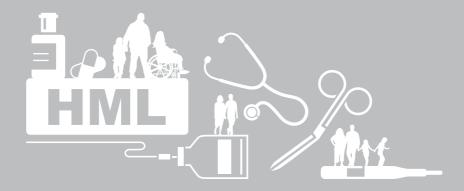
The Hospital Medicines List (HML)

Section H for Hospital Pharmaceuticals

Update

Effective 1 December 2013

Cumulative for November and December 2013





Contents

Summary of decisions effective 1 December 2013	. 3
Section H changes to Part II	. 5
Index	14

Summary of decisions EFFECTIVE 1 DECEMBER 2013

- Mesalazine (Pentasa) suppos 1 g new packsize
- Oily phenol [phenol oily] amendment to chemical name
- Eptacog alfa [recombinant factor VIIa] (Novoseven RT) addition of restrictions and amendment to presentation description
- Moroctocog alfa [recombinant factor VIII] (Xyntha) addition of restriction
- Nonacog alfa [recombinant factor IX] (BeneFIX) addition of restriction
- Factor eight inhibitors bypassing agent (FEIBA) move from Part III and addition of restriction
- Octocog alfa [recombinant factor VIII] (Advate and Kogenate FS) addition of restriction
- Spironolactone (Spiractin) tab 25 mg and 100 mg new brand name
- Cetomacrogol with glycerol amendment to presentation description and brand name
- Oxytocin (Oxytocin BNM) inj 5 iu per ml, 1 ml ampoule, 10 iu per ml, 1 ml ampoule – new listing
 - Note Syntocinon inj 5 iu per ml, 1 ml and inj 10 iu per ml, 1 ml to be delisted from 1 February 2014.
- Levonorgestrel, intra-uterine system, 20 mcg per day amendment to restriction
- Cefoxitin inj 1 g vial amended brand name
- Daptomycin, inj 500 mg vial new listing
- Benzbromarone (Benzbromaron AL 100) tab 100 mg addition of note
- Ropinirole hydrochloride (Apo-Ropinirole) tab 0.25 mg, 1 mg, 2 mg and 5 mg
 new listing
 - Note Ropin tab 0.25 mg, 1 mg, 2 mg and 5 mg to be delisted 1 March 2014.
- Pramipexole hydrochloride (Ramipex) tab 0.25 mg and tab 1 mg new listing
- Morphine sulphate (m-Eslon) cap long-acting 10 mg, 30 mg, 60 mg and 100 mg reduction in price and addition of HSS
- Gabapentin (Arrow-Gabapentin) cap 100 mg, 300 mg and 400 mg new listing
- Olanzapine (Zypine) tab 2.5 mg, 5 mg, and 10 mg new brand name
- Olanzapine (Zypine ODT) tab orodispersible 5 mg and 10 mg new brand name
- Imatinib mesilate amendment to chemical name
- Montelukast (Singulair) tab 4 mg, 5 mg and 10 mg amendment to restriction
- Chlorhexidine with cetrimide, crm 0.1% with cetrimide 0.5% amendment to presentation description

Summary of decisions – effective 1 December 2013 (continued)

- Desferrioxamine mesilate, inj 500 mg vial amended brand name
- Iohexal (Omnipaque) inj 350 mg per ml, 200 ml bottle new packsize
- Carbohydrate supplement, powder 95 g carbohydrate per 100 g, 368 g can removal of suggested brand

Price		Brand or
(ex man. Excl. G	ST)	Generic
\$	Per	Manufacturer

Section H changes to Part II Effective 1 December 2013

GENERAL RULES

2 Introducing PHARMAC

PHARMAC, the Pharmaceutical Management Agency, is a Crown entity established pursuant to the New Zealand Public Health and Disability Act 2000 (The Act). The primary objective of PHARMAC is to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided.

The PHARMAC Board consists of up to six members appointed by the Minister of Health. All decisions relating to PHARMAC's operation are made by or under the authority of the Board. More information on the Board can be found at www.pharmac.govt.nz.

The functions of PHARMAC are to perform set out in section 48 of the Act. PHARMAC is required to perform these functions within the amount of funding provided to it in the Pharmaceutical Budget or to DHBs from their own budgets for the use of pharmaceuticals in their hospitals, as applicable, and in accordance with its annual-plan statement of intent and any directions given by the Minister (Section 103 of the Crown Entities Act).

The Government has agreed that PHARMAC will assume responsibility for the assessment, prioritisation and procurement of medical devices on behalf of DHBs. Medical devices come within the definition of Pharmaceuticals in the Act.

PHARMAC is assuming responsibility for procurement of some medical devices categories immediately, as a first step to full PHARMAC management of these categories within the Pharmaceutical Schedule.

- 4 "Give" means to administer, provide or dispense (or, in the case of a Medical Device, use) a Pharmaceutical, or to arrange for the administration, provision or dispensing (or, in the case of a Medical Device, use) of a Pharmaceutical, and "Given" has a corresponding meaning.
- "National Contract" means a contractual arrangement between PHARMAC and a Pharmaceutical supplier which sets out the basis on which any Pharmaceutical may be purchased for use in a DHB Hospital, including an agreement as to a national price.
- 6 2 Hospital Pharmaceuticals
 - 2.2 Section H Part III lists Optional Pharmaceuticals that PHARMAC and the relevant pharmaceutical supplier Pharmaceutical supplier have entered into contractual arrangements for the purchase of, including an agreement on a national price and other obligations such as HSS. DHB Hospitals may choose whether or not to fund the Optional Pharmaceuticals listed in Part III of Section H, but if they do, they must comply with any National Contract requirements. obligations.
 - 2.3 Section H Part II does not encompass the provision of pharmaceutical treatments for DHB Hospital staff as part of an occupational health and safety programme. DHBs Hospitals may choose whether or not to fund pharmaceutical treatments for such use, but if they do, they must comply with any National Contract requirements. obligations.
- 6 2.1 Section H Part II contains the list of Hospital Pharmaceuticals that must be funded by DHB Hospitals. Section H Part II does not currently encompass the following categories of pharmaceuticals except for any items specifically listed in this Section H Part II:
 - a) Medical Devices;
 - b) whole or fractionated blood products;
 - c) diagnostic products which have an ex vivo use, such as pregnancy tests and reagents;
 - d disinfectants and sterilising products, except those that are to be used in or on a patient;

Price		
(ex man. Excl. GST)		
\$	Per	

Brand or Generic Manufacturer

Changes to Section H Part II - effective 1 December 2013 (continued)

- e) foods and probiotics:
- f) radioactive materials:
- g) medical gases; and
- h) parenteral nutrition.

Subject to rule 2.2, the funding of pharmaceuticals identified in a) - h) above is a decision for individual DHB Hospitals.

8 18 Hospital Pharmaceutical Contracts

- 18.1 A DHB Hospital may enter into a contract for the purchase of any Pharmaceutical, including any Medical Device, that it is entitled to fund in accordance with this Schedule H and that is not a National Contract Pharmaceutical, provided that such a contract:
 - a) does not oblige the relevant DHB Hospital to purchase a volume of that Pharmaceutical, if that Pharmaceutical is a DV Pharmaceutical, that is greater than the relevant DV Limit;
 - enables PHARMAC to access and use future price and volume data in respect of that Pharmaceutical; and
 - enables the relevant DHB Hospital to terminate the contract or relevant parts of the contract in order to give full effect to the national National contract Contract on no more than 3 months' written notice to the pharmaceutical supplier.
- 18.3 Following written notification from PHARMAC that a Pharmaceutical is a National Contract Pharmaceutical, either through Section H updates or otherwise, DHB Hospitals must, unless PHARMAC expressly notifies otherwise:
 - a) take any steps available to them to terminate pre-existing contracts or relevant parts of such a contract, and
 - not to enter any new contracts or extend the period of any current contracts, for the supply of that National Contract Pharmaceutical or the relevant chemical entity or Medical Device.

9 19 National Contract Pharmaceuticals

- 19.1 DHB Hospitals must take all necessary steps to enable any contracts between PHARMAC and a pharmaceutical Pharmaceutical supplier in relation to National Contract Pharmaceuticals to be given full effect.
- 19.2 The contractual arrangement between PHARMAC and the relevant pharmaceutical supplier of a National Contract Pharmaceutical requires it to be made available by for purchase at the relevant Price by any or all of the following:
 - a) DHB Hospitals at Designated Delivery Points: and/or
 - b) Contract Manufacturers (expressly for the purpose of compounding).

In the case of Medical Devices, a National Contract may require the Medical Device to be purchased by, and/or supplied to, a third party logistics provider.

22.1 DHB Hospitals must provide to PHARMAC, on a monthly basis in accordance with PHARMAC's requirements, any volume data and, unless it would result in a breach of a pre-existing contract, price data held by those DHB Hospitals in respect of any Hospital Pharmaceuticals listed in Part II of Section H of the Schedule Pharmaceutical (including any Medical Device) listed in Section H.

Price		Brand or
(ex man. Excl. GS	ST)	Generic
\$	Per	Manufacturer

ALIMENTARY TRACT AND METABOLISM

12	MESALAZINE Suppos 1 g	54.60	30	Pentasa
13	OILY PHENOL [PHENOL OILY] Inj 5%, 5 ml vial			

BLOOD AND BLOOD FORMING ORGANS

25 EPTACOG ALFA [RECOMBINANT FACTOR VIIA] (addition of restrictions and amendment to presentation description)

\rightarrow	Inj 1 mg syringe vial		1	NovoSeven RT
→	Inj 2 mg syringe vial	2,327.50	1	NovoSeven RT
→	Inj 5 mg syringe vial	5,818.75	1	NovoSeven RT
		9.310.00	1	NovoSeven RT

Restricted

When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

25 MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] (addition of restrictions)

→	Inj 250 iu vial	225.00	1	Xyntha
		450.00	1	Xyntha
		900.00	1	Xyntha
		1,800.00	1	Xyntha
		2,700.00	1	Xvntha

Restricted

When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

25 NONACOG ALFA [RECOMBINANT FACTOR IX] (addition of restriction)

1101	Wilder VELLY [LEGONDHWINT LYOTOLL IV] (addition of 100	uiouoiij		
→	Inj 250 iu vial	310.00	1	BeneFIX
>	Inj 500 iu vial	620.00	1	BeneFIX
→	Inj 1,000 iu vial	1,240.00	1	BeneFIX
→	Inj 2,000 iu vial	2.480.00	1	BeneFIX

Restricted

When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

25 FACTOR EIGHT INHIBITORS BYPASSING AGENT (move from Part III and addition of restriction)

_	Inj 500 U	1,640.00	1	FEIBA
→	Ini 1.000 U	3.280.00	1	FEIBA

Restricted

When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Price		Brand or
(ex man. Excl. G	ST)	Generic
\$	Per	Manufacturer

26	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (addition of restriction)		
	→ Inj 250 iu vial237.50	1	Advate
	250.00		Kogenate FS
	→ Inj 500 iu vial475.00	1	Advate
	500.00		Kogenate FS
	→ Inj 1,000 iu vial950.00	1	Advate
	1,000.00		Kogenate FS
	→ Inj 1,500 iu vial1,425.00	1	Advate
	→ Inj 2,000 iu vial1,900.00	1	Advate
	2,000.00		Kogenate FS
	→ Inj 3,000 iu vial2,850.00	1	Advate
	3.000.00		Kogenate FS

Restricted

When used in the treatment of haemophilia, treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

39 SPIRONOLACTONE

Tab 25 mg	3.65	100	Spiractin
Tab 100 mg	11.80	100	Spiractin

DERMATOLOGICALS

47 CETOMACROGOL WITH GLYCEROL (amendment to presentation description and brand name)

Crm 90% with glycerol 10%, 100 g 2.10	100 g	Pharmacy Health
2.00		Pharmacy Health
3.20		healthE
Crm 90% with glycerol 10%, 1,000 ml	1,000 ml	Pharmacy Health Sorbolene with Glycerin
Crm 90% with glycerol 10% , 500 ml	500 ml	Pharmacy Health Sorbolene with Glycerin

GENITO-URINARY SYSTEM

52 OXYTOCIN

Inj	5 iu per ml, 1 m	l ampoule - 1°	% DV Feb-	14 to 2015	5	.4.75	5	Oxytocin	BNM
Inj	10 iu per ml, 1 r	nl ampoule - '	1% DV Feb	-14 to 201	15	.5.98	5	Oxytocin	BNM
Note	- Syntocinon inj	5 iu per ml, 1	ml and inj	10 iu per	ml, 1 ml to	be delisted	from 1	February 2014	4.

52 LEVONORGESTREL (amendment to restrictions)

→ Intra-uterine system, 20 mcg per day

Restricted

Obstetrician or gynaecologist

Initiation – heavy menstrual bleeding

All of the following:

- 1 The patient has a clinical diagnosis of heavy menstrual bleeding; and
- 2 The patient has failed to respond to or is unable to tolerate other appropriate pharmaceutical therapies as per the Heavy Menstrual Bleeding Guidelines; and
- 3 Either Any of the following:

continued...

Price		Brand or
(ex man. Excl. GS	ST)	Generic
\$	Per	Manufacturer

continued...

- 3.1 Serum ferritin level < 16 mcg/l (within the last 12 months); or
- 3.2 Haemoglobin level < 120 g/l; or
- 3.3 The patient has had a uterine ultrasound and either a hysteroscopy or endometrial biopsy.

Continuation - heavy menstrual bleeding

Either:

- 1 Patient demonstrated clinical improvement of heavy menstrual bleeding; or
- 2 Previous insertion was removed or expelled within 3 months of insertion.

Initiation - endometriosis

The patient has a clinical diagnosis of endometriosis confirmed by laparoscopy.

Continuation – endometriosis

Either:

- 1 Patient demonstrated satisfactory management of endometriosis: or
- 2 Previous insertion was removed or expelled within 3 months of insertion.

Note - Endrometriosis is an unregistered indication.

INFECTIONS

61	CEFOXITIN (change to brand name) Inj 1 g vial	55.00	5	Hospira Mayne
64	DAPTOMYCIN → Inj 500 mg vial			

MUSCULOSKELETAL SYSTEM

88 BENZBROMARONE (addition of note)

Restricted

Both:

- 1 Any of the following:
 - 1.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and appropriate doses of probenecid; or
 - 1.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite appropriate doses of probenecid; or
 - 1.3 Both:
 - 1.3.1 The patient has renal impairment and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); and
 - 1.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or
 - 1.4 All of the following:
 - 1.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and
 - 1.4.2 Allopurinol is contraindicated; and
 - 1.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and
- 2 The patient is receiving monthly liver function tests.

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

The New Zealand Rheumatology Association has developed information for prescribers which can be accessed from its website at http://www.rheumatology.org.nz/benzbromarone prescriber information.cfm

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

NERVOUS SYSTEM

93 PRAMIPEXOLE HYDROCHLORIDE Tab 0.25 mg	90	ROPINIROLE HYDROCHLORIDE Tab 0.25 mg - 1% DV Mar-14 to 2016 2.36 Tab 1 mg - 1% DV Mar-14 to 2016 5.32 Tab 2 mg - 1% DV Mar-14 to 2016 7.72 Tab 5 mg - 1% DV Mar-14 to 2016 14.48 Note – Ropin tab 0.25 mg, 1 mg, 2 mg and 5 mg to be delisted 1 March 2	100 100 100 100 014.	Apo-Ropinirole Apo-Ropinirole Apo-Ropinirole Apo-Ropinirole
Cap long-acting 10 mg - 1% DV Feb-14 to 2016 1.70 10 m-Eslon Cap long-acting 30 mg - 1% DV Feb-14 to 2016 2.50 10 m-Eslon Cap long-acting 60 mg - 1% DV Feb-14 to 2016 5.40 10 m-Eslon Cap long-acting 100 mg - 1% DV Feb-14 to 2016 6.38 10 m-Eslon 103 GABAPENTIN → Cap 100 mg 7.16 100 Arrow-Gabapentin → Cap 300 mg 11.00 100 Arrow-Gabapentin → Cap 400 mg 13.75 100 Arrow-Gabapentin 109 OLANZAPINE Tab 2.5 mg 2.00 28 Zypine Tab orodispersible 5 mg 3.85 28 Zypine ODT Tab 10 mg 6.36 28 Zypine ODT Tab orodispersible 10 mg 8.76 28 Zypine ODT ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS	93	Tab 0.25 mg7.20		
→ Cap 100 mg 7.16 100 Arrow-Gabapentin → Cap 300 mg 11.00 100 Arrow-Gabapentin → Cap 400 mg 13.75 100 Arrow-Gabapentin 109 OLANZAPINE 2.00 28 Zypine Tab 2.5 mg 2.00 28 Zypine Tab 5 mg 3.85 28 Zypine Tab orodispersible 5 mg 6.36 28 Zypine ODT Tab 10 mg 6.35 28 Zypine Tab orodispersible 10 mg 8.76 28 Zypine ODT ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS	99	Cap long-acting 10 mg - 1% DV Feb-14 to 2016 1.70 Cap long-acting 30 mg - 1% DV Feb-14 to 2016 2.50 Cap long-acting 60 mg - 1% DV Feb-14 to 2016 5.40	10 10	m-Eslon m-Eslon
Tab 2.5 mg 2.00 28 Zypine Tab 5 mg 3.85 28 Zypine Tab orodispersible 5 mg 6.36 28 Zypine ODT Tab 10 mg 6.35 28 Zypine Tab orodispersible 10 mg 8.76 28 Zypine ODT ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS	103	→ Cap 100 mg	100	Arrow-Gabapentin
		Tab 2.5 mg 2.00 Tab 5 mg 3.85 Tab orodispersible 5 mg 6.36 Tab 10 mg 6.35 Tab orodispersible 10 mg 8.76	28 28 28	Zypine Zypine ODT Zypine
→ Tab 100 mg2,400.00 60 Glivec	122	IMATINIB MESILATE (amendment to chemical name)	60	Clives

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

RESPIRATORY SYSTEM AND ALLERGIES

153	MONTELUKAST (amendment to restriction)		
	→ Tab 4 mg	28	Singulair
	→ Tab 5 mg18.48	28	Singulair
	→ Tab 10 mg18.48	28	Singulair

Restricted

Pre-school wheeze

Both All of the following:

- 1 To be used for the treatment of intermittent severe wheezing (possibly viral) in children under 5 years; and
- 2 The patient has trialled inhaled corticosteroids at a dose of up to 400 mcg per day beclomethasone or budesonide, or 200 mcg per day fluticasone for at least one month; and
- 3 The patient has had continues to have at least three episodes in the previous 12 months of acute wheeze severe enough to seek medical attention. severe exacerbations at least one of which required hospitalisation (defined as in-patient stay or prolonged Emergency Department treatment) in the past 12 months.

Exercise-induced asthma

Both:

- 1 Patient is being treated has been trialled with maximal asthma therapy, including inhaled corticosteroids and long-acting beta-adrenoceptor agonists; and
- 2 Patient continues to receive optimal inhaled corticosteroid therapy; and
- 3 Patient continues to experience frequent episodes of exercise-induced bronchoconstriction.

VARIOUS

163	CHLORHEXIDINE WITH CETRIMIDE (amendment to presentation description)
	Crm 0.1% # with cetrimide 0.5%

	Offit 0.1 /6 1 /6 With Cethinide 0.5 /6		
163	DESFERRIOXAMINE MESILATE (change to brand name)		
	Inj 500 mg vial	99.00	10

165 IOHEXOL (new packsize)
Inj 350 mg per ml, 200 ml bottle......311.16 10 Omnipaque
Note – Omnipaque inj 350 mg per ml, 200 ml bottle packsize 6 inj to be delisted 1 February 2014.

SPECIAL FOODS

173 CARBOHYDRATE SUPPLEMENT (delisting)

→ Powder 95 g carbohydrate per 100 g, 368 g can Note – Moducal is to be delisted from 1 February 2014. e.g. Moducal

Hospira Mayne

Effective 1 November 2013

ALIMENTARY TRACT AND METABOLISM

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

Changes to Section H Part II - effective 1 November 2013 (continued)

17 LACTULOSE

20 ZINC CHLORIDE (amendment to presentation description)

Ini 5.3 mg per ml (5.1 mg per ml elemental), 2 ml ampoule

BLOOD AND BLOOD FORMING ORGANS

28 EPTIFIBATIDE (amendment to restriction)

Restricted

Fither:

- 1. For use in patients with acute coronary syndromes undergoing percutaneous coronary intervention; or
- 2. For use in patients with definite or strongly suspected intra-coronary thrombus on coronary angiography.

CARDIOVASCULAR SYSTEM

33 ENALAPRIL MALEATE

Tab 5 mg	90	m-Enalapril
Tab 10 mg	90	m-Enalapril
Tab 20 mg	90	m-Enalapril

Note – m-Enalapril tab 5 mg, 10 mg and 20 mg will be delisted from 1 January 2014. The Ethics Enalapril brand remains listed.

42 HYDRALAZINE HYDROCHLORIDE (remove \$29)

42 MINOXIDIL (correction to listing)

→ Tab 10 mg.......70.00 100 Loniten

Restricted

For patients with severe refractory hypertension which has failed to respond to extensive multiple therapies.

DERMATOLOGICALS

49 HYDROCORTISONE WITH MICONAZOLE (correction to listing)

INFECTIONS

80 OSFI TAMIVIR

→ Powder for oral suspension 6 mg per ml

Restricted

Either:

- Only for hospitalised patient with known or suspected influenza; or
- 2 For prophylaxis of influenza in hospitalised patients as part of a DHB hospital approved infections control plan.

Note – Oseltamivir powder for oral suspension 12 mg per ml will be delisted from 1 November 2013.

	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
Chai	nges to Section H - effective 1 November 2013 (continued)		
MUS	CULOSKELETAL SYSTEM		
88	BENZBROMARONE (amendment to brand name) → Tab 100 mg	100	Benzbromaron AL 100
NER	VOUS SYSTEM		
93	LEVODOPA WITH BENSERAZIDE (amendment to brand name) Tab dispersible 50 mg with benserazide 12.5 mg10.00	100	Madopar Dispersible Rapid
100	IMIPRAMINE HYDROCHLORIDE (remove S29) Tab 10 mg	60	Tofranil S29
102	PAROXETINE HYDROCHLORIDE Tab 20 mg4.32 Note – Loxamine tab 20 mg (30 packsize) will be delisted from 1 January	90 2014.	Loxamine
107	ONDANSETRON Tab 4 mg – 1% DV Jan-14 to 2016	50 50 January 2014	Onrex Onrex 1.
ONC	OLOGY AGENTS AND IMMUNOSUPPRESSANTS		
119	METHOTREXATE Inj 7.5 mg prefilled syringe - 1% DV Jan-14 to 2016 17.19 Inj 10 mg prefilled syringe - 1% DV Jan-14 to 2016 17.25 Inj 15 mg prefilled syringe - 1% DV Jan-14 to 2016 17.38 Inj 20 mg prefilled syringe - 1% DV Jan-14 to 2016 17.50 Inj 25 mg prefilled syringe - 1% DV Jan-14 to 2016 17.63 Inj 30 mg prefilled syringe - 1% DV Jan-14 to 2016 17.75	1 1 1 1 1	Methotrexate Sando Methotrexate Sando Methotrexate Sando Methotrexate Sando Methotrexate Sando Methotrexate Sando
148	AZATHIOPRINE Tab 50 mg	100 prine brand re	lmuran mains listed.
RES	PIRATORY SYSTEM AND ALLERGIES		
152	SALBUTAMOL Oral liq 400 mcg per ml - 1% DV Jan-14 to 2016	150 ml	Ventolin
SPE	CIAL FOODS		
185	ORAL FEED (change of packsize) → Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can	850 g	Ensure (Vanilla)

Index

Pharmaceuticals and brands

A	
Advate	8
Apo-Ropinirole	10
Apresoline	12
Arrow-Gabapentin	10
Azathioprine	13
В	
BeneFIX	7
Benzbromaron AL 100	13
Benzbromarone	9
C	
Carbohydrate supplement	11
Cefoxitin	9
Cetomacrogol with glycerol	8
Chlorhexidine with cetrimide	11
D	
Daptomycin	9
Desferrioxamine mesilate	11
E	
Enalapril maleate	12
Ensure (Vanilla)	13
Eptacog alfa [recombinant factor viia]	7
Eptifibatide	12
F	
Factor eight inhibitors bypassing agent	7
FEIBA	7
G	
Gabapentin	10
Glivec	10
Glycopyrronium bromide	11
H	
Hydralazine hydrochloride	12
Hydrocortisone with miconazole	12
I	
Imatinib mesilate	10
Imipramine hydrochloride	13
Imuran	13
Integrilin	12
lohexol	11
K	
Kogenate FS	8
L	
Lactulose	12
Laevolac	12
Levonorgestrel	8
Loniten	12
Loxamine	13
M	
Madopar Rapid	13

n-Enalapril	12
Mesalazine	7
n-Eslon	10
Methotrexate Sandoz	13
Methotrexate	13
Лісгете Н	12
Minoxidil	12
Moducal	11
Montelukast	11
Moroctocog alfa [recombinant factor viii]	7
Morphine sulphate	10
1	
• Nonacog alfa [recombinant factor ix]	7
NovoSeven RT	
1	,
) Octocog alfa [recombinant factor viii]	8
Dily phenol [phenol oily]	
Dianzapine	10
Omnipaque	11
• •	13
Ondansetron	13
Orrex	13
Oral feed	12
Oseltamivir	12
Oxytocin	8
Oxytocin BNM	C
Paroxetine hydrochloride	13
Pentasa	10
Pharmacy Health Sorbolene with Glycerin	8
	-
Pramipexole hydrochloride	10
1 Ramipex	40
	10
Ropinirole hydrochloride	IL
) Nelle de seel	4.0
Salbutamol	13
Singulair	11
Spiractin	8
Spironolactone	8
[ofranil	13
/entolin	13
(
(yntha	7
Zinc chloride	12
'ypine	10
Zypine ODT	10

New Zealand Permit No. 478



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Email: HML@pharmac.govt.nz

www.pharmac.health.nz/medicines/hospital-pharmaceuticals

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