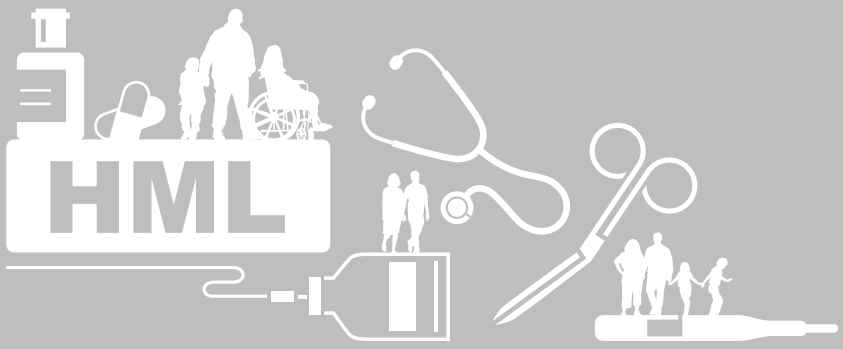
The Hospital Medicines List (HML)

# Section H

## for Hospital Pharmaceuticals

## Update effective 1 May 2015

**Cumulative for April and May 2015**




PHARMAC
Pharmaceutical Management Agency

# Contents

## Summary of decisions
**EFFECTIVE 1 MAY 2015**

- Abiraterone acetate (Zytiga) tab 250 mg – new listing
- Alteplase inj 2 mg vial – new listing
- Amino acid formula (Elecare, Elecare LCP, Neocate, Neocate LCP, Neocate Gold, Neocate Advance, and Vivonex Paediatric) powder – amended restriction
- Amoxicillin (Amoxicillin Actavis) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml – new Pharmacodes, and old Pharmacodes to be delisted 1 July 2015
- Carbohydrate – amended restriction
- Cefuroxime (Zinacef) inj 750 mg and 1.5 g vials – HSS suspended
- Clobetasol propionate (Clobetasol BNM) crm 0.05% and oint 0.05% – new listing and addition of HSS
- Clobetasol propionate (Dermol) crm 0.05% and oint 0.05% – to be delisted 1 July 2015
- Diclofenac sodium eye drops 0.1%, single dose – delisted 1 May 2015
- Electrolytes (e.g. Custodiol-HTK) inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag – new listing
- Emulsifying ointment (AFT) oint BP, 500 g – price decrease, addition of HSS, and addition of DV Limit note
- Epoetin alfa [erythropoietin alfa] (Eprex) inj 8,000 iu in 0.8 ml syringe and 40,000 iu in 1 ml syringe – new listing and addition of HSS
- Erlotinib (Tarceva) tab 100 mg and 150 mg – amended restriction
- Escitalopram (Air Flow Products) tab 10 mg and 20 mg – new listing and addition of HSS
- Escitalopram (Loxalate) tab 10 mg and 20 mg – to be delisted 1 July 2015
- Extensively hydrolysed formula - amended restriction
- Fat – amended restriction
- Fat-modified feed (Monogen) powder 11.4 g protein, 68 g carbohydrate and 11.8 g fat per 100 g, 400 g can – amended restriction
- Gefitinib (Iressa) tab 250 mg – amended restriction
- Glyceryl trinitrate (Nitrolingual Pump Spray) oral pump spray 400 mcg per dose, 250 dose – new listing
- Ibuprofen (Brufen SR) tab long-acting 800 mg – price decrease and addition of HSS

**Summary of PHARMAC decisions – effective 1 May 2015** (continued)

- Iloprost (Arrow-Iloprost) inj 50 mcg in 0.5 ml ampoule – HSS reinstated from July 2015
- Infliximab (Remicade) inj 100 mg – amended restriction
- Mannitol (e.g. Aridol) powder for inhalation – new listing
- Multivitamin and mineral supplement (e.g. Clinicians Multivitamin and Mineral Boost) cap – new listing
- Neostigmine metilsulfate (AstraZeneca) inj 2.5 mg per ml, 1 ml ampoule – Pharmacode change
- Octocog alfa [recombinant factor VIII] (Kogenate FS) inj 500 iu and 1,000 iu vials – Pharmacode changes
- Paediatric products – amended restriction
- Protein – amended restriction
- Ropivacaine hydrochloride (Naropin) inj 2 mg per ml, 100 ml and 200 ml bags – price decrease and addition of HSS
- Trastuzumab (Herceptin) inj 150 mg and 440 mg vials – amended restriction
- Zinc and castor oil (healthE) oint, BP, 500 g – new listing and addition of HSS
- Zoledronic acid (Aclasta) inj 5 mg per 100 ml, vial – amended restriction

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

# Section H changes to Part II

## Effective 1 May 2015

### ALIMENTARY TRACT AND METABOLISM

25 MULTIVITAMIN AND MINERAL SUPPLEMENT
➔ Cap — *e.g. Clinicians Multivitamin and Mineral Boost*

Restricted
*Limited to 3 months treatment*
Both:
1. Patient was admitted to hospital with burns; and
2. Any of the following:
   2.1 Burn size is greater than 15% of total body surface area (BSA) for all types of burns; or
   2.2 Burn size is greater than 10% of BSA for mid-dermal or deep dermal burns; or
   2.3 Nutritional status prior to admission or dietary intake is poor.

Note: Multivitamin and mineral supplement capsule composition includes vitamin A 250 IU, thiamine 2.5 mg, riboflavin 2.5 mg, nicotinamide 12.5 mg, vitamin B5 10 mg, pyridoxine 5 mg, vitamin B12 6.2 mcg, vitamin C 125 mg, cholecalciferol 2.5 mcg, vitamin E 25 mg, betaine 12.5 mg, biotin 12.5 mcg, boron 250 mcg, calcium 25 mg, choline 6.2 mg, chromium 25 mcg, citric acid 50 mg, citrus bioflavonoid complex 50 mg, co-enzyme Q10 1.2 mg, copper 125 mcg, folic acid 37.5 mcg, inositol 6.2 mg, iodine 25 mcg, iron 250 mcg, L-Glutamine 6.2 mg, magnesium 12.5 mg, molybdenum 12.5 mcg, manganese 0.5 mg, potassium 5 mg, selenium 18.7 mcg, zinc 1.9 mg.

### BLOOD AND BLOOD FORMING ORGANS

| | | | | |
|---|---|---|---|---|
| 28 | EPOETIN ALFA [ERYTHROPOIETIN ALFA] | | | |
| | ➔ Inj 8,000 iu in 0.8 ml syringe | | | |
| | – **5% DV May-15 to 28 Feb 2018** | 352.69 | 6 | **Eprex** |
| | ➔ Inj 40,000 iu in 1 ml syringe | | | |
| | – **5% DV May-15 to 28 Feb 2018** | 263.45 | 1 | **Eprex** |
| 30 | OCTOCOG ALFA [RECOMBINANT FACTOR VIII] | | | |
| | ➔ Inj 500 iu vial | 500.00 | 1 | Kogenate FS |
| | ➔ Inj 1,000 iu vial | 1,000.00 | 1 | Kogenate FS |
| | Note – These are new packs with new Pharmacodes. The old Pharmacodes are to be delisted 1 August 2015. | | | |
| 34 | ALTEPLASE | | | |
| | Inj 2 mg vial | | | |

### CARDIOVASCULAR SYSTEM

| | | | | |
|---|---|---|---|---|
| 45 | GLYCERYL TRINITRATE | | | |
| | Oral pump spray 400 mcg per dose | 4.45 | 250 dose | Nitrolingual Pump Spray |
| 48 | ILOPROST (HSS reinstated) | | | |
| | Inj 50 mcg in 0.5 ml ampoule – **1% DV Jul-15 to 2016** | 89.50 | 1 | **Arrow-Iloprost** |

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

## Changes to Section H Part II – effective 1 May 2015 (continued)

### DERMATOLOGICALS

50 ZINC AND CASTOR OIL

| | | | |
|---|---|---|---|
| Oint, BP – **1% DV Jul-15 to 2017** | 1.39 | 20 g | **healthE** |

51 EMULSIFYING OINTMENT (↓ price, addition of HSS, and addition of DV Limit note)

| | | | |
|---|---|---|---|
| Oint BP, 500 g – **1% DV Jul-15 to 2017** | 2.73 | 500 g | **AFT** |

**Note: DV limit applies to pack sizes of greater than 200 g.**

52 CLOBETASOL PROPIONATE

| | | | |
|---|---|---|---|
| Crm 0.05% – **1% DV Jul-15 to 2016** | 3.20 | 30 g | **Clobetasol BNM** |
| Oint 0.05% – **1% DV Jul-15 to 2016** | 3.20 | 30 g | **Clobetasol BNM** |

Note – Dermol crm 0.05% and oint 0.05% to be delisted from 1 July 2015.

### INFECTIONS

70 CEFUROXIME (HSS suspended)

| | | | |
|---|---|---|---|
| Inj 750 mg vial – **1% DV Nov-14 to 30 Apr 15** ~~2017~~ | 3.70 | 5 | **Zinacef** |
| Inj 1.5 g vial – **1% DV Nov-14 to 30 Apr 15** ~~2017~~ | 1.30 | 1 | **Zinacef** |

72 AMOXICILLIN (new Pharmacodes)

| | | | |
|---|---|---|---|
| Grans for oral liq 125 mg per 5 ml | 0.88 | 100 ml | Amoxicillin Actavis |
| Grans for oral liq 250 mg per 5 ml | 0.97 | 100 ml | Amoxicillin Actavis |

Note – New Pharmacodes listed for this brand. Old Pharmacodes to be delisted from 1 July 2015.

### MUSCULOSKELETAL SYSTEM

92 NEOSTIGMINE METILSULFATE (Pharmacode change)

| | | | |
|---|---|---|---|
| Inj 2.5 mg per ml, 1 ml ampoule – **1% DV Sep-14 to 2017** | 98.00 | 50 | **AstraZeneca** |

Note – changing from 770612 to 311316.

94 ZOLEDRONIC ACID (amended restriction – amended criterion only displayed)

| | | | |
|---|---|---|---|
| ➔ Inj 5 mg per 100 ml, vial | 600.00 | 100 ml | Aclasta |

Restricted

**Inherited bone fragility disorders** ~~Osteogenesis imperfecta~~

Patient has been diagnosed with **an inherited bone fragility disorder (e.g.** ~~clinical or genetic~~ osteogenesis imperfecta**).**

100 IBUPROFEN (↓ price and addition of HSS)

| | | | |
|---|---|---|---|
| Tab long-acting 800 mg – **1% DV Jul-15 to 2018** | 7.99 | 30 | **Brufen SR** |

### NERVOUS SYSTEM

106 ROPIVACAINE HYDROCHLORIDE (↓ price and addition of HSS)

| | | | |
|---|---|---|---|
| Inj 2 mg per ml, 100 ml bag – **1% DV Jul-15 to 2017** | 60.00 | 5 | **Naropin** |
| Inj 2 mg per ml, 200 ml bag – **1% DV Jul-15 to 2017** | 79.50 | 5 | **Naropin** |

112 ESCITALOPRAM

| | | | |
|---|---|---|---|
| Tab 10 mg – **1% DV Jul-15 to 2016** | 1.40 | 28 | **Air Flow Products** |
| Tab 20 mg – **1% DV Jul-15 to 2016** | 2.40 | 28 | **Air Flow Products** |

Note – Loxalate tab 10 mg and 20 mg to be delisted from 1 July 2015.

## Changes to Section H Part II – effective 1 May 2015 (continued)

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

134 ERLOTINIB (amended restriction)

➔ Tab 100 mg – **1% DV Jun-15 to 2018** ..... 1,000.00 30 **Tarceva**

➔ Tab 150 mg – **1% DV Jun-15 to 2018** ..... 1,500.00 30 **Tarceva**

Restricted

Initiation

*Re-assessment required after 3 months*

Either:

1 All of the following:

1.1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and

1.2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and

1.3 **Any of the following** ~~Either:~~

1.3.1 Patient is treatment naive; or

1.3.2 Both:

1.3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and

1.3.2.2 Patient has not received prior treatment with gefitinib; or and

**1.3.3 Both:**

**1.3.3.1 The patient has discontinued getitinib within 6 weeks of starting treatment due to intolerance; and**

**1.3.3.2 The cancer did not progress while on gefitinib; and**

1.4 Erlotinib is to be given for a maximum of 3 months, or

2 The patient received funded erlotinib prior to 31 December 2013 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

Continuation

*Re-assessment required after 6 months*

Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

134 GEFITINIB (amended restriction)

Tab 250 mg ..... 1,700.00 30 Iressa

Restricted

Initiation

*Re-assessment required after 3 months*

**All of the following** ~~Both~~:

1 Patient has ~~treatment naive~~ locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and

**2 Either:**

**2.1 Patient is treatment naïve; or**

**2.2 Both:**

**2.2.1 The patient has discontinued erlotinib within 6 weeks of starting treatment due to intolerance; and**

**2.2.2 The cancer did not progress whilst on erlotinib; and**

**3**~~2~~ There is documentation confirming that disease expresses activating mutations of EGFR tyrosine kinase.

Continuation

*Re-assessment required after 6 months*

Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

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

## Changes to Section H Part II – effective 1 May 2015 (continued)

138 ABIRATERONE ACETATE

➔ Tab 250 mg ..... 4,276.19 120 Zytiga

Restricted

Initiation

Medical oncologist, radiation oncologist or urologist

*Re-assessment required after 5 months*

All of the following:

1 Patient has prostate cancer; and

2 Patient has metastases; and

3 Patient's disease is castration resistant; and

4 Either:

4.1 All of the following:

4.1.1 Patient is symptomatic; and

4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and

4.1.3 Patient has ECOG performance score of 0-1; and

4.1.4 Patient has not had prior treatment with taxane chemotherapy; or

4.2 All of the following:

4.2.1 Patient's disease has progressed following prior chemotherapy containing a taxane; and

4.2.2 Patient has ECOG performance score of 0-2; and

4.2.3 Patient has not had prior treatment with abiraterone.

Continuation

Medical oncologist, radiation oncologist or urologist

*Re-assessment required after 5 months*

All of the following:

1 Significant decrease in serum PSA from baseline; and

2 No evidence of clinical disease progression; and

3 No initiation of taxane chemotherapy with abiraterone; and

4 The treatment remains appropriate and the patient is benefiting from treatment.

152 INFLIXIMAB (amended restriction – amended criterion only displayed)

➔ Inj 100 mg – **10% DV Mar-15 to 29 Feb 2020** ..... 806.00 1 **Remicade**

Restricted

Initiation - severe ulcerative colitis

Gastroenterologist

All of the following:

1 Patient has histologically confirmed ulcerative colitis; and

2 **Either:**

**2.1 Patient is 18 years or older and** the Simple Clinical Colitis Activity Index (SCCAI) is ≥ 4**; or**

**2.2 Patient is under 18 years and the Paediatric Ulcerative Colitis Activity Index (PUCAI) score is ≥ 65; and**

3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses for an adequate duration (unless contraindicated) and corticosteroids; and

4 Surgery (or further surgery) is considered to be clinically inappropriate; and

5 Patient must be reassessed for continuation after 3 months of therapy.

Continuation - severe ulcerative colitis

Gastroenterologist

All of the following:

1 Patient is continuing to maintain remission and the benefit of continuing infliximab outweighs the risks; and

2 **Either:**

*continued...*

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

## Changes to Section H Part II – effective 1 May 2015 (continued)

*continued...*

**2.1 Patient is 18 years or older and the** SCCAI score has reduced by ≥ 2 points from the SCCAI score when the patient was initiated on infliximab**; or**

**2.2 Patient is under 18 years and the PUCAI score has reduced by ≥ 30 points from the PUCAI score when the patient was initiated on infliximab;** and

3 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

167 TRASTUZUMAB (amended restriction – amended criterion only displayed)

➔ Inj 150 mg vial ..... 1,350.00 1 Herceptin

➔ Inj 440 mg vial ..... 3,875.00 1 Herceptin

Restricted

Early breast cancer

*Limited to 12 months' treatment*

All of the following:

1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH+ (including FISH or other current technology); and

2 Maximum cumulative dose of 106 mg/kg (12 months' treatment); and

3 Any of the following:

3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or

3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or

3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or

**3.4 12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned; or**

**3.5** ~~3.4~~ Other treatment regimen, in association with adjuvant chemotherapy, is planned.

## SENSORY ORGANS

177 DICLOFENAC SODIUM

~~Eye drops 0.1%, single dose~~

## VARIOUS

187 MANNITOL

Powder for inhalation *e.g. Aridol*

189 ELECTROLYTES

Inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag *e.g. Custodiol-HTK*

## SPECIAL FOODS

193 CARBOHYDRATE (amended restriction)

Restricted

Use as an additive

Any of the following:

1 Cystic fibrosis; or

2 Chronic kidney disease; or

3 Cancer in children; or

*continued...*

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

## Changes to Section H Part II – effective 1 May 2015 (continued)

*continued...*

4 Cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
5 Faltering growth in an infant/child; or
6 Bronchopulmonary dysplasia; or
7 Premature and post premature infant; or
8 Inborn errors of metabolism.

Use as a module

For use as a component in a modular formula **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.**
**Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.**

193 FAT (amended restriction)

Restricted

Use as an additive

Any of the following:

1 Patient has inborn errors of metabolism; or
2 Faltering growth in an infant/child; or
3 Bronchopulmonary dysplasia; or
4 Fat malabsorption; or
5 Lymphangiectasia; or
6 Short bowel syndrome; or
7 Infants with necrotising enterocolitis; or
8 Biliary atresia; or
9 For use in a ketogenic diet; or
10 Chyle leak; or
11 Ascites; or
12 Patient has increased energy requirements, and for whom dietary measures have not been successful.

Use as a module

For use as a component in a modular formula **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.**
**Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.**

194 PROTEIN (amended restriction)

Restricted

Use as an additive

Either:

1 Protein losing enteropathy; or
2 High protein needs.

Use as a module

For use as a component in a modular formula **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.**
**Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.**

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

## Changes to Section H Part II – effective 1 May 2015 (continued)

199 FAT-MODIFIED FEED (amended restriction)

➔ Powder 11.4 g protein, 68 g carbohydrate and 11.8 g fat per 100 g, 400 g can *e.g. Monogen*

Restricted

Any of the following:

1 Patient has metabolic disorders of fat metabolism; or
2 Patient has a chyle leak; or
3 Modified as a modular feed**, made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule,** for adults.

**Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.**

201 AMINO ACID FORMULA (amended restriction)

| | | | |
|---|---|---|---|
| ➔ Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can | | | *e.g. Neocate* |
| ➔ Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can | | | *e.g. Neocate LCP* |
| ➔ Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can | 53.00 | 400 g | Neocate Gold (Unflavoured) |
| ➔ Powder 14 g protein, 50 g carbohydrate and 24.3 g fat per 100 g, 400 g can | | | *e.g. Neocate Advance* |
| ➔ Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can | 53.00 | 400 g | Neocate Advance (Vanilla) |
| ➔ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can | 53.00 | 400 g | Elecare LCP (Unflavoured) |
| ➔ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can | 53.00 | 400 g | Elecare (Unflavoured)<br>Elecare (Vanilla) |
| ➔ Powder 6 g protein, 31.5 g carbohydrate and 5.88 g fat per sachet | 6.00 | 48.5 g | Vivonex Paediatric |

Restricted

Initiation

Any of the following:

1 Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
2 History of anaphylaxis to cows' milk protein formula or dairy products; or
3 Eosinophilic oesophagitis.

**Note: a reasonable trial is defined as a 2-4 week trial.**

Continuation

Both:

1 An assessment as to whether the infant can be transitioned to a cows' milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and
2 The outcome of the assessment is that the infant continues to require an amino acid infant formula.

## Changes to Section H Part II – effective 1 May 2015 (continued)

201 EXTENSIVELY HYDROLYSED FORMULA (amended restriction – amended criterion only displayed)
➔ Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can *e.g. Gold Pepti Junior Karicare Aptamil*

Restricted
Initiation - new patients
Any of the following:
1 Both:
1.1 Cows' milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
1.2 Either:
1.2.1 Soy milk formula has been **reasonably** trialled without resolution of symptoms; or
1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
2 Severe malabsorption; or
3 Short bowel syndrome; or
4 Intractable diarrhoea; or
5 Biliary atresia; or
6 Cholestatic liver diseases causing malabsorption; or
7 Cystic fibrosis; or
8 Proven fat malabsorption; or
9 Severe intestinal motility disorders causing significant malabsorption; or
10 Intestinal failure.
**Note: A reasonable trial is defined as a 2-4 week trial.**

203 PAEDIATRIC PRODUCTS (amended restriction)
Restricted
Both:
1 Child is aged one to ten years; and
2 Any of the following:
2.1 The child is being fed via a tube or a tube is to be inserted for the purposes of feeding; or
2.2 Any condition causing malabsorption; or
2.3 Faltering growth in an infant/child; or
2.4 Increased nutritional requirements; or
2.5 The child is being transitioned from TPN or tube feeding to oral feeding**; or**
**2.6 The child has eaten, or is expected to eat, little or nothing for 3 days.**

## Effective 1 April 2015

### ALIMENTARY TRACT AND METABOLISM

| | | | | |
|---|---|---|---|---|
| 15 | MESALAZINE (addition of HSS)<br>Suppos 1 g – **1% DV Jun-15 to 2018** | 54.60 | 30 | **Pentasa** |
| 23 | FERROUS FUMARATE (↓ price and addition of HSS)<br>Tab 200 mg (65 mg elemental) – **1% DV Jun-15 to 2018** | 2.89 | 100 | **Ferro-tab** |

### BLOOD AND BLOOD FORMING ORGANS

| | | | | |
|---|---|---|---|---|
| 34 | CALCIUM GLUCONATE (↑ price)<br>Inj 10%, 10 ml ampoule | 34.24 | 10 | Hospira |

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

## Changes to Section H Part II – effective 1 April 2015 (continued)

36 SODIUM CHLORIDE

➔ Inj 0.9%, 3 ml syringe – **1% DV Jun-15 to 2018** ..... 10.65 — 30 — **BD PosiFlush**
Restricted
For use in flushing of in-situ vascular access devices only.

➔ Inj 0.9%, 5 ml syringe – **1% DV Jun-15 to 2018** ..... 10.80 — 30 — **BD PosiFlush**
Restricted
For use in flushing of in-situ vascular access devices only.

➔ Inj 0.9%, 10 ml syringe – **1% DV Jun-15 to 2018** ..... 11.25 — 30 — **BD PosiFlush**
Restricted
For use in flushing of in-situ vascular access devices only.

## CARDIOVASCULAR SYSTEM

41 CARVEDILOL (new listing and addition of HSS)

Tab 6.25 mg – **1% DV Jun-15 to 2017** ..... 3.90 — 60 — **Dicarz**
Tab 12.5 mg – **1% DV Jun-15 to 2017** ..... 5.10 — 60 — **Dicarz**
Tab 25 mg – **1% DV Jun-15 to 2017** ..... 6.30 — 60 — **Dicarz**
Note – Dilatrend tab 6.25 mg, 12.5 mg and 25 mg to be delisted from 1 June 2015.

47 PAPAVERINE HYDROCHLORIDE (↑ price)

Inj 12 mg per ml, 10 ml ampoule ..... 217.90 — 5 — Hospira

## DERMATOLOGICALS

51 AQUEOUS CREAM

Crm 100 g ..... 1.23 — 100 g — AFT
~~Note: DV limit applies to the pack sizes of 100 g or less.~~
Crm 500 g ..... 1.96 — 500 g — AFT
~~Note: DV limit applies to the pack sizes of greater than 100 g.~~

51 EMULSIFYING OINTMENT

Oint BP – **1% DV Apr-15 to 2017** ..... 1.84 — 100 g — **Jaychem**
Note: DV limit applies to pack sizes of **less** ~~greater~~ than 200 g.
Oint BP, 500 g ..... 3.04 — 500 g — AFT
~~Note: DV limit applies to pack sizes of greater than 100 g.~~

52 BETAMETHASONE VALERATE

Crm 0.1% – **1% DV Jun-15 to 2018** ..... 3.15 — 50 g — **Beta Cream**
Oint 0.1% – **1% DV Jun-15 to 2018** ..... 3.15 — 50 g — **Beta Ointment**

52 HYDROCORTISONE

Crm 1%, 500 g ..... 14.00 — 500 g — Pharmacy Health
~~Note: DV limit applies to the pack sizes of greater than 100 g.~~

## HORMONE PREPARATIONS

61 OESTRADIOL VALERATE

Tab 1 mg – **1% DV Jun-15 to 2018** ..... 12.36 — 84 — **Progynova**
Tab 2 mg – **1% DV Jun-15 to 2018** ..... 12.36 — 84 — **Progynova**

| | | Price (ex man. Excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|---|
| **Changes to Section H Part II – effective 1 April 2015 (continued)** | | | | |
| 62 | NORETHISTERONE (↓ price and addition of HSS) | | | |
| | Tab 5 mg – **1% DV Jun-15 to 2018** | 18.29 | 100 | **Primolut N** |
| 68 | TERLIPRESSIN (↓ price and addition of HSS) | | | |
| | Inj 1 mg per 8.5 ml ampoule – **1% DV Jun-15 to 2018** | 215.00 | 5 | **Glypressin** |
| **INFECTIONS** | | | | |
| 69 | IMIPENEM WITH CILASTATIN | | | |
| | ➔ Inj 500 mg with 500 mg cilastatin vial | | | |
| | – **1% DV Jun-15 to 2017** | 13.79 | 1 | **Imipenem+Cilastin RBX** |
| | Note – Primaxin inj 500 mg with 500 mg cilastin to be delisted from 1 June 2015. | | | |
| 72 | PHENOXYMETHYLPENICILLIN [PENICILLIN V] (↓ price and addition of HSS) | | | |
| | Cap 250 mg – **1% DV Jun-15 to 2018** | 2.88 | 50 | **Cilicaine VK** |
| | Cap 500 mg – **1% DV Jun-15 to 2018** | 4.73 | 50 | **Cilicaine VK** |
| 76 | FLUCONAZOLE (↑ price) | | | |
| | ➔ Oral liquid 50 mg per 5 ml | 98.50 | 35 ml | Diflucan |
| 89 | VALGANCICLOVIR (↓ price and addition of HSS) | | | |
| | ➔ Tab 450 mg – **1% DV Jun-15 to 2018** | 1,050.00 | 60 | **Valcyte** |
| **MUSCULOSKELETAL SYSTEM** | | | | |
| 100 | IBUPROFEN | | | |
| | Inj 10 mg per ml, 2 ml vial | | | |
| 101 | NAPROXEN | | | |
| | Tab long-acting 750 mg – **1% DV Jun-15 to 2018** | 18.00 | 90 | **Naprosyn SR 750** |
| | Tab long-acting 1 g – **1% DV Jun-15 to 2018** | 21.00 | 90 | **Naprosyn SR 1000** |
| **NERVOUS SYSTEM** | | | | |
| 102 | APOMORPHINE HYDROCHLORIDE (↑ price) | | | |
| | Inj 10 mg per ml, 2 ml ampoule | 119.00 | 5 | Apomine |
| 104 | BUPIVACAINE HYDROCHLORIDE | | | |
| | Inj 5 mg per ml, 10 ml ampoule | 35.00 | 50 | Marcain |
| | Note – Marcain inj 5 mg per ml, 10 ml ampoule to be delisted 1 June 2015. | | | |
| 122 | LORAZEPAM (addition of HSS) | | | |
| | Tab 1 mg – **1% DV Jun-15 to 2018** (↓ price) | 10.79 | 250 | **Ativan** |
| | Tab 2.5 mg – **1% DV Jun-15 to 2018** (↑ price) | 13.88 | 100 | **Ativan** |

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

## Changes to Section H Part II – effective 1 April 2015 (continued)

### ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

134 ERLOTINIB (↓ price and addition of HSS)

| | | | |
|---|---|---|---|
| ➔ Tab 100 mg – **1% DV Jun-15 to 2018** | 1,000.00 | 30 | **Tarceva** |
| ➔ Tab 150 mg – **1% DV Jun-15 to 2018** | 1,500.00 | 30 | **Tarceva** |

138 VINBLASTINE SULPHATE (↑ price)

| | | | |
|---|---|---|---|
| Inj 1 mg per ml, 10 ml vial | 186.46 | 5 | Hospira |

140 TAMOXIFEN CITRATE

| | | | |
|---|---|---|---|
| Tab 10 mg | 2.63 | 60 | Genox |

Note – Genox tab 10 mg, 60 tablet pack size, to be delisted from 1 June 2015. The 100 tablet pack size remains available.

# Index

Pharmaceuticals and brands

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**Hospital Medicines List queries:**
**Freephone Information line 0800 66 00 50**
**Email: HML@pharmac.govt.nz**
**www.pharmac.health.nz/medicines/hospital-pharmaceuticals**

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