The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update effective 1 September 2014
Cumulative for August and September 2014
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EFFECTIVE 1 SEPTEMBER 2014

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• Acitretin (Neotigason) cap 10 mg and 25 mg – to be delisted 1 November 2014
• Amoxicillin (Amoxicillin Actavis) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml – HSS delayed
• Amoxicillin (Ospamox) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml - delisting revoked
• Amoxicillin with clavulanic acid (Augmentin) tab 500 mg with clavulanic acid 125 mg – new listing and addition of HSS
• Amoxicillin with clavulanic acid (Curam Duo) tab 500 mg with clavulanic acid 125 mg – to be delisted 1 November 2014
• Atovaquone with proguanil hydrochloride tab 62.5 mg with proguanil hydrochloride 25 mg (Malarone Junior), and tab 250 mg with proguanil hydrochloride 100 mg (Malarone) – new listing and addition of HSS
• Azacitidine (Vidaza) inj 100 mg vial – new listing
• Beclomethasone dipropionate (Qvar) aerosol inhaler 50 mcg per dose and 100 mcg per dose – new listing
• Cefuroxime (Zinacef) inj 750 mg and 1.5 g vial – new listing and addition of HSS
• Cefuroxime (m-Cefuroxime) inj 750 mg vial – to be delisted 1 November 2014
• Cefuroxime (Mylan) inj 1.5 g vial – price decrease and to be delisted 1 November 2014
• Erythropoietin alfa (Eprex) inj 1,000 iu in 0.5 ml, 2,000 iu in 0.5 ml, 3,000 iu per 0.3 ml, 4,000 iu in 0.4 ml, 5,000 iu in 0.5 ml, 6,000 iu in 0.6 ml and 10,000 iu in 1 ml, syringes – amended chemical name, addition of HSS and amended restriction
• Erythropoietin beta (NeoRecormon) inj 2,000 iu in 0.3 ml, 3,000 iu in 0.3 ml, 4,000 iu in 0.3 ml, 5,000 iu in 0.3 ml, 6,000 iu in 0.3 ml and 10,000 iu in 0.6 ml, syringes – amended restriction and to be delisted from 1 March 2015
• Fluconazole (Ozole) cap 50 mg, 150 mg and 200 mg – price decrease and addition of HSS
• Gliclazide (Glizide) tab 80 mg – new listing and addition of HSS
• Gliclazide (Apo-Gliclazide) tab 80 mg – to be delisted 1 November 2014
• Intra-uterine device IUD 29.1 mm length x 23.2 mm width (MiniTT380 Slimline) and 33.6 mm length x 29.9 mm width (TT380 Slimline) – new listing
Summary of PHARMAC decisions – effective 1 September 2014 (continued)

• Intra-uterine device IUD (Multiload Cu375 and Multiload Cu375 SL) – to be delisted 1 November 2014
• Lamivudine (Zeffix) tab 100 mg and oral liq 5 mg per ml – new listing and addition of HSS
• Lamivudine (Zetlam) tab 100 mg – to be delisted 1 November 2014
• Lenalidomide (Revlimid) cap 10 mg and 25 mg – new listing
• Loratadine (LoraPaed) oral liq 1 mg per ml, 200 ml – new listing and addition of HSS
• Loratadine (LoraPaed) oral liq 1 mg per ml, 100 ml – to be delisted 1 November 2014
• Noradrenaline (Levophed) inj 1 mg per ml, 2 ml ampoule, 6 inj pack size – delisted 1 September 2014, presentation remains listed
• Ranitidine (Ranitidine Relief) tab 150 mg and 300 mg – new listing and addition of HSS
• Ranitidine (Arrow-Ranitidine) tab 150 mg and 300 mg – to be delisted 1 November 2014
• Remifentanil hydrochloride (Ultiva) inj 1 mg and 2 mg vial – new listing and addition of HSS
• Remifentanil hydrochloride (Remifentanil-AFT) inj 1 mg and 2 mg vial – to be delisted 1 November 2014
• Rifampicin (Rifadin) tab 600 mg, cap 150 mg and 300 mg, oral liq 100 mg per 5 ml, and inj 600 mg vial – new listing and addition of HSS
• Thalidomide (Thalomid) cap 50 mg and 100 mg – price decrease
Section H changes to Part II
Effective 1 September 2014

ALIMENTARY TRACT AND METABOLISM

15 RANITIDINE
   Tab 150 mg – 1% DV Nov-14 to 2017 .............................. 10.30 500 Ranitidine Relief
   Tab 300 mg – 1% DV Nov-14 to 2017 .............................. 14.73 500 Ranitidine Relief
   Note – Arrow-Ranitidine tab 150 mg and 300 mg to be delisted from 1 November 2014.

17 GLICLAZIDE
   Tab 80 mg – 1% DV Nov-14 to 2017 .............................. 11.50 500 Glizide
   Note – Apo-Gliclazide tab 80 mg to be delisted from 1 November 2014.

BLOOD AND BLOOD FORMING ORGANS

26 ERYTHROPOIETIN ALFA ALPHA (amended chemical name, addition of HSS and amended restriction)
   ▸ Inj 1,000 iu in 0.5 ml syringe
   – 5% DV Mar-15 to 28/2/18 ............................................. 48.68 6 Eprex
   ▸ Inj 2,000 iu in 0.5 ml syringe
   – 5% DV Mar-15 to 28/2/18 ............................................. 120.18 6 Eprex
   ▸ Inj 3,000 iu in 0.3 ml syringe
   – 5% DV Mar-15 to 28/2/18 ............................................. 166.87 6 Eprex
   ▸ Inj 4,000 iu in 0.4 ml syringe
   – 5% DV Mar-15 to 28/2/18 ............................................. 193.13 6 Eprex
   ▸ Inj 5,000 iu in 0.5 ml syringe
   – 5% DV Mar-15 to 28/2/18 ............................................. 243.26 6 Eprex
   ▸ Inj 6,000 iu in 0.6 ml syringe
   – 5% DV Mar-15 to 28/2/18 ............................................. 291.92 6 Eprex
   ▸ Inj 10,000 iu in 1 ml syringe
   – 5% DV Mar-15 to 28/2/18 ............................................. 395.18 6 Eprex

Restricted
 Initiation – chronic renal failure
 Both:
  1 Both:
     1.1 Patient in chronic renal failure; and
     1.2 Haemoglobin ≤ 100g/L; and
  2 Any of the following:
     2.1 Both:
        2.1.1 Patient is not diabetic does not have diabetes mellitus; and
        2.1.2 Glomerular filtration rate ≤ 30ml/min; or
     2.2 Both:
        2.2.1 Patient is diabetic has diabetes mellitus; and
        2.2.2 Glomerular filtration rate ≤ 45ml/min; or
     2.3 Patient is on haemodialysis or peritoneal dialysis.

Initiation (myelodysplasia)*
 Re-assessment required after 2 months
 All of the following:
  1 Patient has a confirmed diagnosis of myelodysplasia (MDS); and
  2 Has had symptomatic anaemia with haemoglobin <100g/L and is red cell transfusion-dependent; and
  3 Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and
  4 continued...
Changes to Section H Part II – effective 1 September 2014 (continued)

4 Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5 Patient has a serum erythropoietin level of <500 IU/mL; and
6 The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

Continuation (myelodysplasia)*

Re-assessment required after 12 months

All of the following:
1 The patient’s transfusion requirement continues to be reduced with erythropoietin treatment; and
2 Transformation to acute myeloid leukaemia has not occurred; and
3 The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

Restricted (all other indications)

Haematologist

For use in patients where blood transfusion is not a viable treatment alternative.

*Note: Indications marked with * are Unapproved Indications

26 ERYTHROPOIETIN BETA (amended restriction and delist)

Erythropoietin beta is considered a Discretionary Variance Pharmaceutical for erythropoietin alfa.

<table>
<thead>
<tr>
<th>Price</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
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<td>Ex man. Excl. GST</td>
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<td>$120.18</td>
<td>NeoRecormon</td>
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<td>$166.87</td>
<td>NeoRecormon</td>
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<td>NeoRecormon</td>
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<tr>
<td>$291.92</td>
<td>NeoRecormon</td>
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</tr>
<tr>
<td>$395.18</td>
<td>NeoRecormon</td>
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</tbody>
</table>

Note – NeoRecormon inj 2,000 iu in 0.3 ml, 3,000 iu in 0.3 ml, 4,000 iu in 0.3 ml, 5,000 iu in 0.3 ml, 6,000 iu in 0.3 ml and 10,000 iu in 0.6 ml syringes to be delisted from 1 March 2015.

Restricted

Initiation – chronic renal failure

Both:
1 Both:
   1.1 Patient in chronic renal failure; and
   1.2 Haemoglobin ≤ 100g/L; and
2 Any of the following:
   2.1 Both:
      2.1.1 Patient is not diabetic does not have diabetes mellitus; and
      2.1.2 Glomerular filtration rate ≤ 30ml/min; or
   2.2 Both:
      2.2.1 Patient is diabetic has diabetes mellitus; and
      2.2.2 Glomerular filtration rate ≤ 45ml/min; or
   2.3 Patient is on haemodialysis or peritoneal dialysis.

Initiation (myelodysplasia)*

Re-assessment required after 2 months

All of the following:
1 Patient has a confirmed diagnosis of myelodysplasia (MDS); and
2 Has had symptomatic anaemia with haemoglobin <100g/L and is red cell transfusion-dependent; and
3 Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and
4 Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5 Patient has a serum erythropoietin level of <500 IU/mL; and
6 The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

continued...
Changes to Section H Part II – effective 1 September 2014 (continued)...

Continuation (myelodysplasia)*

*Note: Indications marked with * are Unapproved Indications

CARDIOVASCULAR SYSTEM

45 NORADRENALINE (delisting)
Inj 1 mg per ml, 2 ml ampoule ........................................... 42.00 6 Levophed
Note – Levophed inj 1 mg per ml, 2 ml ampoule, 6 inj pack size to be delisted from 1 September 2014, presentation remains listed.

DERMATOLOGICALS

52 ACITRETIN (↓ price and addition of HSS)
Cap 10 mg – 1% DV Nov-14 to 2017 .................................. 17.86 60 Novatretin
Cap 25 mg – 1% DV Nov-14 to 2017 .................................. 41.36 60 Novatretin
Note – Neotigason cap 10 mg and 25 mg to be delisted from 1 November 2014.

GENITO-URINARY SYSTEM

55 INTRA-UTERINE DEVICE
IUD 29.1 mm length x 23.2 mm width........................................... 31.60 1 MiniTT380 Slimline
IUD 33.6 mm length x 29.9 mm width........................................... 31.60 1 TT380 Slimline
Note – Multiload Cu375 and Multiload Cu375 SL IUD example brands to be delisted from 1 November 2014.

INFECTIONS - AGENTS FOR SYSTEMIC USE

70 CEFUROXIME
Inj 750 mg vial – 1% DV Nov-14 to 2017 ......................... 3.70 5 Zinacef
Inj 1.5 g vial – 1% DV Nov-14 to 2017 ......................... 1.30 1 Zinacef
Note – m-Cefuroxime inj 750 mg vial to be delisted from 1 November 2014.

70 CEFUROXIME
Inj 1.5 g vial (↓ price) .......................................................... 1.30 1 Mylan
Note – Mylan’s brand of cefuroxime inj 1.5 g vial to be delisted from 1 November 2014.
Changes to Section H Part II – effective 1 September 2014 (continued)

71 AMOXICILLIN (HSS delayed)
- Grans for oral liq 125 mg per 5 ml – 1% DV Oct 14 to 2017 …… 0.88 100 ml Amoxicillin Actavis
- Grans for oral liq 250 mg per 5 ml – 1% DV Oct 14 to 2017 …… 0.97 100 ml Amoxicillin Actavis

71 AMOXICILLIN
- Grans for oral liq 125 mg per 5 ml ……………………………………… 1.55 100 ml Ospamox
- Grans for oral liq 250 mg per 5 ml ……………………………………… 1.10 100 ml Ospamox

Note – Ospamox grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml not to be delisted from 1 October 2014.

72 AMOXICILLIN WITH CLAVULANIC ACID
- Tab 500 mg with clavulanic acid 125 mg
  – 1% DV Nov-14 to 2017 ……………………………………… 1.95 20 Augmentin

Note – Curam Duo tab 500 mg with clavulanic acid 125 mg to be delisted from 1 November 2014.

76 FLUCONAZOLE (‡ price and addition of HSS)

- Cap 50 mg – 1% DV Nov-14 to 2017 …………………………………… 3.49 28 Ozole
- Cap 150 mg – 1% DV Nov-14 to 2017 …………………………………… 0.71 1 Ozole
- Cap 200 mg – 1% DV Nov-14 to 2017 …………………………………… 9.69 28 Ozole

78 RIFAMPICIN

- Tab 600 mg – 1% DV Nov-14 to 2017 …………………………………… 108.70 30 Rifadin
- Cap 150 mg – 1% DV Nov-14 to 2017 …………………………………… 55.75 100 Rifadin
- Cap 300 mg – 1% DV Nov-14 to 2017 …………………………………… 116.25 100 Rifadin
- Oral liq 100 mg per 5 ml – 1% DV Nov-14 to 2017 ……………… 12.00 60 ml Rifadin
- Inj 600 mg vial – 1% DV Nov-14 to 2017 …………………………… 128.85 1 Rifadin

79 ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE

- Tab 62.5 mg with proguanil hydrochloride 25 mg
  – 1% DV Nov-14 to 2017 …………………………………… 25.00 12 Malarone Junior

- Tab 250 mg with proguanil hydrochloride 100 mg
  – 1% DV Nov-14 to 2017 …………………………………… 64.00 12 Malarone

86 LAMIVUDINE

- Tab 100 mg – 1% DV Nov-14 to 2017 (new listing) ……………… 6.00 28 Zeffix
- Oral liq 5 mg per ml – 1% DV Nov-14 to 2017 (‡ price) ………… 270.00 240 ml Zeffix

Note – Zetlam tab 100 mg to be delisted from 1 November 2014.

NERVOUS SYSTEM

109 REMIFENTANIL HYDROCHLORIDE

- Inj 1 mg vial – 1% DV Nov-14 to 2017 ……………………………… 10.00 5 Ultiva
- Inj 2 mg vial – 1% DV Nov-14 to 2017 ……………………………… 18.00 5 Ultiva

Note – Remifentanil-AFT inj 1 mg and 2 mg vials to be delisted from 1 November 2014.
ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

129 **AZACITIDINE**

- Inj 100 mg vial

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$605.00</td>
<td>Vidaza</td>
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</tr>
</tbody>
</table>

Restricted
Initiation
Haematologist

*Re-assessment required after 12 months*

All of the following:
1. Any of the following:
   1.1 The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or
   1.2 The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or
   1.3 The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and
2. The patient has performance status (WHO/ECOG) grade 0-2; and
3. The patient does not have secondary myelodysplastic syndrome resulting from chemical injury or prior treatment with chemotherapy and/or radiation for other diseases; and
4. The patient has an estimated life expectancy of at least 3 months.

Continuation
Haematologist

*Re-assessment required after 12 months*

Both:
1. No evidence of disease progression; and
2. The treatment remains appropriate and patient is benefitting from treatment.

131 **LENALIDOMIDE**

- Cap 10 mg
- Cap 25 mg

<table>
<thead>
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<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
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<tr>
<td>$6,207.00</td>
<td>Revlimid</td>
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<td>$7,627.00</td>
<td>Revlimid</td>
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</tbody>
</table>

Restricted
Initiation
Haematologist

*Re-assessment required after 6 months*

All of the following:
1. Patient has relapsed or refractory multiple myeloma with progressive disease; and
2. Either:
   2.1 Lenalidomide to be used as third line* treatment for multiple myeloma; or
   2.2 Both:
      2.2.1 Lenalidomide to be used as second line treatment for multiple myeloma; and
      2.2.2 The patient has experienced severe (grade ≥3), dose limiting, peripheral neuropathy with either bortezomib or thalidomide that precludes further treatment with either of these treatments; and
3. Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.

Continuation
Haematologist

*Re-assessment required after 6 months*

Both:
1. No evidence of disease progression; and
2. The treatment remains appropriate and patient is benefitting from treatment.

*continued...*
Changes to Section H Part II – effective 1 September 2014 (continued)

Notes: Indication marked with * is an Unapproved Indication (refer to Interpretations and Definitions). A line of treatment is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Prescriptions must be written by a registered prescriber in the lenalidomide risk management programme operated by the supplier.

132 THALIDOMIDE (↓ price)
   ➔ Cap 50 mg ................................................................. 378.00  28  Thalomid
   ➔ Cap 100 mg ................................................................. 756.00  28  Thalomid

RESPIRATORY SYSTEM AND ALLERGIES

168 LORATADINE
   Oral liq 1 mg per ml – 1% DV Nov-14 to 2016.......................... 4.25  200 ml  LoraPaed

168 LORATADINE (amendment to brand name)
   Oral liq 1 mg per ml .......................................................... 3.10  100 ml  LoraPaed  Lorapaed
   Note – LoraPaed oral liq 1 mg per ml, 100 ml to be delisted from 1 November 2014.

169 BECLOMETHASONE DIPROPIONATE
   Aerosol inhaler 50 mcg per dose .............................................. 9.30  200 dose  Qvar
   Aerosol inhaler 100 mcg per dose ............................................. 15.50  200 dose  Qvar

Effective 1 August 2014

ALIMENTARY TRACT AND METABOLISM

16 RIFAXIMIN
   ➔ Tab 550 mg – 1% DV Oct-14 to 2017............................... 625.00  56  Xifaxan
   Restricted
   For patients with hepatic encephalopathy despite an adequate trial of maximum tolerated doses of lactulose.

20 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE
   (↓ price and addition of HSS)
   ➔ Powder for oral soln 13.125 g with potassium chloride
      46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – 1% DV Oct-14 to 2017.......................... 7.65  30  Lax-Sachets

22 FERRIC CARBOXYMALTOSE
   ➔ Inj 50 mg per ml, 10 ml vial .................................................. 150.00  1  Ferinject
   Restricted
   Treatment with oral iron has proven ineffective or clinically inappropriate.

22 MAGNESIUM SULPHATE
   Inj 2 mmol per ml, 5 ml ampoule – 1% DV Oct-14 to 2017 ...... 12.65  10  DBL
   Note – Martindale inj 2 mmol per ml, 5 ml ampoule to be delisted from 1 October 2014.

24 PYRIDOXINE HYDROCHLORIDE (↓ price and addition of HSS)
   Tab 50 mg – 1% DV Oct-14 to 2017 ........................................ 11.55  500  Apo-Pyridoxine

Restriction
(Brand) indicates a brand example only. It is not a contracted product.
Changes to Section H Part II – effective 1 August 2014 (continued)

### BLOOD AND BLOOD FORMING ORGANS

<table>
<thead>
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<th>No.</th>
<th>Product</th>
<th>Description</th>
<th>Price</th>
<th>Quantity</th>
<th>Brand or Manufacturer</th>
</tr>
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<tbody>
<tr>
<td>28</td>
<td>Tranexamic Acid</td>
<td>Tab 500 mg – 1% DV Oct-14 to 2016</td>
<td>$23.00</td>
<td>100</td>
<td>Cyklokapron</td>
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<tr>
<td>33</td>
<td>Glucose [Dextrose]</td>
<td>Inj 50%, 10 ml ampoule – 1% DV Oct-14 to 2017</td>
<td>$27.50</td>
<td>5</td>
<td>Biomed</td>
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<tr>
<td></td>
<td></td>
<td>Inj 50%, 90 ml bottle – 1% DV Oct-14 to 2017</td>
<td>$14.50</td>
<td>1</td>
<td>Biomed</td>
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### CARDIOVASCULAR SYSTEM

<table>
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<th>Quantity</th>
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<td>36</td>
<td>Perindopril</td>
<td>Tab 2 mg – 1% DV Oct-14 to 2017</td>
<td>$3.75</td>
<td>30</td>
<td>Apo-Perindopril</td>
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<tr>
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<td></td>
<td>Tab 4 mg – 1% DV Oct-14 to 2017</td>
<td>$4.80</td>
<td>30</td>
<td>Apo-Perindopril</td>
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<tr>
<td>38</td>
<td>Flecaïnide Acetate</td>
<td>Tab 50 mg</td>
<td>$38.95</td>
<td>60</td>
<td>Tambocor</td>
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<tr>
<td></td>
<td></td>
<td>Cap long-acting 100 mg</td>
<td>$38.95</td>
<td>30</td>
<td>Tambocor CR</td>
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<td>Cap long-acting 200 mg</td>
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<td>Tambocor CR</td>
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<td>43</td>
<td>Prazosin</td>
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<td>Tab 40 mg – 1% DV Oct-14 to 2017</td>
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<td>30</td>
<td>Cholvastin</td>
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<tr>
<td>44</td>
<td>Nicotinic Acid</td>
<td>Tab 50 mg – 1% DV Oct-14 to 2017</td>
<td>$3.96</td>
<td>100</td>
<td>Apo-Nicotinic Acid</td>
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<tr>
<td></td>
<td></td>
<td>Tab 500 mg – 1% DV Oct-14 to 2017</td>
<td>$17.37</td>
<td>100</td>
<td>Apo-Nicotinic Acid</td>
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### GENITO-URINARY SYSTEM

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<th>Brand or Manufacturer</th>
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<tbody>
<tr>
<td>52</td>
<td>Miconazole Nitrate</td>
<td>Vaginal crm 2% with applicator – 1% DV Oct-14 to 2017</td>
<td>$3.95</td>
<td>40 g</td>
<td>Micreme</td>
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<tr>
<td>57</td>
<td>Ergometrine Maleate</td>
<td>Inj 500 mcg per ml, 1 ml ampoule – 1% DV Oct-14 to 2017</td>
<td>$94.70</td>
<td>5</td>
<td>DBL Ergometrine</td>
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### HORMONE PREPARATIONS – SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

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<td>59</td>
<td>Calcitonin</td>
<td>Inj 100 iu per ml, 1 ml ampoule – 1% DV Oct-14 to 2017</td>
<td>$121.00</td>
<td>5</td>
<td>Miacalcic</td>
</tr>
<tr>
<td>60</td>
<td>Methylprednisolone Acetate</td>
<td>Inj 40 mg per ml, 1 ml vial – 1% DV Oct-12 to 2015</td>
<td>$33.50</td>
<td>5</td>
<td>Depo-Medrol</td>
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<tr>
<td></td>
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<td>Note – Depo-Medrol inj 40 mg per ml, 1 ml vial in the single pack to be delisted from 1 October 2014.</td>
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<tr>
<td>62</td>
<td>Medroxyprogesterone</td>
<td>Tab 200 mg</td>
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<td>Provera</td>
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<td>Note – Provera tab 200 mg to be delisted from 1 October 2014.</td>
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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 August 2014 (continued)

**INFECTIONS – AGENTS FOR SYSTEMIC USE**

<table>
<thead>
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<th>Price</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
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<tr>
<td>69</td>
<td>AMIKACIN</td>
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<tr>
<td></td>
<td>➔ Inj 250 mg per ml, 2 ml vial – 1% DV Oct-14 to 2017 ..........</td>
<td>431.20 5</td>
<td>DBL Amikacin</td>
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<td>69</td>
<td>MEROPENEM</td>
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<td>➔ Inj 500 mg vial – 1% DV Oct-14 to 2017 .....................</td>
<td>35.22 10</td>
<td>DBL Meropenem</td>
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<tr>
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<td>➔ Inj 1 g vial – 1% DV Oct-14 to 2017 .......................</td>
<td>65.21 10</td>
<td>DBL Meropenem</td>
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<tr>
<td></td>
<td>Note – Penembact inj 500 mg and 1 g vial to be delisted from 1 October 2014.</td>
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<tr>
<td>70</td>
<td>CEFOTAXIME († price and addition of HSS)</td>
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<tr>
<td></td>
<td>Inj 1 g vial – 1% DV Oct-14 to 2017 .......................</td>
<td>17.10 10</td>
<td>DBL Cefotaxime</td>
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<tr>
<td>70</td>
<td>CEFTAZIDIME</td>
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<tr>
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<td>➔ Inj 500 mg vial – 1% DV Jan-15 to 2017 († price) ..........</td>
<td>5.30 1</td>
<td>Fortum</td>
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<tr>
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<td>➔ Inj 1 g vial († price) ..................................</td>
<td>1.55 1</td>
<td>DBL Ceftazidime</td>
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<tr>
<td>71</td>
<td>AMOXICILLIN († price and addition of HSS)</td>
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<td>Inj 250 mg vial – 1% DV Oct-14 to 2017 .....................</td>
<td>10.67 10</td>
<td>Ibiamox</td>
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<tr>
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<td>Inj 500 mg vial – 1% DV Oct-14 to 2017 .....................</td>
<td>12.41 10</td>
<td>Ibiamox</td>
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<tr>
<td></td>
<td>Inj 1 g vial – 1% DV Oct-14 to 2017 .......................</td>
<td>17.29 10</td>
<td>Ibiamox</td>
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<td>75</td>
<td>VANCOMYCIN († price and addition of HSS)</td>
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<td>Inj 500 mg vial – 1% DV Oct-14 to 2017 .....................</td>
<td>2.64 1</td>
<td>Mylan</td>
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<td>82</td>
<td>ABACAVIR SULPHATE (addition of HSS)</td>
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<tr>
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<td>➔ Tab 300 mg – 1% DV Oct-14 to 2017 ........................</td>
<td>229.00 60</td>
<td>Ziagen</td>
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<tr>
<td></td>
<td>➔ Oral liq 20 mg per ml – 1% DV Oct-14 to 2017 († price) ..</td>
<td>256.31 240 ml</td>
<td>Ziagen</td>
<td></td>
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<tr>
<td>83</td>
<td>ZIDOVUDINE [AZT] († price and addition of HSS)</td>
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<tr>
<td></td>
<td>➔ Inj 10 mg per ml, 20 ml vial – 1% DV Oct-14 to 2017 ......</td>
<td>750.00 5</td>
<td>Retrovir IV</td>
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</table>

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<tr>
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<th>Price</th>
<th>Brand or Generic</th>
<th>Manufacturer</th>
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<tbody>
<tr>
<td>100</td>
<td>DICLOFENAC SODIUM († price and addition of HSS)</td>
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<tr>
<td></td>
<td>Inj 25 mg per ml, 3 ml ampoule – 1% DV Oct-14 to 2017 ......</td>
<td>13.20 5</td>
<td>Voltaren</td>
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<tr>
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<td>Suppos 12.5 mg – 1% DV Oct-14 to 2017 .....................</td>
<td>2.04 10</td>
<td>Voltaren</td>
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<tr>
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<td>Suppos 25 mg – 1% DV Oct-14 to 2017 .......................</td>
<td>2.44 10</td>
<td>Voltaren</td>
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<tr>
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<td>Suppos 50 mg – 1% DV Oct-14 to 2017 .......................</td>
<td>4.22 10</td>
<td>Voltaren</td>
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</tr>
<tr>
<td></td>
<td>Suppos 100 mg – 1% DV Oct-14 to 2017 ......................</td>
<td>7.00 10</td>
<td>Voltaren</td>
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<tr>
<td>101</td>
<td>SULINDAC</td>
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<td>➔ Restricted: For continuation only (removal of restriction)</td>
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<tr>
<td></td>
<td>Tab 100 mg</td>
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<tr>
<td></td>
<td>Tab 200 mg</td>
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</tbody>
</table>

*(Brand) indicates a brand example only. It is not a contracted product.*
Changes to Section H Part II – effective 1 August 2014 (continued)

**NEURVOUS SYSTEM**

102 AMANTADINE HYDROCHLORIDE (addition of HSS)
   Cap 100 mg – 1% DV Oct-14 to 2017 ........................................ 38.24 60 Symmetrel

103 LEVODOPA WITH CARBIDOPA (amendment to recommended brand)
   Tab 100 mg with carbidopa 25 mg ............................................ e.g. Sindopa Kinson

103 PRAMIPEXOLE HYDROCHLORIDE (addition of HSS)
   Tab 0.25 mg – 1% DV Oct-14 to 2016 ...................................... 7.20 100 Ramipex
   Tab 1 mg – 1% DV Oct-14 to 2016 .......................................... 24.39 100 Ramipex
   Note – Dr Reddy’s Pramipexole tab 0.125 mg, 0.25 mg, 0.5 mg and 1 mg to be delisted from 1 October 2014.

103 DEXMEDETOMIDINE HYDROCHLORIDE (amendment to chemical name and new listing)
   Inj 100 mcg per ml, 2 ml vial – 1% DV Oct-14 to 2017 .......... 479.85 5 Precedex

105 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE
   Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe – 1% DV Oct-14 to 2017 ................. 17.50 1 Topicaine

106 MEPIVACAINE HYDROCHLORIDE
   Inj 3%, 1.8 ml dental cartridge – 1% DV Oct-14 to 2017 .......... 43.60 50 Scandonest 3%
   Inj 3%, 2.2 ml dental cartridge – 1% DV Oct-14 to 2017 .......... 43.60 50 Scandonest 3%

107 PARACETAMOL
   Oral liq 120 mg per 5 ml – 20% DV Oct-14 to 2017 ............... 4.15 1,000 ml Paracare
   Note – Ethics Paracetamol oral liq 120 mg per 5 ml to be delisted from 1 October 2014.

108 MORPHINE SULPHATE (↑ price and addition of HSS)
   Inj 1 mg per ml, 10 ml syringe
      – 1% DV Oct-14 to 2017 ..................................................... 45.00 10 Biomed
   Inj 1 mg per ml, 50 ml syringe – 1% DV Oct-14 to 2017 .......... 87.50 10 Biomed
   Inj 1 mg per ml, 100 ml bag – 1% DV Oct-14 to 2017 .......... 185.00 10 Biomed
   Inj 5 mg per ml, 1 ml ampoule – 1% DV Oct-14 to 2017 .......... 12.48 5 DBL Morphine Sulphate
   Inj 10 mg per ml, 1 ml ampoule – 1% DV Oct-14 to 2017 ........ 9.09 5 DBL Morphine Sulphate
   Inj 15 mg per ml, 1 ml ampoule – 1% DV Oct-14 to 2017 ........ 9.77 5 DBL Morphine Sulphate
   Inj 30 mg per ml, 1 ml ampoule – 1% DV Oct-14 to 2017 ........ 12.43 5 DBL Morphine Sulphate

109 OXYCODONE HYDROCHLORIDE
   Tab controlled-release 40 mg – 1% DV Oct-13 to 2015 ........... 18.50 20 BNM
   Note – Oxycodone BNM to be delisted from 1 October 2014.
Changes to Section H Part II – effective 1 August 2014 (continued)

109 OXYCODONE HYDROCHLORIDE (amendment to brand name)
Tab controlled-release 10 mg – 1% DV Oct-13 to 2015 .......... 6.75  20

Tab controlled-release 20 mg – 1% DV Oct-13 to 2015 .......... 11.50  20

Tab controlled-release 80 mg – 1% DV Oct-13 to 2015 .......... 34.00  20

109 TRAMADOL HYDROCHLORIDE
Tab sustained-release 100 mg
– 1% DV Oct-14 to 2017 (↓ price) ........................................ 2.00  20

Tab sustained-release 150 mg
– 1% DV Oct-14 to 2017 (↓ price) ........................................ 3.00  20

Tab sustained-release 200 mg
– 1% DV Oct-14 to 2017 (↓ price) ........................................ 4.00  20

Cap 50 mg – 1% DV Oct-14 to 2017 (↓ price) ......................... 2.50  100

Inj 50 mg per ml, 1 ml ampoule – 1% DV Oct-14 to 2017 .......... 4.50  5

Inj 50 mg per ml, 2 ml ampoule – 1% DV Oct-14 to 2017 .......... 4.50  5

111 VENLAFAXINE (↓ price)
⇒ Cap modified release 37.5 mg ........................................ 8.68  28
⇒ Cap modified release 75 mg ........................................... 12.18  28
⇒ Cap modified release 150 mg ........................................ 20.16  28

117 ONDANSETRON (↓ price and addition of HSS)
Tab dispersible 4 mg – 1% DV Oct-14 to 2017 .................. 1.00  10

Tab dispersible 8 mg – 1% DV Oct-14 to 2017 .................. 1.50  10

Note – Zofran Zydis tab dispersible 4 mg to be delisted from 1 October 2014.

121 PIPOTHIAZINE PALMITATE (addition of restriction)
⇒ Inj 50 mg per ml, 1 ml ampoule
⇒ Inj 50 mg per ml, 2 ml ampoule

Restricted: For continuation only
Changes to Section H Part II – effective 1 August 2014 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

129  IDARUBICIN HYDROCHLORIDE (delisting)
      Cap 5 mg..........................................................115.00  1  Zavedos
      Cap 10 mg.........................................................144.50  1  Zavedos
      Note – Zavedos cap 5 mg and 10 mg to be delisted from 1 October 2014.

130  METHOTREXATE (↑ price and addition of HSS)
      Inj 100 mg per ml, 50 ml vial – 1% DV Oct-14 to 2017 ..........99.99  1  Methotrexate Ebewe

131  GEMCITABINE (↑ price and addition of HSS)
      Inj 10 mg per ml, 20 ml vial – 1% DV Oct-14 to 2017 ...........8.36  1  Gemcitabine Ebewe
      Inj 10 mg per ml, 100 ml vial – 1% DV Oct-14 to 2017 ..........15.89  1  Gemcitabine Ebewe
      Note – DBL Gemcitabine inj 1 g vial to be delisted from 1 October 2014.

137  CALCIUM FOLINATE (↑ price and addition of HSS)
      Inj 10 mg per ml, 5 ml ampoule – 1% DV Oct-14 to 2017 .......18.25  5  Calcium Folate
            Eabwe
      Inj 10 mg per ml, 10 ml vial – 1% DV Oct-14 to 2017 .......... 7.33  1  Calcium Folate
            Eabwe
      Inj 10 mg per ml, 30 ml vial – 1% DV Oct-14 to 2017 .......... 22.51  1  Calcium Folate
            Eabwe
      Inj 10 mg per ml, 100 ml vial – 1% DV Oct-14 to 2017 ......... 67.51  1  Calcium Folate
            Eabwe

RESPIRATORY SYSTEM AND ALLERGIES

171  AMINOPHYLLINE (↑ price and addition of HSS)
      Inj 25 mg per ml, 10 ml ampoule – 1% DV Oct-14 to 2017 .... 118.25  5  DBL Aminophylline

SENSORY ORGANS

174  DEXAMETHASONE (addition of HSS)
      Eye oint 0.1% – 1% DV Oct-14 to 2017......................... 5.86  3.5 g Maxidex
      Eye drops 0.1% – 1% DV Oct-14 to 2017....................... 4.50  5 ml Maxidex

177  TROPICAMIDE (addition of HSS)
      Eye drops 0.5% – 1% DV Oct-14 to 2017......................... 7.15  15 ml Mydriacyl
      Eye drops 1% – 1% DV Oct-14 to 2017......................... 8.66  15 ml Mydriacyl

SPECIAL FOODS

202  PREOPERATIVE CARBOHYDRATE FEED 0.5 KCAL/ML
      ➨ Oral liq 0 g protein, 12.6 g carbohydrate and 0 g fat
      per 100 ml, 200 ml bottle ....................................... 6.80  4  preOp
      Restricted
      Maximum of 400 ml as part of an Enhanced Recovery After Surgery (ERAS) protocol 2 to 3 hours before major
      abdominal surgery.

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 August 2014 (continued)

**VARIOUS**

181  **IODIXANOL (delisting)**
     Inj 270 mg per ml, 20 ml vial
     Inj 320 mg per ml, 20 ml vial
     Note – Iodixanol inj 270 mg per ml and 320 mg per ml, 20 ml vial to be delisted from 1 August 2014.

181  **DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE (amendment to presentation description)**
     Inj 260 mg 146 mg with sodium amidotrizoate 40 mg per ml,
     250 ml bottle ................................................................. 80.00 1 Urografin

183  **PERFLUTREN (addition of HSS)**
     Inj 1.1 mg per ml, 1.5 ml vial – 5% DV Sep-14 to 2017 .......... 180.00 1 Definity
          720.00 4 Definity
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Freephone Information line 0800 66 00 50 (option 2)
Fax: 64 4 974 7819
Email: HML@pharmac.govt.nz
www.pharmac.health.nz/medicines/hospital-pharmaceuticals

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz
Freephone Information line (9am-5pm weekdays) 0800 66 00 50

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