

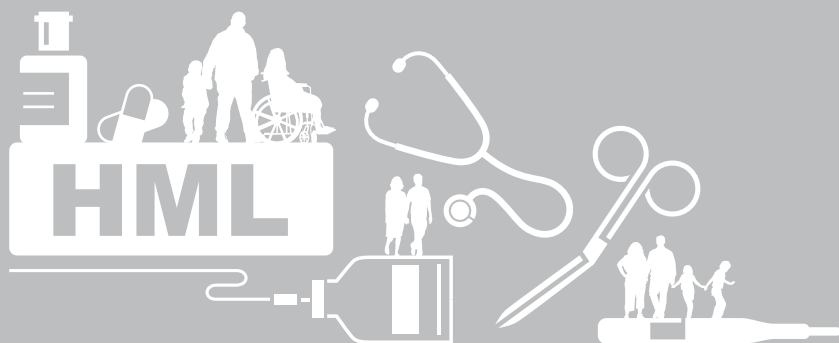
The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update effective 1 May 2014

Cumulative for April and May 2014



Contents

Summary of decisions effective 1 May 2014	3
Section H changes to Part II	5
Index.....	12

Summary of decisions

EFFECTIVE 1 MAY 2014

- Adrenaline (Hospira) inj 1 in 1,000, 1 ml ampoule and 1 in 10,000, 10 ml ampoule – amendment to brand name
- Amoxicillin (Apo-Amoxi) cap 500 mg – new listing and addition of HSS
- Amoxicillin (Alphamox) cap 500 mg – delisting from 1 July 2014
- Atropine sulphate (Atropt) eye drops 1% – addition of HSS
- Bupivacaine hydrochloride (Marcaïn) inj 2.5 mg per ml, 100 ml bag, and (Marcaïn Isobaric) inj 5 mg per ml, 4 ml ampoule – addition of HSS
- Calcium gluconate (Hospira) inj 10%, 10 ml ampoule – amendment to brand name
- Clonidine (Catapres-TTS-1, TTS-2 and TTS-3) patch 2.5 mg, 100 mcg per day; 5 mg, 200 mcg per day and 7.5 mg, 300 mcg per day – price reduction and addition of HSS
- Diazepam (Hospira) inj 5 mg per ml, 2 ml ampoule – amendment to brand name
- Ethanol, dehydrated, inj 96% – additional presentation
- Etoposide (Hospira) inj 20 mg per ml, 5 ml vial – amendment to brand name
- Fluorouracil (Hospira) inj 25 mg per ml, 100 ml vial – amendment to brand name
- Gemcitabine (Gemcitabine Actavis 200) inj 200 mg vial, and (Gemcitabine Actavis 1000) inj 1 g vial – delist from 1 July 2014
- Gentamicin sulphate (Hospira) inj 10 mg per ml, 1 ml ampoule – amendment to brand name
- Glycerol trinitrate (Hospira) inj 5 mg per ml, 10 ml ampoule – amendment to brand name
- Heparin sodium (Hospira) inj 1,000 iu per ml, 1 ml ampoule and inj 5,000 iu per ml, 1 ml ampoule – amendment to brand name
- Hyoscine hydrobromide (Hospira) inj 400 mcg per ml, 1 ml ampoule – amendment to brand name
- Loperamide hydrochloride (Diamide Relief) cap 2 mg – price reduction and addition of HSS
- Naloxone hydrochloride (Hospira) inj 400 mcg per ml, 1 ml ampoule – amendment to brand name
- Olanzapine (Zyprexa Relprevv) inj 210 mg, 300 mg and 405 mg vial – amendment to restriction

Summary of PHARMAC decisions – effective 1 May 2014 (continued)

- Oxytocin (BNM) inj 10 iu per ml, 1 ml ampoule – amendment to brand name
- Paliperidone (Invega Sustenna) inj 25 mg, 50 mg, 75 mg, 100 mg and 150 mg syringe – new listing
- Papaverine hydrochloride (Hospira) inj 12 mg per ml, 10 ml ampoule – amendment to brand name
- Paraffin liquid with wool fat (Poly-Visc) eye oint 3% with wool fat 3% – new listing and addition of HSS
- Promethazine hydrochloride (Hospira) inj 25 mg per ml, 2 ml ampoule – amendment to brand name
- Risperidone (Risperdal Consta) inj 25 mg, 37.5 mg and 50 mg vial – amendment to restriction
- Tacrolimus (Tacrolimus Sandoz) cap 0.5 mg, 1 mg and 5 mg – new listing and addition of HSS
- Tacrolimus (Prograf) cap 0.5 mg, 1 mg and 5 mg – delisting from 1 November 2014
- Tiaprofenic acid (Surgam) tab 300 mg – delist from 1 May 2014
- Vinblastine sulphate (Hospira) inj 1 mg per ml, 10 ml vial – amendment to brand name

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

Effective 1 May 2014

ALIMENTARY TRACT AND METABOLISM

12	LOPERAMIDE HYDROCHLORIDE (↓ price and addition of HSS) Cap 2 mg - 1% DV Jul-14 to 2016	7.84	400	Diamide Relief
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BLOOD AND BLOOD FORMING ORGANS

30	HEPARIN SODIUM (amendment to brand name) Inj 1,000 iu per ml, 1 ml ampoule	66.80	50	Hospira Mayne
	Inj 5,000 iu per ml, 1 ml ampoule	14.20	5	Hospira Mayne

32	CALCIUM GLUCONATE (amendment to brand name) Inj 10%, 10 ml ampoule.....	21.40	10	Hospira Mayne
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CARDIOVASCULAR SYSTEM

41	CLONIDINE (↓ price and addition of HSS) Patch 2.5 mg, 100 mcg per day – 1% DV Jul-14 to 2017	12.80	4	Catapres-TTS-1
	Patch 5 mg, 200 mcg per day – 1% DV Jul-14 to 2017	18.04	4	Catapres-TTS-2
	Patch 7.5 mg, 300 mcg per day – 1% DV Jul-14 to 2017	22.68	4	Catapres-TTS-3

44	GLYCERYL TRINITRATE (amendment to brand name) Inj 5 mg per ml, 10 ml ampoule.....	40.00	5	Hospira Mayne
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44	ADRENALINE (amendment to brand name) Inj 1 in 1,000, 1 ml ampoule.....	5.25	5	Hospira Mayne
	Inj 1 in 10,000, 10 ml ampoule.....	27.00	5	Hospira Mayne

46	PAPAVERINE HYDROCHLORIDE (amendment to brand name) Inj 12 mg per ml, 10 ml ampoule.....	73.12	5	Hospira Mayne
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GENITO-URINARY SYSTEM

57	OXYTOCIN (amendment to brand name) Inj 10 iu per ml, 1 ml ampoule – 1% DV Feb-14 to 2015	5.98	5	Oxytocin BNM
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INFECTIONS – AGENTS FOR SYSTEMIC USE

65	GENTAMICIN SULPHATE (amendment to brand name) Inj 10 mg per ml, 1 ml ampoule.....	8.56	5	Hospira Mayne
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67	AMOXYCILLIN Cap 500 mg – 1% DV Jul-14 to 2016	20.94	500	Apo-Amoxi
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Note – Alphamox to be delisted from 1 July 2014.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 May 2014 (continued)

MUSCULOSKELETAL SYSTEM

96	TIAPROFENIC ACID Tab 300 mg	19.26	60	Surgam
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Note – Sugram tab 300 mg to be delisted from 1 May 2014.

NERVOUS SYSTEM

99	BUPIVACAINE HYDROCHLORIDE (addition of HSS) Inj 5 mg per ml, 4 ml ampoule – 1% DV Jul-14 to 2017	50.00	5	Marcain Isobaric Marcain
	Inj 2.5 mg per ml, 100 ml bag – 1% DV Jul-14 to 2017	150.00	5	
107	DIAZEPAM (amendment to brand name) Inj 5 mg per ml, 2 ml ampoule	9.24	5	Hospira Mayne
112	HYOSCINE HYDROBROMIDE (amendment to brand name) Inj 400 mcg per ml, 1 ml ampoule	6.66	5	Hospira Mayne
116	PALIPERIDONE → Inj 25 mg syringe	194.25	1	Invega Sustenna
	→ Inj 50 mg syringe	271.95	1	Invega Sustenna
	→ Inj 75 mg syringe	357.42	1	Invega Sustenna
	→ Inj 100 mg syringe	435.12	1	Invega Sustenna
	→ Inj 150 mg syringe	435.12	1	Invega Sustenna

Restricted

Initiation

Re-assessment required after 12 months

Either:

- 1 The patient has had an initial Special Authority approval for risperidone depot injection or olanzapine depot injection; or
- 2 All of the following:
 - 2.1 The patient has schizophrenia or other psychotic disorder; and
 - 2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
 - 2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

Continuation

Re-assessment required after 12 months

The initiation of paliperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 May 2014 (continued)

116	OLANZAPINE (amendment to restriction)			
	→ Inj 210 mg vial	280.00	1	Zyprexa Relprev
	→ Inj 300 mg vial	460.00	1	Zyprexa Relprev
	→ Inj 405 mg vial	560.00	1	Zyprexa Relprev

Restricted

Initiation

Re-assessment required after 6 12 months

Either:

- 1 **The patient has had an initial Special Authority approval for risperidone depot injection or paliperidone depot injection; or**
- 2 All of the following:
 - 2.1 The patient has schizophrenia; and
 - 2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
 - 2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

Continuation

Re-assessment required after 12 months

Either:

- 1 ~~The patient has had less than 12 months' treatment with olanzapine depot injection and there is no clinical reason to discontinue treatment; or~~
- 2 The initiation of olanzapine depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of **an atypical antipsychotic olanzapine depot injection.**

117	RISPERIDONE (↓ price and amendment to restriction)			
	→ Inj 25 mg vial	135.98	1	Risperdal Consta
	→ Inj 37.5 mg vial	178.71	1	Risperdal Consta
	→ Inj 50 mg vial	217.56	1	Risperdal Consta

Restricted

Initiation

Re-assessment required after 6 12 months

Either:

- 1 **The patient has had an initial Special Authority approval for paliperidone depot injection or olanzapine depot injection; or**
- 2 All of the following:
 - 2.1 The patient has schizophrenia or other psychotic disorder; and
 - 2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
 - 2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

Continuation

Re-assessment required after 12 months

Either:

- 1 ~~The patient has had less than 12 months' treatment with risperidone depot injection and there is no clinical reason to discontinue treatment; or~~
- 2 The initiation of risperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of **an atypical antipsychotic risperidone depot injection.**

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 May 2014 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

124	FLUOROURACIL (amendment to brand name) Inj 25 mg per ml, 100 ml vial	13.55	1	Hospira Mayne
124	GEMCITABINE Inj 200 mg vial	12.50	1	Gemcitabine Actavis 200
	Inj 1 g vial	62.50	1	Gemcitabine Actavis 1000
Note – Gemcitabine Actavis 200 and 1000 to be delisted from 1 July 2014.				
126	ETOPOSIDE (amendment to brand name) Inj 20 mg per ml, 5 ml vial	25.00	1	Hospira Mayne
131	VINBLASTINE SULPHATE (amendment to brand name) Inj 1 mg per ml, 10 ml vial	137.50	5	Hospira Mayne
133	TACROLIMUS → Cap 0.5 mg – 1% DV Nov-14 to 31/10/18.....	85.60	100	Tacrolimus Sandoz
	→ Cap 1 mg – 1% DV Nov-14 to 31/10/18.....	171.20	100	Tacrolimus Sandoz
	→ Cap 5 mg – 1% DV Nov-14 to 31/10/18.....	428.00	50	Tacrolimus Sandoz
Note – Prograf cap 0.5 mg, 1 mg, and 5 mg to be delisted from 1 November 2014.				

RESPIRATORY SYSTEM AND ALLERGIES

160	PROMETHAZINE HYDROCHLORIDE (amendment to brand name) Inj 25 mg per ml, 2 ml ampoule	11.00	5	Hospira Mayne
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SENSORY ORGANS

169	ATROPINE SULPHATE (addition of HSS) Eye drops 1% – 1% DV Jul-14 to 2017	17.36	15 ml	Atropt
170	PARAFFIN LIQUID WITH WOOL FAT Eye oint 3% with wool fat 3% – 1% DV Jul-14 to 2017	3.63	3.5 g	Poly-Visc

VARIOUS

171	NALOXONE HYDROCHLORIDE (amendment to brand name) Inj 400 mcg per ml, 1 ml ampoule	33.00	5	Hospira Mayne
171	ETHANOL, DEHYDRATED (additional presentation) Inj 96%			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 April 2014

BLOOD AND BLOOD FORMING ORGANS

30 TRISODIUM CITRATE
Inj 46.7%, 3 ml syringe

CARDIOVASCULAR SYSTEM

40	DILTIAZEM HYDROCHLORIDE (HSS suspended and new listing)			
	Cap long-acting 180 mg			
	– 5% DV Feb-13 to 2015 31/03/14	47.67	500	Apo-Diltiazem CD
		7.56	30	Cardizem CD
	Cap long-acting 240 mg			
	– 5% DV Feb-13 to 2015 31/03/14	63.58	500	Apo-Diltiazem CD
		10.22	30	Cardizem CD

INFECTIONS – AGENTS FOR SYSTEMIC USE

66	CEFEPIME (HSS suspended)			
	→ Inj 1 g vial – 1% DV Oct-12 to 2015 31/03/14	8.80	1	DBL Cefepime
	→ Inj 2 g vial – 1% DV Oct-12 to 2015 31/03/14	17.60	1	DBL Cefepime

MUSCULOSKELETAL SYSTEM

94	SUXAMETHONIUM CHLORIDE (↓ price and addition of HSS)			
	Inj 50 mg per ml, 2 ml ampoule – 1% DV Jun-14 to 2017	78.00	50	AstraZeneca

NERVOUS SYSTEM

98	PERGOLIDE (delisting)			
	Tab 0.25 mg – 1% DV Sep-11 to 2014	48.00	100	Permax
	Tab 1 mg – 1% DV Sep-11 to 2014	170.00	100	Permax
	Note – Permax tab 0.25 mg and 1 mg to be delisted from 1 May 2014.			
111	BETAHISTINE DIHYDROCHLORIDE (↓ price and addition of HSS)			
	Tab 16 mg – 1% DV Jun-14 to 2017	4.95	84	Vergo 16
112	PROCHLORPERAZINE (↓ price and addition of HSS)			
	Tab 5 mg – 1% DV Jun-14 to 2017	9.75	500	Antinaus

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 April 2014 (continued)

121	NICOTINE (amendment to HSS)			
	Gum 2 mg – 5% DV Oct-11 to 31/03/14 2014			
	1% DV Apr-14 to 2017	36.47	384	Habitrol (Classic) Habitrol (Fruit) Habitrol (Mint)
	Gum 4 mg – 5% DV Oct-11 to 31/03/14 2014			
	1% DV Apr-14 to 2017	42.04	384	Habitrol (Classic) Habitrol (Fruit) Habitrol (Mint)
	Patch 7 mg per 24 hours – 5% DV Oct-11 to			
	31/03/14 2014 1% DV Apr-14 to 2017	18.13	28	Habitrol
	Patch 14 mg per 24 hours – 5% DV Oct-11 to			
	31/03/14 2014 1% DV Apr-14 to 2017	18.81	28	Habitrol
	Patch 21 mg per 24 hours – 5% DV Oct-11 to			
	31/03/14 2014 1% DV Apr-14 to 2017	19.14	28	Habitrol
	Lozenge 1 mg – 5% DV Oct-11 to 31/03/14 2014			
	1% DV Apr-14 to 2017	19.94	216	Habitrol
	Lozenge 2 mg – 5% DV Oct-11 to 31/03/14 2014			
	1% DV Apr-14 to 2017	24.27	216	Habitrol

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

123	METHOTREXATE			
	Tab 2.5 mg – 1% DV Jun-14 to 2015	3.82	30	Trexate
	Tab 10 mg – 1% DV Jun-14 to 2015	26.25	50	Trexate
	Note – Methoblastin tab 2.5 mg and 10 mg to be delisted from 1 June 2014.			
129	IMATINIB MESILATE			
	Cap 100 mg – 1% DV Jul-14 to 2017	298.90	60	Imatinib-AFT
	Note: Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA0643 in Section B of the Pharmaceutical Schedule.			
152	AZATHIOPRINE			
	Tab 50 mg – 1% DV Jun-14 to 2016	13.22	100	Azamun
	Note – Imuprine tab 50 mg to be delisted from 1 June 2014.			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 April 2014 (continued)

149	RITUXIMAB (amendment to restriction)		
	→ Inj 10 mg per ml, 10 ml vial	1,075.50	2
	→ Inj 10 mg per ml, 50 ml vial	2,688.30	1
	Initiation – ANCA associated vasculitis Rheumatologist or nephrologist Limited to 4 weeks' treatment All of the following:		
	1 Patient has been diagnosed with ANCA associated vasculitis*; and		
	2 Either:		
	2.1 Patient does not have MPO-ANCA positive vasculitis*; or		
	2.2 Mycophenolate mofetil has not been effective in those patients who have MPO-ANCA positive vasculitis*; and		
	3 The total rituximab dose would not exceed the equivalent of 375 mg/m ² of body-surface area per week for a total of 4 weeks; and		
	4 Any of the following:		
	4.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve complete absence of disease after at least 3 months; or		
	4.2 Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose > 15 g; or		
	4.3 Cyclophosphamide and methotrexate are contraindicated; or		
	4.4 Patient is a female of child-bearing potential; or		
	4.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.		
	Note: Indications marked with * are Unapproved Indications.		
	Continuation – ANCA associated vasculitis Rheumatologist or nephrologist Limited to 4 weeks' treatment All of the following:		
	1 Patient has been diagnosed with ANCA associated vasculitis*; and		
	2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and		
	3 The total rituximab dose would not exceed the equivalent		

SPECIAL FOODS

195	ORAL FEED 1.5 KCAL/ML (delisting)		
	→ Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can.....	1.33	237 ml
			Ensure Plus (Strawberry)
	Note – Ensure Plus (Strawberry) to be delisted from 1 June 2014.		
195	ORAL FEED		
	→ Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can	13.00	850 g
			Ensure (Chocolate)
	Note – Ensure (Chocolate) in the 900 g pack size to be delisted from 1 June 2014.		

Index

Pharmaceuticals and brands

A	
Adrenaline.....	5
Amoxicillin	5
Antinaus	9
Apo-Amoxi.....	5
Apo-Diltiazem CD.....	9
Atropine sulphate	8
Atropt	8
Azamun	10
Azathioprine.....	10
B	
Betahistine dihydrochloride.....	9
BNM	5
Bupivacaine hydrochloride.....	6
C	
Calcium gluconate	5
Cardizem CD.....	9
Catapres-TTS-1	5
Catapres-TTS-2	5
Catapres-TTS-3	5
Cefepime	9
Clonidine.....	5
D	
DBL Cefepime.....	9
Diamide Relief.....	5
Diazepam.....	6
Diltiazem hydrochloride	9
E	
Ensure (Chocolate)	11
Ensure Plus (Strawberry).....	11
Ethanol, dehydrated.....	8
Etoposide.....	8
F	
Fluorouracil	8
G	
Gemcitabine.....	8
Gemcitabine Actavis 200.....	8
Gemcitabine Actavis 1000.....	8
Gentamicin sulphate.....	5
Glyceryl trinitrate	5
H	
Habitrol	10
Habitrol (Classic)	10
Habitrol (Fruit).....	10
Habitrol (Mint).....	10
Heparin sodium.....	5
Hyoscine hydrobromide	6
I	
Imatinib-AFT	10
Imatinib mesilate.....	10
Invega Sustenna.....	6
L	
Loperamide hydrochloride.....	5
M	
Mabthera	11
Marcaïn	6
Marcaïn Isobaric	6
Methotrexate.....	10
N	
Naloxone hydrochloride.....	8
Nicotine	10
O	
Olanzapine.....	7
Oral feed	11
Oral feed 1.5 kcal/ml.....	11
Oxytocin	5
P	
Paliperidone.....	6
Papaverine hydrochloride	5
Paraffin liquid with wool fat	8
Pergolide	9
Permax	9
Poly-Visc	8
Prochlorperazine	9
Promethazine hydrochloride	8
R	
Risperdal Consta.....	7
Risperidone.....	7
Rituximab	11
S	
Surgam.....	6
Suxamethonium chloride	9
T	
Tacrolimus.....	8
Tacrolimus Sandoz	8
Tiaprofenic acid	6
Trexate.....	10
Trisodium citrate	9
V	
Vergo 16.....	9
Vinblastine sulphate	8
Z	
Zyprexa Relprev.....	7

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