

Pharmaceutical Management Agency

# Section H Update for Hospital Pharmaceuticals

Effective 1 February 2018

Cumulative for December 2017, January  
and February 2018



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## Summary of decisions

EFFECTIVE 1 FEBRUARY 2018

- Ambrisentan (Volibris) tab 5 mg and 10 mg – amended restriction
- Amitriptyline (Arrow-Amitriptyline) tab 10 mg – price increase and addition of HSS
- Amitriptyline (Arrow-Amitriptyline) tab 25 mg and 50 mg – price decrease and addition of HSS
- Blood glucose diagnostic test meter (CareSens N Premier) 1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips – new listing
- Blood glucose diagnostic test meter (CareSens N and CareSens N POP) 1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips – price decrease
- Blood glucose diagnostic test meter (CareSens II, Accu-Chek Performa, Freestyle Lite and On Call Advanced) meter – to be delisted 1 August 2018
- Blood glucose diagnostic test strip (CareSens PRO) test strips – new listing
- Blood glucose diagnostic test strip (Accu-Chek Performa, CareSens, FreeStyle Lite, Freestyle Optium) blood glucose test strip – to be delisted 1 August 2018
- Blood glucose diagnostic test strip (On Call Advanced) blood glucose test strips × 50 and lancets × 5 – to be delisted 1 August 2018
- Blood ketone diagnostic test meter (Freestyle Optium Neo) meter – to be delisted 1 August 2018
- Blood ketone diagnostic test strip (KetoSens) test strips – new listing
- Bosentan (Mylan-Bosentan and Bosentan-Mylan) tab 62.5 mg and 125 mg – amended restriction
- Cetuximab (Erbix) inj 5 mg per ml, 20 ml and 100 ml vial – new listing
- Dual blood glucose and blood ketone diagnostic test meter (CareSens Dual) meter with 50 lancets, a lancing device, and 10 blood glucose diagnostic test strips – new listing
- Epoprostenol (Veletri) inj 500 mcg and 1.5 mg vial – amended restriction and presentation description
- Iloprost (Ventavis) nebuliser soln 10 mcg per ml, 2 ml – amended restriction
- Influenza vaccine (Influvac) inj 45 mcg in 0.5 ml syringe – amended restriction
- Ketone blood beta-ketone electrodes (Freestyle Optium Ketone) test strips – to be delisted 1 August 2018
- Laronidase (Aldurazyme) inj 100 U per ml, 5 ml vial – new listing
- Levetiracetam (Levetiracetam-AFT) oral liq 100 mg per ml – new listing and addition of HSS

## Summary of decisions – effective 1 February 2018 (continued)

- Lidocaine [lignocaine] hydrochloride (Pfizer) gel 2%, 10 ml urethral syringe – price increase
- Lidocaine [lignocaine] hydrochloride with chlorhexidine (Pfizer) gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe – price increase
- Losartan potassium with hydrochlorothiazide (Arrow-Losartan & Hydrochlorothiazide) tab 50 mg with hydrochlorothiazide 12.5 mg – price increase
- Mesalazine (Asacol) tab EC 400 mg, tab 800 mg and suppos 500 mg – new Pharmacodes
- Metformin hydrochloride (Metformin Mylan) tab immediate-release 850 mg – HSS reinstated
- Ondansetron (Ondansetron ODT-DRLA) tab dispersible 4 mg – price decrease, addition of HSS and amended brand name
- Ondansetron (Ondansetron ODT-DRLA) tab dispersible 8 mg – price decrease and addition of HSS
- Paediatric oral feed 1 kcal/ml (e.g. Infatrini) liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, 100 ml bottle – example brand delisted 1 February 2018
- Paediatric oral/enteral feed 1 kcal/ml (Infatrini) liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, bottle, 125 ml – new listing
- Sildenafil (Vedafil) tab 25 mg, 50 mg and 100 mg – amended restriction

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

Effective 1 February 2018

### ALIMENTARY TRACT AND METABOLISM

14	MESALAZINE (new listing)			
	Tab EC 400 mg .....	49.50	100	Asacol
	Tab 800 mg .....	85.50	90	Asacol
	Suppos 500 mg .....	22.80	20	Asacol
	Note – this is a listing for new Pharmacodes. Asacol tab 400 mg, 2536544; tab 800 mg, 2536552 and suppos 500 mg, 2536560.			
18	METFORMIN HYDROCHLORIDE (HSS reinstated)			
	Tab immediate-release 850 mg – 1% DV Feb-18 to 2018 .....	7.82	500	<b>Metformin Mylan</b>
23	LARONIDASE (new listing)			
	→ Inj 100 U per ml, 5 ml vial .....	1,335.16	1	Aldurazyme
	Restricted Initiation Metabolic physician <i>Limited to 24 weeks treatment</i> All of the following:			
	1 The patient has been diagnosed with Hurler Syndrome (mucopolysaccharidosis I-H); and			
	2 Either:			
	2.1 Diagnosis confirmed by demonstration of alpha-L-iduronidase deficiency in white blood cells by either enzyme assay in cultured skin fibroblasts; or			
	2.2 Detection of two disease causing mutations in the alpha-L-iduronidase gene and patient has a sibling who is known to have Hurler syndrome; and			
	3 Patient is going to proceed with a haematopoietic stem cell transplant (HSCT) within the next 3 months and treatment with laronidase would be bridging treatment to transplant; and			
	4 Patient has not required long-term invasive ventilation for respiratory failure prior to starting Enzyme Replacement Therapy (ERT); and			
	5 Laronidase to be administered for a total of 24 weeks (equivalent to 12 weeks pre- and 12 post-HSCT) at doses no greater than 100 units/kg every week.			

### CARDIOVASCULAR SYSTEM

43	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (1 price)			
	Tab 50 mg with hydrochlorothiazide 12.5 mg.....	15.25	30	Arrow-Losartan & Hydrochlorothiazide
53	AMBRISENTAN (amended restriction)			
	→ Tab 5 mg .....	4,585.00	30	Volibris
	→ Tab 10 mg .....	4,585.00	30	Volibris
	Restricted Initiation Either:			
	1 For use in patients with a <b>valid Special Authority</b> approval <b>for ambrisentan</b> in <b>by the Pulmonary Arterial Hypertension Panel</b> ; or			
	2 In hospital stabilisation in emergency situations.			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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### Changes to Section H Part II – effective 1 February 2018 (continued)

53	BOSENTAN (amended restriction) → Tab 62.5 mg – <b>1% DV Jan-16 to 2018</b> .....	375.00	56	<b>Mylan-Bosentan</b>
		401.79	60	Bosentan-Mylan
	→ Tab 125 mg – <b>1% DV Jan-16 to 2018</b> .....	375.00	56	<b>Mylan-Bosentan</b>
		401.79	60	Bosentan-Mylan
	Restricted			
	Initiation			
	Either:			
	1 For use in patients with a <b>valid Special Authority</b> approval for <b>bosentan</b> in by the <b>Ppulmonary Arterial Hypertension Panel</b> ; or			
	2 In hospital stabilisation in emergency situations.			
53	SILDENAFIL (amended restriction – affected criterion only shown) → Tab 25 mg – <b>1% DV Sep-15 to 2018</b> .....	0.75	4	<b>Vedafil</b>
	→ Tab 50 mg – <b>1% DV Sep-15 to 2018</b> .....	0.75	4	<b>Vedafil</b>
	→ Tab 100 mg – <b>1% DV Sep-15 to 2018</b> .....	2.75	4	<b>Vedafil</b>
	→ Inj 0.8 mg per ml, 12.5 ml vial			
	Restricted			
	Initiation – tablets			
	Any of the following:			
	1 For use in patients with a <b>valid Special Authority</b> approval for <b>sildenafil</b> in by the <b>Ppulmonary Arterial Hypertension Panel</b> ; 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).			
54	EPOPROSTENOL (amended restriction and presentation description) → Inj 0.5 mg <b>500 mcg</b> vial .....	36.61	1	Veletri
	→ Inj 1.5 mg vial .....	73.21	1	Veletri
	Restricted			
	Initiation			
	For use as a bridge to transplant for patients with Pulmonary Arterial Hypertension who are on the active waiting list for lung transplantation.			
	Either:			
	1 For use in patients with a <b>valid Special Authority</b> approval for <b>epoprostenol</b> in <b>pulmonary arterial hypertension</b> ; or			
	2 In hospital stabilisation in emergency situations.			

→ Restriction

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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### Changes to Section H Part II – effective 1 February 2018 (continued)

54	ILOPROST (amended restriction) → Nebuliser soln 10 mcg per ml, 2 ml .....	1,185.00	30	Ventavis
	Restricted Initiation Any of the following: 1 For use in patients with a <b>valid Special Authority</b> approval for <b>iloprost</b> in <del>by the</del> <b>Pulmonary Arterial Hypertension Panel</b> ; or 2 For diagnostic use in catheter laboratories; or 3 For use following mitral or tricuspid valve surgery; or 4 In hospital stabilisation in emergency situations.			

### NERVOUS SYSTEM

113	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↑ price) Gel 2%, 10 ml urethral syringe .....	81.50	10	Pfizer
113	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE (↑ price) Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe .....	81.50	10	Pfizer
117	AMITRIPTYLINE (↑ price and addition of HSS) Tab 10 mg – <b>1% DV Apr-18 to 2020</b> .....	1.96	100	<b>Arrow-Amitriptyline</b>
117	AMITRIPTYLINE (↓ price and addition of HSS) Tab 25 mg – <b>1% DV Apr-18 to 2020</b> .....	1.52	100	<b>Arrow-Amitriptyline</b>
	Tab 50 mg – <b>1% DV Apr-18 to 2020</b> .....	2.51	100	<b>Arrow-Amitriptyline</b>
121	LEVETIRACETAM (new listing) Oral liq 100 mg per ml – <b>1% DV Apr-18 to 2020</b> .....	44.78	300 ml	<b>Levetiracetam-AFT</b>
124	ONDANSETRON (↑ price, amended brand name and addition of HSS) Tab dispersible 4 mg – <b>1% DV Apr-18 to 2020</b> .....	0.95	10	<del>Dr Reddy's</del> <b>Ondansetron ODT-DRLA</b>
124	ONDANSETRON (↓ price and addition of HSS) Tab dispersible 8 mg – <b>1% DV Apr-18 to 2020</b> .....	1.43	10	<b>Ondansetron ODT-DRLA</b>

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

164	CETUXIMAB (new listing) → Inj 5 mg per ml, 20 ml vial .....	364.00	1	Erbixux
	→ Inj 5 mg per ml, 100 ml vial .....	1,820.00	1	Erbixux
	Restricted Initiation Medical oncologist All of the following: 1 Patient has locally advanced, non-metastatic, squamous cell cancer of the head and neck, and 2 Patient is contraindicated to, or is intolerant of, cisplatin, and 3 Patient has good performance status, and 4 To be administered in combination with radiation therapy.			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 February 2018 (continued)**

**SPECIAL FOODS**

225 PAEDIATRIC ORAL FEED 1 KCAL/ML (delisting example brand)  
 → Liquid 2.6 g protein, 10.3 g carbohydrate,  
 5.4 g fat and 0.6 g fibre per 100 ml, 100 ml bottle *e.g. Infatrini*  
 Note – Infatrini liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, 100 ml bottle to be delisted from 1 February 2018.

225 PAEDIATRIC ORAL/ENTERAL FEED 1 KCAL/ML (new listing)  
 → Liquid 2.6 g protein, 10.3 g carbohydrate,  
 5.4 g fat and 0.6 g fibre per 100 ml, bottle .....2.35 125 ml Infatrini  
 Restricted  
 Initiation – Fluid restricted or volume intolerance with faltering growth  
 Both:  
 1 Either:  
 1.1 The patient is fluid restricted or volume intolerant; or  
 1.2 The patient has increased nutritional requirements due to faltering growth; and  
 2 Patient is under 18 months old or weighs less than 8kg.  
 Note: ‘Volume intolerant’ patients are those who are unable to tolerate an adequate volume of infant formula to achieve expected growth rate. These patients should have first trialled appropriate clinical alternative treatments, such as concentrating, fortifying and adjusting the frequency of feeding.

**VACCINES**

235 INFLUENZA VACCINE (amended restriction – affected 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 **in a long-stay inpatient mental health care unit** or 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.

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



	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Changes to Section H Part II – effective 1 January 2018

### ALIMENTARY TRACT AND METABOLISM

16	OMEPRAZOLE (brand change) Cap 10 mg – 1% DV Mar-18 to 2020 .....	1.98	90	<b>Omeprazole actavis 10</b>
	Cap 20 mg – 1% DV Mar-18 to 2020 .....	1.96	90	<b>Omeprazole actavis 20</b>
	Cap 40 mg – 1% DV Mar-18 to 2020 .....	3.12	90	<b>Omeprazole actavis 40</b>
Note – Omezol Relief cap 10 mg, 20 mg and 40 mg to be delisted from 1 March 2018.				

20	METHYLNALTREXONE BROMIDE (new listing) → Inj 12 mg per 0.6 ml vial .....	36.00 246.00	1 7	Relistor Relistor
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Restricted

Initiation – Opioid induced constipation

Both:

1 The patient is receiving palliative care; and

2 Either:

2.1 Oral and rectal treatments for opioid induced constipation are ineffective; or

2.2 Oral and rectal treatments for opioid induced constipation are unable to be tolerated.

20	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE († price) Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml .....	26.72	50	Micolette
23	CALCIUM CARBONATE († price and addition of HSS) Tab 1.25 g (500 mg elemental) – 1% DV Mar-18 to 2020 .....	7.52	250	<b>Arrow-Calcium</b>
24	POTASSIUM IODATE († price) Tab 253 mcg (150 mcg elemental iodine) .....	4.69	90	NeuroTabs

### CARDIOVASCULAR SYSTEM

49	BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] († price and addition of HSS) Tab 2.5 mg – 1% DV Mar-18 to 2020 .....	12.50	500	<b>Arrow-Bendrofluazide</b>
	Tab 5 mg – 1% DV Mar-18 to 2020 .....	20.42	500	<b>Arrow-Bendrofluazide</b>
49	PRAVASTATIN (brand change) Tab 40 mg – 1% DV Mar-18 to 2020 .....	8.06	100	<b>Apo-Pravastatin</b>
Note – Cholvastin tab 40 mg to be delisted from 1 March 2018.				

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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### Changes to Section H Part II – effective 1 January 2018 (continued)

49	SIMVASTATIN (HSS suspended and delist delayed)			
	Tab 10 mg – 1% DV Jan-18 to 2020.....	0.95	90	Arrow-Simva Simvastatin Mylan
	Tab 20 mg – 1% DV Jan-18 to 2020.....	1.61	90	Arrow-Simva Simvastatin Mylan
	Tab 40 mg – 1% DV Jan-18 to 2020.....	2.83	90	Arrow-Simva Simvastatin Mylan
	Tab 80 mg – 1% DV Jan-18 to 2020.....	7.91	90	Arrow-Simva Simvastatin Mylan
		6.00		
	Note – HSS for the Simvastatin Mylan brand of simvastatin tab 10 mg, 20 mg, 40 mg and 80 mg has been suspended until further notice. The delist of the Arrow-Simva brand has also been delayed until further notice.			
50	EZETIMIBE (brand change)			
	→ Tab 10 mg – 1% DV Mar-18 to 2020.....	2.00	30	<b>Ezetimibe Sandoz</b>
	Note – Ezetimibe tab 10 mg to be delisted 1 March 2018.			
51	GLYCERYL TRINITRATE (new listing)			
	Inj 1 mg per ml, 10 ml ampoule			
53	BOSENTAN (alternate brand listing)			
	Tab 62.5 mg .....	401.79	60	Bosentan-Mylan
	Tab 125 mg .....	401.79	60	Bosentan-Mylan
	Note – this is a listing of a new pack size with an amended name. Mylan-Bosentan 56 tablet pack size to be delisted from 1 July 2018.			

### GENITO-URINARY SYSTEM

62	LEVONORGESTREL (↓ price and addition of HSS)			
	Subdermal implant (2 × 75 mg rods)			
	– 1% DV Mar-18 to 2020.....	106.92	1	<b>Jadelle</b>

### HORMONE PREPARATIONS

67	ZOLEDRONIC ACID (amended restriction)			
	→ Inj 4 mg per 5 ml, vial .....	84.50	1	Zoledronic acid Mylan Zometa
		550.00		
	Restricted			
	Initiation – <b>bone metastases</b>			
	Oncologist, haematologist or palliative care specialist			
	Any of the following:			
	1 Patient has hypercalcaemia of malignancy; or			
	2 Both:			
	2.1 Patient has bone metastases or involvement; and			
	2.2 Patient has severe bone pain resistant to standard first-line treatments; or			
	3 Both:			
	3.1 Patient has bone metastases or involvement; and			
	3.2 Patient is at risk of skeletal-related events (pathological fracture, spinal cord compression, radiation to bone or surgery to bone).			

continued...

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 January 2018 (continued)**  
*continued...*

**Initiation – early breast cancer**

**Oncologist**

**All of the following:**

- 1 Treatment to be used as adjuvant therapy for early breast cancer; and**
- 2 Patient has been amenorrhoeic for 12 months or greater, either naturally or induced, with endocrine levels consistent with a postmenopausal state; and**
- 3 Treatment to be administered at a minimum interval of 6-monthly for a maximum of 2 years.**

**INFECTIONS**

76	PAROMOMYCIN (amended restriction) → Cap 250 mg.....	126.00	16	Humatin
	Restricted Clinical microbiologist, <del>or</del> infectious disease specialist <b>or gastroenterologist</b>			
82	NORFLOXACIN (↑ price) Tab 400 mg .....	135.00	100	Arrow-Norfloxacin
86	DAPSONE (↑ price) → Tab 25 mg..... → Tab 100 mg.....	268.50 329.50	100 100	Dapsone Dapsone
94	TENOFOVIR DISOPROXIL FUMARATE (amended restriction) → Tab 300 mg.....	531.00	30	Viread
	Restricted Initiation – Confirmed hepatitis B <b>Either</b> Any of the following: 1 All of the following: 1.1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and 1.2 Patient has had previous lamivudine, adefovir or entecavir therapy; and 1.3 HBV DNA greater than 20,000 IU/mL or increased <del>less than or equal to 10-fold</del> <b>10 fold or higher</b> over nadir; and 1.4 Any of the following: 1.4.1 Lamivudine resistance - detection of M204I/V mutation; or 1.4.2 Adefovir resistance - detection of A181T/V or N236T mutation; or 1.4.3 Entecavir resistance - detection of relevant mutations including I169T, L180M T184S/A/I/L/G/C/M, S202C/G/I, M204V <b>S202C/G/I, M204V</b> or M250I/V mutation; or 2 Patient is either listed or has undergone liver transplantation for HBV; <del>or</del> 3 <del>Patient has a decompensated cirrhosis with a Mayo score &gt; less than or equal to; 20.</del> Initiation – <del>Pregnant or Breastfeeding.</del> <b>Women of child bearing age with active</b> Active hepatitis B <del>Limited to 12 months treatment</del> <b>Both:</b> <b>All of the following:</b> 1 Patient is HBsAg positive <del>and pregnant</del> ; and 2 <b>Either:</b> 2.1 HBV DNA <del>&gt; less than or equal to; 20,000 IU/mL and ALT &gt; less than or equal to; ULN.; or</del> 2.2 <b>HBV DNA &gt; 20 million IU/mL and ALT normal; and</b> 3 <b>Any of the following:</b> 3.1 <b>Patient is of child bearing potential and has not yet completed a family; or</b> 3.2 <b>Patient is pregnant; or</b> 3.3 <b>Patient is breastfeeding.</b>			

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 January 2018 (continued)**

*continued...*

Initiation – Pregnant, prevention of vertical transmission

Limited to 6 months treatment

Both:

- 1 Patient is HBsAg positive and pregnant; and
- 2 HBV DNA less than or equal togt; 20 million IU/mL and ALT normal.

Initiation – Confirmed HIV

Both: **Patient has**

- 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 less than or equal togt; 1000 cells/mmless than or equal to#xB3;; or
      - 2.3.2.2 CD4 counts less than or equal togt; 0.25 less than or equal to#xD7; total lymphocyte count; or
      - 2.3.2.3 Viral load counts less than or equal togt; 100000 copies per ml; or
    - 2.4 Both:
      - 2.4.1 Patient aged 6 years and over; and
      - 2.4.2 CD4 counts less than or equal togt; 500 cells/mmless than or equal to#xB3;.

Initiation – Prevention of maternal transmission

Either:

- 1 Prevention of maternal foetal transmission; or
- 2 Treatment of the newborn for up to eight weeks.

Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Any of the following:
  - 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
  - 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
  - 2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

Initiation – Percutaneous exposure

Patient has percutaneous exposure to blood known to be HIV positive.

**MUSCULOSKELETAL SYSTEM**

99	ALENDRONATE SODIUM (↓ price) → Tab 70 mg .....	4.82	4	Fosamax
100	ALENDRONATE SODIUM WITH COLECALCIFEROL (↓ price) → Tab 70 mg with colecalciferol 5,600 iu .....	4.82	4	Fosamax Plus
107	ROCURONIUM BROMIDE (HSS suspended) Inj 10 mg per ml, 5 ml vial – 1% DV Aug-16 to 2019 31 Dec 2017 .....	25.95	10	DBL Rocuronium Bromide

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

		Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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### Changes to Section H Part II – effective 1 January 2018 (continued)

108	IBUPROFEN (↑ price) Oral liq 20 mg per ml.....	2.39	200 ml	Fenpaed
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### NERVOUS SYSTEM

124	PROCHLORPERAZINE (brand change) Tab 5 mg – <b>1% DV Mar-18 to 2020</b> ..... Note – Antinaus tab 5 mg to be delisted from 1 March 2018.	6.35	250	<b>Nausafix</b>
129	DIAZEPAM (↑ price and addition of HSS) Tab 2 mg – <b>1% DV Mar-18 to 2020</b> ..... Tab 5 mg – <b>1% DV Mar-18 to 2020</b> .....	15.05 16.18	500 500	<b>Arrow-Diazepam</b> <b>Arrow-Diazepam</b>
130	MELATONIN (amended note) → Tab 3 mg <b>Note – Only for use in compounding an oral liquid formulation, for in-hospital use only.</b>			
135	NICOTINE (↑ price and addition of HSS) Patch 7 mg per 24 hours – <b>1% DV Apr-18 to 2020</b> ..... Patch 14 mg per 24 hours – <b>1% DV Apr-18 to 2020</b> ..... Patch 21 mg per 24 hours – <b>1% DV Apr-18 to 2020</b> ..... Lozenge 1 mg – <b>1% DV Apr-18 to 2020</b> ..... Lozenge 2 mg – <b>1% DV Apr-18 to 2020</b> ..... Gum 2 mg – <b>1% DV Apr-18 to 2020</b> .....  Gum 4 mg – <b>1% DV Apr-18 to 2020</b> .....	16.00 17.59 20.16 16.61 18.20 33.69  38.95	28 28 28 216 216 384  384	<b>Habitrol</b> <b>Habitrol</b> <b>Habitrol</b> <b>Habitrol</b> <b>Habitrol</b> <b>Habitrol (Fruit)</b> <b>Habitrol (Mint)</b> <b>Habitrol (Fruit)</b> <b>Habitrol (Mint)</b>

### SENSORY ORGANS

198	DEXAMETHASONE (amended restriction) → Ocular implant 700 mcg.....  Restricted Initiation – Diabetic macular oedema Ophthalmologist <i>Re-assessment required after 12 months</i> All of the following: 1 Patients have diabetic macular oedema with pseudophakic lens; and 2 Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and 3 Either: 3.1 Patient's disease has progressed despite 3 injections with bevacizumab; or 3.2 Patient is unsuitable or contraindicated to treatment with anti-VEGF agents; and 4 Dexamethasone implants are to be administered not more frequently than once every 4 months <b>into each eye</b> , and up to a maximum of 3 implants <b>per eye</b> per year.  Continuation – Diabetic macular oedema Ophthalmologist <i>Re-assessment required after 12 months</i> Both: 1 Patient's vision is stable or has improved (prescriber determined); and	1,444.50	1	Ozurdex
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continued...

	Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 January 2018 (continued)**

*continued...*

- 2 Dexamethasone implants are to be administered not more frequently than once every 4 months **into each eye**, and up to a maximum of 3 implants **per eye** per year.

Initiation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

- 1 Patients have diabetic macular oedema; and
- 2 Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and
- 3 Patient is of child bearing potential and has not yet completed a family; and
- 4 Dexamethasone implants are to be administered not more frequently than once every 4 months **into each eye**, and up to a maximum of 3 implants **per eye** per year.

Continuation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

- 1 Patient's vision is stable or has improved (prescriber determined); and
- 2 Patient is of child bearing potential and has not yet completed a family; and
- 3 Dexamethasone implants are to be administered not more frequently than once every 4 months **into each eye**, and up to a maximum of 3 implants **per eye** per year.

**SPECIAL FOODS**

225	PRETERM FORMULA (delist) ➔ Powder 1.9 g protein, 7.5 g carbohydrate and 3.9 g fat per 14 g, can.....	15.25	400 g	S-26 Gold Premgro
	Note – S-26 Gold Premgro to be delisted from 1 July 2018.			
226	PAEDIATRIC ORAL FEED (delist) ➔ Powder 14.9 g protein, 54.3 g carbohydrate and 24.7 g fat per 100 g, can.....	28.00	850 g	Pediasure (Vanilla)
	Note – Pediasure (Vanilla) powder, 850 g can, to be delisted from 1 July 2018.			

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Changes to Section H Part II – effective 1 December 2017

### CARDIOVASCULAR SYSTEM

49	PRAVASTATIN (brand change) Tab 20 mg – <b>1% DV Mar-18 to 2020</b> .....	4.72	100	<b>Apo-Pravastatin</b>
	Note – Cholvastin tab 20 mg to be delisted from 1 March 2018.			
51	GLYCERYL TRINITRATE (delisting) Inj 1 mg per ml, 5 ml ampoule .....	22.70	10	Nitronal
	Note – Nitronal inj 1 mg per ml, 5 ml ampoule to be delisted from 1 February 2018.			

### INFECTIONS

78	AZITHROMYCIN (amended restriction)			
	→ Tab 250 mg – <b>1% DV Sep-15 to 2018</b> .....	9.00	30	<b>Apo-Azithromycin</b>
	→ Tab 500 mg – <b>1% DV Sep-15 to 2018</b> .....	1.05	2	<b>Apo-Azithromycin</b>
	→ Grans for oral liq 200 mg per 5 ml (40 mg per ml) – <b>1% DV Oct-15 to 2018</b> .....	12.50	15 ml	<b>Zithromax</b>

#### Restricted

Initiation – bronchiolitis obliterans syndrome, cystic fibrosis and atypical Mycobacterium infections

Any of the following:

1 Patient has received a lung transplant, **stem cell transplant, or bone marrow transplant** and requires treatment or prophylaxis for bronchiolitis obliterans syndrome\*; or

2 **Patient has received a lung transplant and requires prophylaxis for bronchiolitis obliterans syndrome\*; or**

23 Patient has cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms\*; or

34 Patient has an atypical Mycobacterium infection.

Note: 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.

Note: Indications marked with \* are Unapproved Indications. A maximum of 24 months of azithromycin treatment for non-cystic fibrosis will be subsidised in the community.

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

*continued...*

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Changes to Section H Part II – effective 1 December 2017 (continued)

continued...

3 The patient will not receive more than a total of 24 months' azithromycin cumulative treatment (see note).  
Note: Indications marked with \* are Unapproved Indications. A maximum of 24 months of azithromycin treatment for non-cystic fibrosis will be subsidised in the community.

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.

79	CLARITHROMYCIN (reinstate HSS) → Inj 500 mg vial – <b>1% DV Dec-17 to 1 Sep 2020</b> .....	12.04	1	<b>Martindale</b>
	Note – Klacid inj 500 mg vial to be delisted from 1 May 2018.			
80	AMOXICILLIN (brand change) Grans for oral liq 125 mg per 5 ml – <b>1% DV Feb-18 to 2020</b> .....	1.20	100 ml	<b>Alphamox 125</b>
	Note – Amoxicillin Actavis and Ospamox grans for oral liq 125 mg per 5 ml to be delisted from 1 February 2018.			
80	AMOXICILLIN (addition of HSS) Grans for oral liq 250 mg per 5 ml – <b>1% DV Feb-18 to 2020</b> .....	1.31	100 ml	<b>Alphamox 250</b>
	Note – Amoxicillin Actavis and Ospamox grans for oral liq 250 mg per 5 ml to be delisted from 1 February 2018.			
84	FLUCONAZOLE (brand change) → Cap 50 mg – <b>1% DV Feb-18 to 2020</b> .....	2.09	28	<b>Mylan</b>
	→ Cap 150 mg – <b>1% DV Feb-18 to 2020</b> .....	0.33	1	<b>Mylan</b>
	→ Cap 200 mg – <b>1% DV Feb-18 to 2020</b> .....	5.08	28	<b>Mylan</b>
	Note – Ozole cap 50 mg, 150 mg and 200 mg to be delisted from 1 February 2018			
85	VORICONAZOLE (brand change) → Inj 200 mg vial – <b>1% DV Feb-18 to 2019</b> .....	65.00	1	<b>Generic Partners</b>
	Note – Vfend inj 200 mg vial to be delisted from 1 February 2018			
93	LAMIVUDINE (restriction removed) Tab 100 mg .....	6.00	28	Zeffix
	Oral liq 5 mg per ml.....	270.00	240 ml	Zeffix
	<b>Restricted</b>			
	<b>Initiation</b>			
	Gastroenterologist, infectious disease specialist, paediatrician or general physician			
	Limited to 12 months treatment			
	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 HBV naive patient who has received a liver transplant from a hepatitis B core antibody (anti-HBc) positive donor; or			
	4 HBsAg positive 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 patient who is receiving anti tumour necrosis factor treatment; or			
	6 Anti-HBc positive patient who is receiving rituximab in combination with immunosuppressive chemotherapies for a malignancy.			

continued...

→ Restriction

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



	Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 December 2017 (continued)**  
*continued...*

Continuation – patients who have maintained continuous treatment and response to lamivudine  
 Gastroenterologist, infectious disease specialist, paediatrician or general physician  
 Re-assessment required after 2 years

All of the following:

- 1 Have maintained continuous treatment with lamivudine; and
- 2 Most recent test result shows continuing biochemical response (normal ALT); and
- 3 HBV DNA < 100,000 copies per ml by quantitative PCR at a reference laboratory.

Continuation – when given in combination with adefovir dipivoxil for patients with cirrhosis and resistance to lamivudine

Gastroenterologist, infectious disease specialist, paediatrician or general physician  
 Re-assessment required after 2 years

All of the following:

- 1 Lamivudine to be used in combination with adefovir dipivoxil; and
- 2 Patient is cirrhotic; and

Documented resistance to lamivudine defined as:

3 All of the following:

- 3.1 Patient has raised serum ALT (> 1 × ULN); and
- 3.2 Patient has HBV DNA greater than 100,000 copies per mL, or viral load greater than or equal to 10-fold over nadir; and
- 3.3 Detection of M204I or M204V mutation.

Continuation – when given in combination with adefovir dipivoxil for patients with resistance to adefovir dipivoxil

Gastroenterologist, infectious disease specialist, paediatrician or general physician  
 Re-assessment required after 2 years

Both:

- 1 Lamivudine to be used in combination with adefovir dipivoxil; and

Documented resistance to lamivudine defined as:

2 All of the following:

- 2.1 Patient has raised serum ALT (> 1 × ULN); and
- 2.2 Patient has HBV DNA greater than 100,000 copies per mL, or viral load greater than or equal to 10-fold over nadir; and
- 2.3 Detection of N236T or A181T/V mutation.

**MUSCULOSKELETAL SYSTEM**

108	IBUPROFEN (new listing) Tab 200 mg – 1% DV Feb-18 to 2020 .....	11.71	1,000	<b>Relieve</b>
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**NERVOUS SYSTEM**

111	LEVODOPA WITH CARBIDOPA (4 price and addition of HSS) Tab 100 mg with carbidopa 25 mg – 1% DV Feb-18 to 2020 .....	17.97	100	<b>Sinemet</b>
	Tab long-acting 200 mg with carbidopa 50 mg – 1% DV Feb-18 to 2020 .....	37.15	100	<b>Sinemet CR</b>
	Tab 250 mg with carbidopa 25 mg – 1% DV Feb-18 to 2020 .....	32.67	100	<b>Sinemet</b>

Note – Kinson tab 100 mg with carbidopa 25 mg and Sindopa tab 250 mg with carbidopa 25 mg to be delisted from 1 February 2018.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Changes to Section H Part II – effective 1 December 2017 (continued)

123	SUMATRIPTAN (delisting)			
	Tab 50 mg – <b>1% DV Jun-17 to 2019</b> .....	24.44	102	<b>Apo-Sumatriptan</b>
	Tab 100 mg – <b>1% DV Jun-17 to 2019</b> .....	46.23	102	<b>Apo-Sumatriptan</b>

Note – this is the delisting of 102 tab pack only from 1 June 2018. The 100 tab pack remains listed.

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

149	BICALUTAMIDE (brand change)			
	Tab 50 mg – <b>1% DV Feb-18 to 2020</b> .....	3.80	28	<b>Binarex</b>
Note – Bicalaccord tab 50 mg to be delisted from 1 February 2018.				
173	RITUXIMAB (restriction amended – affected 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
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 an <del>rituximab treatment-free</del> interval of 36 months or more <b>since commencement of initial rituximab treatment</b> ; 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.				

## SENSORY ORGANS

198	DEXAMETHASONE (amended restriction – affected criteria only shown)			
	→ Ocular implant 700 mcg.....	1,444.50	1	Ozurdex
Restricted Initiation – Diabetic macular oedema Ophthalmologist <i>Limited to 12 months treatment</i> All of the following:				
1 Patients have diabetic macular oedema with pseudophakic lens; and				
2 Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and				
3 Any of the following:				
3.1 Patient's disease has progressed despite 3 injections with bevacizumab; or				
3.2 Patient is unsuitable or contraindicated to treatment with <del>anti-VEGF inhibitors</del> <b>anti-VEGF agents</b> ; and				
4 Dexamethasone implants are to be administered not more frequently than once every 4 months, and up to a maximum of 3 implants per year.				
202	BRIMONIDINE TARTRATE (↓ price and addition of HSS)			
	Eye drops 0.2% – <b>1% DV Feb-18 to 2020</b> .....	4.29	5 ml	<b>Arrow-Brimonidine</b>

→ Restriction

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

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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**Changes to Section H Part II – effective 1 December 2017 (continued)**

**VARIOUS**

208	GADOBUTROL (amended brand name)			
	Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 5 ml prefilled syringe .....	120.00	5	Gadovist <b>1.0</b>
	Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe.....	180.00	5	Gadovist <b>1.0</b>
	Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe.....	700.00	10	Gadovist <b>1.0</b>

**VACCINES**

234	HEPATITIS B RECOMBINANT VACCINE (HSS suspended)			
	→ Inj 10 mcg in 1 ml vial			
	– <b>0% DV Jul-17 to 2020 30 Nov 2017</b> .....	0.00	1	HBvaxPRO

234	HEPATITIS B RECOMBINANT VACCINE (new listing)			
	→ Inj 20 mcg per 1 ml prefilled syringe.....	0.00	1	Engerix-B

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
- 10 Following needle stick injury.

Note – Engerix-B inj 20 mcg per 1 ml prefilled syringe to be delisted from 1 December 2018.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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## Part III – Optional Pharmaceuticals

Effective 1 February 2018

239	BLOOD GLUCOSE DIAGNOSTIC TEST METER (new listing) 1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips .....	20.00	1	CareSens N Premier
239	BLOOD GLUCOSE DIAGNOSTIC TEST METER (↓ price) 1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips .....	10.00	1	CareSens N CareSens N POP
239	BLOOD GLUCOSE DIAGNOSTIC TEST METER (delisting) 1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips .....	20.00	1	CareSens II
	Meter .....	19.00	1	Accu-Chek Performa FreeStyle Lite On Call Advanced
		9.00		
	Note – CareSens II, Accu-Chek Performa, Freestyle Lite and On Call Advanced meter to be delisted from 1 August 2018.			
239	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (new listing) Test strips .....	10.56	50 test	CareSens PRO
239	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP (delisting) Blood glucose test strips .....	28.75	50 test	Accu-Chek Performa CareSens FreeStyle Lite Freestyle Optium
		10.56		
		21.65		
		28.75		
	Blood glucose test strips × 50 and lancets × 5 .....	19.10	50 test	On Call Advanced
	Note – Accu-Chek Performa, CareSens, FreeStyle Lite, Freestyle Optium blood glucose test strips and On Call Advanced blood glucose test strips x 50 and lancets x 5 to be delisted from 1 August 2018.			
239	BLOOD KETONE DIAGNOSTIC TEST METER (delisting) Meter .....	40.00	1	Freestyle Optium Neo
	Note – Freestyle Optium Neo meter to be delisted from 1 August 2018.			
239	BLOOD KETONE DIAGNOSTIC TEST STRIP (new listing) Test strips .....	15.50	10 strip	KetoSens
239	DUAL BLOOD GLUCOSE AND BLOOD KETONE DIAGNOSTIC TEST METER (new listing) Meter with 50 lancets, a lancing device, and 10 blood glucose diagnostic test strips .....	20.00	1	CareSens Dual
239	KETONE BLOOD BETA-KETONE ELECTRODES (delisting) Test strips .....	15.50	10 strip	Freestyle Optium Ketone
	Note – Freestyle Optium Ketone test strips to be delisted from 1 August 2018.			



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

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