The Hospital Medicines List (HML)

Section H

for Hospital Pharmaceuticals

Update effective 1 May 2014
Cumulative for April and May 2014
Contents
Summary of decisions effective 1 May 2014 .................................................... 3
Section H changes to Part II ............................................................................. 5
Index ........................................................................................................... 12
Summary of decisions
EFFECTIVE 1 MAY 2014

• Adrenaline (Hospira) inj 1 in 1,000, 1 ml ampoule and 1 in 10,000, 10 ml ampoule – amendment to brand name
• Amoxycillin (Apo-Amoxi) cap 500 mg – new listing and addition of HSS
• Amoxycillin (Alphamox) cap 500 mg – delisting from 1 July 2014
• Atropine sulphate (Atropt) eye drops 1% – addition of HSS
• Bupivacaine hydrochloride (Marcain) inj 2.5 mg per ml, 100 ml bag, and (Marcain Isobaric) inj 5 mg per ml, 4 ml ampoule – addition of HSS
• Calcium gluconate (Hospira) inj 10%, 10 ml ampoule – amendment to brand name
• Clonidine (Catapres-TTS-1, TTS-2 and TTS-3) patch 2.5 mg, 100 mcg per day; 5 mg, 200 mcg per day and 7.5 mg, 300 mcg per day – price reduction and addition of HSS
• Diazepam (Hospira) inj 5 mg per ml, 2 ml ampoule – amendment to brand name
• Ethanol, dehydrated, inj 96% – additional presentation
• Etoposide (Hospira) inj 20 mg per ml, 5 ml vial – amendment to brand name
• Fluorouracil (Hospira) inj 25 mg per ml, 100 ml vial – amendment to brand name
• Gemcitabine (Gemcitabine Actavis 200) inj 200 mg vial, and (Gemcitabine Actavis 1000) inj 1 g vial – delist from 1 July 2014
• Gentamicin sulphate (Hospira) inj 10 mg per ml, 1 ml ampoule – amendment to brand name
• Glyceryl trinitrate (Hospira) inj 5 mg per ml, 10 ml ampoule – amendment to brand name
• Heparin sodium (Hospira) inj 1,000 iu per ml, 1 ml ampoule and inj 5,000 iu per ml, 1 ml ampoule – amendment to brand name
• Hyoscine hydrobromide (Hospira) inj 400 mcg per ml, 1 ml ampoule – amendment to brand name
• Loperamide hydrochloride (Diamide Relief) cap 2 mg – price reduction and addition of HSS
• Naloxone hydrochloride (Hospira) inj 400 mcg per ml, 1 ml ampoule – amendment to brand name
• Olanzapine (Zyprexa Relprevv) inj 210 mg, 300 mg and 405 mg vial – amendment to restriction
Summary of PHARMAC decisions – effective 1 May 2014 (continued)

- Oxytocin (BNM) inj 10 iu per ml, 1 ml ampoule – amendment to brand name
- Paliperidone (Invega Sustenna) inj 25 mg, 50 mg, 75 mg, 100 mg and 150 mg syringe – new listing
- Papaverine hydrochloride (Hospira) inj 12 mg per ml, 10 ml ampoule – amendment to brand name
- Paraffin liquid with wool fat (Poly-Visc) eye oint 3% with wool fat 3% – new listing and addition of HSS
- Promethazine hydrochloride (Hospira) inj 25 mg per ml, 2 ml ampoule – amendment to brand name
- Risperidone (Risperdal Consta) inj 25 mg, 37.5 mg and 50 mg vial – amendment to restriction
- Tacrolimus (Tacrolimus Sandoz) cap 0.5 mg, 1 mg and 5 mg – new listing and addition of HSS
- Tacrolimus (Prograf) cap 0.5 mg, 1 mg and 5 mg – delisting from 1 November 2014
- Tiaprofenic acid (Surgam) tab 300 mg – delist from 1 May 2014
- Vinblastine sulphate (Hospira) inj 1 mg per ml, 10 ml vial – amendment to brand name
### Section H changes to Part II

**Effective 1 May 2014**

#### ALIMENTARY TRACT AND METABOLISM

| 12 | LOPERAMIDE HYDROCHLORIDE (± price and addition of HSS) | Cap 2 mg - 1% DV Jul-14 to 2016 | $7.84 | 400 | Diamide Relief |

#### BLOOD AND BLOOD FORMING ORGANS

| 30 | HEPARIN SODIUM (amendment to brand name) | Inj 1,000 iu per ml, 1 ml ampoule | $66.80 | 50 | Hospira Mayne |
| 32 | CALCIUM GLUCONATE (amendment to brand name) | Inj 10%, 10 ml ampoule | $21.40 | 10 | Hospira Mayne |

#### CARDIOVASCULAR SYSTEM

| 41 | CLONIDINE (± price and addition of HSS) | Patch 2.5 mg, 100 mcg per day | $12.80 | 4 | Catapres-TTS-1 |
| 44 | GLYCERYL TRINITRATE (amendment to brand name) | Inj 5 mg per ml, 10 ml ampoule | $40.00 | 5 | Hospira Mayne |
| 44 | ADRENALINE (amendment to brand name) | Inj 1 in 1,000, 1 ml ampoule | $5.25 | 5 | Hospira Mayne |
| 46 | PAPAVERINE HYDROCHLORIDE (amendment to brand name) | Inj 12 mg per ml, 10 ml ampoule | $73.12 | 5 | Hospira Mayne |

#### GENITO-URINARY SYSTEM

| 57 | OXYTOCIN (amendment to brand name) | Inj 10 iu per ml, 1 ml ampoule - 1% DV Feb-14 to 2015 | $5.98 | 5 | Oxytocin BNM |

#### INFECTIONS – AGENTS FOR SYSTEMIC USE

| 65 | GENTAMICIN SULPHATE (amendment to brand name) | Inj 10 mg per ml, 1 ml ampoule | $8.56 | 5 | Hospira Mayne |
| 67 | AMOXICILLIN | Cap 500 mg - 1% DV Jul-14 to 2016 | $20.94 | 500 | Apo-Amoxi |

Note – Alphamox to be delisted from 1 July 2014.

---

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.
Changes to Section H Part II – effective 1 May 2014 (continued)

MUSCULOSKELETAL SYSTEM

96  **TIAPROFENIC ACID**
    Tab 300 mg ................................................................. 19.26  60    Surgam
    Note – Surgam tab 300 mg to be delisted from 1 May 2014.

NERVOUS SYSTEM

99  **BUPIVACAINE HYDROCHLORIDE** (addition of HSS)
    Inj 5 mg per ml, 4 ml ampoule – 1% DV Jul-14 to 2017 ........ 50.00  5    Marcain Isobaric
    Inj 2.5 mg per ml, 100 ml bag – 1% DV Jul-14 to 2017 ....... 150.00  5    Marcain

107  **DIAZEPAM** (amendment to brand name)
    Inj 5 mg per ml, 2 ml ampoule ....................................... 9.24  5    Hospira Mayne

112  **HYOSCINE HYDROBROMIDE** (amendment to brand name)
    Inj 400 mcg per ml, 1 ml ampoule ................................... 6.66  5    Hospira Mayne

116  **PALIPERIDONE**
    ➤ Inj 25 mg syringe ..................................................... 194.25  1    Invega Sustenna
    ➤ Inj 50 mg syringe ..................................................... 271.95  1    Invega Sustenna
    ➤ Inj 75 mg syringe ..................................................... 357.42  1    Invega Sustenna
    ➤ Inj 100 mg syringe ................................................... 435.12  1    Invega Sustenna
    ➤ Inj 150 mg syringe ................................................... 435.12  1    Invega Sustenna

  Restricted
  Initiation
  Re-assessment required after 12 months
  Either:
  1  The patient has had an initial Special Authority approval for risperidone depot injection or olanzapine depot injection; or
  2  All of the following:
      2.1  The patient has schizophrenia or other psychotic disorder; and
      2.2  The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
      2.3  The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

  Continuation
  Re-assessment required after 12 months
  The initiation of paliperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.
Changes to Section H Part II – effective 1 May 2014 (continued)

<table>
<thead>
<tr>
<th>116</th>
<th>OLANZAPINE (amendment to restriction)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inj 210 mg vial ................................................................. 280.00 1 Zyprexa Relprevv</td>
</tr>
<tr>
<td></td>
<td>Inj 300 mg vial ................................................................. 460.00 1 Zyprexa Relprevv</td>
</tr>
<tr>
<td></td>
<td>Inj 405 mg vial ................................................................. 560.00 1 Zyprexa Relprevv</td>
</tr>
</tbody>
</table>

Restricted
Initiation
Re-assessment required after 6 12 months

Either:
1 The patient has had an initial Special Authority approval for risperidone depot injection or paliperidone depot injection; or
2 All of the following:
   2.1 The patient has schizophrenia; and
   2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
   2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

Continuation
Re-assessment required after 12 months

Either:
1 The patient has had less than 12 months' treatment with olanzapine depot injection and there is no clinical reason to discontinue treatment; or
2 The initiation of olanzapine depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic olanzapine depot injection.

<table>
<thead>
<tr>
<th>117</th>
<th>RISPERIDONE (↓ price and amendment to restriction)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inj 25 mg vial ................................................................. 135.98 1 Risperdal Consta</td>
</tr>
<tr>
<td></td>
<td>Inj 37.5 mg vial ............................................................... 178.71 1 Risperdal Consta</td>
</tr>
<tr>
<td></td>
<td>Inj 50 mg vial ................................................................. 217.56 1 Risperdal Consta</td>
</tr>
</tbody>
</table>

Restricted
Initiation
Re-assessment required after 6 12 months

Either:
1 The patient has had an initial Special Authority approval for paliperidone depot injection or olanzapine depot injection; or
2 All of the following:
   2.1 The patient has schizophrenia or other psychotic disorder; and
   2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
   2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

Continuation
Re-assessment required after 12 months

Either:
1 The patient has had less than 12 months' treatment with risperidone depot injection and there is no clinical reason to discontinue treatment; or
2 The initiation of risperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic risperidone depot injection.
Changes to Section H Part II – effective 1 May 2014 (continued)

**ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS**

124 FLUOROURACIL (amendment to brand name)
   Inj 25 mg per ml, 100 ml vial .................................................. 13.55 1 Hospira Mayne

124 GEMCITABINE
   Inj 200 mg vial ................................................................. 12.50 1 Gemcitabine Actavis 200
   Inj 1 g vial ........................................................................ 62.50 1 Gemcitabine Actavis 1000

Note – Gemcitabine Actavis 200 and 1000 to be delisted from 1 July 2014.

126 ETOPOSIDE (amendment to brand name)
   Inj 20 mg per ml, 5 ml vial .................................................. 25.00 1 Hospira Mayne

131 VINBLASTINE SULPHATE (amendment to brand name)
   Inj 1 mg per ml, 10 ml vial .................................................. 137.50 5 Hospira Mayne

133 TACROLIMUS
   ➔ Cap 0.5 mg – 1% DV Nov-14 to 31/10/18 ....................... 85.60 100 Tacrolimus Sandoz
   ➔ Cap 1 mg – 1% DV Nov-14 to 31/10/18 ....................... 171.20 100 Tacrolimus Sandoz
   ➔ Cap 5 mg – 1% DV Nov-14 to 31/10/18 ....................... 428.00 50 Tacrolimus Sandoz

Note – Prograf cap 0.5 mg, 1 mg, and 5 mg to be delisted from 1 November 2014.

**RESPIRATORY SYSTEM AND ALLERGIES**

160 PROMETHAZINE HYDROCHLORIDE (amendment to brand name)
   Inj 25 mg per ml, 2 ml ampoule ................................................. 11.00 5 Hospira Mayne

**SENSORY ORGS**

169 ATROPINE SULPHATE (addition of HSS)
   Eye drops 1% – 1% DV Jul-14 to 2017 .................................. 17.36 15 ml Atropt

170 PARAFFIN LIQUID WITH WOOL FAT
   Eye oint 3% with wool fat 3% – 1% DV Jul-14 to 2017 .......... 3.63 3.5 g Poly-Visc

**VARIOUS**

171 NALOXONE HYDROCHLORIDE (amendment to brand name)
   Inj 400 mcg per ml, 1 ml ampoule ........................................ 33.00 5 Hospira Mayne

171 ETHANOL, DEHYDRATED (additional presentation)
   Inj 96%
Changes to Section H 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 ................................. 47.67 500 Apo-Diltiazem CD
   – 5% DV Feb-13 to 31/03/14 ................................. 7.56 30  Cardizem CD
   Cap long-acting 240 mg
   – 5% DV Feb-13 to 31/03/14 ................................. 63.58 500 Apo-Diltiazem CD
   – 5% DV Feb-13 to 31/03/14 ................................. 10.22 30  Cardizem CD

INFECTIONS – 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

MUSCULOSKELETAL 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

NERVOUS SYSTEM

98 PERGOLIDE (delisting)
   Tab 0.25 mg – 1% DV Sep-11 to 2014 ............................. 48.00 100 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.

111 BETAHISTINE DIHYDROCHLORIDE (price and addition of HSS)
   Tab 16 mg – 1% DV Jun-14 to 2017 ............................. 4.95 84 Vergo 16

112 PROCHLORPERAZINE (price and addition of HSS)
   Tab 5 mg – 1% DV Jun-14 to 2017 ............................. 9.75 500 Antinaus
Changes to Section H Part II – effective 1 April 2014 (continued)

121 NICOTINE (amendment to HSS)

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per Manufacturer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gum 2 mg – 5% DV Oct-11 to 31/03/14 2014</th>
<th>1% DV Apr-14 to 2017</th>
<th>36.47</th>
<th>384 Habitrol (Classic) Habitrol (Fruit) Habitrol (Mint)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gum 4 mg – 5% DV Oct-11 to 31/03/14 2014</td>
<td>1% DV Apr-14 to 2017</td>
<td>42.04</td>
<td>384 Habitrol (Classic) Habitrol (Fruit) Habitrol (Mint)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patch 7 mg per 24 hours – 5% DV Oct-11 to 31/03/14 2014</th>
<th>1% DV Apr-14 to 2017</th>
<th>18.13</th>
<th>28 Habitrol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patch 14 mg per 24 hours – 5% DV Oct-11 to 31/03/14 2014</td>
<td>1% DV Apr-14 to 2017</td>
<td>18.81</td>
<td>28 Habitrol</td>
</tr>
<tr>
<td>Patch 21 mg per 24 hours – 5% DV Oct-11 to 31/03/14 2014</td>
<td>1% DV Apr-14 to 2017</td>
<td>19.14</td>
<td>28 Habitrol</td>
</tr>
<tr>
<td>Lozenge 1 mg – 5% DV Oct-11 to 31/03/14 2014</td>
<td>1% DV Apr-14 to 2017</td>
<td>19.94</td>
<td>216 Habitrol</td>
</tr>
<tr>
<td>Lozenge 2 mg – 5% DV Oct-11 to 31/03/14 2014</td>
<td>1% DV Apr-14 to 2017</td>
<td>24.27</td>
<td>216 Habitrol</td>
</tr>
</tbody>
</table>

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

123 METHOTREXATE

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per Manufacturer</td>
<td></td>
</tr>
</tbody>
</table>

| Tab 2.5 mg – 1% DV Jun-14 to 2015                  | 3.82 | 30 Trexate |
| Tab 10 mg – 1% DV Jun-14 to 2015                   | 26.25 | 50 Trexate |

Note – Methotrexin tab 2.5 mg and 10 mg to be delisted from 1 June 2014.

129 IMATINIB MESILATE

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per Manufacturer</td>
<td></td>
</tr>
</tbody>
</table>

| 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 SA0643 in Section B of the Pharmaceutical Schedule.

152 AZATHIOPRINE

<table>
<thead>
<tr>
<th>Price (ex man. Excl. GST)</th>
<th>Brand or Generic Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Per Manufacturer</td>
<td></td>
</tr>
</tbody>
</table>

| Tab 50 mg – 1% DV Jun-14 to 2016                   | 13.22 | 100 Azamun |

Note – Imuoprine tab 50 mg to be delisted from 1 June 2014.
**SPECIAL FOODS**

195 **ORAL FEED 1.5 KCAL/ML** (delisting)

- Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can .................................................. 1.33 237 ml Ensure Plus (Strawberry)

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

195 **ORAL FEED**

- Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can .................................................. 13.00 850 g Ensure (Chocolate)

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

A
Adrenaline ............................................................ 5
Amoxycillin .......................................................... 5
Antinaus ................................................................. 9
Apo-Amoxi .............................................................. 5
Apo-Diltiazem CD ..................................................... 9
Atropine sulphate .................................................... 8
Atropt ................................................................. 8
Azamun ............................................................... 10
Azathioprine ............................................................ 10
B
Betahistine dihydrochloride ........................................ 9
BNM .................................................................... 5
Bupivacaine hydrochloride .......................................... 6
C
Calcium gluconate .................................................. 5
Cardizem CD ............................................................ 9
Catapres-TTS-1 ....................................................... 5
Catapres-TTS-2 ....................................................... 5
Catapres-TTS-3 ....................................................... 5
Cefepime ............................................................... 9
Clonidine ............................................................... 5
D
DBL Cefepime .......................................................... 9
Diamide Relief .......................................................... 5
Diazepam ............................................................... 6
Diltiazem hydrochloride .............................................. 9
E
Ensure (Chocolate) .................................................... 11
Ensure Plus (Strawberry) ............................................. 11
Ethanol, dehydrated .................................................. 8
Etoposide .............................................................. 8
F
Fluorouracil ............................................................. 8
G
Gemcitabine ............................................................ 8
Gemcitabine Actavis 200 .......................................... 8
Gemcitabine Actavis 1000 ......................................... 8
Gentamicin sulphate ............................................... 5
Glyceryl trinitrate ..................................................... 5
H
Habitrol ................................................................. 10
Habitrol (Classic) .................................................... 10
Habitrol (Fruit) ....................................................... 10
Habitrol (Mint) ....................................................... 10
Heparin sodium ...................................................... 5
Hyoscine hydrobromide .......................................... 6
I
Imatinib-AFT .......................................................... 10
Imatinib mesilate .................................................... 10
Invega Sustenna ...................................................... 6
L
Loperamide hydrochloride ........................................ 5
M
Mabthera .............................................................. 11
Marcain ............................................................... 6
Marcain Isobaric ...................................................... 6
Methotrexate .......................................................... 10
N
Naloxone hydrochloride ........................................... 8
Nicotine ............................................................... 10
O
Olanzapine ............................................................ 7
Oral feed .............................................................. 11
Oral feed 1.5 kcal/ml .............................................. 11
Oxytocin ............................................................... 5
P
Paliperidone ........................................................... 6
Papaverine hydrochloride ......................................... 5
Paraffin liquid with wool fat ....................................... 8
Pergolide ............................................................... 9
Permax ............................................................... 9
Poly-Visc .............................................................. 8
Prochlorperazine .................................................... 9
Promethazine hydrochloride ..................................... 8
R
Risperdal Consta ..................................................... 7
Risperidone ........................................................... 7
Rituximab ............................................................. 11
S
Surgam ............................................................... 6
Suxamethonium chloride ........................................... 9
T
Tacrolimus ............................................................ 8
Tacrolimus Sandoz ............................................... 8
Tiaprofenic acid ..................................................... 6
Trexate ............................................................... 10
Trisodium citrate .................................................... 9
V
Vergo 16 ............................................................... 9
Vinblastine sulphate ............................................... 8
Z
Zyprexa Relprevv .................................................... 7