Section H Update
for Hospital Pharmaceuticals

February 2020
Cumulative for December 2019, January and February 2020
Summary of decisions
EFFECTIVE 1 FEBRUARY 2020

- Adrenaline (DBL Adrenaline) inj 1 in 1,000, 1 ml ampoule – price increase
- Apomorphine hydrochloride (Movapo) inj 10 mg per ml, 5 ml ampoule – new listing and addition of HSS
- Aztreonam (Azactam) inj 1 g vial – pack size change from 5 inj pack to 10 inj pack
- Capecitabine (Capercit) tab 150 mg and 500 mg – new listing and addition of HSS
- Capecitabine (Brinov) tab 150 mg and 500 mg – to be delisted 1 July 2020
- Dexamethasone phosphate (Dexamethasone Phosphate Panpharma) inj 4 mg per ml, 1 ml and 2 ml ampoule – new listing and addition of HSS
- Dexamethasone phosphate (Max Health) inj 4 mg per ml, 1 ml and 2 ml ampoule – to be delisted 1 July 2020
- Famotidine inj 10 mg per ml, 2 ml vial – new listing
- Ibuprofen (Ibuprofen SR BNM) tab long-acting 800 mg – new listing and addition of HSS
- Ibuprofen (Brufen SR) tab long-acting 800 mg – to be delisted 1 April 2020
- Influenza vaccine (Afluria Quad Junior (2020 Formulation)) inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) – new listing
- Influenza vaccine (Afluria Quad (2020 Formulation)) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – new listing
- Influenza vaccine (Fluarix Tetra) inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) – delisted 1 February 2020
- Influenza vaccine (Influvac Tetra) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – delisted 1 February 2020
- Levonorgestrel (Microlut) tab 30 mcg – new listing and addition of HSS
- Low carbohydrate oral feed 1.5 kcal/ml (Pulmocare (Vanilla)) liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml, bottle, 237 ml – to be delisted 1 October 2020
- Metronidazole (Colpocin-T) inj 5 mg per ml, 100 ml bottle – new listing
- Nimodipine (Nimotop) tab 30 mg and inj 200 mcg per ml, 50 ml vial – new listing and addition of HSS
- Olaparib (Lynparza) cap 50 mg, tab 100 mg and 150 mg – new listing
- Paediatric oral feed 1 kcal/ml (Pediasure (Chocolate, Strawberry and Vanilla)) liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle, 200 ml – to be delisted 1 September 2020
Summary of decisions – effective 1 February 2020 (continued)

- Patent blue V (InterPharma) inj 2.5%, 5 ml prefilled syringe – new listing
- Prednisolone acetate (Prednisolone-AFT) eye drops 1%, 10 ml – price increase
- Rivastigmine (Generic Partners) patch 4.6 mg and 9.5 mg per 24 hour – new listing and addition of HSS
- Rivastigmine (Exelon) patch 4.6 mg and 9.5 mg per 24 hour – to be delisted 1 April 2020
- Rocuronium bromide (DBL Rocuronium Bromide) inj 10 mg per ml, 5 ml vial – price increase
- Tolcapone (Tasmar) tab 100 mg – price increase
- Verapamil hydrochloride (Isoptin SR) tab long-acting 240 mg – new listing
- Verapamil hydrochloride (Verpamil SR) tab long-acting 240 mg – to be delisted 1 September 2020
- Vitamin A with vitamins D and C (e.g. Vitadol C) soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops – addition of note and to be delisted 1 July 2020
### Section H changes to Part II

**Effective 1 February 2020**

#### ALIMENTARY TRACT AND METABOLISM

<table>
<thead>
<tr>
<th>No.</th>
<th>Product Description</th>
<th>Inj 10 mg per ml, 2 ml vial</th>
<th>Price $</th>
<th>Per Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td><strong>FAMOTIDINE (new listing)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 21  | **VITAMIN A WITH VITAMINS D AND C (addition of note and delisting)**
  
  Note: that funding of vitamin A oral liquid can be applied for through the Exceptional Circumstances process; the application form can be found on the PHARMAC website https://pharmac.govt.nz/assets/form-alphatocopherylacetate-and-vitaminA.pdf
  
  Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops
  
  e.g. Vitadol C
  
  Note – Vitadol C soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops to be delisted from 1 July 2020. |                             |         |                 |

#### CARDIOVASCULAR SYSTEM

<table>
<thead>
<tr>
<th>No.</th>
<th>Product Description</th>
<th>Tab 30 mg – 1% DV Jul-20 to 2022</th>
<th></th>
<th>Per Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td><strong>NIMODIPINE (new listing)</strong></td>
<td>350.00</td>
<td>100</td>
<td>Nimotop</td>
</tr>
<tr>
<td></td>
<td>Inj 200 mcg per ml, 50 ml vial – 1% DV Jul-20 to 2022</td>
<td>67.50</td>
<td>1</td>
<td>Nimotop</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Product Description</th>
<th>Tab long-acting 240 mg</th>
<th></th>
<th>Per Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>44</td>
<td><strong>VERAPAMIL HYDROCHLORIDE (brand change)</strong></td>
<td>15.12</td>
<td>30</td>
<td>Isoptin SR</td>
</tr>
<tr>
<td></td>
<td>Note – Verpamil SR tab long-acting 240 mg to be delisted from 1 September 2020.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Product Description</th>
<th>Inj 1 in 1,000, 1 ml ampoule</th>
<th></th>
<th>Per Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td><strong>ADRENALINE († price)</strong></td>
<td>10.76</td>
<td>5</td>
<td>DBL Adrenaline</td>
</tr>
</tbody>
</table>

#### GENITO-URINARY SYSTEM

<table>
<thead>
<tr>
<th>No.</th>
<th>Product Description</th>
<th>Tab 30 mcg – 1% DV May-20 to 2022</th>
<th></th>
<th>Per Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td><strong>LEVONORGESTREL (new listing)</strong></td>
<td>16.50</td>
<td>84</td>
<td>Microlut</td>
</tr>
</tbody>
</table>

#### HORMONE PREPARATIONS

<table>
<thead>
<tr>
<th>No.</th>
<th>Product Description</th>
<th>Inj 4 mg per ml, 1 ml ampoule – 1% DV Jul-20 to 2022</th>
<th></th>
<th>Per Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>63</td>
<td><strong>DEXAMETHASONE PHOSPHATE (brand change)</strong></td>
<td>9.25</td>
<td>10</td>
<td>Dexamethasone Phosphate Panpharma</td>
</tr>
<tr>
<td></td>
<td>Inj 4 mg per ml, 2 ml ampoule – 1% DV Jul-20 to 2022</td>
<td>16.37</td>
<td>10</td>
<td>Dexamethasone Phosphate Panpharma</td>
</tr>
</tbody>
</table>

Note – Max Health inj 4 mg per ml, 1 ml and 2 ml ampoule to be delisted from 1 July 2020.
<table>
<thead>
<tr>
<th>Brand</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azactam</td>
<td>Generic Partners</td>
</tr>
<tr>
<td>Colpocin-T</td>
<td>Generic Partners</td>
</tr>
<tr>
<td>DBL Rocuronium Bromide</td>
<td>Generic Partners</td>
</tr>
<tr>
<td>Movapo</td>
<td>Generic Partners</td>
</tr>
<tr>
<td>Ibuprofen SR BNM</td>
<td>Generic Partners</td>
</tr>
<tr>
<td>Tasmara</td>
<td>Generic Partners</td>
</tr>
</tbody>
</table>

Changes to Section H Part II – effective 1 February 2020 (continued)

**INFECTIONS**

78 AZTREONAM (pack size change)
- Inj 1 g vial.......................................................... 364.92 10 Azactam
  Note – Azactam inj 1 g vial, 5 vial pack to be delisted from 1 August 2020.

84 METRONIDAZOLE (new listing)
- Inj 5 mg per ml, 100 ml bottle...................................... 34.80 20 Colpocin-T

**MUSCULOSKELETAL SYSTEM**

100 ROCURONIUM BROMIDE (↑ price)
- Inj 10 mg per ml, 5 ml vial........................................ 48.01 10 DBL Rocuronium Bromide

101 IBUPROFEN (brand change)
- Tab long-acting 800 mg – 1% DV Apr-20 to 2021 ............... 5.99 30 Ibuprofen SR BNM
  Note – Brufen SR tab long-acting 800 mg to be delisted from 1 April 2020.

**NERVOUS SYSTEM**

103 APOMORPHINE HYDROCHLORIDE (new listing)
- Inj 10 mg per ml, 5 ml ampoule – 1% DV Feb-20 to 2023 ...... 121.84 5 Movapo

104 TOLCAPONE (↑ price)
- Tab 100 mg ............................................................. 152.38 100 Tasmara

125 RIVASTIGMINE (brand change)
- Patch 4.6 mg per 24 hour – 1% DV Apr-20 to 2021 .......... 48.75 30 Generic Partners
- Patch 9.5 mg per 24 hour – 1% DV Apr-20 to 2021 .......... 48.75 30 Generic Partners
  Note – Exelon patch 4.6 mg and 9.5 mg per 24 hour to be delisted from 1 April 2020.
Changes to Section H Part II – effective 1 February 2020 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

130 CAPECITABINE (brand change)
   Tab 150 mg – 1% DV Jul-20 to 2022 ................................. 10.00  60  Capercit
   Tab 500 mg – 1% DV Jul-20 to 2022 ................................. 49.00 120  Capercit

Note – Brinov tab 150 mg and 500 mg to be delisted from 1 July 2020.

133 OLAPARIB (new listing)
   ➤ Cap 50 mg ................................................................. 7,402.00  448  Lynparza
   ➤ Tab 100 mg .............................................................. 3,701.00  56  Lynparza
   ➤ Tab 150 mg .............................................................. 3,701.00  56  Lynparza

Restriction
Initiation
Medical Oncologist
Re-assessment required after 12 months
All of the following:
   1 Patient has a high-grade serous* epithelial ovarian, fallopian tube, or primary peritoneal cancer; and
   2 There is documentation confirming pathogenic germline BRCA1 or BRCA2 gene mutation; and
   3 Patient has received at least two lines of previous treatment with platinum-based chemotherapy; and
   4 Patient has platinum sensitive disease defined as disease progression occurring at least 6 months after the
      last dose of the penultimate line of platinum-based chemotherapy; and
   5 Patient’s disease must have achieved partial or complete response to treatment with the immediately
      preceding platinum-based regimen; and
   6 Patient’s disease has not progressed following prior treatment with olaparib; and
   7 Treatment will be commenced within 8 weeks of the patient’s last dose of the immediately preceding
      platinum-based regimen; and
   8 Treatment to be administered as maintenance treatment; and
   9 Treatment not to be administered in combination with other chemotherapy.

Continuation
Medical Oncologist
Re-assessment required after 12 months
All of the following:
   1 Treatment remains clinically appropriate and patient is benefiting from treatment; and
   2 No evidence of progressive disease; and
   3 Treatment to be administered as maintenance treatment; and
   4 Treatment not to be administered in combination with other chemotherapy.

*Note “high-grade serous” includes tumours with high-grade serous features or a high-grade serous component

Products with Hospital Supply Status (HSS) are in **bold**.
Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
Changes to Section H Part II – effective 1 February 2020 (continued)

SENSORY ORGANS

203  PREDNISOLONE ACETATE (t price)
   Eye drops 1%.......................................................
   5.93  10 ml          Prednisolone- AFT

VARIOUS

213  PATENT BLUE V (new listing)
   Inj 2.5%, 5 ml prefilled syringe..............................
   420.00  5          InterPharma

SPECIAL FOODS

230  PAEDIATRIC ORAL FEED 1 KCAL/ML (delisting)
   ➔ Liquid 4.2 g protein, 16.7 g carbohydrate
   and 7.5 g fat per 100 ml, bottle............................
   1.07  200 ml          Pediasure (Chocolate)
   Pediasure (Strawberry)
   Pediasure (Vanilla)

Note – Pediasure (Chocolate, Strawberry and Vanilla) liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle, 200 ml to be delisted from 1 September 2020.

231  LOW CARBOHYDRATE ORAL FEED 1.5 KCAL/ML (delisting)
   ➔ Liquid 6.2 g protein, 10.5 g carbohydrate
   and 9.32 g fat per 100 ml, bottle..........................
   1.66  237 ml          Pulmocare (Vanilla)

Note – Pulmocare (Vanilla) liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml, bottle, 237 ml to be delisted from 1 October 2020.
Changes to Section H Part II – effective 1 February 2020 (continued)

VACCINES

240 INFLUENZA VACCINE (new listing)

- Inj 30 mcg in 0.25 ml syringe
  (paediatric quadrivalent vaccine) ............................................ 9.00 1 Afluria Quad Junior
  (2020 Formulation)

  Restricted
  Initiation – cardiovascular disease for patients aged 6 months to 35 months
  Any of the following:
  1 Ischaemic heart disease; or
  2 Congestive heart failure; or
  3 Rheumatic heart disease; or
  4 Congenital heart disease; or
  5 Cerebro-vascular disease.
  Note: hypertension and/or dyslipidaemia without evidence of end-organ disease is excluded from funding.

  Initiation – chronic respiratory disease for patients aged 6 months to 35 months
  Either:
  1 Asthma, if on a regular preventative therapy; or
  2 Other chronic respiratory disease with impaired lung function.
  Note: asthma not requiring regular preventative therapy is excluded from funding.

  Initiation – Other conditions for patients aged 6 months to 35 months
  Any of the following:
  1 Diabetes; or
  2 Chronic renal disease; or
  3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
  4 Autoimmune disease; or
  5 Immune suppression or immune deficiency; or
  6 HIV; or
  7 Transplant recipient; or
  8 Neuromuscular and CNS diseases/ disorders; or
  9 Haemoglobinopathies; or
  10 Is a child on long term aspirin; or
  11 Has a cochlear implant; or
  12 Errors of metabolism at risk of major metabolic decompensation; or
  13 Pre and post splenectomy; or
  14 Down syndrome; or
  15 Child who has been hospitalised for respiratory illness or has a history of significant respiratory illness.

240 INFLUENZA VACCINE (delisted)

- Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) .... 9.00 1 Fluarix Tetra

  Note – Fluarix Tetra inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) delisted 1 February 2020.

240 INFLUENZA VACCINE (brand change)

- Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) ............... 90.00 10 Afluria Quad
  (2020 Formulation)

  Note – Influvac Tetra inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) delisted 1 February 2020.
Changes to Section H Part II – effective 1 January 2020

ALIMENTARY TRACT AND METABOLISM

18 MAGNESIUM SULPHATE (new listing)
   Inj 100 mg per ml, 50 ml bag

21 VITAMIN A WITH VITAMINS D AND C (new listing)
   Soln 1,000 u with vitamin D 400 u and
   ascorbic acid 30 mg per 10 drops
   e.g. Vitadol C

21 RETINOL (new listing)
   Oral liq 666.7 mcg per 2 drops, 10 ml

CARDIOVASCULAR SYSTEM

38 ENALAPRIL MALEATE (brand change)
   Tab 5 mg – 1% DV Jun-20 to 2022
   Tab 10 mg – 1% DV Jun-20 to 2022
   Tab 20 mg – 1% DV Jun-20 to 2022
   Note – Ethics Enalapril tab 5 mg, 10 mg and 20 mg to be delisted from 1 June 2020.

43 NIFEDIPINE (t price)
   Tab long-acting 20 mg

47 ISOSORBIDE MONONITRATE (t price)
   Tab long-acting 40 mg

DERMATOLOGICALS

55 HYDROCORTISONE (t price)
   Crm 1%, 30 g
   Crm 1%, 500 g
   Note: DV limit applies to the pack sizes of less than or equal to 100 g.

INFECTIONS

84 METRONIDAZOLE (pack size change)
   Inj 5 mg per ml, 100 ml bag
   Note – Baxter inj 5 mg per ml, 100 ml bag, 48 bag pack to be delisted from 1 April 2020.
## Changes to Section H Part II – effective 1 January 2020 (continued)

### NERVOUS SYSTEM

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Product Description</th>
<th>Unit</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Hospital Supply Status (HSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>103</td>
<td>APOMORPHINE HYDROCHLORIDE (price and addition of HSS)</td>
<td>Inj 10 mg per ml, 2 ml ampoule</td>
<td>59.50</td>
<td>5</td>
<td>Movapo</td>
</tr>
<tr>
<td>106</td>
<td>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (brand change)</td>
<td>Gel 2%, 11 ml urethral syringe</td>
<td>42.00</td>
<td>10</td>
<td>Instillagel Lido</td>
</tr>
<tr>
<td></td>
<td>Note – Cathejell gel 2%, 10 ml urethral syringe to be delisted from 1 April 2020.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>MORPHINE SULPHATE (delisting)</td>
<td>Tab long-acting 100 mg</td>
<td>6.10</td>
<td>10</td>
<td>Arrow-Morphine LA</td>
</tr>
<tr>
<td></td>
<td>Note – Arrow-Morphine LA tab long-acting 100 mg to be delisted from 1 March 2020.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>112</td>
<td>FLUOXETINE HYDROCHLORIDE († price)</td>
<td>Cap 20 mg</td>
<td>7.49</td>
<td>90</td>
<td>Arrow-Fluoxetine</td>
</tr>
<tr>
<td>118</td>
<td>LITHIUM CARBONATE (delisting)</td>
<td>Tab 250 mg</td>
<td>34.30</td>
<td>500</td>
<td>Lithicarb FC</td>
</tr>
<tr>
<td></td>
<td>Note – Lithicarb FC tab 250 mg to be delisted from 1 November 2020.</td>
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</table>

### RESPIRATORY SYSTEM AND ALLERGIES

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Product Description</th>
<th>Unit</th>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Hospital Supply Status (HSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>197</td>
<td>PHOLCODINE (new listing)</td>
<td>Oral liq 1 mg per ml</td>
<td>3.09</td>
<td>200 ml</td>
<td>AFT Pholcodine</td>
</tr>
<tr>
<td></td>
<td>Note – AFT Pholcodine Linctus BP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Products with Hospital Supply Status (HSS) are in **bold**.

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Per</td>
</tr>
</tbody>
</table>

Changes to Section H Part II – effective 1 December 2019

**ALIMENTARY TRACT AND METABOLISM**

5  SIMETICONE (new listing)
   Oral drops 40 mg per ml

20 MULTIVITAMINS (↑ price and addition of HSS)
   Tab (BPC cap strength) – 1% \textbf{DV Mar-20 to 2022} ..........11.45 1,000 Mvite

21 ASCORBIC ACID (↑ price and addition of HSS)
   Tab 100 mg – 1% \textbf{DV Mar-20 to 2022} .................................9.90 500 Cvite

**BLOOD AND BLOOD FORMING ORGANS**

27 TRANEXAMIC ACID (brand change)
   Tab 500 mg – 1% \textbf{DV May-20 to 2022} ........................................9.45 60 Mercury Pharma
   Note – Cyklokapron tab 500 mg to be delisted from 1 May 2020.

31 CLOPIDOGREL (brand change)
   Tab 75 mg – 1% \textbf{DV May-20 to 2022} ........................................4.60 84 Clopidogrel Multichem
   Note – Arrow - Clopid tab 75 mg to be delisted from 1 May 2020.

**CARDIOVASCULAR SYSTEM**

41 FLECAINIDE ACETATE (↑ price)
   Inj 10 mg per ml, 15 ml ampoule .......................................................100.00 5 Tambocor

**HORMONE PREPARATIONS**

65 DANAZOL (new listing)
   Cap 100 mg .................................................................................19.13 28 Mylan

65 DANAZOL (delisting)
   Cap 100 mg ......................................................................................68.33 100 Azol
   Note – Azol cap 100 mg to be delisted from 1 June 2020.

**INFECTIONS**

79 METHENAMINE (HEXAMINE) HIPPURATE (new listing and amended chemical name)
   Tab 1 g .........................................................................................40.01 100 Hiprex

\textbf{Restriction (Brand) indicates a brand example only. It is not a contracted product.}
<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
</table>

Changes to Section H Part II – effective 1 December 2019 (continued)

NERVOUS SYSTEM

111  **DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE** (new listing)
- Cap 25 mg
  - 7.83
  - 50
  - Dosulepin Mylan

112  **FLUOXETINE HYDROCHLORIDE** (HSS delayed and delisted)
- Tab dispersible 20 mg, scored
  - 1% DV Apr-20 to 2022
  - 1.98
  - 30
  - Fluox
- Cap 20 mg
  - 1% DV Apr-20 to 2022
  - 2.91
  - 84
  - Fluox
Note – Fluox tab dispersible 20 mg, scored and cap 20 mg delisted 1 December 2019 and HSS delayed until 1 August 2020.

112  **FLUOXETINE HYDROCHLORIDE** (delisting delayed)
- Tab dispersible 20 mg, scored
  - 2.47
  - 30
  - Arrow-Fluoxetine
- Cap 20 mg
  - 1.99
  - 90
  - Arrow-Fluoxetine
Note – delisting delayed from 1 April 2020 until 1 August 2020.

116  **DROPERIDOL** (brand change)
- Inj 2.5 mg per ml, 1 ml ampoule
  - 1% DV May-20 to 2022
  - 30.95
  - 10
  - Droleptan
Note – Droperidol Panpharma inj 2.5 mg per ml, 1 ml ampoule to be delisted from 1 May 2020.

121  **OCRELIZUMAB** (new listing)
- Inj 30 mg per ml, 10 ml vial
  - 9,346.00
  - 1
  - Ocrevus
Restricted
Initiation
Only for use in patients with approval by the Multiple Sclerosis Treatment Assessment Committee (MSTAC).
Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (set out in Section B of the Pharmaceutical Schedule).

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

130  **MITOMYCIN C** (new listing)
- Inj 20 mg vial
  - 816.32
  - 1
  - Omegapharm

133  **COLASPASE [L-ASPARAGINASE]** (delisting)
- Inj 10,000 iu vial
  - 102.32
  - 1
  - Leunase
Note – Leunase inj 10,000 iu vial to be delisted from 1 December 2020.

134  **PEGASPARGASE** (new listing)
- Inj 750 iu per ml, 5 ml vial
  - 3,005.00
  - 1
  - Oncaspar LYO

134  **PEGASPARGASE** (delisting)
- Inj 750 iu per ml, 5 ml vial
  - 3,005.00
  - 1
  - Oncaspar
Note – Oncaspar inj 750 iu per ml, 5 ml vial to be delisted from 1 May 2020.

134  **TEMOZOLOMIDE** (brand change)
- Cap 5 mg
  - 9.13
  - 5
  - Temaccord
Note – Orion Temozolomide cap 5 mg to be delisted from 1 May 2020.
### Changes to Section H Part II – effective 1 December 2019 (continued)

<table>
<thead>
<tr>
<th>136</th>
<th>ALECTINIB (new listing)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cap 150 mg: ..............................................................</td>
</tr>
<tr>
<td></td>
<td>Restricted</td>
</tr>
</tbody>
</table>
|  | Initiation  
*Re-assessment required after 6 months* |
|  | All of the following: |
| 1 | Patient has locally advanced, or metastatic, unresectable, non-small cell lung cancer; and |
| 2 | There is documentation confirming that the patient has an ALK tyrosine kinase gene rearrangement using an appropriate ALK test; and |
| 3 | Patient has an ECOG performance score of 0-2. |
|  | Continuation  
*Re-assessment required after 6 months* |
|  | Both: |
| 1 | No evidence of progressive disease according to RECIST criteria; and |
| 2 | The patient is benefitting from and tolerating treatment. |

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<th>VENETOCLAX (new listing)</th>
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<td>Tab 14 x 10 mg, 7 x 50 mg, 21 x 100 mg: .................</td>
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</table>
|  | Initiation - relapsed/refractory chronic lymphocytic leukaemia  
*Haematologist*  
*Re-assessment required after 7 months* |
|  | All of the following: |
| 1 | Patient has chronic lymphocytic leukaemia requiring treatment; and |
| 2 | Patient has received at least one prior therapy for chronic lymphocytic leukaemia; and |
| 3 | Patient has not previously received funded venetoclax; and |
| 4 | The patient’s disease has relapsed within 36 months of previous treatment; and |
| 5 | Venetoclax to be used in combination with six 28-day cycles of rituximab commencing after the 5-week dose titration schedule with venetoclax; and |
| 6 | Patient has an ECOG performance status of 0-2. |
|  | Continuation - relapsed/refractory chronic lymphocytic leukaemia  
*Haematologist*  
*Re-assessment required after 6 months* |
|  | Both: |
| 1 | Treatment remains clinically appropriate and the patient is benefitting from and tolerating treatment; and |
| 2 | Venetoclax is to be discontinued after a maximum of 24 months of treatment following the titration schedule unless earlier discontinuation is required due to disease progression or unacceptable toxicity. |
|  | Initiation - previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*  
*Haematologist*  
*Re-assessment required after 6 months* |
|  | All of the following: |
| 1 | Patient has previously untreated chronic lymphocytic leukaemia; and |
| 2 | There is documentation confirming that patient has 17p deletion by FISH testing or TP53 mutation by sequencing; and |
| 3 | Patient has an ECOG performance status of 0-2. |

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

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*(Brand)* indicates a brand example only. It is not a contracted product.
Changes to Section H Part II – effective 1 December 2019 (continued)

Continuation - previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*

Haematologist

Re-assessment required after 6 months

The treatment remains clinically appropriate and the patient is benefitting from and tolerating treatment.

Note: ‘Chronic lymphocytic leukaemia (CLL)’ includes small lymphocytic lymphoma (SLL)* and B-cell prolymphocytic leukaemia (B-PLL)*. Indications marked with * are unapproved indications.

173 RITUXIMAB (amended restriction criteria – affected criteria shown only)

⇒ 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 Any of the following:

2.1 The patient is rituximab treatment naive; and or

2.2 Either:

2.2.1 The patient is chemotherapy treatment naive; or

2.2.2 Both:

2.2.2.1 The patient’s disease has relapsed following no more than three prior lines of chemotherapy treatment; and

2.2.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; and or

2.3 The patient’s disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax; and

3 The patient has good performance status; and

4 Either:

4.1 The patient does not have chromosome 17p deletion CLL; and or

4.2 Rituximab treatment is to be used in combination with funded venetoclax for relapsed/refractory chronic lymphocytic leukaemia; and

5 Rituximab to be administered in combination with fludarabine and cyclophosphamide, or bendamustine or venetoclax for a maximum of 6 treatment cycles; and

6 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration), or bendamustine or venetoclax.

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:

Both:

1 Either:
Changes to Section H Part II – effective 1 December 2019 (continued)

1.1 The patient’s disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax; or

1.2 All of the following:

1.2.1 The patient’s disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and

1.2.2 The patient has had an interval of 36 months or more since commencement of initial rituximab treatment; and

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

1.2.4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine; and

Rituximab to be administered in combination with fludarabine and cyclophosphamide, or bendamustine or venetoclax 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.

188 TRASTUZUMAB EMTANSINE (new listing)

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<tr>
<td>$3,712.00 1 Kadcyla</td>
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</table>

Restricted

Initiation

Re-assessment required after 6 months

All of the following:

1 Patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and

2 Patient has previously received trastuzumab and chemotherapy, separately or in combination; and

3 Either

3.1 The patient has received prior therapy for metastatic disease*; or

3.2 The patient developed disease recurrence during, or within six months of completing adjuvant therapy*; and

4 Patient has a good performance status (ECOG 0-1); and

5 Either:

5.1 Patient does not have symptomatic brain metastases; or

5.2 Patient has brain metastases and has received prior local CNS therapy; and

6 Treatment to be discontinued at disease progression.

Continuation

Re-assessment required after 6 months

Both:

1 The cancer has not progressed at any time point during the previous approval period whilst on trastuzumab emtansine; and

2 Treatment to be discontinued at disease progression.

*Note: Prior or adjuvant therapy includes anthracycline, other chemotherapy, biological drugs, or endocrine therapy.
Changes to Section H Part II – effective 1 December 2019 (continued)

NIVOLUMAB (amended restriction criteria)

→ Inj 10 mg per ml, 4 ml vial..............................$1,051.98 1 Opdivo
→ Inj 10 mg per ml, 10 ml vial.............................$2,629.96 1 Opdivo

Restricted
Initiation
Medical oncologist
Re-assessment required after 4 months

All of the following:
1 Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
2 Patient has measurable disease as defined by RECIST version 1.1; 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 Patient has not received funded pembrolizumab; or
   4.2 Both:
       4.2.1 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 The cancer did not progress while the patient was on pembrolizumab; and
5 Nivolumab is to be used at a maximum dose of no greater than the equivalent of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles); and
6 Baseline measurement of overall tumour burden is documented (see Note); and
7 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of nivolumab will not be continued beyond 12 weeks (6 cycles) if their disease progresses during this time.

Continuation
Medical oncologist
Re-assessment required after 4 months

Either:
1 All of the following:
   1.1 Any of the following:
       1.1.1 Patient’s disease has had a complete response to treatment according to RECIST criteria (see Note); or
       1.1.2 Patient’s disease has had a partial response to treatment according to RECIST criteria (see Note); or
       1.1.3 Patient has stable disease according to RECIST criteria (see Note); and
   1.2 Either:
       1.2.1 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and
       1.2.2 Both:
           1.2.2.1 Patient has measurable disease as defined by RECIST version 1.1; and
           1.2.2.2 Patient’s disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and
   1.3 No evidence of progressive disease according to RECIST criteria (see Note); and
   1.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and
   1.5 Nivolumab will be used at a maximum dose of no greater than the equivalent of 3 mg/kg every 2 weeks; or for a maximum of 12 weeks (6 cycles).
2 All of the following:
   2.1 Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and
   2.2 Patient has signs of disease progression; and
   2.3 Disease has not progressed during previous treatment with nivolumab; and

continued...
Changes to Section H Part II – effective 1 December 2019 (continued)

2.4 Nivolumab will be used at a maximum dose of no greater than the equivalent of 3 mg/kg every 2 weeks.

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

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

189 PEMBROLIZUMAB (amended restriction criteria)

Inj 25 mg per ml, 4 ml vial.............................................................................. 4,680.00 1 Keytruda

Restricted
Initiation
Medical oncologist
Re-assessment required after 4 months

All of the following:

1 Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
2 Patient has measurable disease as defined by RECIST version 1.1 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 Patient has not received funded nivolumab; or
   4.2 Both:
      4.2.1 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 The cancer did not progress while the patient was on nivolumab; and
5 Pembrolizumab is to be used at a maximum dose of no greater than the equivalent of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 cycles); and
6 Baseline measurement of overall tumour burden is documented (see Note); and
7 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of pembrolizumab will not be continued beyond 12 weeks (4 cycles) if their disease progresses during this time.

Continuation
Medical oncologist
Re-assessment required after 4 months

Either:

1 All of the following:
1.1 Any of the following:
   1.1.1 Patient’s disease has had a complete response to treatment according to RECIST criteria (see Note); or
   1.1.2 Patient’s disease has had a partial response to treatment according to RECIST criteria (see Note); or
   1.1.3 Patient has stable disease according to RECIST criteria (see Note); and

1.2 Either:
   1.2.1 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and
   1.2.2 Both:
      1.2.2.1 Patient has measurable disease as defined by RECIST version 1.1; and
      1.2.2.2 Patient’s disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and

1.3 No evidence of progressive disease according to RECIST criteria (see Note); and
1.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and
1.5 Pembrolizumab will be used at a maximum dose of no greater than the equivalent of 2 mg/kg every 3 weeks; or for a maximum of 12 weeks (4 cycles).

2 All of the following:
   2.1 Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression; and
   2.2 Patient has signs of disease progression; and
   2.3 Disease has not progressed during previous treatment with pembrolizumab; and
   2.4 Pembrolizumab will be used at a maximum dose of no greater than the equivalent of 2 mg/kg every 3 weeks.

Notes: Baseline assessment and disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Measurable disease includes by CT or MRI imaging or caliper measurement by clinical exam. Target lesion measurements should be assessed using CT or MRI imaging with the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks. Response definitions as follows:
   • Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to < 10 mm.
   • Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
   • Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
   • Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.
Changes to Section H Part II – effective 1 December 2019 (continued)

196  PIRFENIDONE (amended restriction criteria)

- Tab 801 mg.................................................................3,645.00  90  Esbriet
- Cap 267 mg.................................................................3,645.00  270  Esbriet

Restrict
Initiation - idiopathic pulmonary fibrosis
Respiratory specialist
Re-assessment required after 12 months
All of the following:
1  Patient has been diagnosed with idiopathic pulmonary fibrosis by a multidisciplinary team including a radiologist; and
2  Forced vital capacity is between 50% and 90% predicted; and
3  Pirfenidone is to be discontinued at disease progression (See Note); and
4  Pirfenidone is not to be used in combination with subsidised nintedanib; and
5  Any of the following:
   5.1 The patient has not previously received treatment with nintedanib; or
   5.2 Patient has previously received nintedanib, but discontinued nintedanib within 12 weeks due to intolerance; or
   5.3 Patient has previously received nintedanib, but the patient’s disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with nintedanib).

Continuation - idiopathic pulmonary fibrosis
Respiratory specialist
Re-assessment required after 12 months
All of the following:
1  Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
2  Pirfenidone is not be used in combination with subsidised nintedanib; and
3  Pirfenidone is to be discontinued at disease progression (See Note).

Note: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.

SENSORY ORGANS

201  CHLORAMPHENICOL (brand change)

Eye oint 1% – 1% DV May-20 to 2022 ........................................1.55  5 g  Devatis

Note – Chlorsig eye oint 1% to be delisted from 1 May 2020.

SPECIAL FOODS

232  ENTERAL FEED WITH FIBRE 0.83 KCAL/ML (Pharmacode change and amended presentation description)

- Liquid 5.5 g protein, 8.8 g carbohydrate,
  2.5 g fat and 1.5 g fibre per 100 ml, bottle bag ......................5.29  1,000 ml  Nutrison 800 Complete Multi Fibre

Note – this is a new Pharmacode listing, 2572982. Pharmacode 2510774 to be delisted from 1 June 2020.
Changes to Section H Part II – effective 1 December 2019 (continued)

VACCINES

236 MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE (amended restriction criteria)
Inj 4 mcg or 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

Restricted
Initiation

Either:
1 Any of the following:
   1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
   2 One dose for close contacts of meningococcal cases; or
   3 A maximum of two doses for bone marrow transplant patients; or
   4 A maximum of two doses for patients following immunosuppression*; or

2 Both:
   1 Person is aged between 13 and 25 years, inclusive; and
   2 Either
      2.1 One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons; or
      2.2 One dose for individuals who are currently living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons, from 1 December 2019 to 30 November 2020.

Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.
*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

243 VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] (amended restriction criteria)
Varicella zoster virus (Oka strain) live attenuated vaccine [shingles vaccine] ................................................. 0.00 1 Zostavax

Restricted
Initiation – people aged between 66 and 80 years
Therapy limited to 1 dose
One dose for all people aged between 66 and 80 years inclusive from 1 April 2018 and 31 March 2020.
# Index

Pharmaceuticals and brands

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