	Cilicaine..... 14	
ADT Booster	28	Cipflox	14
Adult diphtheria and tetanus vaccine..... 28		Ciprofloxacin..... 14	
Alfacalcidol..... 34		Circadin..... 19	
Alfentanil..... 18		Clarithromycin..... 14	
Amino acid formula (without isoleucine, leucine and valine)..... 41		Clomifene citrate..... 39	
Aminolevulinic acid hydrochloride	36	Clomiphene citrate..... 39	
Amiodarone hydrochloride..... 39		Clonidine..... 11	
Amlodipine..... 11		Cogentin..... 40	
Amorolfine..... 12		Coloxyl..... 10	
Amoxicillin..... 14		Curam..... 34	
Amoxicillin with clavulanic acid	34	Cyproterone acetate with ethinyloestradiol..... 12	
Androderm..... 34		D	
Apo-Amlodipine..... 11		Daivonex..... 37	
Apo-Azithromycin..... 13		Darunavir..... 39	
Apo-Clarithromycin..... 14		DBL Cefotaxime..... 13	
Apo-Doxazosin..... 10		DBL Docetaxel..... 22	
Apo-Leflunomide..... 40		DBL Morphine Sulphate..... 18	
Apo-Perindopril..... 10		DBL Pethidine Hydrochloride..... 18	
Apo-Prednisone..... 39		Depo-Testosterone..... 12	
Apo-Sumatriptan..... 40		Dexamethasone phosphate..... 37	
Aprepitant..... 40		Dexmedetomidine..... 17	
Aristocort..... 12		Diamox..... 27	
Arrow-Timolol..... 27		Dimethicone..... 34, 37	
Arrow-Tramadol..... 19		Diphtheria, tetanus and pertussis vaccine	28
Atropine sulphate..... 27		Diphtheria, tetanus, pertussis and polio vaccine..	27
Atropt..... 27		Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine ...	27
Auranofin..... 40		Docetaxel..... 22	
Azathioprine..... 37		Docusate sodium..... 10	
Azithromycin..... 13		Donepezil hydrochloride..... 20	
AZT..... 16		Donepezil-Rex..... 20	
B		Doxazosin..... 10	
Bendamustine hydrochloride..... 21		DP Lotn HC..... 12	
Benzatropine mesylate..... 40		Duride..... 11	
Benztrop..... 40		E	
Benztropine mesylate..... 40		Emend..... 40	
Benzylpenicillin sodium [penicillin G]..... 14		Enlaxaf XR..... 40	
Bethahistine dihydrochloride..... 19		Ephedrine..... 11	
Boostrix..... 28		Erlotinib..... 22, 41	
Bupivacaine hydrochloride..... 17		Exemestane..... 22	
Bupropion hydrochloride..... 40		F	
C		Flamazine..... 34	
Calcipotriol..... 37		Flucil..... 14	
Cefazolin..... 12		Flucloxacillin..... 14	
Cefotaxime..... 13		Flucloxin..... 14	
Celecoxib..... 35		Fluphenazine decanoate..... 37	
		Fucidin..... 39	

Index

Pharmaceuticals and brands

Fusidic acid.....	39	Lipiodol Ultra Fluid	27
G		LMX4.....	17
Gefitinib	22	Lodi	39
Ginet.....	12	Lopinavir with ritonavir	16
Gliclazide	10	M	
Gliolan	36	Mabthera	25
Glizide.....	10	Magnesium sulphate.....	10
Glycerol	27	Mantoux.....	33
Granirex	40	Marcain	17
Granisetron	40	Marcain Isobaric	17
H		Measles, mumps and rubella vaccine	32
Haemophilus influenzae type B vaccine	28	Melatonin	19, 20
Havrix	30	Menactra	28
Havrix Junior.....	30	Meningococcal (A, C, Y and W-135) conjugate vaccine	28
HBvaxPRO	31	Meningococcal C conjugate vaccine.....	28
healthE Dimethicone 4% Lotion	34, 37	Methotrexate	22
healthE Glycerol BP Liquid.....	27	Methotrexate Ebewe.....	22
Hepatitis A vaccine.....	30	Metronidazole	37
Hepatitis B recombinant vaccine.....	31	Miconazole nitrate	12
Hiberix	28	Micreme	12
Hydrocortisone	27	M-M-R-II.....	32
Hydrocortisone and paraffin liquid and lanolin	12	Modecate.....	37
I		Morphine sulphate.....	18
Ibiamox.....	14	Morphine tartrate	35
Imuran	37	MSUD Maxamaid	41
Infanrix-hexa	27	Mycosail	12
Infanrix IPV	27	Mylan Clomiphen	39
Infliximab	23	N	
Influenza vaccine.....	31, 36, 38	Naltraccord	20
Influvac	31, 36, 38	Naltrexone hydrochloride.....	20
Iodised oil	27	Naprosyn SR 750.....	40
IPOL	32	Naprosyn SR 1000.....	40
Iressa	22	Naproxen	40
Isosorbide mononitrate.....	11	Neisvac-C	28
Ivabradine	10	Nifedipine.....	34
K		Nilstat	34
Kaletra	16	Nivolumab	26
Kenacort-A 10.....	12	Non-nucleoside reverse transcriptase inhibitors ..	15
Kenacort-A 40.....	12	Noradrenaline.....	11
Kenalog in Orabase	10	Noradrenaline BNM	11
Ketoconazole	12	Normison	20
Keytruda	26	Novatretin	12
L		Nucleoside reverse transcriptase inhibitors	15
Lamivudine	17	Nystatin	34
Leflunomide	40	O	
Lenalidomide	22	Olanzapine	19
Levonorgestrel	39	Olopatadine.....	27
Lidocaine [lignocaine]	17	One-Alpha.....	34
Lidocaine [lignocaine] hydrochloride with adrenaline and tetracaine hydrochloride	17	Opdivo	26
Lignocaine.....	17	Orion Temozolomide	35

Index

Pharmaceuticals and brands

Oxazepam.....	19	Rizatriptan.....	19
Ox-Pam	19	Ropivacaine hydrochloride	18
P		Ropivacaine Kabi	18
Pamidronate disodium	17	Rotarix.....	32
Pamisol	17	RotaTeq.....	32
Paracetamol.....	18	Rotavirus live reassortant oral vaccine.....	32
Paracetamol + Codeine (Relieve).....	18	Rotavirus oral vaccine.....	32
Paracetamol Kabi	18	Roxithromycin.....	14
Paracetamol with codeine	18	Rulide D.....	14
Patanol	27	S	
Pegasys RBV Combination Pack	35	Sebizole.....	12
Pegylated interferon alfa-2a.....	35	Serophene	39
Pembrolizumab	26	Sevredol	18
Penicillin G.....	14	Sildenafil.....	11
Peptide-based enteral feed 1.5 Kcal/ml.....	36	Sodium chloride.....	39
Perfalgan	18	Sodium citro-tartrate	12
Perindopril	10	Sodium cromoglycate	37
Pethidine hydrochloride	18	Strand transfer inhibitors	16
Pfizer Exemestane.....	22	Sulphadiazine silver.....	34
Piperacillin with tazobactam	37	Sumatriptan	40
Pneumococcal (PCV10) conjugated vaccine.....	28	Synflorix	28
Pneumococcal (PCV13) conjugate vaccine.....	29	T	
Pneumococcal (PPV23) polysaccharide vaccine..	30	Tarceva.....	22, 41
Pneumovax 23.....	30	Tazocin EF	37
Poliomyelitis vaccine.....	32	Temazepam	20
Poloxamer	10	Temozolomide	35
Postinor-1.....	39	Testosterone.....	34
Precedex.....	17	Testosterone cypionate	12
Prednisone.....	39	Timolol	27
Prevenar 13	29	Topicalcaine	17
Prezista.....	39	Tramadol hydrochloride.....	19
Priorix.....	32	Tramal 50	19
Procaine penicillin	14	Tramal 100	19
Promod.....	41	Tramal SR 100.....	19
Protease inhibitors	16	Tramal SR 150.....	19
Protein supplement	41	Tramal SR 200.....	19
Pyridoxine hydrochloride	34	Triamcinolone acetonide	10, 12
Q		Tuberculin PPD [mantoux] test.....	33
Quetapel	19	Tuberculin, purified protein derivative.....	27
Quetiapine.....	19	Tubersol	33
R		U	
Remicade	23	Ural.....	12
Revlimid	22	Ursodeoxycholic acid	10
Ribomustin	21	Ursosan.....	10
Rifadin	15	V	
Rifampicin	15	Vancomycin.....	14
Rifaximin.....	10	Varicella vaccine [chicken pox vaccine].....	32
Risperidone.....	19	Varicella vaccine [chickenpox vaccine].....	32
Risperon	19	Varilrix	32
Rituximab	25	Venlafaxine	40
Rizamelt.....	19	Vergo 16.....	19

Index

Pharmaceuticals and brands

Vfend.....	14	Z	
Vital.....	36	Zeffix.....	17
Voriconazole.....	14	Zidovudine [AZT] with lamivudine.....	16
W		Zithromax.....	13
Water.....	39	Zyban.....	40
X		Zypine.....	19
Xifaxan.....	10	Zypine ODT.....	19



Email: enquiry@pharmac.govt.nz

www.pharmac.govt.nz/medicines/hospital-pharmaceuticals

Pharmaceutical Management Agency

Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz

ISSN 1179-3694 (Print) - ISSN 1179-3708 (Online)

While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the Update.