

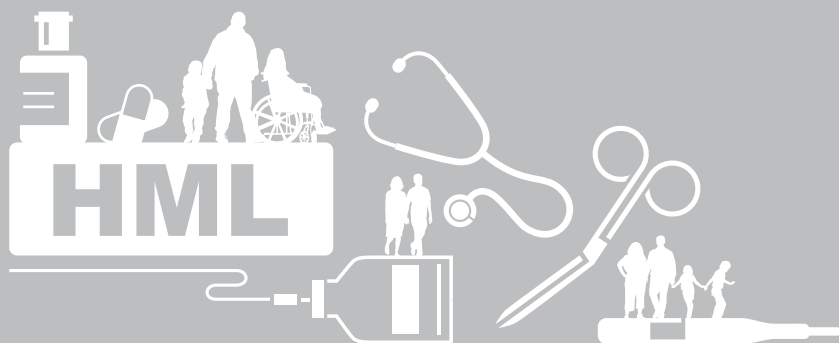
The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update effective 1 September 2014

Cumulative for August and September 2014



Contents

Summary of decisions effective 1 September 2014	3
Section H changes to Part II	5
Index	17

Summary of decisions

EFFECTIVE 1 SEPTEMBER 2014

- Acitretin (Novatretin) cap 10 mg and 25 mg – price decrease and addition of HSS
- 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

continued...

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

Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
------------------------------------	-----	-------------------------------------

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 \leq 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 \leq 30ml/min; or

2.2 Both:

2.2.1 Patient is ~~diabetic~~ **has diabetes mellitus**; and

2.2.2 Glomerular filtration rate \leq 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

continued...

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

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

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.

→ Inj 2,000 iu in 0.3 ml syringe.....	120.18	6	NeoRecormon
→ Inj 3,000 iu in 0.3 ml syringe	166.87	6	NeoRecormon
→ Inj 4,000 iu in 0.3 ml syringe	193.13	6	NeoRecormon
→ Inj 5,000 iu in 0.3 ml syringe	243.26	6	NeoRecormon
→ Inj 6,000 iu in 0.3 ml syringe	291.92	6	NeoRecormon
→ Inj 10,000 iu in 0.6 ml syringe	395.18	6	NeoRecormon

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...

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

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

continued...

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

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.			

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	--	------------------------------------	-----	-------------------------------------

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.			

→ Restriction

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

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

129	AZACITIDINE → Inj 100 mg vial.....	605.00	1	Vidaza
	Restricted Initiation Haematologist <i>Re-assessment required after 12 months</i> 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 <i>Re-assessment required after 12 months</i> 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.....	6,207.00 7,627.00	21 21	Revlimid Revlimid
	Restricted Initiation Haematologist <i>Re-assessment required after 6 months</i> 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 <i>Re-assessment required after 6 months</i> Both:			
	1 No evidence of disease progression; and			
	2 The treatment remains appropriate and patient is benefitting from treatment.			

continued...

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

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

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 CARBOXYMALTOS			
	→ 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.

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	--	------------------------------------	-----	-------------------------------------

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

BLOOD AND BLOOD FORMING ORGANS

28	TRANEXAMIC ACID (↓ price and addition of HSS) Tab 500 mg – 1% DV Oct-14 to 2016	23.00	100	Cyklokapron
33	GLUCOSE [DEXTROSE] (amendment to chemical name, ↑ price and addition of HSS) Inj 50%, 10 ml ampoule – 1% DV Oct-14 to 2017	27.50	5	Biomed
	Inj 50%, 90 ml bottle – 1% DV Oct-14 to 2017	14.50	1	Biomed

CARDIOVASCULAR SYSTEM

36	PERINDOPRIL (addition of HSS) Tab 2 mg – 1% DV Oct-14 to 2017	3.75	30	Apo-Perindopril
	Tab 4 mg – 1% DV Oct-14 to 2017	4.80	30	Apo-Perindopril
38	FLECAINIDE ACETATE (↓ price) Tab 50 mg	38.95	60	Tambocor
	Cap long-acting 100 mg	38.95	30	Tambocor CR
	Cap long-acting 200 mg	68.78	30	Tambocor CR
43	PRAVASTATIN (↓ price and addition of HSS) Tab 20 mg – 1% DV Oct-14 to 2017	3.45	30	Cholvastin
	Tab 40 mg – 1% DV Oct-14 to 2017	6.36	30	Cholvastin
44	NICOTINIC ACID Tab 50 mg – 1% DV Oct-14 to 2017	3.96	100	Apo-Nicotinic Acid
	Tab 500 mg – 1% DV Oct-14 to 2017	17.37	100	Apo-Nicotinic Acid

GENITO-URINARY SYSTEM

52	MICONAZOLE NITRATE Vaginal crm 2% with applicator – 1% DV Oct-14 to 2017	3.95	40 g	Micreme
57	ERGOMETRINE MALEATE (↑ price and addition of HSS) Inj 500 mcg per ml, 1 ml ampoule – 1% DV Oct-14 to 2017	94.70	5	DBL Ergometrine

HORMONE PREPARATIONS – SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

59	CALCITONIN (↑ price and addition of HSS) Inj 100 iu per ml, 1 ml ampoule – 1% DV Oct-14 to 2017	121.00	5	Miacalcic
60	METHYLPREDNISOLONE ACETATE Inj 40 mg per ml, 1 ml vial – 1% DV Oct-12 to 2015	33.50	5	Depo-Medrol
	Note – Depo-Medrol inj 40 mg per ml, 1 ml vial in the single pack to be delisted from 1 October 2014.			
62	MEDROXYPROGESTERONE (delisting) Tab 200 mg	70.50	30	Provera
	Note – Provera tab 200 mg to be delisted from 1 October 2014.			

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	--	------------------------------------	-----	-------------------------------------

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

INFECTIONS – AGENTS FOR SYSTEMIC USE

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

MUSCULOSKELETAL SYSTEM

100	DICLOFENAC SODIUM (↑ price and addition of HSS) Inj 25 mg per ml, 3 ml ampoule – 1% DV Oct-14 to 2017	13.20	5	Voltaren
	Suppos 12.5 mg – 1% DV Oct-14 to 2017	2.04	10	Voltaren
	Suppos 25 mg – 1% DV Oct-14 to 2017	2.44	10	Voltaren
	Suppos 50 mg – 1% DV Oct-14 to 2017	4.22	10	Voltaren
	Suppos 100 mg – 1% DV Oct-14 to 2017	7.00	10	Voltaren
101	SULINDAC – Restricted : For continuation only (removal of restriction) Tab 100 mg Tab 200 mg			

→ Restriction

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

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	--	------------------------------------	-----	-------------------------------------

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

NERVOUS 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.			

		Price (ex man. Excl. GST) \$ Per	Brand or Generic Manufacturer
--	--	--	-------------------------------------

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
			Oxycodone Controlled Release Tablets (BNN) BNN
	Tab controlled-release 20 mg – 1% DV Oct-13 to 2015	11.50	20
			Oxycodone Controlled Release Tablets (BNN) BNN
	Tab controlled-release 80 mg – 1% DV Oct-13 to 2015	34.00	20
			Oxycodone Controlled Release Tablets (BNN) BNN
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
			Tramal SR 100
			Tramal SR 150
			Tramal SR 200
			Arrow-Tramadol
			Tramal 50
			Tramal 100
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
			Efexor XR
			Efexor XR
			Efexor XR
117	ONDANSETRON (↓ price and addition of HSS)		
	Tab dispersible 4 mg – 1% DV Oct-14 to 2017	1.00	10
			Dr Reddy's Ondansetron
	Tab dispersible 8 mg – 1% DV Oct-14 to 2017	1.50	10
			Dr Reddy's Ondansetron ODT- DRLA
	Note – Zofran Zydys 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		

→ Restriction

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

		Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	--	------------------------------------	-----	-------------------------------------

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 Ebewe
	Inj 10 mg per ml, 10 ml vial – 1% DV Oct-14 to 2017	7.33	1	Calcium Folate Ebewe
	Inj 10 mg per ml, 30 ml vial – 1% DV Oct-14 to 2017	22.51	1	Calcium Folate Ebewe
	Inj 10 mg per ml, 100 ml vial – 1% DV Oct-14 to 2017	67.51	1	Calcium Folate Ebewe

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	Mydracyl
	Eye drops 1% – 1% DV Oct-14 to 2017	8.66	15 ml	Mydracyl

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.			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
--	------------------------------------	-----	-------------------------------------

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	180.00 720.00	1 4	Definity Definity

Index

Pharmaceuticals and brands

A	
Abacavir sulphate.....	12
Acitretin.....	7
Amantadine hydrochloride.....	13
Amikacin.....	12
Aminophylline.....	15
Amoxicillin.....	8, 12
Amoxicillin Actavis.....	8
Amoxicillin with clavulanic acid.....	8
Apo-Nicotinic Acid.....	11
Apo-Perindopril.....	11
Apo-Pyridoxine.....	10
Arrow-Tramadol.....	14
Atovaquone with proguanil hydrochloride.....	8
Augmentin.....	8
Azacididine.....	9
B	
Beclomethasone dipropionate.....	10
C	
Calcitonin.....	11
Calcium folinate.....	15
Calcium Folate Ebewe.....	15
Cefotaxime.....	12
Ceftazidime.....	12
Cefuroxime.....	7
Cholvastin.....	11
Cyklokapron.....	11
D	
DBL Amikacin.....	12
DBL Aminophylline.....	15
DBL Cefotaxime.....	12
DBL Ceftazidime.....	12
DBL Ergometrine.....	11
DBL Meropenem.....	12
DBL Morphine Sulphate.....	13
Definity.....	16
Depo-Medrol.....	11
Dexamethasone.....	15
Dexmedetomidine.....	13
Diatrizoate meglumine with sodium amidotrizoate.....	16
Diclofenac sodium.....	12
Dr Reddy's Ondansetron.....	14
E	
Efexor XR.....	14
Eporex.....	5
Ergometrine maleate.....	11
Erythropoietin alfa.....	5
Erythropoietin alpha.....	5
Erythropoietin beta.....	6
F	
Ferinject.....	10
Ferric carboxymaltose.....	10
Flecainide acetate.....	11
Fluconazole.....	8
Fortum.....	12
G	
Gemcitabine.....	15
Gemcitabine Ebewe.....	15
Gliclazide.....	5
Glizide.....	5
Glucose [dextrose].....	11
I	
Ibiamox.....	12
Idarubicin hydrochloride.....	15
Intra-uterine device.....	7
Iodixanol.....	16
K	
Kinson.....	13
L	
Lamivudine.....	8
Lax-Sachets.....	10
Lenalidomide.....	9
Levodopa with carbidopa.....	13
Lidocaine [lignocaine] hydrochloride with adrenaline and tetracaine hydrochloride.....	13
Lorapaed.....	10
LoraPaed.....	10
Loratadine.....	10
M	
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride.....	10
Magnesium sulphate.....	10
Malarone.....	8
Malarone Junior.....	8
Maxidex.....	15
Medroxyprogesterone.....	11
Mepivacaine hydrochloride.....	13
Meropenem.....	12
Methotrexate.....	15
Methotrexate Ebewe.....	15
Methylprednisolone acetate.....	11
Miacalcic.....	11
Miconazole nitrate.....	11
Micreme.....	11
MiniTT380 Slimline.....	7
Morphine sulphate.....	13
Mydriacyl.....	15
N	
NeoRecormon.....	6
Nicotinic acid.....	11

Index

Pharmaceuticals and brands

Novatretin	7	Sindopa	13
O		Sulindac.....	12
Ondansetron	14	Symmetrel	13
Ondansetron ODT-DRLA.....	14	T	
Ospamox	8	Tambocor.....	11
Oxycodone Controlled Release Tablets (BNM)	14	Tambocor CR	11
Oxycodone Controlled Release Tablets BNM.....	14	Thalidomide.....	10
Oxycodone hydrochloride.....	13, 14	Thalomid.....	10
Ozole	8	Topicaïne.....	13
P		Tramadol hydrochloride.....	14
Paracare	13	Tramal 50.....	14
Paracetamol.....	13	Tramal 100.....	14
Perflutren	16	Tramal SR 100.....	14
Perindopril	11	Tramal SR 150.....	14
Pipothiazine palmitate.....	14	Tramal SR 200.....	14
Pramipexole hydrochloride	13	Tranexamic acid.....	11
Pravastatin.....	11	Tropicamide.....	15
Precedex.....	13	TT380 Slimline.....	7
preOp	15	U	
Preoperative carbohydrate feed 0.5 kcal/ml	15	Ultiva	8
Provera.....	11	Urografin.....	16
Pyridoxine hydrochloride	10	V	
Q		Vancomycin.....	12
Qvar.....	10	Venlafaxine	14
R		Vidaza.....	9
Ramipex	13	Voltaren	12
Ranitidine.....	5	X	
Ranitidine Relief	5	Xifaxan.....	10
Remifentanil hydrochloride	8	Z	
Retrovir IV.....	12	Zavedos	15
Revlimid	9	Zeffix.....	8
Rifadin	8	Ziagen.....	12
Rifampicin	8	Zidovudine [azt]	12
Rifaximin.....	10	Zinacef.....	7
S			
Scandonest 3%.....	13		

Hospital Medicines List queries:

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

ISSN 1172-3694 (Print) - ISSN 1179-3708 (Online)

While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the Update.

newzealand.govt.nz