

The Hospital Medicines List (HML)

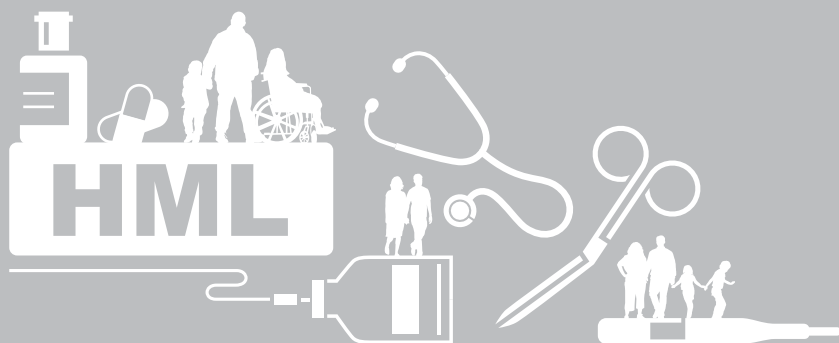
Section H

for Hospital Pharmaceuticals

Update

Effective 1 July 2013

To be read in conjunction with Section H for
Hospital Pharmaceuticals



Contents

HML Launch	3
Printing and distribution	3
In this HML update.....	3
Section H changes to Part II	4
A summary of decision made since notification of the therapeutic groups and included in the HML book	13
Index.....	16

HML Launch

Additions and amendments to the HML will be in a separate publication to community Schedule amendments until further notice.

Included in this HML Update are the changes made to the HML since the HML book was sent to print. Changes included in this HML Update should be read in addition to the July 2013 HML Schedule.



Printing and distribution

An electronic copy of the HML is available on our website at www.pharmac.health.nz/medicines/hospital-pharmaceuticals. This is a searchable (bookmarked) PDF.

We are working to have an interactive HML search facility as soon as possible after 1 July 2013. The interactive HML will be updated monthly, so will combine the HML PDF and HML Update information. We will let you know via our newsletters when this is available.

Additional copies of the HML (hard copy) can be obtained by contacting us. Our HML contact details are on the back cover of this publication.

In this HML Update

This HML Update shows changes made to the Hospital Medicines List that were not finalised prior to the printing of the HML hard copy. Some of these have resulted from requests and corrections from DHBs. We thank you for engaging with us.

Additions and amendments are listed in this HML Update by therapeutic group order.

An HML page number is referenced against all changes in left hand column. This page references directly to where the listing

occurs, or would occur, in the hard copy HML book.

At the end of this Update is a summary of changes made since notification of the therapeutic groups, known as the A-Z list on the Pharmac website. The changes in this summary have been incorporated into the July 2013 HML book. These changes have been notified and are available on the PHARMAC website. All changes are effective from 1 July 2013.

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

Effective 1 July 2013

ALIMENTARY TRACT AND METABOLISM

15	MESALAZINE (correcting formulation) Tab EC 400 mg	49.50	100	Asacol
18	INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE (↓ price) Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge.....	42.66	5	Humalog Mix 25
	Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge.....	42.66	5	Humalog Mix 50
19	URSODEOXYCHOLIC ACID (amendment to restriction) ➔ Cap 250 mg – 1% DV May-12 to 2014.....	71.50	100	Ursosan

Restricted

Alagille syndrome or progressive familial intrahepatic cholestasis

Either:

1. Patient has been diagnosed with Alagille syndrome; or
2. Patient has progressive familial intrahepatic cholestasis

Chronic severe drug induced cholestatic liver injury

All of the following:

1. Patient has chronic severe drug induced cholestatic liver injury; and
2. Cholestatic liver injury not due to Total Parenteral Nutrition (TPN) use in adults; and
3. Treatment with ursodeoxycholic acid may prevent hospital admission or reduce duration of stay

Cirrhosis

Both:

1. Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and
2. Patient not requiring a liver transplant (bilirubin > 100umol/l; decompensated cirrhosis)

Pregnancy/Cirrhosis

Either:-

1- Patient diagnosed with cholestasis of pregnancy; or

2- Both:

- 2.1. Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and
- 2.2. Patient not requiring a liver transplant (bilirubin > 170umol/l; decompensated cirrhosis).

Note: Liver biopsy is not usually required for diagnosis but is helpful to stage the disease.

Haematological transplant

Both:

1. Patient at risk of veno-occlusive disease or has hepatic impairment and is undergoing conditioning treatment prior to allogenic stem cell or bone marrow transplantation; and
2. Treatment for up to 13 weeks.

Total parenteral nutrition induced cholestasis

Both:

1. Paediatric patient has developed abnormal liver function as indicated on testing which is likely to be induced by TPN; and
2. Liver function has not improved with modifying the TPN composition



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 - effective 1 July 2013 (continued)

20	ISPAGHULA (PSYLLIUM) HUSK (↓ price and addition of HSS) Powder for oral soln – 1% DV Sep-13 to 2016	5.51	500 g	Konsyl-D
24	ASCORBIC ACID Tab 100 mg	13.80	500	Cvite
(Vitala-C tab 100 mg to be delisted 1 September 2013)				
25	MULTIVITAMINS Tab (BPC cap strength) (MultiADE tab (BPC cap strength) to be delisted 1 September 2013)			(Mvite)

BLOOD AND BLOOD FORMING ORGANS

31	TICAGRELOR ➔ Tab 90 mg	90.00	56	Brilinta
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Restricted

Restricted to treatment of acute coronary syndromes specifically for patients who have recently been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome, and in whom fibrinolytic therapy has not been given in the last 24 hours and is not planned.

CARDIOVASCULAR SYSTEM

42	METOLAZONE (amendment to restriction) ➔ Tab 5 mg			
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Restricted

Either:

1. ~~For the treatment of Patients with~~ **has refractory heart failure who are and is intolerant or have has not responded to loop diuretics and/or loop-thiazide combination therapy; or**
2. **Patient has severe refractory nephrotic oedema unresponsive to high dose loop diuretics and concentrated albumin infusions**

DERMATOLOGICALS

48	FUSIDATE SODIUM [FUSIDIC ACID] (↓ price and addition of HSS) Oint 2% – 1% DV Sep-13 to 2016	3.45	15 g	Foban
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INFECTIONS

69	MOXIFLOXACIN (additional restriction) ➔ Tab 400 mg.....	52.00	5	Avelox
	➔ Inj 2 mg per ml, 250 ml bag.....	70.00	1	Avelox IV 400

Restricted

Mycoplasma genitalium

All of the following:

1. **Has nucleic acid amplification test (NAAT) confirmed Mycoplasma genitalium; and**
2. **has tried and failed to clear infection using azithromycin; and**
3. **treatment is only for 7 days.**

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H - effective 1 July 2013 (continued)

- 70 FOSFOMYCIN
 → Powder for oral sol, 3 g sachet
Restricted
 Infectious disease physician or clinical microbiologist
- 71 PIVMECILLINAM
 → Tab 200 mg
Restricted
 Infectious disease physician or clinical microbiologist
- 77 NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS
 78 NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS
 79 PROTEASE INHIBITORS
 80 STRAND TRANSFER INHIBITORS
 Restricted
 Confirmed HIV/AIDS
 Both:
 1 Confirmed HIV infection; and
 2 Any of the following:
 2.1 Symptomatic patient; or
 2.2 Patient aged 12 months and under; or
 2.3 Both:
 2.3.1 Patient aged 1 to 5 years; and
 2.3.2 Any of the following:
 2.3.2.1 CD4 counts < 1000 cells/mm³; or
 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
 2.3.2.3 Viral load counts > 100000 copies per ml; or
 2.4 Both:
 2.4.1 Patient aged 6 years and over; and
 2.4.2 CD4 counts < 350 500 cells/mm³
- Prevention of maternal transmission
 Either:
 1 Prevention of maternal foetal transmission; or
 2 Treatment of the newborn for up to eight weeks.
 Post-exposure prophylaxis following non-occupational exposure to HIV
 Both:
 1 Treatment course to be initiated within 72 hours post exposure; and
 2 **Either Any of the following:**
 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person.
2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required
- Percutaneous exposure
 Patient has percutaneous exposure to blood known to be HIV positive

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H - effective 1 July 2013 (continued)

82	ENTECAVIR ➔ Tab 0.5 mg.....	400.00	30	Baraclude
	Restricted Gastroenterologist or infectious disease physician All of the following: 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and 2 Patient is Hepatitis B nucleoside analogue treatment-naïve; and 3 Entecavir dose 0.5 mg/day; and 4 Either: 4.1 ALT greater than upper limit of normal; or 4.2 Bridging fibrosis or cirrhosis (Metavir stage 3 or greater or moderate fibrosis) on liver histology; and 5 Either: 5.1 HBeAg positive; or 5.2 Patient has ≥ 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and 6 No continuing alcohol abuse or intravenous drug use; and 7 Not co-infected with HCV, HIV or HDV; and 8 Neither ALT nor AST greater than 10 times upper limit of normal; and 9 No history of hypersensitivity to entecavir; and 10 No previous documented lamivudine resistance (either clinical or genotypic).			
82	LAMIVUDINE (amendment to restriction) ➔ Oral liq 5 mg per ml ➔ Tab 100 mg – 1% DV Dec-12 to 2014.....	32.50	28	Zetlam
	Restricted Gastroenterologist, infectious disease specialist, paediatrician or general physician Initiation <i>Re-assessment required after 12 months</i> 1.1 All of the following: 1.1.1 HBsAg positive for more than 6 months; and 1.1.2 HBeAg positive or HBV DNA positive defined as > 100,000 copies per ml by quantitative PCR at a reference laboratory; and 1.1.3 ALT greater than twice upper limit of normal or bridging fibrosis or cirrhosis (Metavir stage 3 or 4 or equivalent) on liver histology or clinical/radiological evidence of cirrhosis; or 21 HBV DNA positive cirrhosis prior to liver transplantation; or 32 HBsAg positive and have had a liver, kidney, heart, lung or bone marrow transplant; or 43 Hepatitis B virus naïve patient who has received a liver transplant from an anti-HBc (Hepatitis B core antibody) positive donor; or 4 Hepatitis B surface antigen (HbsAg) positive patient who is receiving chemotherapy for a malignancy, or high dose steroids (at least 20mg/day for at least 7 days) or who has received such treatment within the previous two months; or 5 Hepatitis B surface antigen positive patient who is receiving anti tumour necrosis factor treatment; or 6 Hepatitis B core antibody (anti-HBc) positive patient who is receiving rituximab plus high dose steroids (e.g. R-CHOP). 2 All of the following: 2.1 No continuing alcohol abuse or intravenous drug use; and 2.2 Not coinfected with HCV or HDV; and 2.3 Neither ALT nor AST greater than 10 times upper limit of normal; and 2.4 No history of hypersensitivity to lamivudine; and 2.5 No previous lamivudine therapy with genotypically proven lamivudine resistance. Continuation – patients who have maintained continuous treatment and response to lamivudine <i>Re-assessment required after 2 years</i>			

continued...

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H - effective 1 July 2013 (continued)

continued...

All of the following:

- 1 Have maintained continuous treatment with lamivudine; and
 - 2 Most recent test result shows continuing biochemical response (normal ALT); and
 - 3 HBV DNA <100,00 copies per ml by quantitative PCR at a reference laboratory; or
- Continuation – when given in combination with adefovir dipivoxil for patients with cirrhosis and resistance to lamivudine

Re-assessment required after 2 years

All of the following:

- 1 Lamivudine to be used in combination with adefovir dipivoxil; and
- 2 Patient is cirrhotic; and
Documented resistance to lamivudine, defined as:
- 3 Patient has raised serum ALT (> 1 × ULN); and
- 4 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
- 5 Detection of M204I or M204V mutation; or

Continuation – when given in combination with adefovir dipivoxil for patients with resistance to adefovir dipivoxil

Re-assessment required after 2 years

All of the following:

- 1 Lamivudine to be used in combination with adefovir dipivoxil; and
Documented resistance to adefovir, defined as:
- 2 Patient has raised serum ALT (> 1 × ULN); and
- 3 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
- 4 Detection of N236T or A181T/V mutation.

83	TENOFOVIR DISOPROXIL FUMARATE (amendment to restriction) ➔ Tab 300 mg.....	531.00	30	Viread
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Restricted

Confirmed hepatitis B

Either:

- 1 All of the following:
 - 1.1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
 - 1.2 Patient has had previous lamivudine, adefovir or entecavir therapy; and
 - 1.3 HBV DNA greater than 20,000 IU/mL or increased ≥ 10 fold over nadir; and
 - 1.4 Any of the following:
 - 1.4.1 Lamivudine resistance - detection of M204I/V mutation; or
 - 1.4.2 Adefovir resistance - detection of A181T/V or N236T mutation; or
 - 1.4.3 Entecavir resistance - detection of relevant mutations including I169T, L180M T184S/A/I/L/G/C M,S202C/G/I,M204V or M250I/V mutation; or
- 2 Patient is either listed or has undergone liver transplantation for HBV; or
- 3 **Patient has decompensated cirrhosis with a Mayo score >20.**

Pregnant or Breastfeeding, Active hepatitis B

*Limited to four **twelve** months' treatment*

Both:

- 1 **Patient is HBsAg positive and pregnant; and**
- 2 **Either:**
 - 2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or
 - 2.2 HBV DNA > 100 million IU/mL and ALT normal

Pregnant, prevention of vertical transmission

Limited to six months' treatment

Both:

- 1 **Patient is HBsAg positive and pregnant; and**

continued...

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H - effective 1 July 2013 (continued)

continued...

2 HBV DNA > 100 20 million IU/mL and ALT normal.

Confirmed HIV/AIDS

Both:

1 Confirmed HIV infection; and

2 Any of the following:

2.1 Symptomatic patient; or

2.2 Patient aged 12 months and under; or

2.3 Both:

2.3.1 Patient aged 1 to 5 years; and

2.3.2 Any of the following:

2.3.2.1 CD4 counts < 1000 cells/mm³; or

2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or

2.3.2.3 Viral load counts > 100000 copies per ml; or

2.4 Both:

2.4.1 Patient aged 6 years and over; and

2.4.2 CD4 counts < 350 500 cells/mm³

Prevention of maternal transmission

Either:

1 Prevention of maternal foetal transmission; or

2 Treatment of the newborn for up to eight weeks.

Post-exposure prophylaxis following non-occupational exposure to HIV

Both:

1 Treatment course to be initiated within 72 hours post exposure; and

2 Either:

2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or

2.2 Patient has shared intravenous injecting equipment with a known HIV positive person.

2.3 Patient has been subjected to non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

Percutaneous exposure

Patient has percutaneous exposure to blood known to be HIV positive

84	VALACICLOVIR (additional restriction) ➔ Tab 500 mg.....	102.72	30	Valtrex
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Restricted

Immunocompromised patients

Limited to 7 days treatment

Both:

1 Patients is immunocompromised; and

2 Patient has herpes zoster.

NERVOUS SYSTEM

106	VENLAFAXINE (↓ price)			
	➔ Tab 37.5 mg.....	7.84	28	Arrow-Venlafaxine XR
	➔ Tab 75 mg.....	13.94	28	Arrow-Venlafaxine XR
	➔ Tab 150 mg.....	17.08	28	Arrow-Venlafaxine XR
	➔ Tab 225 mg.....	27.14	28	Arrow-Venlafaxine XR
	➔ Cap 37.5 mg.....	8.71	28	Efexor XR
	➔ Cap 75 mg.....	17.42	28	Efexor XR
	➔ Cap 150 mg.....	21.35	28	Efexor XR

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H - effective 1 July 2013 (continued)

108	GABAPENTIN (additional restriction)			
	→ Cap 100 mg	7.16	100	Nupentin
	→ Cap 300 mg	11.50	100	Nupentin
	→ Cap 400 mg	14.75	100	Nupentin
	→ Tab 600 mg			
	Restricted For preoperative and/or postoperative use for up to a total of 8 days' use or For the pain management of burns patients with monthly review.			
111	SUMATRIPTAN (↓ price and addition of HSS)			
	Tab 50 mg – 1% DV Sep-13 to 2016	29.80	100	Arrow-Sumatriptan
	Tab 100 mg – 1% DV Sep-13 to 2016	54.80	100	Arrow-Sumatriptan
	Inj 12 mg per ml, 0.5 ml cartridge – 1% DV Sep-13 to 2016	13.80	2	Arrow-Sumatriptan
112	ONDANSETRON (↓ price and addition of HSS)			
	Inj 2 mg per ml, 2 ml ampoule – 1% DV Sep-13 to 2016	1.82	5	Ondanaccord
	Inj 2 mg per ml, 4 ml ampoule – 1% DV Sep-13 to 2016	2.18	5	Ondanaccord
118	MELATONIN (addition of suggested brand)			
	→ Tab modified-release 2 mg			(Circadin)

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

123	DOXORUBICIN HYDROCHLORIDE (addition of presentation and note)			
	→ Inj 50 mg vial			
	→ Inj 2 mg per ml, 25 ml vial – 1% DV Mar-13 to 2015	17.00	1	Arrow-Doxorubicin
	Note: DV limit applies to all 50 mg presentations of doxorubicin hydrochloride			

SENSORY ORGANS

166	CARBOMER (delay to brand listing)			
	Ophthalmic gel 0.3%, single dose	8.25	30	Poly-Gel
166	MACROGOL 400 AND PROPYLENE GLYCOL (delay to brand listing)			
	Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose	4.30	24	Systane-Unit Dose

SPECIAL FOODS

168	FOOD/FLUID THICKENERS (amendment to note)			
	NOTE: While pre-thickened drinks have not been included in Section H, DHB hospitals may continue to use such products, provided that use was established prior to 1 July 2013. PHARMAC intends to make a further decision in relation to prethickened drinks in the future, and will notify of any change to this situation.			
	NOTE: While pre-thickened drinks and supplements have not been included in Section H, DHB hospitals may continue to use such products for patients with dysphagia, provided that:			
	<ul style="list-style-type: none"> • use was established prior to 1 July 2013; and • the product has not been specifically considered and excluded by PHARMAC; and • use of the product conforms to any applicable indication restrictions for similar products that are listed in Section H (for example, use of thickened high protein products should be in line with the restriction for high protein oral feed in Section H). 			
	PHARMAC intends to make a further decision in relation to pre-thickened drinks and supplements in the future, and will notify of any change to this situation.			

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H - effective 1 July 2013 (continued)

168	CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN (change to suggested brand name) Powder						<i>(Karicare Aptamil Feed-Thickener) (Feed Thickener Karicare Aptamil)</i>
173	HIGH CALORIE PRODUCTS (amendment to restriction) Restricted Either: Any of the following: 1 Patient is fluid volume or rate restricted; or 2 Patient requires low electrolyte; or 23 Both: 23.1 Any of the following: 23.1.1 Cystic fibrosis; or 23.1.2 Any condition causing malabsorption; or 23.1.3 Faltering growth in an infant/child; or 23.1.4 Increased nutritional requirements; and 23.2 Patient has substantially increased metabolic requirements.						
173	HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML (amendment to restriction) ➔ Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml, 1,000 ml bag ➔ Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag						<i>(Nutrison Protein Plus) (Nutrison Protein Plus Multi Fibre)</i>
	Restricted Both: 1 The patient has a high protein requirement; and 2 Any of the following: 2.1 Patient has liver disease; or 2.2 Patient is obese (BMI > 30) and is undergoing surgery; or 2.3 Patient is fluid restricted; or 2.4 Patient does not have increased energy requirements. 2.4 Patient's needs cannot be more appropriately met using a high calorie product.						
174	EXTENSIVELY HYDROLYSED FORMULA (change to suggested brand name) ➔ Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can						<i>(Gold Pepti Junior Karicare Aptamil) (Karicare Aptamil-Gold Pepti-Junior)</i>
175	PRETERM FORMULA ➔ Powder 1.9 g protein, 7.5 g carbohydrate and 3.9 g fat per 14 g, can..... 15.25	400 g					S-26 Gold Premgro
	Restricted For infants born before 33 weeks' gestation or weighing less than 1.5 kg at birth.						

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
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Changes to Section H - effective 1 July 2013 (continued)

176	<p>Paediatric Products Infant Formulas PAEDIATRIC ORAL FEED 1 KCAL/ML → Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, 100 ml bottle</p> <p>Restricted Both: 1. Either of the following: 1.1 The patient is fluid restricted; or 1.2 The patient has increased nutritional requirements due to faltering growth; and 2. Patient is under 18 months old and weighs less than 8kg.</p>			<i>(Infatrini)</i>
178	<p>HIGH ARGININE ORAL FEED 1.4 KCAL/ML → Liquid 7.6 g protein, 18.9 g carbohydrate, 3.9 g fat and 1.4 g fibre per 100 ml, carton.....4.00</p>	237 ml		Impact Advanced Recovery (Vanilla) <i>(Impact Advanced Recovery (Chocolate))</i>

Note: these listings are new Pharmacodes for existing products.

VARIOUS

189	<p>IOHEXOL Inj 350 mg per ml, 500 ml bottle.....780.00 (Omnipaque inj 350 mg per ml, 500 ml bottle to be delisted 1 September 2013)</p>	10		Omnipaque
191	<p>PLERFUTREN Inj 1.1 mg per ml, 2 ml vial</p>			

A summary of decisions made since notification of the therapeutic groups and included in the HML book

Part I of Section H (Rules)

- Amendment of Rule 5.2 to clarify appropriate records of clinician consultation

Alimentary Tract and Metabolism group

- L-ornithine l-aspartate (LOLA) – addition of prescribing restriction and moved to Bile and Liver therapy subheading
- Hyoscine butylbromide and mebeverine hydrochloride – correction of subheading to Antispasmodics and Other Agents Altering Gut Motility
- Calcium carbonate – removal of 420 mg tablet
- Bismuth – correction of chemical to bismuth trioxide

Blood and Blood Forming group

- Bivalirudin – amendment of prescribing restriction to better reflect current use of the product
- Rivaroxaban – amendment of prescribing restriction to better align with community restriction
- Sodium chloride – addition of inj 0.9% 3 ml, 5 ml and 10 ml syringes with restriction.

Cardiovascular group

- Captopril – amendment of prescribing restriction applying to oral liquid to allow management of rebound transient hypertension following cardiac surgery

- Metolozone – amendment of prescribing restriction to better reflect current practice
- Perindopril – removal of prescribing restriction. Fully funded brand now listed in community schedule.
- Gemfibrozil – correction of subheading to Fibrates
- Bendroflumethazide [bendrofluazide], chlortalidone [chlorthalidone], chlorothiazide, indapamide and metolazone – correction of therapeutic subheading to Thiazide and related diuretics

Dermatology group

- Mafenide acetate – new listing of powder 50 g sachet with restriction for burns patients
- Malathion with permethrin and piperonyl butoxide – new temporary listing to cover out-of- stock

Hormone Preparations group

- Liothyronine – new listing of 20 mcg tablets with restriction for thyroid cancer patients receiving radioiodine therapy
- Oxandrolone – new listing of 2.5 mg tablets under new heading and a new subheading Anabolic Agents with restriction for burns patients
- Argipressin – amendment of chemical name to Argipressin [vasopressin]

Infections group

- Flucytosine – new prescribing restriction restricting to infectious disease physician or clinical microbiologist
- Interferon gamma – correction of prescribing restriction to patients with chronic granulomatous disease.
- Isoniazid and isoniazid with rifampicin – amendment of prescribing restriction to include paediatrician
- Oseltamivir – new listing of tablet and powder for suspension under new influenza subheading with restriction to hospitalized patients for influenza treatment or prophylaxis
- Tetracycline – new listing of 500 mg capsule.
- Tenofovir disoproxil fumarate – amendment of restriction to include HIV indication
- Ivermectin – amendment of prescribing restriction to include dermatologist
- Moxifloxacin – amendment of prescribing restriction to include respiratory physician and to include a penetrating eye injury indication

Musculoskeletal System group

- Zoledronic acid – amendment of restriction to include an osteogenesis imperfecta indication.

Nervous System group

- Nicotine – new listing for solution for inhalation, 15 mg cartridge with example brand Nicorette Inhalator with restriction
- Benzocaine – new listing of topical gel 20%

- Lidocaine [lignocaine] hydrochloride with adrenaline and tetracaine hydrochloride – amendment of presentation description
- Lidocaine [lignocaine] hydrochloride with adrenaline – new listing of 1.8 ml and 2.2 ml dental cartridges
- Clonazepam – move 500 mcg and 2 mg tablet from Control of Epilepsy subheading (Antiepilepsy Drugs heading) to Anxiolytics subheading (Anxiolytics heading)
- Clonidine – move from Prophylaxis of Migraine (Antimigraine Preparations heading) subheading to Centrally-Acting Agents subheading (Cardiovascular group)
- Modafanil – amend restriction applying to 100 mg tablets to restrict to neurologist or respiratory specialist
- Risperidone – amend restriction that applies to 25 mg, 37.5 mg and 50 mg injection vials to include other psychotic disorder, to align with community schedule Special Authority
- Melatonin – new listing of 2 mg and 3 mg capsules, 1 mg, 2 mg and 3 mg tablets and 2 mg modified release tablets with restriction

Oncology Agents and Immunosuppressants group

- Irinotecan hydrochloride – correction of subheading to Other Cytotoxic Agents

Respiratory group

- Tiotropium bromide – amendment of restriction to include requirement for FEV1,
- Dornase alfa – amendment of restriction to include significant mucus production indication

Sensory group

- Pilocarpine – new listing of 4% eye drops
- Sodium hyaluronate with chondroitin sulphate – correction of presentation description for 0.55 ml syringe

Special foods group

- Deletion of products not supplied in New Zealand
- Amendment of a number of presentations to better reflect their nutritional composition
- Amendment of brand names (non-contracted products)

Various group

- Ethanol – new listing of 96% liquid



Index

Pharmaceuticals and brands

A	
Arrow-Doxorubicin	10
Arrow-Sumatriptan	10
Arrow-Venlafaxine XR	9
Asacol	4
Ascorbic acid	5
Avelox	5
Avelox IV 400	5
B	
Baraclude	7
Brilinta	5
C	
Carbomer	10
Carob bean gum with maize starch and maltodextrin	11
Circadin	10
Cvite	5
D	
Doxorubicin hydrochloride	10
E	
Efexor XR	9
Entecavir	7
Extensively hydrolysed formula	11
F	
Feed Thickener Karicare Aptamil	11
Foban	5
Food/Fluid Thickeners	10
Fosfomycin	6
Fusidate sodium [fusidic acid]	5
G	
Gabapentin	10
Gold Pepti Junior Karicare Aptamil	11
H	
High arginine oral feed 1.4 Kcal/ml	12
High calorie products	11
High protein enteral feed 1.25 Kcal/ml	11
Humalog Mix 25	4
Humalog Mix 50	4
I	
Impact Advanced Recovery (Chocolate)	12
Impact Advanced Recovery (Vanilla)	12
Infatrini	12
Insulin lispro with insulin lispro protamine	4
Iohexol	12
Ispaghula (psyllium) husk	5
K	
Karicare Aptamil Feed Thickener	11
Karicare Aptamil Gold Pepti Junior	11
Konsyl-D	5
L	
Lamivudine	7
M	
Macrogol 400 and propylene glycol	10
Melatonin	10
Mesalazine	4
Metolazone	5
Moxifloxacin	5
Multivitamins	5
Mvite	5
N	
Non-nucleoside reverse transcriptase inhibitors	6
Nucleoside reverse transcriptase inhibitors	6
Nupentin	10
Nutrison Protein Plus	11
Nutrison Protein Plus Multi Fibre	11
O	
Omnipaque	12
Ondanaccord	10
Ondansetron	10
P	
Paediatric oral feed 1 kcal/ml	12
Pivmecillinam	6
Plerfutren	12
Poly Gel	10
Preterm Formula	11
Protease inhibitors	6
S	
S-26 Gold Premgro	11
Strand transfer inhibitors	6
Sumatriptan	10
Systane Unit Dose	10
T	
Tenofovir disoproxil fumarate	8
Ticagrelor	5
U	
Ursodeoxycholic acid	4
Ursosan	4
V	
Valaciclovir	9
Valtrex	9
Venlafaxine	9
Viread	8
Z	
Zetlam	7

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

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