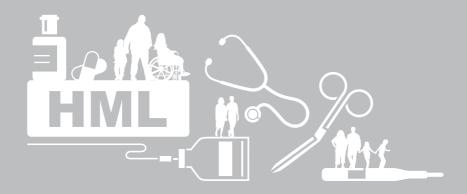
Section H for Hospital Medicines List (HML) for Hospital Pharmaceuticals

Update effective 1 April 2014





Contents

Summary of decisions effective 1 April 2014	3
Section H changes to Part II	4
Index	7

Summary of decisions EFFECTIVE 1 APRIL 2014

- Azathioprine (Azamun) tab 50 mg new listing and addition of HSS
- Azathioprine (Imuprine) tab 50 mg delisting from 1 June 2014
- Betahistine dihydrochloride (Vergo 16) tab 16 mg price reduction and addition of HSS
- Cefepime (DBL Cefepime) inj 1 g vial and 2 g vial HSS suspended 31 March 2014
- Diltiazem hydrochloride (Apo-Diltiazem) cap long-acting 180 mg and 240 mg
 HSS suspended 31 March 2014
- Diltiazem hydrochloride (Cardizem CD) cap long-acting 180 mg and 240 mg
 new listing
- Imatinib mesilate (Imatinib-AFT) cap 100 mg new listing and addition of HSS
- Methotrexate (Trexate) tab 2.5 mg and 10 mg new listing and addition of HSS
- Methotrexate (Methoblastin) tab 2.5 mg and 10 mg delisting from 1 June 2014
- Oral feed (Ensure (Chocolate)) powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can, 850 g – new listing
- Oral feed (Ensure (Chocolate)) powder 16 g protein,
 59.8 g carbohydrate and 14 g fat per 100 g, can, 900 g delisting from 1 June
 2014
- Oral feed 1.5 kcal/ml (Ensure Plus (Strawberry)) liquid 5.5 g protein,
 21.1 g carbohydrate and 4.81 g fat per 100 ml, can delisting from 1 June
 2014
- Pergolide (Permax) tab 0.25 mg and 1 mg delisting from 1 May 2014
- Prochlorperazine (Antinaus) tab 5 mg price reduction and addition of HSS
- Rituximab (Mabthera) inj 10 mg per ml, 10 ml and 50 ml vial amendment to restriction
- Suxamethonium chloride (AstraZeneca) inj 50 mg per ml, 2 ml ampoule
 price reduction and addition of HSS
- Trisodium citrate, inj 46.7%, 3 ml syringe new listing

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

Section H changes to Part II

Effective 1 April 2014

BLOOD AND BLOOD FORMING ORGANS

30 TRISODIUM CITRATE Inj 46.7%, 3 ml syringe

CARDIOVASCULAR SYSTEM

40	DILTIAZEM HYDROCHLORIDE (HSS suspended and new listing) Cap long-acting 180 mg		
	– 5% DV Feb-13 to 31/03/14 2015	500	Apo-Diltiazem CD
	7.56	30	Cardizem CD
	Cap long-acting 240 mg - 5% DV Feb-13 to 31/03/14 2015	500	Apo-Diltiazem CD
	10.22	30	Cardizem CD
INFE	CTIONS – AGENTS FOR SYSTEMIC USE		
66	CEFEPIME (HSS suspended)		
	→ Inj 1 g vial – 1% DV Oct-12 to 2015 31/03/14 8.80	1	DBL Cefepime
	→ Inj 2 g vial – 1% DV Oct-12 to 2015 31/03/14 17.60	1	DBL Cefepime
MIICO	PIII OCVEI ETAL CYCTEM		
MOSC	CULOSKELETAL SYSTEM		
94	SUXAMETHONIUM CHLORIDE (‡ price and addition of HSS)		
	Inj 50 mg per ml, 2 ml ampoule – 1% DV Jun-14 to 2017 78.00	50	AstraZeneca
NERV	OUS SYSTEM		
98	PERGOLIDE (delisting)		
30	Tab 0.25 mg – 1% DV Sep-11 to 2014	100	Permax
	Tab 1 mg – 1% DV Sep-11 to 2014 170.00	100	Permax
	Note – Permax tab 0.25 mg and 1 mg to be delisted from 1 May 2014.		
444	DETAILICTING DUN/DDOCH ODIDE / Laving and addition of LICC)		
111	BETAHISTINE DIHYDROCHLORIDE (4 price and addition of HSS) Tab 16 mg – 1% DV Jun-14 to 2017 4.95	84	Vergo 16
	145 10 mg 176 546 14 to 2017	01	voigo 10
112	PROCHLORPERAZINE (‡ price and addition of HSS)		
	Tab 5 mg – 1% DV Jun-14 to 2017 9.75	500	Antinaus
ONCO	LOGY AGENTS AND IMMUNOSUPPRESSANTS		
123	METHOTREXATE		
_	Tab 2.5 mg – 1% DV Jun-14 to 2015	30	Trexate
	Tab 10 mg – 1% DV Jun-14 to 2015 26.25	50	Trexate
	Note – Methoblastin tab 2.5 mg and 10 mg to be delisted from 1 June 2014.		

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

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

129 IMATINIB MESILATE

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 malionant GIST, see SA0643 in Section B of the Pharmaceutical Schedule.

152 AZATHIOPRINE

Note - Imprine tab 50 mg to be delisted from 1 June 2014.

149 RITUXIMAB (amendment to restriction)

Initiation - ANCA associated vasculitis

Rheumatologist or nephrologist

Limited to 4 weeks' treatment

All of the following:

- 1 Patient has been diagnosed with ANCA associated vasculitis*: and
- 2 Fither:
 - 2.1 Patient does not have MPO-ANCA positive vasculitis*; or
 - 2.2 Mycophenolate mofetil has not been effective in those patients who have MPO-ANCA positive vasculitis*; and
- 3 The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks; and
- 4 Any of the following:
 - 4.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve complete absence of disease after at least 3 months; or
 - 4.2 Patient has previously had a cumulative dose of cyclophosphamide >15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose >15 g; or
 - 4.3 Cyclophosphamide and methotrexate are contraindicated; or
 - 4.4 Patient is a female of child-bearing potential; or
 - 4.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.

Note: Indications marked with * are Unapproved Indications.

Continuation - ANCA associated vasculitis

Rheumatologist or nephrologist

Limited to 4 weeks' treatment

All of the following:

- 1 Patient has been diagnosed with ANCA associated vasculitis*; and
- 2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
- 3 The total rituximab dose would not exceed the equivalent

SPECIAL FOODS

ORAL FEED 1.5 KCAL/ML (delisting)

→ Liquid 5.5 q protein, 21.1 q carbohydrate

Note – Ensure Plus (Strawberry) to be delisted from 1 June 2014.

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

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

195 ORAL FEED

Note – Ensure (Chocolate) in the 900 g pack size to be delisted from 1 June 2014.

Index

Pharmaceuticals and brands

A		M	
Antinaus	4	Mabthera	Ę
Apo-Diltiazem CD	4	Methotrexate	4
Azamun	5	0	
Azathioprine	5	Oral feed	6
В		Oral feed 1.5 kcal/ml	
Betahistine dihydrochloride	4	P	
C		Pergolide	4
Cardizem CD	4	Permax	4
Cefepime	4	Prochlorperazine	4
D		R	
DBL Cefepime	4	Rituximab	Ę
Diltiazem hydrochloride		\$	
E		Suxamethonium chloride	4
Ensure (Chocolate)	6	T	
Ensure Plus (Strawberry)		Trexate	4
I ''		Trisodium citrate	
Imatinib-AFT	5	V	
Imatinib mesilate		Vergo 16	2

New Zealand Permit No. 478



Hospital Medicines List queries:

Freephone Information line 0800 66 00 50 (option 2)

Fax: 64 4 974 7819

Email: HML@pharmac.govt.nz

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

Pharmaceutical Management Agency Level 9, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz Freephone Information line (9am-5pm weekdays) 0800 66 00 50

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

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

newzealand.govt.nz