

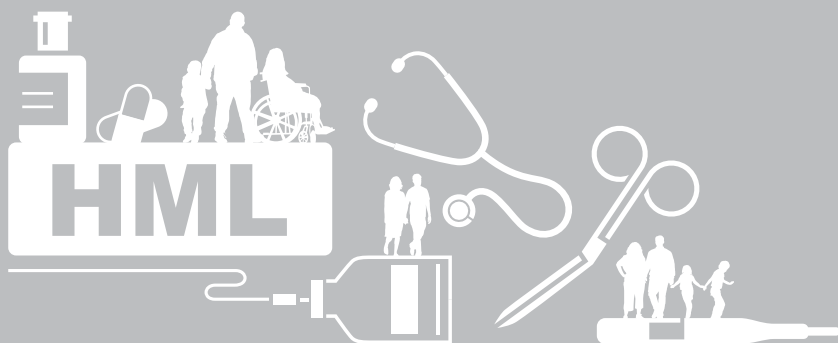
The Hospital Medicines List (HML)

# Section H

## for Hospital Pharmaceuticals

Update effective 1 June 2014

Cumulative for April, May and June 2014



## **Contents**

Summary of decisions effective 1 June 2014.....	3
Section H changes to Part II .....	4
Index.....	12

## Summary of decisions

EFFECTIVE 1 JUNE 2014

- Febuxostat (Adenuric) tab 80 mg and 120 mg – new listing
- Low electrolyte enteral feed 1.8 kcal/ml (Nepro HP RTH) liquid 8.1 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, bottle, 500 ml – new listing
- Low electrolyte enteral feed 2 kcal/ml (Nepro RTH) liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, bottle, 500 ml – delisting from 1 August 2014
- Low electrolyte oral feed 1.8 kcal/ml (Nepro HP (strawberry) and (vanilla)) liquid 8 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, carton, 220 ml – new listing
- Low electrolyte oral feed 2 kcal/ml (Nepro (strawberry) and (vanilla)) liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, carton, 200 ml – delisting from 1 August 2014
- Olanzapine (Olanzine) tab 10 mg – delisting from 1 August 2014.
- Olanzapine (Olanzine-D) tab orodispersible 5 mg and 10 mg – delisting from 1 August 2014
- Oxycodone hydrochloride (BNM) tab controlled-release 10 mg and 20 mg – new listing
- Oxycodone hydrochloride (Oxydone BNM) tab controlled-release 10 mg and 20 mg – delisting from 1 August 2014
- Paediatric oral feed (Pediasure (vanilla)) powder 14.9 g protein, 54.3 g carbohydrate and 24.7 g fat per 100 g, can, 850 g – new listing
- Paediatric oral feed (Pediasure (vanilla)) powder 14.9 g protein, 54.3 g carbohydrate and 24.7 g fat per 100 g, can, 900 g – delisting from 1 August 2014
- Phosphorus, tab eff 500 mg (16 mmol) – amendment to presentation description
- Procarbazine hydrochloride (Natulan) cap 50 mg – increase in price
- Spironolactone (Spirotone) tab 100 mg – delisting from 1 August 2014
- Terlipressin (Glypressin) inj 0.1 mg per ml, 8.5 ml ampoule – new listing
- Terlipressin (Glypressin) inj 1 mg vial – delisting from 1 December 2014
- Tropisetron (Navoban) cap 5 mg – delisting from 1 August 2014

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

Effective 1 June 2014

### BLOOD AND BLOOD FORMING ORGANS

- 34 PHOSPHORUS (amendment to presentation description)  
Tab eff 500 mg (16 mmol)

### CARDIOVASCULAR SYSTEM

- 42 SPIRONOLACTONE (delisting)  
Tab 100 mg – 1% DV Sep-13 to 2016 ..... 11.80 100 **Spirotone**  
Note – Spirotone tab 100 mg to be delisted from 1 August 2014. Spiractin remains listed.

### HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

- 64 TERLIPRESSIN  
Inj 0.1 mg per ml, 8.5 ml ampoule ..... 450.00 5 Glypressin  
Note – Glypressin inj 1 mg vial to be delisted from 1 December 2014.

### MUSCULOSKELETAL SYSTEM

- 93 FEBUXOSTAT  
→ Tab 80 mg ..... 39.50 28 Adenuric  
→ Tab 120 mg ..... 39.50 28 Adenuric

#### Restricted

Any of the following:

- 1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and appropriate doses of probenecid; or
- 2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite appropriate doses of probenecid; or
- 3 Both:
  - 3.1 The patient has renal impairment and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); and
  - 3.2 The patient has a rate of creatinine clearance greater than or equal to 30 ml/min.

Note: Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

### NERVOUS SYSTEM

- 104 OXYCODONE HYDROCHLORIDE  
Tab controlled-release 10 mg – 1% DV Oct-13 to 2015 ..... 6.75 20 **BNM**  
Tab controlled-release 20 mg – 1% DV Oct-13 to 2015 ..... 11.50 20 **BNM**  
Note - Oxycodone BNM tab controlled-release 10 mg and 20 mg to be delisted from 1 August 2014.

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

112	TROPISETRON (delisting) Cap 5 mg .....	77.41	5	Navoban
	Note – Navoban cap 5 mg to be delisted from 1 August 2014.			
114	OLANZAPINE (delisting) Tab 10 mg .....	6.35	28	Olanzine
	Tab orodispersible 5 mg .....	6.36	28	Olanzine-D
	Tab orodispersible 10 mg .....	8.76	28	Olanzine-D
	Note – Olanzine tab 10 mg and Olanzine-D tab orodispersible 5 mg and 10 mg to be delisted 1 August 2014. Zyprine and Zypine ODT brand remains listed.			

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

126	PROCARBAZINE HYDROCHLORIDE (↑ price) Cap 50 mg .....	498.00	50	Natulan
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### SPECIAL FOODS

192	PAEDIATRIC ORAL FEED ➔ Powder 14.9 g protein, 54.3 g carbohydrate and 24.7 g fat per 100 g, can.....	20.00	850 g	Pediasure (Vanilla)
	Note – Pediasure (Vanilla) in the 900 g can pack size to be delisted from 1 August 2014.			
193	LOW ELECTROLYTE ENTERAL FEED 1.8 KCAL/ML ➔ Liquid 8.1 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, bottle .....	6.08	500 ml	Nepro HP RTH
193	LOW ELECTROLYTE ENTERAL FEED 2 KCAL/ML (delisting) ➔ Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, bottle .....	6.08	500 ml	Nepro RTH
	Note – Nepro RTH to be delisted from 1 August 2014.			
193	LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML ➔ Liquid 8 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, carton .....	2.67	220 ml	Nepro HP (Strawberry) Nepro HP (Vanilla)
193	LOW ELECTROLYTE ORAL FEED 2 KCAL/ML (delisting) ➔ Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, carton .....	2.43	200 ml	Nepro (Strawberry) Nepro (Vanilla)
	Note – Nepro (Strawberry) and (Vanilla) to be delisted from 1 August 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

### ALIMENTARY TRACT AND METABOLISM

12	LOPERAMIDE HYDROCHLORIDE (↓ price and addition of HSS) Cap 2 mg - <b>1% DV Jul-14 to 2016</b> .....	7.84	400	<b>Diamide Relief</b>
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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	<b>Hospira Mayne</b>
	Inj 5,000 iu per ml, 1 ml ampoule .....	14.20	5	<b>Hospira Mayne</b>
32	CALCIUM GLUCONATE (amendment to brand name) Inj 10%, 10 ml ampoule.....	21.40	10	<b>Hospira Mayne</b>

### CARDIOVASCULAR SYSTEM

41	CLONIDINE (↓ price and addition of HSS) Patch 2.5 mg, 100 mcg per day – <b>1% DV Jul-14 to 2017</b> .....	12.80	4	<b>Catapres-TTS-1</b>
	Patch 5 mg, 200 mcg per day – <b>1% DV Jul-14 to 2017</b> .....	18.04	4	<b>Catapres-TTS-2</b>
	Patch 7.5 mg, 300 mcg per day – <b>1% DV Jul-14 to 2017</b> .....	22.68	4	<b>Catapres-TTS-3</b>
44	GLYCERYL TRINITRATE (amendment to brand name) Inj 5 mg per ml, 10 ml ampoule.....	40.00	5	<b>Hospira Mayne</b>
44	ADRENALINE (amendment to brand name) Inj 1 in 1,000, 1 ml ampoule.....	5.25	5	<b>Hospira Mayne</b>
	Inj 1 in 10,000, 10 ml ampoule.....	27.00	5	<b>Hospira Mayne</b>
46	PAPAVERINE HYDROCHLORIDE (amendment to brand name) Inj 12 mg per ml, 10 ml ampoule.....	73.12	5	<b>Hospira Mayne</b>

### GENITO-URINARY SYSTEM

57	OXYTOCIN (amendment to brand name) Inj 10 iu per ml, 1 ml ampoule – <b>1% DV Feb-14 to 2015</b> .....	5.98	5	<b>Oxytocin BNM</b>
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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	<b>Hospira Mayne</b>
67	AMOXYCILLIN Cap 500 mg – <b>1% DV Jul-14 to 2016</b> .....	20.94	500	<b>Apo-Amoxi</b>
	Note – Alphamox to be delisted from 1 July 2014.			

### MUSCULOSKELETAL SYSTEM

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

➔ 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 May 2014 (continued)**

**NERVOUS SYSTEM**

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

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

*continued...*

	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)**

*continued...*

**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**.

**ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS**

124	FLUOROURACIL (amendment to brand name)			
	Inj 25 mg per ml, 100 ml vial .....	13.55	1	<b>Hospira</b> <del>Mayne</del>
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	<b>Hospira</b> <del>Mayne</del>
131	VINBLASTINE SULPHATE (amendment to brand name)			
	Inj 1 mg per ml, 10 ml vial .....	137.50	5	<b>Hospira</b> <del>Mayne</del>

→ Restriction

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	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)

133	TACROLIMUS			
	→ Cap 0.5 mg – 1% DV Nov-14 to 31/10/18.....	85.60	100	<b>Tacrolimus Sandoz</b>
	→ Cap 1 mg – 1% DV Nov-14 to 31/10/18.....	171.20	100	<b>Tacrolimus Sandoz</b>
	→ Cap 5 mg – 1% DV Nov-14 to 31/10/18.....	428.00	50	<b>Tacrolimus Sandoz</b>
	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	<b>Hospira Mayne</b>
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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	<b>Atropt</b>
170	PARAFFIN LIQUID WITH WOOL FAT Eye oint 3% with wool fat 3% – 1% DV Jul-14 to 2017 .....	3.63	3.5 g	<b>Poly-Visc</b>

### VARIOUS

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

### Effective 1 April 2014

### BLOOD AND BLOOD FORMING ORGANS

30	TRISODIUM CITRATE Inj 46.7%, 3 ml syringe			
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### CARDIOVASCULAR SYSTEM

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

	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)

### MUSCULOSKELETAL SYSTEM

94	SUXAMETHONIUM CHLORIDE (↓ price and addition of HSS) Inj 50 mg per ml, 2 ml ampoule – <b>1% DV Jun-14 to 2017</b> .....	78.00	50	<b>AstraZeneca</b>
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### NERVOUS SYSTEM

98	PERGOLIDE (delisting) Tab 0.25 mg – <b>1% DV Sep-11 to 2014</b> .....	48.00	100	<b>Permax</b>
	Tab 1 mg – <b>1% DV Sep-11 to 2014</b> .....	170.00	100	<b>Permax</b>
	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 – <b>1% DV Jun-14 to 2017</b> .....	4.95	84	<b>Vergo 16</b>
112	PROCHLORPERAZINE (↓ price and addition of HSS) Tab 5 mg – <b>1% DV Jun-14 to 2017</b> .....	9.75	500	<b>Antinaus</b>
121	NICOTINE (amendment to HSS) Gum 2 mg – 5% DV Oct-11 to <b>31/03/14 2014</b> <b>1% DV Apr-14 to 2017</b> .....	36.47	384	<b>Habitrol (Classic)</b> <b>Habitrol (Fruit)</b> <b>Habitrol (Mint)</b>
	Gum 4 mg – 5% DV Oct-11 to <b>31/03/14 2014</b> <b>1% DV Apr-14 to 2017</b> .....	42.04	384	<b>Habitrol (Classic)</b> <b>Habitrol (Fruit)</b> <b>Habitrol (Mint)</b>
	Patch 7 mg per 24 hours – 5% DV Oct-11 to <b>31/03/14 2014 1% DV Apr-14 to 2017</b> .....	18.13	28	<b>Habitrol</b>
	Patch 14 mg per 24 hours – 5% DV Oct-11 to <b>31/03/14 2014 1% DV Apr-14 to 2017</b> .....	18.81	28	<b>Habitrol</b>
	Patch 21 mg per 24 hours – 5% DV Oct-11 to <b>31/03/14 2014 1% DV Apr-14 to 2017</b> .....	19.14	28	<b>Habitrol</b>
	Lozenge 1 mg – 5% DV Oct-11 to <b>31/03/14 2014</b> <b>1% DV Apr-14 to 2017</b> .....	19.94	216	<b>Habitrol</b>
	Lozenge 2 mg – 5% DV Oct-11 to <b>31/03/14 2014</b> <b>1% DV Apr-14 to 2017</b> .....	24.27	216	<b>Habitrol</b>

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

123	METHOTREXATE Tab 2.5 mg – <b>1% DV Jun-14 to 2015</b> .....	3.82	30	<b>Trexate</b>
	Tab 10 mg – <b>1% DV Jun-14 to 2015</b> .....	26.25	50	<b>Trexate</b>

Note – Methoblastin tab 2.5 mg and 10 mg to be delisted from 1 June 2014.

129	IMATINIB MESILATE Cap 100 mg – <b>1% DV Jul-14 to 2017</b> .....	298.90	60	<b>Imatinib-AFT</b>
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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.

➔ 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 April 2014 (continued)**

152	AZATHIOPRINE Tab 50 mg – <b>1% DV Jun-14 to 2016</b> .....	13.22	100	<b>Azamun</b>
	Note – Imuprine tab 50 mg to be delisted from 1 June 2014.			
149	RITUXIMAB (amendment to restriction) → 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
	Initiation – ANCA associated vasculitis <del>Rheumatologist or nephrologist</del> 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 <sup>2</sup> 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 <del>Rheumatologist or nephrologist</del> 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

<b>A</b>			
Adenuric .....	4	Imatinib mesilate .....	10
Adrenaline.....	6	Invega Sustenna.....	7
Amoxicillin .....	6	<b>L</b>	
Antinaus .....	10	Loperamide hydrochloride .....	6
Apo-Amoxi.....	6	Low electrolyte enteral feed 1.8 Kcal/ml.....	5
Apo-Diltiazem CD.....	9	Low electrolyte enteral feed 2 kcal/ml.....	5
Atropine sulphate .....	9	Low electrolyte oral feed 1.8 Kcal/ml.....	5
Atropt .....	9	Low electrolyte oral feed 2 kcal/ml .....	5
Azamun .....	11	<b>M</b>	
Azathioprine.....	11	Mabthera .....	11
<b>B</b>		Marcaïn .....	7
Betahistine dihydrochloride.....	10	Marcaïn Isobaric .....	7
Bupivacaine hydrochloride.....	7	Methotrexate.....	10
<b>C</b>		<b>N</b>	
Calcium gluconate .....	6	Naloxone hydrochloride.....	9
Cardizem CD.....	9	Natulan .....	5
Catapres-TTS-1 .....	6	Navoban .....	5
Catapres-TTS-2 .....	6	Nepro HP RTH .....	5
Catapres-TTS-3 .....	6	Nepro HP (Strawberry) .....	5
Cefepime .....	9	Nepro HP (Vanilla).....	5
Clonidine.....	6	Nepro RTH.....	5
<b>D</b>		Nepro (Strawberry) .....	5
DBL Cefepime.....	9	Nepro (Vanilla).....	5
Diamide Relief.....	6	Nicotine .....	10
Diazepam.....	7	<b>O</b>	
Diltiazem hydrochloride .....	9	Olanzapine .....	5, 7
<b>E</b>		Olanzine.....	5
Ensure (Chocolate) .....	11	Olanzine-D .....	5
Ensure Plus (Strawberry).....	11	Oral feed .....	11
Ethanol, dehydrated.....	9	Oral feed 1.5 kcal/ml.....	11
Etoposide.....	8	Oxycodone hydrochloride.....	4
<b>F</b>		Oxytocin .....	6
Febuxostat .....	4	<b>P</b>	
Fluorouracil.....	8	Paediatric oral feed.....	5
<b>G</b>		Paliperidone .....	7
Gemcitabine.....	8	Papaverine hydrochloride .....	6
Gemcitabine Actavis 200.....	8	Paraffin liquid with wool fat .....	9
Gemcitabine Actavis 1000.....	8	Pediasure (Vanilla) .....	5
Gentamicin sulphate.....	6	Pergolide .....	10
Glyceryl trinitrate.....	6	Permax .....	10
Glypressin.....	4	Phosphorus .....	4
<b>H</b>		Poly-Visc .....	9
Habitrol .....	10	Procarbazine hydrochloride .....	5
Habitrol (Classic) .....	10	Prochlorperazine .....	10
Habitrol (Fruit).....	10	Promethazine hydrochloride .....	9
Habitrol (Mint).....	10	<b>R</b>	
Heparin sodium.....	6	Risperdal Consta.....	8
Hyoscine hydrobromide .....	7	Risperidone.....	8
<b>I</b>		Rituximab .....	11
Imatinib-AFT .....	10	<b>S</b>	
		Spirinolactone.....	4

# Index

## Pharmaceuticals and brands

Spirotone .....	4	Trexate.....	10
Surgam.....	6	Trisodium citrate .....	9
Suxamethonium chloride .....	10	Tropisetron .....	5
<b>T</b>		<b>V</b>	
Tacrolimus.....	9	Vergo 16.....	10
Tacrolimus Sandoz .....	9	Vinblastine sulphate .....	8
Terlipressin .....	4	<b>Z</b>	
Tiaprofenic acid .....	6	Zyprexa Relprevv.....	7

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