

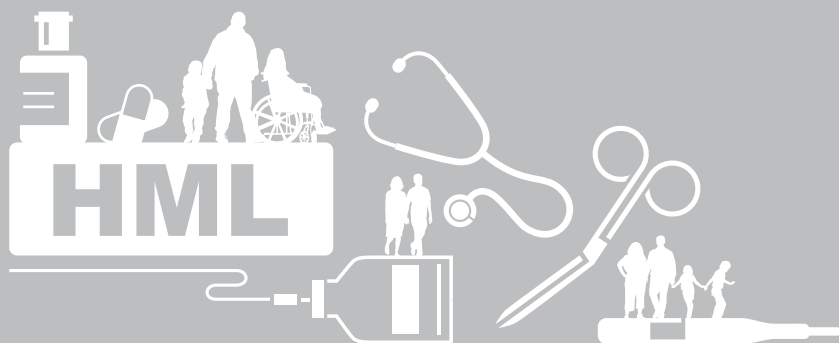
The Hospital Medicines List (HML)

Section H

for Hospital
Pharmaceuticals

Update effective 1 March 2015

Cumulative for December 2014,
January, February and March 2015



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Summary of decisions

EFFECTIVE 1 MARCH 2015

- Amlodipine (Apo-Amlodipine) tab 5 mg and 10 mg, 250 tab pack size – new listing and addition of HSS
- Amlodipine (Apo-Amlodipine) tab 5 mg and 10 mg, 100 tab pack size – to be delisted 1 May 2015
- Amoxicillin with clavulanic acid (Curam Duo) tab 500 mg with clavulanic acid 125 mg – price decrease
- Amsacrine inj 75 mg – new listing
- Bupivacaine hydrochloride (Marcaïn Isobaric) inj 5 mg per ml, 4 ml ampoule – Pharmacode 513628 to be delisted 1 March 2015
- Cyclophosphamide (Endoxan) inj 1 g vial and 2 g vial – price increase
- Flecainide acetate (Tambocor) inj 10 mg per ml, 15 ml ampoule – Pharmacode change
- Gelatine, succinylated (Gelafusal) inj 4%, 500 ml bag – to be delisted 1 May 2015
- Hepatitis A vaccine inj 720 ELISA units in 0.5 ml syringe (Havrix Junior) and inj 1440 ELISA units in 1 ml syringe (Havrix) – amended restriction
- High protein oral feed 1 kcal/ml (Fortimel Regular) liquid 10 g protein, 10.3 g carbohydrate and 2.1 g fat per 100 ml, 200 ml bottle – to be delisted 1 May 2015
- Iloprost (Arrow-Iloprost) inj 50 mcg in 0.5 ml ampoule – HSS suspended
- Insulin pen needles (ABM) 31 g x 8 mm – to be delisted 1 May 2015
- Insulin syringes, disposable with attached needle (ABM) syringe 1 ml with 29 g x 12.7 mm needle and 31 g with 8 mm needle – to be delisted 1 May 2015
- Mitozantrone (Onkotrone) inj 2 mg per ml, 12.5 ml vial – price increase
- Potassium chloride with sodium chloride inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag – amended presentation description
- Tocilizumab (Actemra) inj 20 mg per ml, 4 ml vial, 10 ml vial and 20 ml vial – amended restriction

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

Effective 1 March 2015

BLOOD AND BLOOD FORMING ORGANS

37	POTASSIUM CHLORIDE WITH SODIUM CHLORIDE (amended presentation description) Inj 40 mmol/l potassium chloride with 0.9% sodium chloride, 100 ml bag			
38	GELATINE, SUCCINYLATED Inj 4%, 500 ml bag	92.50	10	Gelafusal

Note – Gelafusal inj 4%, 500 ml bag to be delisted 1 May 2015.

CARDIOVASCULAR SYSTEM

41	FLECAINIDE ACETATE (Pharmacode change) Inj 10 mg per ml, 15 ml ampoule	52.45	5	Tambacor
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Note – Pharmacode change from 332062 to 2447363. Pharmacode 332062 to be delisted from 1 May 2015.

43	AMLODIPINE (pack size change and addition of HSS) Tab 5 mg – 1% DV May-15 to 2017	5.04	250	Apo-Amlodipine
	Tab 10 mg – 1% DV May-15 to 2017	7.21	250	Apo-Amlodipine

Note – Apo-Amlodipine tab 5 mg and 10 mg, 100 tablet packs, to be delisted from 1 May 2015.

50	ILOPROST (HSS suspended) Inj 50 mcg in 0.5 ml ampoule – 1% DV Feb-15 to 28/2/15 2016	89.50	1	Arrow-Iloprost
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INFECTIONS – AGENTS FOR SYSTEMIC USE

75	AMOXICILLIN WITH CLAVULANIC ACID (↓ price) Tab 500 mg with clavulanic acid 125 mg	9.75	100	Curam Duo
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NERVOUS SYSTEM

107	BUPIVACAINE HYDROCHLORIDE (delisting Pharmacode) Inj 5 mg per ml, 4 ml ampoule	29.35	5	Marcaïn Isobaric
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Note – Pharmacode 513628 to be delisted 1 March 2015.

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

133	CYCLOPHOSPHAMIDE (↑ price) Inj 1 g vial	35.03	1	Endoxan
	Inj 2 g vial	70.06	1	Endoxan
134	MITOZANTRONE (↑ price) Inj 2 mg per ml, 12.5 ml vial	413.21	1	Onkotrone
135	AMSACRINE (new listing) Inj 75 mg			

➔ 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 March 2015 (continued)

170	TOCILIZUMAB (amended restriction – amended criterion only displayed)			
	→ Inj 20 mg per ml, 4 ml vial	220.00	1	Actemra
	→ Inj 20 mg per ml, 10 ml vial	550.00	1	Actemra
	→ Inj 20 mg per ml, 20 ml vial	1,100.00	1	Actemra
	Restricted			
	Initiation – systemic juvenile idiopathic arthritis			
	Paediatric rheumatologist			
	Re-assessment required after 6 months			
	Both:			
	1 Patient diagnosed with systemic juvenile idiopathic arthritis; and			
	2 Patient has tried and not responded to a reasonable trial of all of the following, either alone or in combination: oral or parenteral methotrexate; non-steroidal anti-inflammatory drugs (NSAIDs); and systemic corticosteroids.			
	Continuation – systemic juvenile idiopathic arthritis			
	Paediatric rheumatologist			
	Re-assessment required after 6 months			
	Either:			
	1 Following up to 6 months' initial treatment, the patient has achieved at least an American College of Rheumatology paediatric 30% improvement criteria (ACR Pedi 30) response from baseline; or			
	2 On subsequent reapplications, the patient demonstrates at least a continuing ACR Pedi 30 response from baseline.			

SPECIAL FOODS

205	HIGH PROTEIN ORAL FEED 1 KCAL/ML			
	→ Liquid 10 g protein, 10.3 g carbohydrate and 2.1 g fat per 100 ml, 200 ml bottle			e.g. Fortimel Regular
	Note – Fortimel Regular example brand to be delisted from 1 May 2015.			

VACCINES

214	HEPATITIS A VACCINE			
	→ Inj 720 ELISA units in 0.5 ml syringe			
	– 1% DV Jul-14 to 2017	0.00	1	Havrix Junior
	→ Inj 1440 ELISA units in 1 ml syringe			
	– 1% DV Jul-14 to 2017	0.00	1	Havrix
	Restricted			
	Funded for patients meeting any of the following criteria:			
	1 Two vaccinations for use in transplant patients; or			
	2 Two vaccinations for use in children with chronic liver disease; or			
	3 One dose of vaccine for close contacts of known hepatitis A cases.; or			
	4 One dose for any of the following on the recommendation of a local medical officer of health			
	4.1 Children, aged 1–4 years inclusive who reside in Ashburton district; or			
	4.2 Children, aged 1–9 years inclusive, residing in Ashburton; or			
	4.3 Children, aged 1–9 years inclusive, who attend a preschool or school in Ashburton; or			
	4.4 Children, aged older than 9 years, who attend a school with children aged 9 years old or less, in Ashburton-funded for children in Ashburton.			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 March 2015 (continued)

PART III – OPTIONAL PHARMACEUTICALS

218	INSULIN PEN NEEDLES 31 g x 8 mm	10.50	100	ABM
	Note – ABM insulin pen needles 31 g x 8 mm to be delisted from 1 May 2015.			
218	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE Syringe 1 ml with 29 g x 12.7 mm needle	13.00	100	ABM
	Syringe 1 ml with 31 g x 8 mm needle	13.00	100	ABM
	Note – ABM syringes 1 ml with 29 g x 12.7 mm needle and 31 g x 8 mm needle to be delisted from 1 May 2015.			

Effective 5 February 2015

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

173	BACILLUS CALMETTE-GUERIN (BCG) → Inj 40 mg per ml, vial	149.37	3	SII-Onco-BCG
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Effective 1 February 2015

ALIMENTARY TRACT AND METABOLISM

24	BENZYLAMINE HYDROCHLORIDE Spray 0.3%			
24	TRIAMCINOLONE ACETONIDE Paste 0.1% – 1% DV Apr-15 to 2017	5.33	5 g	Kenalog in Orabase
	Note – Oracort paste 0.1% to be delisted from 1 April 2015.			
24	NYSTATIN († price) Oral liquid 100,000 u per ml	3.35	24 ml	Nilstat
26	PYRIDOXINE HYDROCHLORIDE Tab 25 mg – 1% DV Apr-15 to 2017	2.15	90	Vitamin B6 25
	Note – brand change from PyridoxADE.			
26	PYRIDOXINE HYDROCHLORIDE Tab 25 mg – 1% DV Jan-15 to 31 Mar 2015	2.15	90	PyridoxADE
	Note – PyridoxADE tab 25 mg to be delisted from 1 April 2015.			

DERMATOLOGICALS

52	PERMETHRIN (addition of HSS) Crm 5% – 1% DV Apr-15 to 2017	4.20	30 g	Lyderm
53	EMULSIFYING OINTMENT († price and addition of HSS) Oint BP – 1% DV Apr-15 to 2017	1.84	100 g	Jaychem
	Note – DV limit applies to pack sizes of greater than 200 g.			

→ 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 February 2015 (continued)

54	TRIAMCINOLONE ACETONIDE (↓ price and addition of HSS) Crm 0.02% – 1% DV Apr-15 to 2017 6.30 Oint 0.02% – 1% DV Apr-15 to 2017 6.35	100 g 100 g	Aristocort Aristocort
56	IMIQUIMOD (restriction removed) → Crm 5%, 250 mg sachet – 1% DV Feb-15 to 2017 17.98 Restricted Any of the following: <ol style="list-style-type: none"> 1 The patient has external anogenital warts and podophyllotoxin has been tried and failed (or is contraindicated); or 2 The patient has external anogenital warts and podophyllotoxin is unable to be applied accurately to the site; or 3 The patient has confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate. Notes: Superficial basal cell carcinoma <ul style="list-style-type: none"> • Surgical excision remains first-line treatment for superficial basal cell carcinoma as it has a higher cure rate than imiquimod and allows histological assessment of tumour clearance. • Imiquimod has not been evaluated for the treatment of superficial basal cell carcinoma within 1 cm of the hairline, eyes, nose, mouth or ears. • Imiquimod is not indicated for recurrent, invasive, infiltrating, or nodular basal cell carcinoma. • Every effort should be made to biopsy the lesion to confirm that it is a superficial basal cell carcinoma. External anogenital warts <ul style="list-style-type: none"> • Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata). 	12	Apo-Imiquimod Cream 5%

HORMONE PREPARATIONS – SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

62	ZOLEDRONIC ACID → Inj 4 mg per 5 ml, vial 550.00 Restricted For hypercalcaemia of malignancy Oncologist, haematologist or palliative care specialist Any of the following: <ol style="list-style-type: none"> 1. Patient has hypercalcaemia of malignancy; or 2. Both: <ol style="list-style-type: none"> 2.1. Patient has bone metastases or involvement; and 2.2. Patient has severe bone pain resistant to standard first-line treatments; or 3 Both: <ol style="list-style-type: none"> 3.1. Patient has bone metastases or involvement; and 3.2. Patient is at risk of skeletal-related events (pathological fracture, spinal cord compression, radiation to bone or surgery to bone) Note – new Pharmacode, 2473755, from 1 February 2015.	1	Zometa
63	TRIAMCINOLONE ACETONIDE (↓ price and addition of HSS) Inj 10 mg per ml, 1 ml ampoule – 1% DV Apr-15 to 2017 (amended brand name) 20.80 Inj 40 mg per ml, 1 ml ampoule – 1% DV Apr-15 to 2017 51.70	5 5	Kenacort-A 10 Kenacort-A Kenacort-A 40

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 February 2015 (continued)

INFECTIONS – AGENTS FOR SYSTEMIC USE

75	AMOXICILLIN WITH CLAVULANIC ACID (HSS suspended and new listing) Tab 500 mg with clavulanic acid 125 mg —1% DV Nov-14 to 2017	1.95 12.55	20 100	Augmentin Curam Duo
83	METRONIDAZOLE (↓ price and addition of HSS) Inj 5 mg per ml, 100 ml bag – 1% DV Apr-15 to 2017	6.94	5	AFT
Note – Baxter metronidazole inj 5 mg per ml, 10 ml bag to be delisted from 1 April 2015.				

MUSCULOSKELETAL SYSTEM

103	DICLOFENAC SODIUM Tab 50 mg dispersible	1.50	20	Voltaren D
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NERVOUS SYSTEM

110	FENTANYL Patch 12.5 mcg per hour – 1% DV Aug-15 to 2016	2.92	5	Fentanyl Sandoz
	Patch 25 mcg per hour – 1% DV Aug-15 to 2016	3.66	5	Fentanyl Sandoz
	Patch 50 mcg per hour – 1% DV Aug-15 to 2016	6.64	5	Fentanyl Sandoz
	Patch 75 mcg per hour – 1% DV Aug-15 to 2016	9.18	5	Fentanyl Sandoz
	Patch 100 mcg per hour – 1% DV Aug-15 to 2016	11.29	5	Fentanyl Sandoz
Note – Mylan Fentanyl Patch patch 12.5 mcg per hour, 25 mcg per hour, 50 mcg per hour, 75 mcg per hour and 100 mcg per hour to be delisted from 1 August 2015.				
111	MORPHINE SULPHATE (addition of HSS) Tab immediate-release 10 mg – 1% DV Apr-15 to 2017	2.80	10	Sevredol
	Tab immediate-release 20 mg – 1% DV Apr-15 to 2017	5.52	10	Sevredol
115	CARBAMAZEPINE Tab 200 mg	14.53	100	Tegretol
	Tab long-acting 200 mg	16.98	100	Tegretol CR
	Tab 400 mg	34.58	100	Tegretol
	Tab long-acting 400 mg	39.17	100	Tegretol CR
	Oral liq 20 mg per ml	26.37	250 ml	Tegretol
121	CLOZAPINE (↓ price) Tab 25 mg	5.69 11.36	50 100	Clozaril Clozaril
	Tab 100 mg	14.73 29.45	50 100	Clozaril Clozaril
130	METHYLPHENIDATE HYDROCHLORIDE (↓ price) → Cap modified-release 10 mg	15.60	30	Ritalin LA
	→ Cap modified-release 20 mg	20.40	30	Ritalin LA
	→ Cap modified-release 30 mg	25.52	30	Ritalin LA
	→ Cap modified-release 40 mg	30.60	30	Ritalin LA

→ 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 February 2015 (continued)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

173	AZATHIOPRINE Tab 25 mg	8.28	60	Azamun
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SENSORY ORGANS

184	LEVOBUNOLOL HYDROCHLORIDE Eye drops 0.25%	7.00	5 ml	Betagan
	Note – Betagan eye drops 0.25% to be delisted from 1 July 2015.			

SPECIAL FOODS

211	ORAL FEED (↑ price and addition of Note) → Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can	14.90	900 g	Sustagen Hospital Formula (Chocolate) Sustagen Hospital Formula (Vanilla)
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Note: Community subsidy of Sustagen Hospital Formula is subject to both Special Authority criteria and a manufacturer's surcharge. Higher subsidy by endorsement is available for patients meeting the following endorsement criteria; fat malabsorption, fat intolerance or chyle leak.

Effective 1 January 2015

ALIMENTARY TRACT AND METABOLISM

22	LEVOCARNITINE → Oral soln 1,100 mg per 15 ml (new listing) → Oral soln 500 mg per 15 ml (delisting) Note – Levocarnitine oral soln 500 mg per 15 ml to be delisted 1 July 2015.			
24	ZINC SULPHATE (addition of HSS) Cap 137.4 mg (50 mg elemental) – 1% DV Mar-15 to 2017	11.00	100	Zincaps

CARDIOVASCULAR SYSTEM

42	BISOPROLOL FUMARATE (amended chemical name, ↓ price and addition of HSS) Tab 2.5 mg – 1% DV Mar-15 to 2017	2.40	30	Bosvate
	Tab 5 mg – 1% DV Mar-15 to 2017	3.50	30	Bosvate
	Tab 10 mg – 1% DV Mar-15 to 2017	6.40	30	Bosvate
47	GLYCERYL TRINITRATE (↑ price) Inj 5 mg per ml, 10 ml ampoule	100.00	5	Hospira
48	EPHEDRINE (↓ price and addition of HSS) Inj 30 mg per ml, 1 ml ampoule – 1% DV Mar-15 to 2017	51.48	10	Max Health

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2015 (continued)

DERMATOLOGICALS

51	MICONAZOLE NITRATE (↑ price and addition of HSS) Crn 2% – 1% DV Mar-15 to 2017	0.55	15 g	Multichem
54	HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN WITH WOOL FAT AND MINERAL OIL- (amended chemical name and presentation description) Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% wool fat hydrous 3% and mineral oil – 1% DV Dec-14 to 2017	10.57	250 ml	DP Lotn HC

GENITO-URINARY SYSTEM

61	SOLIFENACIN SUCCINATE (↓ price) → Tab 5 mg	37.50	30	Vesicare
	→ Tab 10 mg	37.50	30	Vesicare

HORMONE PREPARATIONS – SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

62	TESTOSTERONE UNDECANOATE Inj 250 mg per ml, 4 ml vial (new listing)	86.00	1	Reandron 1000
	Inj 250 mg per ml, 4 ml ampoule (delisting)	86.00	1	Reandron 1000
	Note – Reandron 1000 inj 250 mg per ml, 4 ml ampoule to be delisted 1 March 2015.			

INFECTIONS – AGENTS FOR SYSTEMIC USE

73	CEFOXITIN (↑ price) Inj 1 g vial	74.25	5	Hospira
74	CLARITHROMYCIN → Inj 500 mg vial – 1% DV Mar-15 to 2017	20.40	1	Martindale
	Note – Klacid inj 500 mg vial to be delisted from 1 March 2015.			
83	PENTAMIDINE ISETHIONATE → Inj 300 mg vial – 1% DV Mar-15 to 2017	180.00	5	Pentacarinat

MUSCULOSKELETAL SYSTEM

100	ALLOPURINOL (↓ price and addition of HSS) Tab 100 mg – 1% DV Mar-15 to 2017	15.11	1,000	Apo-Allopurinol
	Tab 300 mg – 1% DV Mar-15 to 2017	15.91	500	Apo-Allopurinol

NERVOUS SYSTEM

112	PARACETAMOL WITH CODEINE (↓ price) Tab paracetamol 500 mg with codeine phosphate 8 mg	2.11	100	Paracetamol + Codeine (Relieve)
115	DIAZEPAM (↑ price) Inj 5 mg per ml, 2 ml ampoule	11.83	5	Hospira

→ Restriction

10 (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 January 2015 (continued)

120	HYOSCINE HYDROBROMIDE (↑ price) Inj 400 mcg per ml, 1 ml ampoule	46.50	5	Hospira
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ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

158	INFLIXIMAB (↓ price and addition of HSS) → Inj 100 mg – 10% DV Mar-15 to 29 Feb 2020	806.00	1	Remicade
170	TOCILIZUMAB (amended restriction – amended criterion only displayed) → Inj 20 mg per ml, 4 ml vial	220.00	1	Actemra
	→ Inj 20 mg per ml, 10 ml vial	550.00	1	Actemra
	→ Inj 20 mg per ml, 20 ml vial	1,100.00	1	Actemra

Restricted

Initiation -Rheumatoid Arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

1 All of the following:

1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or

1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and

1.3 The patient has been started on rituximab for rheumatoid arthritis in a DHB hospital in accordance with the HML rules; and

1.4 Either:

1.4.1 The patient has experienced intolerable side effects from rituximab; or

1.4.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis; or

2 All of the following:

2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and

2.2 Tocilizumab is to be used as monotherapy; and

2.3 Either:

2.3.1 Treatment with methotrexate is contraindicated; or

2.3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and

2.4 Either:

2.4.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporine alone or in combination with another agent; or

2.4.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and

2.5 Either:

2.5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or

2.5.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.6 Either:

2.6.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.6.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

continued...

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H Part II – effective 1 January 2015 (continued)

continued...

Continuation – Rheumatoid Arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Following 6 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

RESPIRATORY SYSTEM AND ALLERGIES

176	PROMETHAZINE HYDROCHLORIDE (↑ price) Inj 25 mg per ml, 2 ml ampoule	11.99	5	Hospira
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SENSORY ORGANS

181	DEXAMETHASONE WITH TOBRAMYCIN Eye drops 0.1% with tobramycin 0.3% – 1% DV Mar-15 to 2017	12.64	5 ml	Tobradex
181	GANCICLOVIR Eye gel 0.15%			e.g. Virgan
182	CIPROFLOXACIN WITH HYDROCORTISONE WITH CIPROFLOXACIN (amended chemical and presentation descriptions, and new listing with HSS) Ear drops ciprofloxacin 0.2% with 1% hydrocortisone with ciprofloxacin 0.2% – 1% DV Mar-15 to 2017	16.30	10 ml	Ciproxin HC Otic
185	APRACLONIDINE Eye drops 0.5% – 1% DV Mar-15 to 2017	19.77	5 ml	lopidine

VARIOUS

187	NALOXONE HYDROCHLORIDE (↑ price) Inj 400 mcg per ml, 1 ml ampoule	48.84	5	Hospira
188	DEFERRIOXAMINE MESILATE (↑ price) Inj 500 mg vial	109.89	10	Hospira

VACCINES

215	INFLUENZA VACCINE (amended restriction) → Inj 45 mcg in 0.5 ml syringe	90.00	10	Fluarix Influvac
	Restricted Any of the following:			
	1 All people 65 years of age and over; or			
	2 People under 65 years of age who:			
	2.1 Have any of the following cardiovascular diseases:			
	2.1.1 Ischaemic heart disease; or			
	2.1.2 Congestive heart disease; or			

continued...

→ 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 January 2015 (continued)

continued...

- 2.1.3 Rheumatic heart disease; or
 - 2.1.4 Congenital heart disease; or
 - 2.1.5 Cerebro-vascular disease; or
 - 2.2 Have any of the following chronic respiratory diseases:
 - 2.2.1 Asthma, if on a regular preventative therapy; or
 - 2.2.2 Other chronic respiratory disease with impaired lung function; or
 - 2.3 Have diabetes;
 - 2.4 Have chronic renal disease;
 - 2.5 Have any cancer, excluding basal and squamous skin cancers if not invasive;
 - 2.6 Have any of the following other conditions:
 - 2.6.1 Autoimmune disease;
 - 2.6.2 Immune suppression;
 - 2.6.3 HIV;
 - 2.6.4 Transplant recipients;
 - 2.6.5 Neuromuscular and CNS diseases;
 - 2.6.6 Haemoglobinopathies;
 - 2.6.7 Are children on long term aspirin; or
 - 2.7 Are pregnant, or
 - 2.8 Are children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness; or
 - 3 People under 18 years of age living within the boundaries of the Canterbury District Health Board.
- Note: The following conditions are excluded from funding:
- asthma not requiring regular preventative therapy; and
 - hypertension and/or dyslipidaemia without evidence of end-organ disease.

Changes to Section H Part II – effective 1 December 2014

ALIMENTARY TRACT AND METABOLISM

18	INSULIN ASPART Inj 100 u per ml, 3 ml syringe	51.19	5	NovoRapid FlexPen
20	DOCUSATE SODIUM WITH SENNOSIDES (↓ price) Tab 50 mg with sennosides 8 mg	4.40	200	Laxsol
21	DANTHRON WITH POLOXAMER – Restricted see terms below → Oral liq 25 mg with poloxamer 200 mg per 5 ml	21.30	300 ml	Pinorax
	→ Oral liq 75 mg with poloxamer 1 g per 5 ml	43.60	300 ml	Pinorax Forte
	Note – Pinorax and Pinorax Forte oral liquid to be delisted from 1 April 2015.			
23	POTASSIUM IODATE Tab 256 mcg (150 mcg elemental iodine)			
	Note – Potassium iodate tab 256 mcg (150 mcg elemental iodine) to be delisted 1 December 2014.			

CARDIOVASCULAR SYSTEM

43	AMLODIPINE (↓ price and addition of HSS) Tab 2.5 mg – 1% DV Feb-15 to 2017	2.21	100	Apo-Amlodipine
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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 December 2014 (continued)

48	NORADRENALINE Inj 1 mg per ml, 2 ml ampoule (delisting) Inj 1 mg per ml, 4 ml ampoule (new listing) Note – Noradrenaline inj 1 mg per ml, 2 ml ampoule to be delisted from 1 June 2015.		
50	ILOPROST Inj 50 mcg in 0.5 ml ampoule – 1% DV Feb-15 to 2016 89.50 Note – Ilomedin inj 50 mcg in 0.5 ml ampoule to be delisted from 1 February 2015.	1	Arrow-Iloprost

DERMATOLOGICALS

56	IMIQUIMOD → Crm 5%, 250 mg sachet – 1% DV Feb-15 to 2017 17.98 Note – Aldara crm 5% to be delisted 1 February 2015.	12	Apo-Imiquimod Cream 5%
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GENITO-URINARY SYSTEM

59	LEVONORGESTREL (amended presentation description) Subdermal implant (2 x 75 mg rods) Implant 75 mg – 5% DV Oct-14 to 31 Dec 2017 133.65	1	Jadelle
61	SODIUM CITRO-TARTRATE (↓ price and addition of HSS) Grans eff 4 g sachets – 1% DV Feb-15 to 2017 2.93	28	Ural

HORMONE PREPARATIONS – SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

62	ZOLEDRONIC ACID (amended presentation description) → Inj 4 mg per 5 ml, vial 0.8 mg per ml, 5 ml vial 550.00	1	Zometa
63	PREDNISOLONE (↓ price) Oral liq 5 mg per ml 7.50	30 ml	Redipred
71	TERLIPRESSIN Inj 1 mg per 8.5 ml ampoule 450.00	5	Glypressin

INFECTIONS – AGENTS FOR SYSTEMIC USE

74	ERYTHROMYCIN (AS ETHYLSUCCINATE) (↑ price) Grans for oral liq 200 mg per 5 ml 5.00 Grans for oral liq 400 mg per 5 ml 6.77	100 ml 100 ml	E-Mycin E-Mycin
75	AMOXICILLIN Grans for oral liq 125 mg per 5 ml 1.55 Grans for oral liq 250 mg per 5 ml 1.10 Note – Ospamox grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml to be delisted from 1 February 2015.	100 ml 100 ml	Ospamox Ospamox

→ 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 December 2014 (continued)

MUSCULOSKELETAL SYSTEM

97	ZOLEDRONIC ACID (amended presentation description) → Inj 5 mg per 100 ml, vial 0.05 mg per ml, 100 ml vial.....	600.00	100 ml	Aclasta
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NERVOUS SYSTEM

129	DEXAMFETAMINE SULFATE (Pharmacode change) → Tab 5 mg – 1% DV Mar-13 to 2015.....	16.50	100	PSM
Note – change in Pharmacode from 206547 to 2461374. Pharmacode 206547 to be delisted from 1 February 2015.				

131	DONEPEZIL HYDROCHLORIDE (↓ price and addition of HSS) Tab 5 mg – 1% DV Feb-15 to 2017.....	5.48	90	Donepezil-Rex
	Tab 10 mg – 1% DV Feb-15 to 2017.....	10.51	90	Donepezil-Rex

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

138	TRETINOIN (↑ price) Cap 10 mg	479.50	100	Vesanoid
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139	IMATINIB MESILATE (Note amendment and new listing of 400 mg presentation) 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 SA1460 in Section B of the Pharmaceutical Schedule. → Tab 100 mg	2,400.00	60	Glivec
	Cap 100 mg – 1% DV Jul-14 to 2017	298.90	60	Imatinib-AFT
Note: Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule.				
	Cap 400 mg (new listing)	597.80	30	Imatinib-AFT

RESPIRATORY SYSTEM AND ALLERGIES

175	CETIRIZINE HYDROCHLORIDE Oral liq 1 mg per ml – 1% DV Feb-15 to 2017	2.99	200 ml	Histaclear
Note – Cetirizine – AFT oral liq 1 mg per ml to be delisted from 1 February 2015.				

SPECIAL FOODS

209	LOW ELECTROLYTE ORAL FEED 2 KCAL/ML → Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml bottle			e.g. Suplena
Note – Suplena liquid to be delisted from 1 February 2015.				

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

VACCINES

214	PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE → Inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype) – 1% DV Jul-14 to 2017	0.00	1	Pneumovax 23
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Restricted

Any Either of the following:

- 1 Up to three doses for patients pre- or post-splenectomy or with functional asplenia; or
- 2 Up to two doses are funded for high risk children to the age of 18, **or**
- 3 **For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.**

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