

October 2013

Volume 1 Number 2

**Editors:** Kaye Wilson,

Donna Jennings &amp; Sarah Le Leu

email: [schedule@pharmac.govt.nz](mailto:schedule@pharmac.govt.nz)

Telephone +64 4 460 4990

Facsimile +64 4 460 4995

Level 9, 40 Mercer Street

PO Box 10 254 Wellington 6143

**Freephone Information Line****0800 66 00 50** (9am – 5pm weekdays)**Circulation**

Accessible in an electronic format at no cost from the Health Professionals section of the PHARMAC website [www.pharmac.govt.nz](http://www.pharmac.govt.nz)

You can register to have an electronic version of the Pharmaceutical Schedule (link to PDF copy) emailed to your nominated email address each month. Alternatively there is a nominal charge for an annual subscription to the printed Schedule publications. To access either of these subscriptions visit our subscription website [www.schedule.co.nz](http://www.schedule.co.nz).

**Production**Typeset automatically from XML and T<sub>E</sub>X.

XML version of the Schedule available from [www.pharmac.govt.nz/pub/schedule/archive/](http://www.pharmac.govt.nz/pub/schedule/archive/)

**Programmers**

Anrik Drenth &amp; John Geering

email: [texschedule@pharmac.govt.nz](mailto:texschedule@pharmac.govt.nz)

© Pharmaceutical Management Agency



ISSN 1179-3708 pdf

ISSN 1172-9694 print

This work is licensed under the Creative Commons Attribution 3.0 New Zealand licence. In essence, you are free to copy, distribute and adapt it, as long as you attribute the work to PHARMAC and abide by the other licence terms. To view a copy of this licence, visit:

[creativecommons.org/licenses/by/3.0/nz/](http://creativecommons.org/licenses/by/3.0/nz/).

Attribution to PHARMAC should be in written form and not by reproduction of the PHARMAC logo. While care has been taken in compiling this Schedule, PHARMAC takes no responsibility for any errors or omissions, and shall not be liable for any consequences arising there from.

<b>Part I</b>	General Rules	<b>4</b>
---------------	---------------	----------

<b>Part II</b>	Alimentary Tract and Metabolism	<b>12</b>
	Blood and Blood Forming Organs	<b>25</b>
	Cardiovascular System	<b>34</b>
	Dermatologicals	<b>46</b>
	Genito-Urinary System	<b>52</b>
	Hormone Preparations	<b>56</b>
	Infections	<b>61</b>
	Musculoskeletal System	<b>84</b>
	Nervous System	<b>93</b>
	Oncology Agents and Immunosuppressants	<b>118</b>
	Respiratory System and Allergies	<b>152</b>
	Sensory Organs	<b>158</b>
	Various	<b>164</b>
	Extemporaneous Compounds (ECPs)	<b>172</b>
	Special Foods	<b>175</b>
	Vaccines	<b>189</b>

<b>Part III</b>	Optional Pharmaceuticals	<b>194</b>
-----------------	--------------------------	------------

Index	<b>196</b>
-------	------------

## 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](http://www.pharmac.govt.nz). The functions of PHARMAC are set out in section 48 of the Act. PHARMAC is required to perform these functions within the amount of funding provided to it and in accordance with its 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.

## Decision Criteria

PHARMAC takes into account the following criteria when considering amendments to the Schedule:

- a) the health needs of all eligible people within New Zealand;
- b) the particular health needs of Māori and Pacific peoples;
- c) the availability and suitability of existing medicines, therapeutic medical devices and related products and related things;
- d) the clinical benefits and risks of pharmaceuticals;
- e) the cost-effectiveness of meeting health needs by funding pharmaceuticals rather than using other publicly funded health and disability support services;
- f) the budgetary impact (in terms of the pharmaceutical budget and the Government's overall health budget) of any changes to the Schedule;
- g) the direct cost to health service users;
- h) the Government's priorities for health funding, as set out in any objectives notified by the Crown to PHARMAC, or in PHARMAC's Funding Agreement, or elsewhere; and
- i) such other criteria as PHARMAC thinks fit. PHARMAC will carry out appropriate consultation when it intends to take any such "other criteria" into account.

## PHARMAC's clinical advisors

### Pharmacology and Therapeutics Advisory Committee (PTAC)

PHARMAC works closely with the Pharmacology and Therapeutics Advisory Committee (PTAC), an expert medical committee which provides independent advice to PHARMAC on health needs and the clinical benefits of particular pharmaceuticals for use in the community and/or in DHB Hospitals. The chair of PTAC sits with the PHARMAC Board in an advisory capacity.

Contact PTAC C-/PTAC Secretary, Pharmaceutical Management Agency, PO Box 10 254, WELLINGTON 6143, Email: [PTAC@pharmac.govt.nz](mailto:PTAC@pharmac.govt.nz)

### PTAC Subcommittees

PTAC has subcommittees from which it can seek specialist advice in relation to funding applications. PTAC may seek advice from one or more subcommittees in relation to a funding application, or may make recommendations to PHARMAC without seeking the advice of a subcommittee:

Analgesic Subcommittee	Haematology Subcommittee	Reproductive and Sexual Health Subcommittee
Anti-Infective Subcommittee	Hospital Pharmaceuticals Subcommittee	Respiratory Subcommittee
Cancer Treatments Subcommittee	Immunisation Subcommittee	Rheumatology Subcommittee
Cardiovascular Subcommittee	Mental Health Subcommittee	Special Foods Subcommittee
Dermatology Subcommittee	Neurological Subcommittee	Transplant Immunosuppressants Subcommittee
Diabetes Subcommittee	Ophthalmology Subcommittee	
Endocrinology Subcommittee	Pulmonary Arterial Hypertension Subcommittee	
Gastrointestinal Subcommittee		

PTAC also has a Tender Medical Evaluation Subcommittee to provide advice on clinical matters relating to PHARMAC's annual multi-product tender and other purchasing strategies. Current membership of PTAC's subcommittees can be found on PHARMAC's website: <http://www.pharmac.health.nz/about/committees/ptac>

# Named Patient Pharmaceutical Assessment policy

Named Patient Pharmaceutical Assessment (NPPA) provides a mechanism for individual patients to receive funding for medicines not listed in the Pharmaceutical Schedule (either at all or for their clinical circumstances). PHARMAC will assess applications that meet the prerequisites according to its Decision Criteria before deciding whether to approve applications for funding. The Decision Criteria will be used to assess both the individual clinical circumstances of each NPPA applicant, and the implications of each NPPA funding decision on PHARMAC's ability to carry out its legislative functions.

For more information on NPPA, or to apply, visit the PHARMAC website at <http://www.pharmac.health.nz/tools- resources/forms/named-patient-pharmaceutical-assessment-nppa-forms>, or call the Panel Coordinators at (04) 9167553 or (04) 9167521.

## The Pharmaceutical Schedule

The purpose of the Schedule is to list:

- the Community Pharmaceuticals that are subsidised by the Government and to show the amount of the subsidy paid to contractors, as well as the manufacturer's price and any access conditions that may apply;
- the Hospital Pharmaceuticals that may be used in DHB Hospitals, as well as any access conditions that may apply; and
- the Pharmaceuticals, including Medical Devices, used in DHB Hospitals for which national prices have been negotiated by PHARMAC.

The purpose of the Schedule is not to show the final cost to Government of subsidising each Community Pharmaceutical or to DHBs in purchasing each Hospital Pharmaceutical or other Pharmaceuticals, including Medical Devices, used in DHB Hospitals, since that will depend on any rebate and other arrangements PHARMAC has with the supplier and, for some Hospital Pharmaceuticals, or other Pharmaceuticals, including Medical Devices, used in DHB Hospitals, on any logistics arrangements put in place by individual DHB Hospitals.

## Finding Information in Section H

Section H lists Pharmaceuticals that can be used in DHB Hospitals, and is split into the following parts:

- Part I lists the rules in relation to use of Pharmaceuticals by DHB Hospitals.
- Part II lists Hospital Pharmaceuticals that are funded for use in DHB Hospitals. These are classified based on the Anatomical Therapeutic Chemical (ATC) system used for Community Pharmaceuticals. It also provides information on any National Contracts that exist, and an indication of which products have Hospital Supply Status (HSS).
- Part III lists Optional Pharmaceuticals for which National Contracts exist, and DHB Hospitals may choose to fund. These are listed alphabetically by generic chemical entity name and line item, the relevant Price negotiated by PHARMAC and, if applicable, an indication of whether it has Hospital Supply Status (HSS) and any associated Discretionary Variance Limit (DV Limit).

The index located at the back of the Section H can be used to find page numbers for generic chemical entities and product brand names, for Hospital Pharmaceuticals. The listings are displayed alphabetically (where practical) within each level of the classification system. Each anatomical section contains a series of therapeutic headings, some of which may contain a further classification

## Glossary

### Units of Measure

gram .....	microgram.....	millimole.....
kilogram .....	milligram .....	unit.....
international unit .....	millilitre.....	

### Abbreviations

application .....	enteric coated.....	ointment.....
capsule .....	granules .....	solution.....
cream.....	injection .....	suppository.....
dispersible .....	linctus .....	tablet.....
effervescent.....	liquid .....	tincture.....
emulsion .....	lotion.....	

HSS Hospital Supply Status (Refer to Rule 20)

## INTRODUCTION

Section H contains general rules that apply, and other information relating, to Hospital Pharmaceuticals and Optional Pharmaceuticals.

Where relevant, Section H shows the Price at which a Pharmaceutical can be purchased directly from the Pharmaceutical supplier by DHBs, providers of logistics services, wholesalers or other such distributors, or Contract Manufacturers.

The Price is determined via contractual arrangements between PHARMAC and the relevant Pharmaceutical supplier. Where a Pharmaceutical is listed in Part II of Section H, but no Price and/or brand of Pharmaceutical is indicated, each DHB may purchase any brand and/or pay the price that the DHB negotiates with the relevant Pharmaceutical supplier.

As required by section 23(7) of the Act, in performing any of its functions in relation to the supply of Pharmaceuticals, a DHB must not act inconsistently with the Pharmaceutical Schedule.

## INTERPRETATION AND DEFINITIONS

### 1 Interpretation and Definitions

1.1 In this Schedule, unless the context otherwise requires:

“**Act**”, means the New Zealand Public Health and Disability Act 2000.

“**Combined Pharmaceutical Budget**”, means the pharmaceutical budget set for PHARMAC by the Crown for the subsidised supply of Community Pharmaceuticals and Pharmaceutical Cancer Treatments including for named patients in exceptional circumstances.

“**Community**”, means any setting outside of a DHB Hospital.

“**Community Pharmaceutical**”, means a Pharmaceutical listed in Sections A to G or I of the Pharmaceutical Schedule that is subsidised by the Funder from the Combined Pharmaceutical Budget and, for the purposes of this Section H, includes Pharmaceutical Cancer Treatments (PCTs).

“**Contract Manufacturer**”, means a manufacturer or a supplier that is a party to a contract with the relevant DHB Hospital to compound Pharmaceuticals, on request from that DHB Hospital.

“**Designated Delivery Point**”, means at a DHB Hospital's discretion:

- a) a delivery point agreed between a Pharmaceutical supplier and the relevant DHB Hospital, to which delivery point that Pharmaceutical supplier must supply a National Contract Pharmaceutical directly at the Price; and/or
- b) any delivery point designated by the relevant DHB Hospital or PHARMAC, such delivery point being within 30 km of the relevant Pharmaceutical supplier's national distribution centre.

“**DHB**”, means an organisation established as a District Health Board by or under Section 19 of the Act.

“**DHB Hospital**”, means a hospital (including community trust hospitals) and/or an associated health service that is funded by a DHB including (but not limited to) district nursing services and child dental services.

“**DV Limit**”, means, for a particular National Contract Pharmaceutical with HSS, the National DV Limit or the Individual DV Limit.

“**DV Pharmaceutical**”, means a discretionary variance Pharmaceutical that does not have HSS but is used in place of one that does. Usually this means it is the same chemical entity, at the same strength, and in the same or a similar presentation or form, as the relevant National Contract Pharmaceutical with HSS. Where this is not the case, a note will be included with the listing of the relevant Hospital Pharmaceutical.

“**Extemporaneously Compounded Product**”, means a Pharmaceutical that is compounded from two or more Pharmaceuticals, for the purposes of reconstitution, dilution or otherwise.

“**First Transition Period**”, means the period of time after notification that a Pharmaceutical has been awarded HSS and before HSS is implemented.

“**Funder**”, means the body or bodies responsible, pursuant to the Act, for the funding of Pharmaceuticals listed on the Schedule (which may be one or more DHBs and/or the Ministry of Health) and their successors.

“**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.

“**Hospital Pharmaceuticals**”, means the list of Pharmaceuticals set out in Section H Part II of the Schedule which includes some National Contract Pharmaceuticals.

“**HSS**”, stands for hospital supply status, which means the status of being the brand of the relevant National Contract Pharmaceutical that DHBs are obliged to purchase, subject to any DV Limit, for the period of hospital supply,

as awarded under an agreement between PHARMAC and the relevant Pharmaceutical supplier. Pharmaceuticals with HSS are listed in Section H in bold text.

“**Indication Restriction**”, means a limitation placed by PHARMAC on the funding of a Hospital Pharmaceutical which restricts funding to treatment of particular clinical circumstances.

“**Individual DV Limit**”, means, for a particular National Contract Pharmaceutical with HSS and a particular DHB Hospital, the discretionary variance limit, being the specified percentage of that DHB Hospital’s Total Market Volume up to which that DHB Hospital may purchase DV Pharmaceuticals of that National Contract Pharmaceutical.

“**Local Restriction**”, means a restriction on the use of a Pharmaceutical in specific DHB Hospitals on the basis of prescriber type that is implemented by the relevant DHB in accordance with rule 7.

“**Medical Device**”, has the meaning set out in the Medicines Act 1981.

“**Named Patient Pharmaceutical Assessment Advisory Panel**”, means the panel of clinicians, appointed by the PHARMAC Board, that is responsible for advising PHARMAC, in accordance with its Terms of Reference, on Named Patient Pharmaceutical Assessment applications and any Exceptional Circumstances renewal applications submitted after 1 March 2012.

“**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.

“**National Contract Pharmaceutical**”, means a brand of Pharmaceutical listed in Section H, where PHARMAC has entered into contractual arrangements with the relevant Pharmaceutical supplier that specify the terms and conditions of listing, including the Price. Such Pharmaceuticals are recognisable in Section H because the relevant listing identifies the brand and Price.

“**National DV Limit**”, means, for a particular National Contract Pharmaceutical with HSS, the discretionary variance limit, being the specified percentage of the Total Market Volume up to which all DHB Hospitals may collectively purchase DV Pharmaceuticals of that National Contract Pharmaceutical.

“**Optional Pharmaceuticals**”, means the list of National Contract Pharmaceuticals set out in Section H Part III of the Schedule.

“**PHARMAC**”, means the Pharmaceutical Management Agency established by Section 46 of the Act.

“**Pharmacode**”, means the six or seven digit identifier assigned to a Pharmaceutical by the Pharmacy Guild following application from a Pharmaceutical supplier.

“**Pharmaceutical**”, means a medicine, therapeutic medical device, or related product or related thing listed in Sections B to I of the Schedule.

“**Pharmaceutical Cancer Treatment**”, means Pharmaceuticals for the treatment of cancer, listed in Sections A to G of the Schedule and identified therein as a “PCT” or “PCT only” Pharmaceutical that DHBs must fund for use in their DHB hospitals, and/or in association with outpatient services provided by their DHB Hospitals, in relation to the treatment of cancers.

“**Prescriber Restriction**”, means a restriction placed by PHARMAC on the funding of a Pharmaceutical on the basis of prescriber type (and where relevant in these rules, includes a Local Restriction).

“**Price**”, means the standard national price for a National Contract Pharmaceutical, and, unless agreed otherwise between PHARMAC and the Pharmaceutical supplier, includes any costs associated with the supply of the National Contract Pharmaceutical to, at a DHB Hospital’s discretion, any Designated Delivery Point, or to a Contract Manufacturer (expressly for the purpose of compounding), but does not include the effect of any rebates which may have been negotiated between PHARMAC and the Pharmaceutical supplier.

“**Restriction**”, means a limitation, put in place by PHARMAC or a DHB, restricting the funding of a Pharmaceutical and includes Indication Restrictions, Local Restrictions and Prescriber Restrictions (as defined in this Part I of Section H).

“**Schedule**”, means this Pharmaceutical Schedule and all its sections and appendices.

“**Special Authority Approval**”, means an approval for funding of a Community Pharmaceutical that is marked in Sections B-G of the Schedule as being subject to a Special Authority restriction.

“**Total Market Volume**”, means, for a particular Hospital Pharmaceutical with HSS in any given period, in accordance with the data available to PHARMAC, the sum of:

- a) the total number of Units of the relevant Hospital Pharmaceutical with HSS purchased by all DHB Hospitals, or by a particular DHB Hospital in the case of the Individual DV Limit; and
- b) the total number of Units of all the relevant DV Pharmaceuticals purchased by all DHB Hospitals, or by a particular DHB Hospital in the case of the Individual DV Limit.

“**Unapproved Indication**”, means, for a Pharmaceutical, an indication for which it is not approved under the Medicines Act 1981. Clinicians prescribing Pharmaceuticals for Unapproved Indications should be aware of, and comply with, their obligations under Section 25 and/or Section 29 of the Medicines Act 1981 and as set out in rule 23.

“**Unit**”, means an individual unit of a Pharmaceutical (e.g. a tablet, 1 ml of an oral liquid, an ampoule or a syringe).

“**Unlisted Pharmaceutical**”, means a Pharmaceutical that is within the scope of a Hospital Pharmaceutical, but is not listed in Section H Part II.

- 1.2 In addition to the above interpretations and definitions, unless the content requires otherwise, a reference in the Schedule to:
- a) the singular includes the plural; and
  - b) any legislation includes a modification and re-enactment of, legislation enacted in substitution for, and a regulation, Order in Council, and other instrument from time to time issued or made under, that legislation.

## HOSPITAL SUPPLY OF PHARMACEUTICALS

### 2 Hospital Pharmaceuticals

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:

- 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;
- 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.

2.2 Section H Part III lists Optional Pharmaceuticals that PHARMAC and the relevant 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.

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. DHB 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.

### 3 DHB Supply Obligations

3.1 In accordance with section 23(7) of the Act, in performing any of its functions in relation to the supply of pharmaceuticals, a DHB must not act inconsistently with the Pharmaceutical Schedule, which includes these General Rules.

3.2 DHB Hospitals are not required to hold stock of every Hospital Pharmaceutical listed in Section H Part II, but they must Give it within a reasonable time if it is prescribed.

3.3 DHB Hospitals are able to hold stock of an Unlisted Pharmaceutical if doing so is considered necessary for the DHB Hospital to be able to Give the Unlisted Pharmaceutical in a timely manner under rules 11–17 inclusive.

3.4 Except where permitted in accordance with rule 11, DHBs must not Give:

- a) an Unlisted Pharmaceutical; or
- b) a Hospital Pharmaceutical outside of any relevant Restrictions.

### 4 Funding

4.1 The purchase costs of Hospital Pharmaceuticals or Optional Pharmaceuticals administered, provided or dispensed by DHB Hospitals must be funded by the relevant DHB Hospital from its own budget, with the exception of:

- a) Pharmaceutical Cancer Treatments;
- b) Community Pharmaceuticals that have been brought to the DHB hospital by the patient who is being treated by outpatient Services or who is admitted as an inpatient;
- c) Community Pharmaceuticals that have been dispensed to a mental health day clinic under a Practitioner's Supply Order; and

d) Unlisted Pharmaceutical that have been brought to the DHB Hospital by the patient who is admitted as an inpatient.

4.2 For the avoidance of doubt, Pharmaceutical Cancer Treatments and Community Pharmaceuticals are funded through the Combined Pharmaceutical Budget, and Unlisted Pharmaceuticals are funded by the patient.

## LIMITS ON SUPPLY

### 5 Prescriber Restrictions

- 5.1 A DHB Hospital may only Give a Hospital Pharmaceutical that has a Prescriber Restriction if it is prescribed:
- by a clinician of the type specified in the restriction for that Pharmaceutical or, subject to rule 5.2, pursuant to a recommendation from such a clinician;
  - in accordance with a protocol or guideline that has been endorsed by the DHB Hospital; or
  - in an emergency situation, provided that the prescriber has made reasonable attempts to comply with rule 5.1(a) above. If on-going treatment is required (i.e. beyond 24 hours) subsequent prescribing must comply with rule 5.1(a).
- 5.2 Where a Hospital Pharmaceutical is prescribed pursuant to a recommendation from a clinician of the type specified in the restriction for that Pharmaceutical:
- the prescriber must consult with a clinician of the type specified in the restriction for that Pharmaceutical; and
  - the consultation must relate to the patient for whom the prescription is written; and
  - the consultation may be in person, by telephone, letter, facsimile or email; and
  - appropriate records are kept of the consultation, including recording the name of the advising clinician on the prescription/chart.
- 5.3 Where a clinician is working under supervision of a consultant who is of the type specified in the restriction for that Pharmaceutical, the requirements of rule 5.2 can be deemed to have been met.

### 6 Indication Restrictions

- 6.1 A DHB Hospital may only Give a Hospital Pharmaceutical that has an Indication Restriction, if it is prescribed for treatment of a patient with the particular clinical circumstances set out in the Indication Restriction.
- 6.2 If a patient has a current Special Authority Approval for the Hospital Pharmaceutical that the DHB Hospital wishes to Give, then the Indication Restriction is deemed to have been met.
- 6.3 If a Hospital Pharmaceutical has an Indication Restriction that is “for continuation only” then the DHB Hospital should only Give the Hospital Pharmaceutical where:
- the patient has been treated with the Pharmaceutical in the Community; or
  - the patient is unable to be treated with an alternative Hospital Pharmaceutical, and the prescriber has explained to the patient that the Pharmaceutical is not fully subsidised in the Community.

### 7 Local Restrictions

- 7.1 A DHB Hospital may implement a Local Restriction, provided that:
- in doing so, it ensures that the Local Restriction does not unreasonably limit funded access to the Hospital Pharmaceutical or undermine PHARMAC’s decision that the Hospital Pharmaceutical must be funded;
  - it provides PHARMAC with details of each Local Restriction that it implements; and
- 7.2 PHARMAC may, when it considers that a Local Restriction does not conform to rule 7.1 above, require a DHB to amend or remove that Local Restriction.

### 8 Community use of Hospital Pharmaceuticals

- 8.1 Except where otherwise specified in Section H, DHB Hospitals can Give any Hospital Pharmaceutical to a patient for use in the Community, provided that:
- the quantity does not exceed that sufficient for up to 30 days’ treatment, unless:
    - it would be inappropriate to provide less than the amount in an original pack; or
    - the relevant DHB Hospital has a Dispensing for Discharge Policy and the quantity dispensed is in accordance with that policy; and
  - the Hospital Pharmaceutical is supplied consistent with any applicable Restrictions.

### 9 Community use of Medical Devices

- 9.1 Subject to rules 9.2 and 9.3, DHB Hospitals may Give a Medical Device for patients for use in the Community.
- 9.2 Where a Medical Device (or a similar Medical Device) is a Community Pharmaceutical, the DHB Hospital must supply:
- the brand of Medical Device that is listed in Sections A-G of the Schedule; and

- b) only to patients who meet the funding eligibility criteria set out in Sections A-G of the Schedule.
- 9.3 Where a DHB Hospital has supplied a Medical Device to a patient; and
  - a) that Medical Device (or a similar Medical Device) is subsequently listed in Sections A-G of the Schedule; and
  - b) the patient would not meet any funding eligibility criteria for the Medical Device set out in Sections A-G of the Schedule; and
  - c) the Medical Device has consumable components that need to be replaced throughout its usable life; then DHB Hospitals may continue to fund consumable products for that patient until the end of the usable life of the Medical Device. At the end of the usable life of the device, funding for a replacement device must be consistent with the Pharmaceutical Schedule and/or in accordance with the Named Patient Pharmaceutical Assessment policy.
- 9.4 DHB Hospitals may also continue to fund consumable products, as in rule 9.3 above, in situations where the DHB has been funding consumable products but where the Medical Device was funded by the patient.
- 10 **Extemporaneous Compounding**
  - 10.1 A DHB Hospital may Give any Extemporaneously Compounded Product for a patient in its care, provided that:
    - a) all of the component Pharmaceuticals of the Extemporaneously Compounded Product are Hospital Pharmaceuticals; and
    - b) the Extemporaneously Compounded Product is supplied consistent with any applicable rules or Restrictions for its component Hospital Pharmaceuticals.
  - 10.2 For the avoidance of doubt, this rule 10.1 applies to any Extemporaneously Compounded Product, whether it is manufactured by the DHB Hospital or by a Contract Manufacturer.

### EXCEPTIONS

- 11 **Named Patient Pharmaceutical Assessment**
  - 11.1 A DHB Hospitals may only Give:
    - a) an Unlisted Pharmaceutical; or
    - b) a Hospital Pharmaceutical outside of any relevant Restrictions,in accordance with the Named Patient Pharmaceutical Assessment Policy or rules 12–17 inclusive.
- 12 **Continuation**
  - 12.1 Where a patient's clinical circumstances have been stabilised via treatment in the Community with a pharmaceutical that has not been funded by the Funder, and that patient is admitted to hospital as an inpatient, a DHB Hospital may fund that pharmaceutical for the duration of the patient's stay, where:
    - a) the patient has not brought (or cannot arrange to bring) the pharmaceuticals to the DHB Hospital, or pharmacy staff consider that the pharmaceuticals brought to the DHB Hospital by the patient cannot be used; and
    - b) interrupted or delayed treatment would have significant adverse clinical consequences; and
    - c) it is not considered appropriate to switch treatment to a Hospital Pharmaceutical.
- 13 **Pre-Existing Use**
  - 13.1 Subject to 13.2, where a DHB Hospital has Given a pharmaceutical for a patient prior to 1 July 2013, and the pharmaceutical:
    - a) is an Unlisted Pharmaceutical; or
    - b) treatment of the patient would not comply with any relevant Restrictions;the DHB Hospital may continue to Give that pharmaceutical if it is considered that there would be significant adverse clinical consequences from ceasing or switching treatment.
  - 13.2 Each DHB Hospital must, by no later than 1 October 2013, provide PHARMAC with a report on pharmaceuticals it has Given in accordance with this rule 13 where treatment has continued beyond 1 August 2013.
- 14 **Clinical Trials and Free Stock**
  - 14.1 DHB Hospitals may Give any pharmaceutical that is funded by a third party and is being used:
    - 14.1.1 as part of a clinical trial that has Ethics Committee approval; or
    - 14.1.2 for on-going treatment of patients following the end of such a clinical trial.
  - 14.2 DHB Hospitals may Give any pharmaceutical that is provided free of charge by a supplier, provided that the pharmaceutical is provided as part of a programme of which the DHB, or supplier, has notified PHARMAC.
- 15 **Pharmaceutical Cancer Treatments in Paediatrics**

DHB Hospitals may Give any pharmaceutical for use within a paediatric oncology/haematology service for the treatment of cancer.



**16 Other Government Funding**

DHB Hospitals may Give any pharmaceutical where funding for that pharmaceutical has been specifically provided by a Government entity other than PHARMAC or a DHB.

**17 Other Exceptions**

- 17.1 PHARMAC may also approve the funding of a pharmaceutical within a single DHB Hospital for information gathering purposes or otherwise related to PHARMAC's decision-making process for considering additions to or amendments to the Pharmaceutical Schedule.
- 17.2 Funding approvals granted under rule 17.1 will be subject to specific limitations on use as determined appropriate by PHARMAC in each circumstance, in consultation with the relevant DHB Hospital and/or DHB.

**NATIONAL CONTRACTING****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;
  - b) enables PHARMAC to access and use future price and volume data in respect of that Pharmaceutical; and
  - c) enables the relevant DHB Hospital to terminate the contract or relevant parts of the contract in order to give full effect to the National Contract on no more than 3 months' written notice to the Pharmaceutical supplier.
- 18.2 From 1 July 2013, where a DHB Hospital has a pre-existing supply contract for a particular brand of chemical entity for which there is a National Contract Pharmaceutical, the DHB may continue purchasing the chemical entity in accordance with its pre-existing supply contract however:
  - a) from the day its pre-existing supply contract expires, that DHB Hospital is to purchase the relevant National Contract Pharmaceutical listed in Section H at the Price, and is to comply with any DV Limits for the National Contract Pharmaceutical where it has HSS;
  - b) if purchase of the relevant National Contract Pharmaceutical listed in Section H at the Price, where it has HSS, would not cause the relevant DHB Hospital to be in breach of its pre-existing supply contract for a particular brand of chemical entity; the DHB Hospital must purchase the National Contract Pharmaceutical.
- 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
  - b) not 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.

**19 National Contract Pharmaceuticals**

- 19.1 DHB Hospitals must take all necessary steps to enable any contracts between PHARMAC and a Pharmaceutical supplier in relation to National Contract Pharmaceuticals to be given full effect.
- 19.2 The contractual arrangement between PHARMAC and the relevant supplier of a National Contract Pharmaceutical requires it to be made available 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.

**20 Hospital Supply Status (HSS)**

- 20.1 The DV Limit for any National Contract Pharmaceutical which has HSS is set out in the listing of the relevant National Contract Pharmaceutical in Section H, and may be amended from time to time.
- 20.2 If a National Contract Pharmaceutical is listed in Section H as having HSS, DHB Hospitals:
  - a) are expected to use up any existing stocks of DV Pharmaceuticals during the First Transition Period;
  - b) must not purchase DV Pharmaceuticals in volumes exceeding their usual requirements, or in volumes exceeding those which they reasonably expect to use, within the First Transition Period;
  - c) must ensure that Contract Manufacturers, when manufacturing an Extemporaneously Compounded Product on their behalf, use the National Contract Pharmaceutical with HSS; and
  - d) must purchase the National Contract Pharmaceutical with HSS except:

- i) to the extent that the DHB Hospital may use its discretion to purchase a DV Pharmaceutical within the DV Limit, provided that (subject to rule 20.2(d)(iii) below) the DV Limit has not been exceeded nationally;
  - ii) if the Pharmaceutical supplier fails to supply that National Contract Pharmaceutical, in which case the relevant DHB Hospital does not have to comply with the DV Limit for that National Contract Pharmaceutical during that period of non-supply (and any such month(s) included in a period of non-supply will be excluded in any review of the DV Limit in accordance with rule 20.3 below);
  - iii) that where the DV Limit has been exceeded nationally, the DHB Hospital may negotiate with the Pharmaceutical supplier that supplies the National Contract Pharmaceutical with HSS for written permission to vary the application of that DHB Hospital's Individual DV Limit for any patient whose exceptional needs require a DV Pharmaceutical.
- 20.3 PHARMAC may, in its discretion, for any period or part period:
  - a) review usage by DHB Hospitals of the National Contract Pharmaceutical and DV Pharmaceuticals to determine whether the DV Limit has been exceeded; and
  - b) audit compliance by DHB Hospitals with the DV Limits and related requirements.
- 20.4 PHARMAC will address any issues of non-compliance by any individual DHB or DHB Hospital with a DV Limit by:
  - a) obtaining the relevant DHB or DHB Hospital's assurance that it will comply with the DV Limit for that National Contract Pharmaceutical with HSS in the remainder of the applicable period and any subsequent periods; and
  - b) informing the relevant supplier of the HSS Pharmaceutical of any individual DHB or DHB Hospital's non-compliance with the DV Limit for that HSS Pharmaceutical.
- 20.5 In addition to the steps taken by PHARMAC under rule 20.4 above to address any issues of non-compliance by any individual DHB or DHB Hospital with a DV Limit, the relevant Pharmaceutical supplier may require, in its discretion, financial compensation from the relevant DHB or DHB Hospital:
  - a) an amount representing that DHB or DHB Hospital's contribution towards exceeding the DV Limit (where PHARMAC is able to quantify this based on the information available to it); or
  - b) the sum of \$1,000 or \$5,000 (depending on the terms of the applicable national contract applying to the HSS Pharmaceutical),whichever is the greater as between sub-paragraphs (a) and (b) within the number of business days specified in the notice from the Pharmaceutical supplier requiring such payment to be made.
- 21 **Collection of rebates and payment of financial compensation**
  - 21.1 Following the receipt of any rebates from a Pharmaceutical supplier in respect of a particular National Contract Pharmaceutical, PHARMAC will notify each relevant DHB and DHB Hospital of the amount of the rebate owing to it, being a portion of the total rebate determined by PHARMAC on the basis of that DHB Hospital's usage of that National Contract Pharmaceutical, where this is able to be determined. Where data to determine individual DHB Hospitals' usage is not available, PHARMAC will apportion rebates on the basis of an alternative method agreed between the relevant DHBs and PHARMAC.
  - 21.2 PHARMAC will pay each DHB Hospital the rebate amounts (if any) owing to it, no less frequently than once each calendar quarter in respect of rebates received quarterly (or more often).
- 22 **Price and Volume Data**
  - 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 Pharmaceutical (including any Medical Device) listed in Section H.
  - 22.2 All price and volume data provided to PHARMAC under rule 22.1 above should identify the relevant Hospital Pharmaceutical by using a Pharmacode or some other unique numerical identifier, and the date (month and year) on which the DHB Hospital incurred a cost for the purchase of that Hospital Pharmaceutical. Volume is to be measured in units (that being the smallest possible whole Unit – e.g. a capsule, a vial, a millilitre etc).

## MISCELLANEOUS PROVISIONS

- 23 **Unapproved Pharmaceuticals**

Prescribers should, where possible, prescribe Hospital Pharmaceuticals that are approved under the Medicines Act 1981. However, the funding criteria (including Restrictions) under which a Hospital Pharmaceutical is listed in Section H of the Schedule may:

23.1 in some cases, explicitly permit a DHB to fund a Pharmaceutical that is not approved under the Medicines Act 1981 or for an Unapproved Indication; or

23.2 not explicitly prohibit a DHB from funding a Pharmaceutical for use for an Unapproved Indication;

Accordingly, if clinicians are planning on prescribing an unapproved Pharmaceutical or a Pharmaceutical for an Unapproved Indication, they should:

23.1 be aware of and comply with their obligations under sections 25 and/or 29 of the Medicines Act 1981, as applicable, and otherwise under that Act and the Medicines Regulations 1984;

23.2 be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that clinicians obtain written consent); and

23.3 exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical or a Pharmaceutical for an Unapproved Indication.

Clinicians should be aware that simply by listing a Pharmaceutical on the Pharmaceutical Schedule, PHARMAC makes no representations about whether that Pharmaceutical has any form of approval or consent under, or whether the supply or use of the Pharmaceutical otherwise complies with, the Medicines Act 1981. Further, the Pharmaceutical Schedule does not constitute an advertisement, advertising material or a medical advertisement as defined in the Medicines Act or otherwise.

## Part II: ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Antacids and Antiflatulents</b>			
<b>Antacids and Reflux Barrier Agents</b>			
ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETHICONE			
Tab 200 mg with magnesium hydroxide 200 mg and simethicone 20 mg			<i>e.g. Mylanta</i>
Oral liq 200 mg with magnesium hydroxide 200 mg and simethicone 20 mg per 5 ml			<i>e.g. Mylanta</i>
Oral liq 400 mg with magnesium hydroxide 400 mg and simethicone 30 mg per 5 ml			<i>e.g. Mylanta Double Strength</i>
SIMETHICONE			
Oral drops 100 mg per ml			
SODIUM ALGINATE WITH MAGNESIUM ALGINATE			
Powder for oral soln 225 mg with magnesium alginate 87.5 mg, sachet			<i>e.g. Gaviscon Infant</i>
SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE			
Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg			<i>e.g. Gaviscon Double Strength</i>
Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbon- ate 160 mg per 10 ml .....	4.95	500 ml	Acidex
SODIUM CITRATE			
Oral liq 8.8% (300 mmol/l)			
<b>Phosphate Binding Agents</b>			
ALUMINIUM HYDROXIDE			
Tab 600 mg			
CALCIUM CARBONATE – <b>Restricted</b> see terms below			
Oral liq 250 mg per ml (100 mg elemental per ml) .....	39.00	500 ml	Roxane
↳ <b>Restricted</b>			
Only for use in children under 12 years of age for use as a phosphate binding agent			
<b>Antidiarrhoeals and Intestinal Anti-Inflammatory Agents</b>			
<b>Antipropulsives</b>			
DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE			
Tab 2.5 mg with atropine sulphate 25 mcg			
LOPERAMIDE HYDROCHLORIDE			
Tab 2 mg			
Cap 2 mg .....	8.95	400	Diamide Relief
<b>Rectal and Colonic Anti-Inflammatories</b>			
BUDESONIDE – <b>Restricted</b> see terms on the next page			
Cap 3 mg			

↑ Item restricted (see ➡ above); ↓ Item restricted (see ➡ below)  
*e.g. Brand* indicates brand example only. It is not a contracted product.

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

**➔ Restricted****Crohn's disease**

- Both:
- 1 Mild to moderate ileal, ileocaecal or proximal Crohn's disease; and
  - 2 Any of the following:
    - 2.1 Diabetes; or
    - 2.2 Cushingoid habitus; or
    - 2.3 Osteoporosis where there is significant risk of fracture; or
    - 2.4 Severe acne following treatment with conventional corticosteroid therapy; or
    - 2.5 History of severe psychiatric problems associated with corticosteroid treatment; or
    - 2.6 History of major mental illness (such as bipolar affective disorder) where the risk of conventional corticosteroid treatment causing relapse is considered to be high; or
    - 2.7 Relapse during pregnancy (where conventional corticosteroids are considered to be contraindicated).

**Collagenous and lymphocytic colitis (microscopic colitis)**

Patient has a diagnosis of microscopic colitis (collagenous or lymphocytic colitis) by colonoscopy with biopsies

**Gut Graft versus Host disease**

Patient has a gut Graft versus Host disease following allogeneic bone marrow transplantation

**HYDROCORTISONE ACETATE**

Rectal foam 10% (14 applications) – 1% DV Jan-13 to 2015 .....	25.30	21.1 g	<b>Colifoam</b>
--	-------	--------	-----------------

**MESALAZINE**

Tab EC 400 mg .....	49.50	100	Asacol
Tab EC 500 mg .....	49.50	100	Asamax
Tab long-acting 500 mg .....	59.05	100	Pentasa
Modified release granules 1 g .....	141.72	120 g	Pentasa
Suppos 500 mg – 1% DV Sep-11 to 2014 .....	22.80	20	<b>Asacol</b>
Suppos 1 g .....	50.96	28	Pentasa
Enema 1 g per 100 ml – 1% DV Sep-12 to 2015 .....	44.12	7	<b>Pentasa</b>

**OLSALAZINE**

Tab 500 mg  
Cap 250 mg

**SODIUM CROMOGLYCATE**

Cap 100 mg

**SULPHASALAZINE**

Tab 500 mg – 1% DV Oct-13 to 2016 .....	11.68	100	<b>Salazopyrin</b>
Tab EC 500 mg – 1% DV Oct-13 to 2016 .....	12.89	100	<b>Salazopyrin EN</b>

**Local Preparations for Anal and Rectal Disorders****Antihaemorrhoidal Preparations****CINCHOCAINE HYDROCHLORIDE WITH HYDROCORTISONE**

Oint 5 mg with hydrocortisone 5 mg per g .....	15.00	30 g	Proctosedyl
Suppos 5 mg with hydrocortisone 5 mg per g .....	9.90	12	Proctosedyl

**FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE**

Oint 950 mcg with fluocortolone pivalate 920 mcg and cinchocaine hydrochloride 5 mg per g .....	6.35	30 g	Ultraproct
Suppos 630 mcg with fluocortolone pivalate 610 mcg and cinchocaine hydrochloride 1 mg .....	2.66	12	Ultraproct

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Management of Anal Fissures</b>			
GLYCERYL TRINITRATE Oint 0.2% .....	22.00	30 g	Rectogesic
<b>Rectal Sclerosants</b>			
OILY PHENOL Inj 5%, 5 ml vial			
<b>Antispasmodics and Other Agents Altering Gut Motility</b>			
GLYCOPYRRONIUM BROMIDE Inj 0.2 mg per ml, 1 ml ampoule – 1% DV Oct-13 to 2016 .....	28.56	10	Max Health
HYOSCINE BUTYLBROMIDE Tab 10 mg – 1% DV Sep-11 to 2014 .....	1.48	20	Gastrosoothe
Inj 20 mg, 1 ml ampoule – 1% DV Nov-11 to 2014 .....	9.57	5	Buscopan
MEBEVERINE HYDROCHLORIDE Tab 135 mg – 1% DV Sep-11 to 2014 .....	18.00	90	Colofac
<b>Antiulcerants</b>			
<b>Antisecretory and Cytoprotective</b>			
MISOPROSTOL Tab 200 mcg			
<b>H2 Antagonists</b>			
CIMETIDINE Tab 200 mg Tab 400 mg			
RANITIDINE Tab 150 mg – 1% DV Sep-11 to 2014 .....	6.79	250	Arrow-Ranitidine
Tab 300 mg – 1% DV Sep-11 to 2014 .....	9.34	250	Arrow-Ranitidine
Oral liq 150 mg per 10 ml – 1% DV Sep-11 to 2014 .....	5.92	300 ml	Peptisoothe
Inj 25 mg per ml, 2 ml ampoule .....	8.75	5	Zantac
<b>Proton Pump Inhibitors</b>			
LANSOPRAZOLE Cap 15 mg – 1% DV Jan-13 to 2015 .....	2.00	28	Solox
Cap 30 mg – 1% DV Jan-13 to 2015 .....	2.32	28	Solox
OMEPRAZOLE ⚡ Tab dispersible 20 mg ➡ <b>Restricted</b> Only for use in tube-fed patients			
Cap 10 mg – 1% DV Oct-11 to 2014 .....	2.91	90	Omezol Relief
Cap 20 mg – 1% DV Oct-11 to 2014 .....	3.78	90	Omezol Relief
Cap 40 mg – 1% DV Oct-11 to 2014 .....	5.57	90	Omezol Relief
Powder for oral liq – 1% DV Sep-11 to 2014 .....	42.50	5 g	Midwest
Inj 40 mg ampoule – 1% DV Sep-11 to 2014 .....	19.00	5	Dr Reddy's Omeprazole
Inj 40 mg ampoule with diluent – 1% DV Sep-11 to 2014 .....	28.65	5	Dr Reddy's Omeprazole

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PANTOPRAZOLE</b>			
Tab 20 mg .....	1.23	28	Dr Reddy's Pantoprazole
Tab 40 mg .....	1.54	28	Dr Reddy's Pantoprazole
Inj 40 mg vial			

### Site Protective Agents

<b>BISMUTH TRIOXIDE</b>			
Tab 120 mg .....	32.50	112	De-Nol
<b>SUCRALFATE</b>			
Tab 1 g			

### Bile and Liver Therapy

L-ORNITHINE L-ASPARTATE – **Restricted** see terms below

⚡ Grans for oral liquid 3 g

#### ↪ **Restricted**

For patients with chronic hepatic encephalopathy who have not responded to treatment with, or are intolerant to lactulose, or where lactulose is contraindicated.

### Diabetes

#### Alpha Glucosidase Inhibitors

<b>ACARBOSE</b>			
Tab 50 mg – 1% DV Dec-12 to 2015 .....	9.82	90	<b>Accarb</b>
Tab 100 mg – 1% DV Dec-12 to 2015 .....	15.83	90	<b>Accarb</b>

#### Hyperglycaemic Agents

DIAZOXIDE – **Restricted** see terms below

⚡ Cap 25 mg .....	110.00	100	Proglidem
⚡ Cap 100 mg .....	280.00	100	Proglidem

#### ↪ **Restricted**

For patients with confirmed hypoglycaemia caused by hyperinsulinism.

GLUCAGON HYDROCHLORIDE

Inj 1 mg syringe kit .....	32.00	1	Glucagen Hypokit
----------------------------	-------	---	------------------

GLUCOSE

Tab 1.5 g			
Tab 3.1 g			
Gel 40%			

GLUCOSE WITH SUCROSE AND FRUCTOSE

Gel 19.7% with sucrose 35% and fructose 19.7%, 18 g sachet

### Insulin - Intermediate-Acting Preparations

INSULIN ASPART WITH INSULIN ASPART PROTAMINE

Inj insulin aspart 30% with insulin aspart protamine 70%, 100 u per ml, 3 ml prefilled pen .....	52.15	5	NovoMix 30 FlexPen
---	-------	---	--------------------

INSULIN ISOPHANE

Inj insulin human 100 u per ml, 10 ml vial			
Inj insulin human 100 u per ml, 3 ml cartridge			

# ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE</b>			
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
<b>INSULIN NEUTRAL WITH INSULIN ISOPHANE</b>			
Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 10 ml vial			
Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 3 ml cartridge			
Inj insulin neutral 40% with insulin isophane 60%, 100 u per ml, 3 ml cartridge			
Inj insulin neutral 50% with insulin isophane 50%, 100 u per ml, 3 ml cartridge			
<b>Insulin - Long-Acting Preparations</b>			
<b>INSULIN GLARGINE</b>			
Inj 100 u per ml, 3 ml disposable pen .....	94.50	5	Lantus SoloStar
Inj 100 u per ml, 3 ml cartridge .....	94.50	5	Lantus
Inj 100 u per ml, 10 ml vial .....	63.00	1	Lantus
<b>Insulin - Rapid-Acting Preparations</b>			
<b>INSULIN ASPART</b>			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
<b>INSULIN GLULISINE</b>			
Inj 100 u per ml, 10 ml vial .....	27.03	1	Apidra
Inj 100 u per ml, 3 ml cartridge .....	46.07	5	Apidra
Inj 100 u per ml, 3 ml disposable pen .....	46.07	5	Apidra Solostar
<b>INSULIN LISPRO</b>			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
<b>Insulin - Short-Acting Preparations</b>			
<b>INSULIN NEUTRAL</b>			
Inj human 100 u per ml, 10 ml vial			
Inj human 100 u per ml, 3 ml cartridge			
<b>Oral Hypoglycaemic Agents</b>			
<b>GLIBENCLAMIDE</b>			
Tab 5 mg			
<b>GLICLAZIDE</b>			
Tab 80 mg – 1% DV Sep-11 to 2014 .....	17.60	500	Apo-Gliclazide
<b>GLIPIZIDE</b>			
Tab 5 mg – 1% DV Dec-12 to 2015 .....	3.00	100	Minidiab



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>METFORMIN</b>			
Tab immediate-release 500 mg – 1% DV Oct-12 to 2015.....	12.30	1,000	<b>Apotex</b>
Tab immediate-release 850 mg – 1% DV Oct-12 to 2015.....	10.10	500	<b>Apotex</b>
<b>PIOGLITAZONE</b>			
Tab 15 mg – 1% DV Sep-12 to 2015 .....	1.50	28	<b>Pizaccord</b>
Tab 30 mg – 1% DV Sep-12 to 2015 .....	2.50	28	<b>Pizaccord</b>
Tab 45 mg – 1% DV Sep-12 to 2015 .....	3.50	28	<b>Pizaccord</b>

## Digestives Including Enzymes

### PANCREATIC ENZYME

- Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease
- Cap EC 25,000 BP u lipase, 18,000 BP u amylase and 1,000 BP u protease
- Cap EC 25,000 BP u lipase, 22,500 BP u amylase and 1,250 BP u protease
- Powder 25,000 u lipase with 30,000 u amylase and 1,400 u protease per g

### URSODEOXYCHOLIC ACID – **Restricted** see terms below

- ☒ 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**

Either:

- 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 > 100 µmol/l; decompensated cirrhosis).

#### **Pregnancy**

Patient diagnosed with cholestasis of pregnancy.

#### **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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Laxatives</b>			
<b>Bowel-Cleansing Preparations</b>			
<b>CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE</b>			
Powder for oral soln 12 g with magnesium oxide 3.5 g and sodium picosulfate 10 mg per sachet			<i>e.g. PicoPrep</i>
<b>MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE</b>			
Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 210 g sachet			<i>e.g. Glycoprep-C</i>
Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet			<i>e.g. Glycoprep-C</i>
<b>MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE AND SODIUM SULPHATE</b>			
Powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulphate 5.685 g per sachet	14.31	4	Klean Prep
<b>Bulk-Forming Agents</b>			
<b>ISPAGHULA (PSYLLIUM) HUSK</b>			
Powder for oral soln – 1% DV Sep-13 to 2016	5.51	500 g	<b>Konsyl-D</b>
<b>STERCULIA WITH FRANGULA – Restricted: For continuation only</b>			
➔ Powder for oral soln			
<b>Faecal Softeners</b>			
<b>DOCUSATE SODIUM</b>			
Cap 50 mg – 1% DV Sep-11 to 2014	2.57	100	<b>Laxofast 50</b>
Cap 120 mg – 1% DV Sep-11 to 2014	3.48	100	<b>Laxofast 120</b>
<b>DOCUSATE SODIUM WITH SENNOSIDES</b>			
Tab 50 mg with sennosides 8 mg	6.38	200	Laxsol
<b>PARAFFIN</b>			
Oral liquid 1 mg per ml			
Enema 133 ml			
<b>POLOXAMER</b>			
Oral drops 10% – 1% DV Sep-11 to 2014	3.78	30 ml	<b>Coloxyl</b>
<b>Osmotic Laxatives</b>			
<b>GLYCEROL</b>			
Suppos 1.27 g			
Suppos 2.55 g			
Suppos 3.6 g – 1% DV Jan-13 to 2015	6.50	20	<b>PSM</b>
<b>LACTULOSE</b>			
Oral liq 10 g per 15 ml	7.68	1,000 ml	Laevolac

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE – Restricted</b> see terms below			
⚡ Powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg			
⚡ Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – <b>1% DV Nov-13 to 2014</b> .....	10.00	30	<b>Lax-Sachets</b>
	18.14		Movicol
<i>(Movicol Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg to be delisted 1 November 2013)</i>			

### ➔Restricted

Either:

- 1 The patient has problematic constipation requiring intervention with a per rectal preparation despite an adequate trial of other oral pharmacotherapies including lactulose where lactulose is not contraindicated; or
- 2 For short-term use for faecal disimpaction.

### SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE

Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml –

**1% DV Sep-13 to 2016** ..... 19.95 50 **Micolette**

### SODIUM PHOSPHATE WITH PHOSPHORIC ACID

Oral liq 16.4% with phosphoric acid 25.14%

Enema 10% with phosphoric acid 6.58% ..... 2.50 1 **Fleet Phosphate Enema**

## Stimulant Laxatives

### BISACODYL

Tab 5 mg .....	4.99	200	Lax-Tabs
Suppos 5 mg .....	3.00	6	Dulcolax
Suppos 10 mg .....	3.00	6	Dulcolax

### DANTHRON WITH POLOXAMER – Restricted

 see terms below

⚡ Oral liq 25 mg with poloxamer 200 mg per 5 ml .....	21.30	300 ml	Pinorax
⚡ Oral liq 75 mg with poloxamer 1 g per 5 ml .....	43.60	300 ml	Pinorax Forte

### ➔Restricted

Only for the prevention or treatment of constipation in the terminally ill

### SENNOSIDES

Tab 7.5 mg

## Metabolic Disorder Agents

### ARGININE

Powder

Inj 600 mg per ml, 25 ml vial

### BETAINE – Restricted

 see terms below

⚡ Powder

### ➔Restricted

Metabolic disorders physician or metabolic disorders dietitian

### BIOTIN – Restricted

 see terms on the next page

⚡ Cap 50 mg

⚡ Cap 100 mg

⚡ Inj 10 mg per ml, 5 ml vial

# ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔Restricted</b>			
Metabolic disorders physician or metabolic disorders dietician.			
HAEM ARGINATE			
Inj 25 mg per ml, 10 ml ampoule			
IMIGLUCERASE – <b>Restricted</b> see terms below			
⚡		Inj 40 iu per ml, 5 ml vial	
⚡		Inj 40 iu per ml, 10 ml vial	
<b>➔Restricted</b>			
Only for use in patients with approval by the Gaucher's Treatment Panel			
LEVOCARNITINE – <b>Restricted</b> see terms below			
⚡		Cap 500 mg	
⚡		Oral soln 500 mg per 15 ml	
⚡		Inj 200 mg per ml, 5 ml vial	
<b>➔Restricted</b>			
Metabolic disorders physician, metabolic disorders dietitian or neurologist			
PYRIDOXAL-5-PHOSPHATE – <b>Restricted</b> see terms below			
⚡		Tab 50 mg	
<b>➔Restricted</b>			
Metabolic disorders physician, metabolic disorders dietician or neurologist			
SODIUM BENZOATE			
Cap 500 mg			
Powder			
Soln 100 mg per ml			
Inj 20%, 10 ml ampoule			
SODIUM PHENYLBUTYRATE			
Tab 500 mg			
Oral liq 250 mg per ml			
Inj 200 mg per ml, 10 ml ampoule			
TRIENTINE DIHYDROCHLORIDE			
Cap 300 mg			

## Minerals

### Calcium

CALCIUM CARBONATE			
Tab 1.25 g (500 mg elemental) – 1% DV Feb-12 to 2014.....	6.38	250	<b>Arrow-Calcium</b>
Tab 1.5 g (600 mg elemental)			
Tab eff 1.75 g (1 g elemental) – 1% DV Nov-11 to 2014 .....	6.21	30	<b>Calsource</b>

### Fluoride

SODIUM FLUORIDE			
Tab 1.1 mg (0.5 mg elemental)			

### Iodine

POTASSIUM IODATE			
Tab 256 mcg (150 mcg elemental iodine)			
POTASSIUM IODATE WITH IODINE			
Oral liq 10% with iodine 5%			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Iron</b>			
FERROUS FUMARATE			
Tab 200 mg (65 mg elemental) .....	4.35	100	Ferro-tab
FERROUS FUMARATE WITH FOLIC ACID			
Tab 310 mg (100 mg elemental) with folic acid 350 mcg .....	4.75	60	Ferro-F-Tabs
FERROUS GLUCONATE WITH ASCORBIC ACID			
Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg			
FERROUS SULPHATE			
Tab long-acting 325 mg (105 mg elemental)			
Oral liq 30 mg (6 mg elemental) per ml .....	10.30	500 ml	Ferodan
FERROUS SULPHATE WITH ASCORBIC ACID			
Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg			
FERROUS SULPHATE WITH FOLIC ACID			
Tab long-acting 325 mg (105 mg elemental) with folic acid 350 mcg			
IRON POLYMALTOSE			
Inj 50 mg per ml, 2 ml ampoule – 1% DV Oct-11 to 2014 .....	19.90	5	<b>Ferrum H</b>
IRON SUCROSE			
Inj 20 mg per ml, 5 ml ampoule .....	100.00	5	Venofer
<b>Magnesium</b>			
MAGNESIUM HYDROXIDE			
Tab 311 mg (130 mg elemental)			
MAGNESIUM OXIDE			
Cap 663 mg (400 mg elemental)			
MAGNESIUM SULPHATE			
Inj 0.4 mmol per ml, 250 ml bag			
Inj 2 mmol per ml, 5 ml ampoule – 1% DV Feb-13 to 2014 .....	18.35	10	<b>Martindale</b>
<b>Zinc</b>			
ZINC			
Oral liq 5 mg per 5 drops			
ZINC CHLORIDE			
Inj 5.3 mg per ml, 2 ml ampoule			
ZINC SULPHATE			
Cap 137.4 mg (50 mg elemental) – 1% DV Nov-11 to 2014.....	11.00	100	<b>Zincaps</b>
<b>Mouth and Throat</b>			
<b>Agents Used in Mouth Ulceration</b>			
BENZYDAMINE HYDROCHLORIDE			
Soln 0.15%			
Spray 0.15%			
BENZYDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE			
Lozenge 3 mg with cetylpyridinium chloride			

# ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CARBOXYMETHYLCELLULOSE Oral spray			
CHLORHEXIDINE GLUCONATE Mouthwash 0.2% – 1% DV Dec-12 to 2015.....	2.68	200 ml	healthE
CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE Adhesive gel 8.7% with cetalkonium chloride 0.01%			
DICHLOROBENZYL ALCOHOL WITH AMYLMETACRESOL Lozenge 1.2 mg with amylmetacresol 0.6 mg			
SODIUM CARBOXYMETHYLCELLULOSE WITH PECTIN AND GELATINE Paste Powder			
TRIAMCINOLONE ACETONIDE Paste 0.1% – 1% DV Sep-11 to 2014.....	4.34	5 g	Oracort

## Oropharyngeal Anti-Infectives

AMPHOTERICIN B Lozenge 10 mg .....	5.86	20	Fungilin
MICONAZOLE Oral gel 20 mg per g – 1% DV Feb-13 to 2015.....	4.95	40 g	Decozol
NYSTATIN Oral liquid 100,000 u per ml – 1% DV Sep-11 to 2014.....	3.19	24 ml	Nilstat

## Other Oral Agents

SODIUM HYALURONATE – **Restricted** see terms below

⚡ Inj 20 mg per ml, 1 ml syringe

➡ **Restricted**

Otolaryngologist

THYMOL GLYCERIN

Compound, BPC

## Vitamins

### Multivitamin Preparations

MULTIVITAMINS

Tab (BPC cap strength)

*e.g. Mvite*

⚡ Cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 11 mcg, alpha tocopherol 150 u, phytomenadione 150 mcg, folic acid 0.2 mg, ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 mg, riboflavin 1.7 mg, niacin 20 mg, pyridoxine hydrochloride 1.9 mg, cyanocobalamin 3 mcg, zinc 7.5 mg and biotin 100 mcg

*e.g. Vitabdeck*

➡ **Restricted**

Either:

- 1 Patient has cystic fibrosis with pancreatic insufficiency; or
- 2 Patient is an infant or child with liver disease or short gut syndrome.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<p>↓ Powder vitamin A 4200 mcg with vitamin D 155.5 mcg, vitamin E 21.4 mg, vitamin C 400 mg, vitamin K1 166 mcg thiamine 3.2 mg, riboflavin 4.4 mg, niacin 35 mg, vitamin B6 3.4 mg, folic acid 303 mcg, vitamin B12 8.6 mcg, biotin 214 mcg, pantothenic acid 17 mg, choline 350 mg and inositol 700 mg</p>			<i>e.g. Paediatric Seravit</i>
<b>↳ Restricted</b>			
Patient has inborn errors of metabolism.			
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg and glucose 1000 mg, 5 ml ampoule (1)			<i>e.g. Pabrinex IV</i>
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg, 2 ml ampoule (1)			<i>e.g. Pabrinex IM</i>
Inj thiamine hydrochloride 500 mg with riboflavin 8 mg and pyridoxine hydrochloride 100 mg, 10 ml ampoule (1) and inj ascorbic acid 1000 mg with nicotinamide 320 mg and glucose 2000 mg, 10 ml ampoule (1)			<i>e.g. Pabrinex IV</i>
VITAMIN A WITH VITAMINS D AND C			
Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops			<i>e.g. Vitadol C</i>

## Vitamin A

### RETINOL

- Tab 10,000 iu
- Cap 25,000 iu
- Oral liq 150,000 iu per ml

## Vitamin B

### HYDROXOCOBALAMIN ACETATE

- |  |      |   |                                |
|--|------|---|--------------------------------|
| Inj 1 mg per ml, 1 ml ampoule – 1% DV Sep-12 to 2015 ..... | 5.10 | 3 | <b>ABM</b><br>Hydroxocobalamin |
|--|------|---|--------------------------------|

### PYRIDOXINE HYDROCHLORIDE

- |  |       |     |                       |
|--|-------|-----|-----------------------|
| Tab 25 mg – 1% DV Sep-11 to 2014 ..... | 2.20  | 90  | <b>PyridoxADE</b>     |
| Tab 50 mg – 1% DV Sep-11 to 2014 ..... | 12.16 | 500 | <b>Apo-Pyridoxine</b> |
| Inj 100 mg per ml, 1 ml ampoule        |       |     |                       |

### THIAMINE HYDROCHLORIDE

- Tab 50 mg
- Tab 100 mg
- Inj 100 mg per ml, 2 ml vial

### VITAMIN B COMPLEX

- Tab strong, BPC

## Vitamin C

### ASCORBIC ACID

- |   |      |     |              |
|---|------|-----|--------------|
| Tab 100 mg – 1% DV Nov-13 to 2016 ..... | 7.00 | 500 | <b>Cvite</b> |
| Tab chewable 250 mg                     |      |     |              |

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Vitamin D</b>			
ALFACALCIDOL			
Cap 0.25 mcg .....	26.32	100	One-Alpha
Cap 1 mcg .....	87.98	100	One-Alpha
Oral drops 2 mcg per ml			
CALCITRIOL			
Cap 0.25 mcg .....	3.03	30	Airflow
	10.10	100	Calcitriol-AFT
Cap 0.5 mcg .....	5.62	30	Airflow
	18.73	100	Calcitriol-AFT
Oral liq 1 mcg per ml			
Inj 1 mcg per ml, 1 ml ampoule			
CHOLECALCIFEROL			
Tab 1.25 mg (50,000 iu) .....	7.76	12	Cal-d-Forte

**Vitamin E**

 ALPHA TOCOPHERYL ACETATE – **Restricted** see terms below

- ⚡ Cap 100 u
- ⚡ Cap 500 u
- ⚡ Oral liq 156 u per ml

 ➡ **Restricted**
**Cystic fibrosis**

Both:

- 1 Cystic fibrosis patient; and
- 2 Either:
  - 2.1 Patient has tried and failed the other available funded fat soluble vitamin A,D,E,K supplement (Vitabdeck); or
  - 2.2 The other available funded fat soluble vitamin A,D,E,K supplement (Vitabdeck) is contraindicated or clinically inappropriate for the patient.

**Osteoradionecrosis**

For the treatment of osteoradionecrosis

**Other indications**

All of the following:

- 1 Infant or child with liver disease or short gut syndrome; and
- 2 Requires vitamin supplementation; and
- 3 Either:
  - 3.1 Patient has tried and failed the other available funded fat soluble vitamin A,D,E,K supplements (Vitabdeck); or
  - 3.2 The other available funded fat soluble vitamin A,D,E,K supplement (Vitabdeck) is contraindicated or clinically inappropriate for patient.



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

**Antianaemics**

**Hypoplastic and Haemolytic**

ERYTHROPOIETIN ALPHA – **Restricted** see terms below

⚡ Inj 1,000 iu in 0.5 ml syringe .....	48.68	6	Eprex
⚡ Inj 2,000 iu in 0.5 ml syringe .....	120.18	6	Eprex
⚡ Inj 3,000 iu in 0.3 ml syringe .....	166.87	6	Eprex
⚡ Inj 4,000 iu in 0.4 ml syringe .....	193.13	6	Eprex
⚡ Inj 5,000 iu in 0.5 ml syringe .....	243.26	6	Eprex
⚡ Inj 6,000 iu in 0.6 ml syringe .....	291.92	6	Eprex
⚡ Inj 10,000 iu in 1 ml syringe .....	395.18	6	Eprex

➔ **Restricted**

Both:

- 1 Both:
  - 1.1 Patient in chronic renal failure; and
  - 1.2 Haemoglobin = 100g/L; and
- 2 Any of the following:
  - 2.1 Both:
    - 2.1.1 Patient is not diabetic; and
    - 2.1.2 Glomerular filtration rate = 30ml/min; or
  - 2.2 Both:
    - 2.2.1 Patient is diabetic; and
    - 2.2.2 Glomerular filtration rate = 45ml/min; or
  - 2.3 Patient is on haemodialysis or peritoneal dialysis.

ERYTHROPOIETIN BETA – **Restricted** see terms below

⚡ Inj 2,000 iu in 0.3 ml syringe .....	120.18	6	NeoRecormon
⚡ Inj 3,000 iu in 0.3 ml syringe .....	166.87	6	NeoRecormon
⚡ Inj 4,000 iu in 0.3 ml syringe .....	193.13	6	NeoRecormon
⚡ Inj 5,000 iu in 0.3 ml syringe .....	243.26	6	NeoRecormon
⚡ Inj 6,000 iu in 0.3 ml syringe .....	291.92	6	NeoRecormon
⚡ Inj 10,000 iu in 0.6 ml syringe .....	395.18	6	NeoRecormon

➔ **Restricted**

Both:

- 1 Both:
  - 1.1 Patient in chronic renal failure; and
  - 1.2 Haemoglobin = 100g/L; and
- 2 Any of the following:
  - 2.1 Both:
    - 2.1.1 Patient is not diabetic; and
    - 2.1.2 Glomerular filtration rate = 30ml/min; or
  - 2.2 Both:
    - 2.2.1 Patient is diabetic; and
    - 2.2.2 Glomerular filtration rate = 45ml/min; or
  - 2.3 Patient is on haemodialysis or peritoneal dialysis.

# BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Megaloblastic</b>			
FOLIC ACID			
Tab 0.8 mg			
Tab 5 mg			
Oral liq 50 mcg per ml .....	24.00	25 ml	Biomed
Inj 5 mg per ml, 10 ml vial			
<b>Antifibrinolytics, Haemostatics and Local Sclerosants</b>			
APROTININ – <b>Restricted</b> see terms below			
☿ Inj 10,000 kIU per ml (equivalent to 200 mg per ml), 50 ml vial			
☛ <b>Restricted</b>			
Cardiac anaesthetist			
Either:			
1 Paediatric patient undergoing cardiopulmonary bypass procedure; or			
2 Adult patient undergoing cardiac surgical procedure where the significant risk of massive bleeding outweighs the potential adverse effects of the drug.			
FERRIC SUBSULFATE			
Gel 25.9%			
Soln 500 ml			
POLIDOCANOL			
Inj 0.5%, 30 ml vial			
SODIUM TETRADECYL SULPHATE			
Inj 3%, 2 ml ampoule			
THROMBIN			
Powder			
TRANEXAMIC ACID			
Tab 500 mg .....	32.92	100	Cyklokapron
Inj 100 mg per ml, 5 ml ampoule .....	124.73	10	Cyklokapron
<b>Blood Factors</b>			
EPTACOG ALFA [RECOMBINANT FACTOR VIIA]			
Inj 1 mg vial .....	1,163.75	1	NovoSeven RT
Inj 2 mg vial .....	2,327.50	1	NovoSeven RT
Inj 5 mg vial .....	5,818.75	1	NovoSeven RT
Inj 8 mg vial .....	9,310.00	1	NovoSeven RT
MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII]			
Inj 250 iu vial .....	225.00	1	Xyntha
Inj 500 iu vial .....	450.00	1	Xyntha
Inj 1,000 iu vial .....	900.00	1	Xyntha
Inj 2,000 iu vial .....	1,800.00	1	Xyntha
Inj 3,000 iu vial .....	2,700.00	1	Xyntha
NONACOG ALFA [RECOMBINANT FACTOR IX]			
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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>OCTOCOQ ALFA [RECOMBINANT FACTOR VIII]</b>			
Inj 250 iu vial .....	237.50	1	Advate
	250.00		Kogenate FS
Inj 500 iu vial .....	475.00	1	Advate
	500.00		Kogenate FS
Inj 1,000 iu vial .....	950.00	1	Advate
	1,000.00		Kogenate FS
Inj 1,500 iu vial .....	1,425.00	1	Advate
Inj 2,000 iu vial .....	1,900.00	1	Advate
	2,000.00		Kogenate FS
Inj 3,000 iu vial .....	2,850.00	1	Advate
	3,000.00		Kogenate FS

**Vitamin K**

**PHYTOMENADIONE**

Inj 2 mg in 0.2 ml ampoule .....	8.00	5	Konaktion MM
Inj 10 mg per ml, 1 ml ampoule .....	9.21	5	Konaktion MM

**Antithrombotics**

**Anticoagulants**

**BIVALIRUDIN – Restricted** see terms below

⚡ Inj 250 mg vial

➔ **Restricted**

Either:

- 1 For use in heparin-induced thrombocytopenia, heparin resistance or heparin intolerance; or
- 2 For use in patients undergoing endovascular procedures.

**DABIGATRAN**

Cap 75 mg .....	148.00	60	Pradaxa
Cap 110 mg .....	148.00	60	Pradaxa
Cap 150 mg .....	148.00	60	Pradaxa

**DALTEPARIN**

Inj 2,500 iu in 0.2 ml syringe .....	19.97	10	Fragmin
Inj 5,000 iu in 0.2 ml syringe .....	39.94	10	Fragmin
Inj 7,500 iu in 0.75 ml syringe .....	60.03	10	Fragmin
Inj 10,000 iu in 1 ml syringe .....	77.55	10	Fragmin
Inj 12,500 iu in 0.5 ml syringe .....	99.96	10	Fragmin
Inj 15,000 iu in 0.6 ml syringe .....	120.05	10	Fragmin
Inj 18,000 iu in 0.72 ml syringe .....	158.47	10	Fragmin

**DANAPAROID – Restricted** see terms below

⚡ Inj 750 u in 0.6 ml ampoule

➔ **Restricted**

For use in heparin-induced thrombocytopenia, heparin resistance or heparin intolerance

**DEFIBROTIDE – Restricted** see terms below

⚡ Inj 80 mg per ml, 2.5 ml ampoule

➔ **Restricted**

Haematologist

Patient has moderate or severe sinusoidal obstruction syndrome as a result of chemotherapy or regimen-related toxicities

# BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>DEXTROSE WITH SODIUM CITRATE AND CITRIC ACID [ACID CITRATE DEXTROSE A]</b>			
Inj 24.5 mg with sodium citrate 22 mg and citric acid 7.3 mg per ml, 100 ml bag			
<b>ENOXAPARIN</b>			
Inj 20 mg in 0.2 ml syringe – 1% DV Sep-12 to 2015 .....	37.24	10	<b>Clexane</b>
Inj 40 mg in 0.4 ml ampoule			
Inj 40 mg in 0.4 ml syringe – 1% DV Sep-12 to 2015 .....	49.69	10	<b>Clexane</b>
Inj 60 mg in 0.6 ml syringe – 1% DV Sep-12 to 2015 .....	74.91	10	<b>Clexane</b>
Inj 80 mg in 0.8 ml syringe – 1% DV Sep-12 to 2015 .....	99.86	10	<b>Clexane</b>
Inj 100 mg in 1 ml syringe – 1% DV Sep-12 to 2015 .....	125.06	10	<b>Clexane</b>
Inj 120 mg in 0.8 ml syringe – 1% DV Sep-12 to 2015 .....	155.40	10	<b>Clexane</b>
Inj 150 mg in 1 ml syringe – 1% DV Sep-12 to 2015 .....	177.60	10	<b>Clexane</b>
<b>FONDAPARINUX SODIUM – Restricted</b> see terms below			
⚡ Inj 2.5 mg in 0.5 ml syringe			
⚡ Inj 7.5 mg in 0.6 ml syringe			
➡ <b>Restricted</b>			
For use in heparin-induced thrombocytopenia, heparin resistance or heparin intolerance			
<b>HEPARIN SODIUM</b>			
Inj 100 iu per ml, 250 ml bag			
Inj 1,000 iu per ml, 1 ml ampoule .....	66.80	50	Mayne
Inj 1,000 iu per ml, 35 ml ampoule			
Inj 1,000 iu per ml, 5 ml ampoule .....	11.44	10	Pfizer
	46.30	50	Pfizer
Inj 5,000 iu in 0.2 ml ampoule			
Inj 5,000 iu per ml, 1 ml ampoule .....	14.20	5	Mayne
Inj 5,000 iu per ml, 5 ml ampoule .....	182.00	50	Pfizer
<b>HEPARINISED SALINE</b>			
Inj 10 iu per ml, 5 ml ampoule .....	32.50	50	Pfizer
Inj 100 iu per ml, 2 ml ampoule			
Inj 100 iu per ml, 5 ml ampoule			
<b>PHENINDIONE</b>			
Tab 10 mg			
Tab 25 mg			
Tab 50 mg			
<b>PROTAMINE SULPHATE</b>			
Inj 10 mg per ml, 5 ml ampoule			
<b>RIVAROXABAN – Restricted</b> see terms below			
⚡ Tab 10 mg .....	153.00	15	Xarelto
➡ <b>Restricted</b>			
Either:			
1 Limited to five weeks' treatment for the prophylaxis of venous thromboembolism following a total hip replacement; or			
2 Limited to two weeks' treatment for the prophylaxis of venous thromboembolism following a total knee replacement.			
<b>SODIUM CITRATE WITH SODIUM CHLORIDE AND POTASSIUM CHLORIDE</b>			
Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride 74.6 mcg per ml, 5,000 ml bag			
<b>TRISODIUM CITRATE</b>			
Inj 4%, 5 ml ampoule			
Inj 46.7%, 5 ml ampoule			

⚡ Item restricted (see ➡ above); ⚡ Item restricted (see ➡ below)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>WARFARIN SODIUM</b>			
Tab 1 mg .....	6.86	100	Marevan
Tab 2 mg .....			
Tab 3 mg .....	9.70	100	Marevan
Tab 5 mg .....	11.75	100	Marevan

**Antiplatelets**

**ASPIRIN**

- Tab 100 mg
- Suppos 300 mg

**CLOPIDOGREL**

Tab 75 mg – 1% DV Dec-13 to 2016 .....	5.48	84	<b>Arrow - Clopid</b>
	16.25	90	Apo-Clopidogrel

*(Apo-Clopidogrel Tab 75 mg to be delisted 1 December 2013)*

**DIPYRIDAMOLE**

Tab 25 mg			
Tab long-acting 150 mg – 1% DV Oct-11 to 2014 .....	11.52	60	<b>Pytazen SR</b>
Inj 5 mg per ml, 2 ml ampoule			

**EPTIFIBATIDE – Restricted** see terms below

⚡ Inj 2 mg per ml, 10 ml vial .....	111.00	1	Integrilin
⚡ Inj 750 mcg per ml, 100 ml vial .....	324.00	1	Integrilin

**↪Restricted**

For use in patients with acute coronary syndromes undergoing percutaneous coronary intervention

**PRASUGREL – Restricted** see terms below

⚡ Tab 5 mg .....	108.00	28	Effient
⚡ Tab 10 mg .....	120.00	28	Effient

**↪Restricted**

**Bare metal stents**

Limited to 6 months' treatment

Patient has undergone coronary angioplasty in the previous 4 weeks and is clopidogrel-allergic.

**Drug-eluting stents**

Limited to 12 months' treatment

Patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic.

**Stent thrombosis**

Patient has experienced cardiac stent thrombosis whilst on clopidogrel.

**Myocardial infarction**

Limited to 7 days' treatment

For short term use while in hospital following ST-elevated myocardial infarction.

Note: Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.

**TICAGRELOR – Restricted** see terms below

⚡ Tab 90 mg .....	90.00	56	Brilinta
-------------------	-------	----	----------

**↪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.

**TICLOPIDINE**

- Tab 250 mg

# BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Fibrinolytic Agents</b>			
ALTEPLASE			
Inj 10 mg vial			
Inj 50 mg vial			
STREPTOKINASE			
Inj 250,000 iu vial .....	117.70	1	Streptase
Inj 1,500,000 iu vial .....	188.10	1	Streptase
<i>(Streptase Inj 250,000 iu vial to be delisted 1 December 2013)</i>			
<i>(Streptase Inj 1,500,000 iu vial to be delisted 1 December 2013)</i>			
TENECTEPLASE			
Inj 50 mg vial			
UROKINASE			
Inj 10,000 iu vial			
Inj 50,000 iu vial			
Inj 100,000 iu vial			
Inj 500,000 iu vial			
<b>Colony-Stimulating Factors</b>			
<b>Granulocyte Colony-Stimulating Factors</b>			
FILGRASTIM – <b>Restricted</b> see terms below			
⚡ Inj 300 mcg in 0.5 ml syringe – 1% DV Jan-13 to 31 Dec 2015 .....	540.00	5	Zarzio
⚡ Inj 300 mcg in 1 ml vial .....	650.00	5	Neupogen
⚡ Inj 480 mcg in 0.5 ml syringe – 1% DV Jan-13 to 31 Dec 2015 .....	864.00	5	Zarzio
➡ <b>Restricted</b>			
Oncologist or haematologist			
PEGFILGRASTIM – <b>Restricted</b> see terms below			
⚡ Inj 6 mg per 0.6 ml syringe .....	1,080.00	1	Neulastim
➡ <b>Restricted</b>			
For prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk = 20%*).			
*Febrile neutropenia risk = 20% after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines.			
<b>Fluids and Electrolytes</b>			
<b>Intravenous Administration</b>			
CALCIUM CHLORIDE			
Inj 100 mg per ml, 10 ml vial			
CALCIUM GLUCONATE			
Inj 10%, 10 ml ampoule .....	21.40	10	Mayne
COMPOUND ELECTROLYTES			
Inj sodium 140 mmol/l with potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l and gluconate 23 mmol/l, bag .....	5.00	500 ml	Baxter
	3.10	1,000 ml	Baxter

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>COMPOUND ELECTROLYTES WITH GLUCOSE</b>			
Inj glucose 50 g with 140 mmol/l sodium, 5 mmol/l potassium, 1.5 mmol/l magnesium, 98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l gluconate, bag .....	7.00	1,000 ml	Baxter
<b>COMPOUND SODIUM LACTATE [HARTMANN'S SOLUTION]</b>			
Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bi-carbonate 29 mmol/l, chloride 111 mmol/l, bag .....	1.77	500 ml	Baxter
	1.80	1,000 ml	Baxter
<b>COMPOUND SODIUM LACTATE WITH GLUCOSE</b>			
Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bi-carbonate 29 mmol/l, chloride 111 mmol/l and glucose 5%, bag .....	5.38	1,000 ml	Baxter
<b>GLUCOSE</b>			
Inj 5%, bag .....	2.87	50 ml	Baxter
	2.84	100 ml	Baxter
	3.87	250 ml	Baxter
	1.77	500 ml	Baxter
	1.80	1,000 ml	Baxter
Inj 10%, bag .....	3.70	500 ml	Baxter
	5.29	1,000 ml	Baxter
Inj 50%, bag .....	6.84	500 ml	Baxter
Inj 50%, 10 ml ampoule – <b>1% DV Sep-11 to 2014</b> .....	19.50	5	<b>Biomed</b>
Inj 50%, 90 ml bottle – <b>1% DV Sep-11 to 2014</b> .....	11.25	1	<b>Biomed</b>
Inj 70%, 1,000 ml bag			
Inj 70%, 500 ml bag			
<b>GLUCOSE WITH POTASSIUM CHLORIDE</b>			
Inj 5% glucose with 20 mmol/l potassium chloride, bag .....	7.36	1,000 ml	Baxter
Inj 5% glucose with 30 mmol/l potassium chloride, 1,000 ml bag			
Inj 10% glucose with 10 mmol/l potassium chloride, 500 ml bag			
<b>GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE</b>			
Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, bag .....	3.45	500 ml	Baxter
	4.30	1,000 ml	Baxter
Inj 4% glucose with potassium chloride 30 mmol/l and sodium chloride 0.18%, bag .....	3.62	1,000 ml	Baxter
Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag			
Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag			
<b>GLUCOSE WITH SODIUM CHLORIDE</b>			
Inj glucose 2.5% with sodium chloride 0.45%, bag .....	4.95	500 ml	Baxter
Inj glucose 5% with sodium chloride 0.45%, bag .....	9.87	500 ml	Baxter
	5.80	1,000 ml	Baxter
Inj glucose 5% with sodium chloride 0.9%, bag .....	4.54	1,000 ml	Baxter
Inj glucose 5% with sodium chloride 0.2%, 500 ml bag			
<b>POTASSIUM CHLORIDE</b>			
Inj 75 mg (1 mmol) per ml, 10 ml ampoule			
Inj 225 mg (3 mmol) per ml, 20 ml ampoule			

# BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>POTASSIUM CHLORIDE WITH SODIUM CHLORIDE</b>			
Inj 20 mmol/l potassium chloride with 0.9% sodium chloride, bag .....	3.85	1,000 ml	Baxter
Inj 30 mmol/l potassium chloride with 0.9% sodium chloride, bag .....	2.59	1,000 ml	Baxter
Inj 40 mmol/l potassium chloride with 0.9% sodium chloride, bag .....	6.62	1,000 ml	Baxter
Inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag			
Inj 40 mmol/l potassium chloride with 0.9% sodium chloride, 100 ml bag			
<b>POTASSIUM DIHYDROGEN PHOSPHATE</b>			
Inj 1 mmol per ml, 10 ml ampoule			
<b>RINGER'S SOLUTION</b>			
Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, bag .....	5.13	1,000 ml	Baxter
<b>SODIUM ACETATE</b>			
Inj 4 mmol per ml, 20 ml ampoule			
<b>SODIUM BICARBONATE</b>			
Inj 8.4%, 10 ml vial			
Inj 8.4%, 50 ml vial .....	19.95	1	Biomed
Inj 8.4%, 100 ml vial .....	20.50	1	Biomed
<b>SODIUM CHLORIDE</b>			
Inj 0.45%, bag .....	5.50	500 ml	Baxter
⚡ Inj 0.9%, 3 ml syringe			
➡ <b>Restricted</b>			
For use in flushing of in-situ vascular access devices only.			
Inj 0.9%, bag .....	1.70	500 ml	Freeflex
	1.71	1,000 ml	Freeflex
	3.01	50 ml	Baxter
	2.28	100 ml	Baxter
	3.60	250 ml	Baxter
	1.77	500 ml	Baxter
	1.80	1,000 ml	Baxter
⚡ Inj 0.9%, 5 ml syringe			
➡ <b>Restricted</b>			
For use in flushing of in-situ vascular access devices only.			
⚡ Inj 0.9%, 10 ml syringe			
➡ <b>Restricted</b>			
For use in flushing of in-situ vascular access devices only.			
Inj 3%, bag .....	5.69	1,000 ml	Baxter
Inj 0.9%, 5 ml ampoule .....	10.85	50	Multichem
	15.50		Pfizer
Inj 0.9%, 10 ml ampoule .....	11.50	50	Multichem
	15.50		Pfizer
Inj 0.9%, 20 ml ampoule .....	8.41	20	Multichem
Inj 23.4% (4 mmol/ml), 20 ml – <b>1% DV Sep-13 to 2016</b> .....	31.25	5	<b>Biomed</b>
Inj 1.8%, 500 ml bottle			
<b>SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]</b>			
Inj 1 mmol per ml, 20 ml ampoule			

⚡ Item restricted (see ➡ above); ⚡ Item restricted (see ➡ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>WATER</b>			
Inj, bag .....	2.75	1,000 ml	Baxter
Inj 5 ml ampoule .....	10.25	50	Multichem
Inj 10 ml ampoule .....	11.25	50	Multichem
Inj 20 ml ampoule .....	6.50	20	Multichem
Inj 250 ml bag			
Inj 500 ml bag			

**Oral Administration**

<b>CALCIUM POLYSTYRENE SULPHONATE</b>			
Powder .....	169.85	300 g	Calcium Resonium
<b>COMPOUND ELECTROLYTES</b>			
Powder for oral soln			
<b>COMPOUND ELECTROLYTES WITH GLUCOSE</b>			
Soln with electrolytes			
<b>PHOSPHORUS</b>			
Tab eff 500 mg			
<b>POTASSIUM CHLORIDE</b>			
Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)			
Tab long-acting 600 mg (8 mmol) – 1% DV Oct-12 to 2015 .....	7.42	200	<b>Span-K</b>
Oral liq 2 mmol per ml			
<b>SODIUM BICARBONATE</b>			
Cap 840 mg .....	8.52	100	Sodibic
<b>SODIUM CHLORIDE</b>			
Tab 600 mg			
Oral liq 2 mmol/ml			
<b>SODIUM POLYSTYRENE SULPHONATE</b>			
Powder			

**Plasma Volume Expanders**

<b>GELATINE, SUCCINYLATED</b>			
Inj 4%, 500 ml bag .....	92.50	10	Gelafusal
	108.00		Gelofusine
<b>HYDROXYETHYL STARCH 130/0.4 WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE AND SODIUM CHLORIDE</b>			
Inj 6% with magnesium chloride 0.03%, potassium chloride 0.03%, sodium acetate 0.463% and sodium chloride 0.6%, 500 ml bag .....	198.00	20	Volulyte 6%
<b>HYDROXYETHYL STARCH 130/0.4 WITH SODIUM CHLORIDE</b>			
Inj 6% with sodium chloride 0.9%, 500 ml bag .....	198.00	20	Voluven

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

**Agents Affecting the Renin-Angiotensin System**

**ACE Inhibitors**

<b>CAPTOPRIL</b>			
Tab 12.5 mg .....	2.00	100	m-Captopril
Tab 25 mg .....	2.40	100	m-Captopril
Tab 50 mg .....	3.50	100	m-Captopril
☯ Oral liq 5 mg per ml .....	94.99	95 ml	Capoten
☛ <b>Restricted</b>			
Any of the following:			
1 For use in children under 12 years of age; or			
2 For use in tube-fed patients; or			
3 For management of rebound transient hypertension following cardiac surgery.			
<b>CILAZAPRIL</b>			
Tab 0.5 mg – 1% DV Sep-13 to 2016 .....	2.00	90	<b>Zapril</b>
Tab 2.5 mg – 1% DV Sep-13 to 2016 .....	4.31	90	<b>Zapril</b>
Tab 5 mg – 1% DV Sep-13 to 2016 .....	6.98	90	<b>Zapril</b>
<b>ENALAPRIL MALEATE</b>			
Tab 5 mg .....	1.07	90	m-Enalapril
	1.19	100	Ethics Enalapril
Tab 10 mg .....	1.32	90	m-Enalapril
	1.47	100	Ethics Enalapril
Tab 20 mg .....	1.72	90	m-Enalapril
	1.91	100	Ethics Enalapril
<b>LISINOPRIL</b>			
Tab 5 mg – 1% DV Jan-13 to 2015 .....	3.58	90	<b>Arrow-Lisinopril</b>
Tab 10 mg – 1% DV Jan-13 to 2015 .....	4.08	90	<b>Arrow-Lisinopril</b>
Tab 20 mg – 1% DV Jan-13 to 2015 .....	4.88	90	<b>Arrow-Lisinopril</b>
<b>PERINDOPRIL</b>			
Tab 2 mg .....	3.75	30	Apo-Perindopril
Tab 4 mg .....	4.80	30	Apo-Perindopril
<b>QUINAPRIL</b>			
Tab 5 mg – 1% DV Apr-13 to 2015 .....	3.44	90	<b>Arrow-Quinapril 5</b>
Tab 10 mg – 1% DV Apr-13 to 2015 .....	4.64	90	<b>Arrow-Quinapril 10</b>
Tab 20 mg – 1% DV Apr-13 to 2015 .....	6.34	90	<b>Arrow-Quinapril 20</b>
<b>TRANDOLAPRIL – Restricted:</b> For continuation only			
☛ Cap 1 mg			
☛ Cap 2 mg			

**ACE Inhibitors with Diuretics**

<b>CILAZAPRIL WITH HYDROCHLOROTHIAZIDE</b>			
Tab 5 mg with hydrochlorothiazide 12.5 mg .....	6.30	28	Inhibace Plus
<b>ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE – Restricted:</b> For continuation only			
☛ Tab 20 mg with hydrochlorothiazide 12.5 mg			
<b>QUINAPRIL WITH HYDROCHLOROTHIAZIDE</b>			
Tab 10 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015 .....	3.37	30	<b>Accuretic 10</b>
Tab 20 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015 .....	4.57	30	<b>Accuretic 20</b>

☛ Item restricted (see ☛ above); ☯ Item restricted (see ☛ below)  
e.g. *Brand* indicates brand example only. It is not a contracted product.

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

### Angiotensin II Antagonists

CANDESARTAN CILEXETIL – **Restricted** see terms below

⚡ Tab 4 mg – 1% DV Nov-12 to 2015 .....	4.13	90	<b>Candestar</b>
⚡ Tab 8 mg – 1% DV Nov-12 to 2015 .....	6.10	90	<b>Candestar</b>
⚡ Tab 16 mg – 1% DV Nov-12 to 2015 .....	10.18	90	<b>Candestar</b>
⚡ Tab 32 mg – 1% DV Nov-12 to 2015 .....	17.66	90	<b>Candestar</b>

➔ **Restricted**

**ACE inhibitor intolerance**

Either:

- 1 Patient has persistent ACE inhibitor induced cough that is not resolved by ACE inhibitor retrial (same or new ACE inhibitor); or
- 2 Patient has a history of angioedema.

**Unsatisfactory response to ACE inhibitor**

Patient is not adequately controlled on maximum tolerated dose of an ACE inhibitor.

LOSARTAN POTASSIUM

Tab 12.5 mg – 1% DV Dec-11 to 2014 .....	2.88	90	<b>Lostaar</b>
Tab 25 mg – 1% DV Dec-11 to 2014 .....	3.20	90	<b>Lostaar</b>
Tab 50 mg – 1% DV Dec-11 to 2014 .....	5.22	90	<b>Lostaar</b>
Tab 100 mg – 1% DV Dec-11 to 2014 .....	8.68	90	<b>Lostaar</b>

### Angiotensin II Antagonists with Diuretics

LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE

Tab 50 mg with hydrochlorothiazide 12.5 mg – 1% DV Dec-11 to 2014 .....	4.89	30	<b>Arrow-Losartan &amp; Hydrochlorothiazide</b>
---	------	----	---

### Alpha-Adrenoceptor Blockers

DOXAZOSIN

Tab 2 mg – 1% DV Jun-11 to 2014 .....	8.23	500	<b>Apo-Doxazosin</b>
Tab 4 mg – 1% DV Jun-11 to 2014 .....	12.40	500	<b>Apo-Doxazosin</b>

PHENOXYBENZAMINE HYDROCHLORIDE

Cap 10 mg  
Inj 50 mg per ml, 2 ml ampoule

PHENTOLAMINE MESYLATE

Inj 10 mg per ml, 1 ml ampoule

PRAZOSIN

Tab 1 mg .....	5.53	100	<b>Apo-Prazo</b>
Tab 2 mg .....	7.00	100	<b>Apo-Prazo</b>
Tab 5 mg .....	11.70	100	<b>Apo-Prazo</b>

TERAZOSIN

Tab 1 mg – 1% DV Sep-13 to 2016 .....	0.50	28	<b>Arrow</b>
Tab 2 mg – 1% DV Sep-13 to 2016 .....	0.45	28	<b>Arrow</b>
Tab 5 mg – 1% DV Sep-13 to 2016 .....	0.68	28	<b>Arrow</b>

### Antiarrhythmics

ADENOSINE

Inj 3 mg per ml, 2 ml vial  
⚡ Inj 3 mg per ml, 10 ml vial

# CARDIOVASCULAR SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔Restricted</b>			
For use in cardiac catheterisation, electrophysiology and MRI.			
AJMALINE – <b>Restricted</b> see terms below			
⚡ Inj 5 mg per ml, 10 ml ampoule			
<b>➔Restricted</b>			
Cardiologist			
AMIODARONE HYDROCHLORIDE			
Tab 100 mg			
Tab 200 mg			
Inj 50 mg per ml, 3 ml ampoule – 1% DV Aug-13 to 2016.....	22.80	6	<b>Cordarone-X</b>
ATROPINE SULPHATE			
Inj 600 mcg per ml, 1 ml ampoule – 1% DV Jan-13 to 2015 .....	71.00	50	<b>AstraZeneca</b>
DIGOXIN			
Tab 62.5 mcg			
Tab 250 mcg			
Oral liq 50 mcg per ml			
Inj 250 mcg per ml, 2 ml vial			
DISOPYRAMIDE PHOSPHATE			
Cap 100 mg			
Cap 150 mg			
FLECAINIDE ACETATE			
Tab 50 mg .....	45.82	60	Tambocor
Tab 100 mg .....	80.92	60	Tambocor
Cap long-acting 100 mg .....	45.82	30	Tambocor CR
Cap long-acting 200 mg .....	80.92	30	Tambocor CR
Inj 10 mg per ml, 15 ml ampoule .....	52.45	5	Tambocor
MEXILETINE HYDROCHLORIDE			
Cap 150 mg .....	65.00	100	Mexiletine Hydrochloride USP
Cap 250 mg .....	102.00	100	Mexiletine Hydrochloride USP
PROPAFENONE HYDROCHLORIDE			
Tab 150 mg			

## Antihypotensives

MIDODRINE – **Restricted** see terms below

⚡ Tab 2.5 mg

⚡ Tab 5 mg

**➔Restricted**

All of the following:

- 1 Disabling orthostatic hypotension not due to drugs; and
- 2 Patient has tried fludrocortisone (unless contra-indicated) with unsatisfactory results; and
- 3 Patient has tried non-pharmacological treatments such as support hose, increased salt intake, exercise, and elevation of head and trunk at night.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Beta-Adrenoceptor Blockers</b>			
<b>ATENOLOL</b>			
Tab 50 mg – 1% DV Oct-12 to 2015 .....	5.56	500	<b>Mylan Atenolol</b>
Tab 100 mg – 1% DV Oct-12 to 2015 .....	9.12	500	<b>Mylan Atenolol</b>
Oral liq 5 mg per ml .....	21.25	300 ml	Atenolol-AFT
<b>BISOPROLOL</b>			
Tab 2.5 mg .....	3.88	30	Bosvate
Tab 5 mg .....	4.74	30	Bosvate
Tab 10 mg .....	9.18	30	Bosvate
<b>CARVEDILOL</b>			
Tab 6.25 mg .....	21.00	30	Dilatrend
Tab 12.5 mg .....	27.00	30	Dilatrend
Tab 25 mg .....	33.75	30	Dilatrend
<b>CELIPROLOL</b>			
Tab 200 mg .....	19.00	180	Celol
<b>ESMOLOL HYDROCHLORIDE</b>			
Inj 10 mg per ml, 10 ml vial			
<b>LABETALOL</b>			
Tab 50 mg .....	8.23	100	Hybloc
Tab 100 mg .....	10.06	100	Hybloc
Tab 200 mg .....	17.55	100	Hybloc
Tab 400 mg			
Inj 5 mg per ml, 20 ml ampoule			
<b>METOPROLOL SUCCINATE</b>			
Tab long-acting 23.75 mg – 1% DV Sep-12 to 2015 .....	0.96	30	<b>Metoprolol - AFT CR</b>
Tab long-acting 47.5 mg – 1% DV Sep-12 to 2015 .....	1.41	30	<b>Metoprolol - AFT CR</b>
Tab long-acting 95 mg – 1% DV Sep-12 to 2015 .....	2.42	30	<b>Metoprolol - AFT CR</b>
Tab long-acting 190 mg – 1% DV Sep-12 to 2015 .....	4.66	30	<b>Metoprolol - AFT CR</b>
<b>METOPROLOL TARTRATE</b>			
Tab 50 mg – 1% DV Aug-12 to 2015 .....	16.00	100	<b>Lopresor</b>
Tab 100 mg – 1% DV Aug-12 to 2015 .....	21.00	60	<b>Lopresor</b>
Tab long-acting 200 mg – 1% DV Aug-12 to 2015 .....	18.00	28	<b>Slow-Lopresor</b>
Inj 1 mg per ml, 5 ml vial – 1% DV Dec-12 to 2015 .....	24.00	5	<b>Lopresor</b>
<b>NADOLOL</b>			
Tab 40 mg – 1% DV Apr-13 to 2015 .....	15.57	100	<b>Apo-Nadolol</b>
Tab 80 mg – 1% DV Apr-13 to 2015 .....	23.74	100	<b>Apo-Nadolol</b>
<b>PINDOLOL</b>			
Tab 5 mg – 1% DV Nov-13 to 2016 .....	9.72	100	<b>Apo-Pindolol</b>
Tab 10 mg – 1% DV Nov-13 to 2016 .....	15.62	100	<b>Apo-Pindolol</b>
Tab 15 mg – 1% DV Nov-13 to 2016 .....	23.46	100	<b>Apo-Pindolol</b>
<b>PROPRANOLOL</b>			
Tab 10 mg .....	3.65	100	Apo-Propranolol
Tab 40 mg .....	4.65	100	Apo-Propranolol
Cap long-acting 160 mg .....	16.06	100	Cardinol LA
Oral liq 4 mg per ml			
Inj 1 mg per ml, 1 ml ampoule			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SOTALOL</b>			
Tab 80 mg .....	27.50	500	Mylan
Tab 160 mg .....	10.50	100	Mylan
Inj 10 mg per ml, 4 ml ampoule .....	65.39	5	Sotacor

**TIMOLOL MALEATE**

Tab 10 mg

**Calcium Channel Blockers**
**Dihydropyridine Calcium Channel Blockers**
**AMLODIPINE**

Tab 2.5 mg – 1% DV Mar-12 to 2014 .....	2.45	100	<b>Apo-Amlodipine</b>
Tab 5 mg – 1% DV Oct-11 to 2014 .....	2.65	100	<b>Apo-Amlodipine</b>
Tab 10 mg – 1% DV Oct-11 to 2014 .....	4.15	100	<b>Apo-Amlodipine</b>

**FELODIPINE**

Tab long-acting 2.5 mg – 1% DV Sep-12 to 2015 .....	2.90	30	<b>Plendil ER</b>
Tab long-acting 5 mg – 1% DV Nov-12 to 2015 .....	3.10	30	<b>Plendil ER</b>
Tab long-acting 10 mg – 1% DV Nov-12 to 2015 .....	4.60	30	<b>Plendil ER</b>

**ISRADIPINE**

Tab 2.5 mg  
Cap long-acting 2.5 mg  
Cap long-acting 5 mg

**NIFEDIPINE**

Tab long-acting 10 mg .....			
Tab long-acting 20 mg .....	9.59	100	Nyefax Retard
Tab long-acting 30 mg .....	8.56	30	Adefin XL
			Arrow-Nifedipine XR
Tab long-acting 60 mg .....	12.28	30	Adefin XL
			Arrow-Nifedipine XR

Cap 5 mg

**NIMODIPINE**

Tab 30 mg  
Inj 200 mcg per ml, 50 ml vial

**Other Calcium Channel Blockers**
**DILTIAZEM HYDROCHLORIDE**

Tab 30 mg – 5% DV Sep-12 to 2015 .....	4.60	100	<b>Dilzem</b>
Tab 60 mg – 5% DV Sep-12 to 2015 .....	8.50	100	<b>Dilzem</b>
Cap long-acting 120 mg – 5% DV Feb-13 to 2015 .....	31.83	500	<b>Apo-Diltiazem CD</b>
Cap long-acting 180 mg – 5% DV Feb-13 to 2015 .....	47.67	500	<b>Apo-Diltiazem CD</b>
Cap long-acting 240 mg – 5% DV Feb-13 to 2015 .....	63.58	500	<b>Apo-Diltiazem CD</b>
Inj 5 mg per ml, 5 ml vial			

**PERHEXILINE MALEATE – Restricted** see terms below

☞ Tab 100 mg ..... 62.90 100 Pexsig

**☞ Restricted**

- Both:
- 1 Patient has refractory angina; and
  - 2 Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long-acting nitrate.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>VERAPAMIL HYDROCHLORIDE</b>			
Tab 40 mg – 1% DV Sep-11 to 2014 .....	7.01	100	<b>Isoptin</b>
Tab 80 mg – 1% DV Sep-11 to 2014 .....	11.74	100	<b>Isoptin</b>
Tab long-acting 120 mg .....	15.20	250	Verpamil SR
Tab long-acting 240 mg .....	25.00	250	Verpamil SR
Inj 2.5 mg per ml, 2 ml ampoule .....	7.54	5	Isoptin

**Centrally-Acting Agents**

<b>CLONIDINE</b>			
Patch 2.5 mg, 100 mcg per day .....	23.30	4	Catapres-TTS-1
Patch 5 mg, 200 mcg per day .....	32.80	4	Catapres-TTS-2
Patch 7.5 mg, 300 mcg per day .....	41.20	4	Catapres-TTS-3

<b>CLONIDINE HYDROCHLORIDE</b>			
Tab 25 mcg – 1% DV Jul-13 to 2015 .....	15.09	112	<b>Clonidine BNM</b>
Tab 150 mcg – 1% DV Feb-13 to 2015 .....	34.32	100	<b>Catapres</b>
Inj 150 mcg per ml, 1 ml ampoule – 1% DV Nov-12 to 2015 .....	16.07	5	<b>Catapres</b>

<b>METHYLDOPA</b>			
Tab 125 mg .....	14.25	100	Prodopa
Tab 250 mg .....	15.10	100	Prodopa
Tab 500 mg .....	23.15	100	Prodopa

**Diuretics**

**Loop Diuretics**

<b>BUMETANIDE</b>			
Tab 1 mg .....	16.36	100	Burinex
Inj 500 mcg per ml, 4 ml vial			

<b>FUROSEMIDE (FRUSEMIDE)</b>			
Tab 40 mg – 1% DV Sep-12 to 2015 .....	10.25	1,000	<b>Diurin 40</b>
Tab 500 mg – 1% DV Feb-13 to 2015 .....	25.00	50	<b>Urex Forte</b>
Oral liq 10 mg per ml			
Inj 10 mg per ml, 2 ml ampoule .....	1.30	5	Frusemide-Claris
Inj 10 mg per ml, 25 ml ampoule			

**Osmotic Diuretics**

<b>MANNITOL</b>			
Inj 10%, 1,000 ml bag .....	14.21	1,000 ml	Baxter
Inj 15%, 500 ml bag .....	9.84	500 ml	Baxter
Inj 20%, 500 ml bag .....	10.80	500 ml	Baxter

**Potassium Sparing Combination Diuretics**

<b>AMILORIDE HYDROCHLORIDE WITH FUROSEMIDE</b>			
Tab 5 mg with furosemide 40 mg			
<b>AMILORIDE HYDROCHLORIDE WITH HYDROCHLOROTHIAZIDE</b>			
Tab 5 mg with hydrochlorothiazide 50 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Potassium Sparing Diuretics</b>			
<b>AMILORIDE HYDROCHLORIDE</b>			
Tab 5 mg .....	17.50	100	Apo-Amiloride
Oral liq 1 mg per ml .....	30.00	25 ml	Biomed
<b>SPIRONOLACTONE</b>			
Tab 25 mg – 1% DV Sep-13 to 2016 .....	3.65	100	<b>Spirotone</b>
Tab 100 mg – 1% DV Sep-13 to 2016 .....	11.80	100	<b>Spirotone</b>
Oral liq 5 mg per ml .....	30.00	25 ml	Biomed
<b>Thiazide and Related Diuretics</b>			
<b>BENDROFLUMETHAZIDE [BENDROFLUAZIDE]</b>			
Tab 2.5 mg – 1% DV Sep-11 to 2014 .....	6.48	500	<b>Arrow-Bendrofluazide</b>
Tab 5 mg – 1% DV Sep-11 to 2014 .....	9.95	500	<b>Arrow-Bendrofluazide</b>
<b>CHLOROTHIAZIDE</b>			
Oral liq 50 mg per ml .....	26.00	25 ml	Biomed
<b>CHLORTALIDONE [CHLORThALIDONE]</b>			
Tab 25 mg .....	8.00	50	Hygroton
<b>INDAPAMIDE</b>			
Tab 2.5 mg – 1% DV Oct-13 to 2016 .....	2.25	90	<b>Dapa-Tabs</b>
<b>METOLAZONE – Restricted</b> see terms below			
⚠ Tab 5 mg			
<b>➡Restricted</b>			
Either:			
1 Patient has refractory heart failure and is intolerant or 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			
<b>Lipid-Modifying Agents</b>			
<b>Fibrates</b>			
<b>BEZAFIBRATE</b>			
Tab 200 mg – 1% DV Mar-13 to 2015 .....	9.70	90	<b>Bezalip</b>
Tab long-acting 400 mg – 1% DV Oct-12 to 2015 .....	5.70	30	<b>Bezalip Retard</b>
<b>GEMFIBROZIL</b>			
Tab 600 mg – 1% DV Nov-13 to 2016 .....	17.60	60	<b>Lipazil</b>
<b>HMG CoA Reductase Inhibitors (Statins)</b>			
<b>ATORVASTATIN</b>			
Tab 10 mg – 1% DV Oct-12 to 2015 .....	2.52	90	<b>Zarator</b>
Tab 20 mg – 1% DV Oct-12 to 2015 .....	4.17	90	<b>Zarator</b>
Tab 40 mg – 1% DV Oct-12 to 2015 .....	7.32	90	<b>Zarator</b>
Tab 80 mg – 1% DV Oct-12 to 2015 .....	16.23	90	<b>Zarator</b>
<b>PRAVASTATIN</b>			
Tab 10 mg			
Tab 20 mg – 1% DV Nov-11 to 2014 .....	5.44	30	<b>Cholvastin</b>
Tab 40 mg – 1% DV Nov-11 to 2014 .....	9.28	30	<b>Cholvastin</b>



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SIMVASTATIN</b>			
Tab 10 mg – 1% DV Sep-11 to 2014 .....	1.40	90	<b>Arrow-Simva</b>
Tab 20 mg – 1% DV Sep-11 to 2014 .....	1.95	90	<b>Arrow-Simva</b>
Tab 40 mg – 1% DV Sep-11 to 2014 .....	3.18	90	<b>Arrow-Simva</b>
Tab 80 mg – 1% DV Sep-11 to 2014 .....	9.31	90	<b>Arrow-Simva</b>

**Resins**

CHOLESTYRAMINE  
Powder for oral liq 4 g

COLESTIPOL HYDROCHLORIDE  
Grans for oral liq 5 g

**Selective Cholesterol Absorption Inhibitors**

EZETIMIBE – **Restricted** see terms below

⚡ Tab 10 mg

➡ **Restricted**

All of the following:

- 1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and
- 2 Patient's LDL cholesterol is 2.0 mmol/litre or greater; and
- 3 Any of the following:
  - 3.1 The patient has rhabdomyolysis (defined as muscle aches and creatine kinase more than 10 × normal) when treated with one statin; or
  - 3.2 The patient is intolerant to both simvastatin and atorvastatin; or
  - 3.3 The patient has not reduced their LDL cholesterol to less than 2.0 mmol/litre with the use of the maximal tolerated dose of atorvastatin.

EZETIMIBE WITH SIMVASTATIN – **Restricted** see terms below

⚡ Tab 10 mg with simvastatin 10 mg

⚡ Tab 10 mg with simvastatin 20 mg

⚡ Tab 10 mg with simvastatin 40 mg

⚡ Tab 10 mg with simvastatin 80 mg

➡ **Restricted**

All of the following:

- 1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and
- 2 Patient's LDL cholesterol is 2.0 mmol/litre or greater; and
- 3 The patient has not reduced their LDL cholesterol to less than 2.0 mmol/litre with the use of the maximal tolerated dose of atorvastatin.

**Other Lipid-Modifying Agents**

ACIPIMOX  
Cap 250 mg

NICOTINIC ACID  
Tab 50 mg  
Tab 500 mg

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Nitrates</b>			
<b>GLYCERYL TRINITRATE</b>			
Tab 600 mcg – 1% DV Sep-11 to 2014.....	8.00	100	<b>Lycinate</b>
Inj 1 mg per ml, 5 ml ampoule – 1% DV Dec-12 to 2015.....	22.70	10	<b>Nitronal</b>
Inj 1 mg per ml, 50 ml vial – 1% DV Dec-12 to 2015.....	86.60	10	<b>Nitronal</b>
Inj 5 mg per ml, 10 ml ampoule .....	40.00	5	Mayne
Oral spray, 400 mcg per dose – 1% DV Mar-12 to 2014.....	4.45	250 dose	<b>Glytrin</b>
Patch 25 mg, 5 mg per day – 1% DV Sep-11 to 2014 .....	16.56	30	<b>Nitroderm TTS 5</b>
Patch 50 mg, 10 mg per day – 1% DV Sep-11 to 2014 .....	19.50	30	<b>Nitroderm TTS 10</b>
<b>ISOSORBIDE MONONITRATE</b>			
Tab 20 mg – 1% DV Jun-11 to 2014.....	17.10	100	<b>Ismo-20</b>
Tab long-acting 40 mg – 1% DV Jun-11 to 2014 .....	7.50	30	<b>Corangin</b>
Tab long-acting 60 mg .....	3.94	90	Duride

**Other Cardiac Agents**

LEVOSIMENDAN – **Restricted** see terms below

- ⚡ Inj 2.5 mg per ml, 5 ml vial
- ⚡ Inj 2.5 mg per ml, 10 ml vial

➡ **Restricted**

**Heart transplant**

Either:

- 1 For use as a bridge to heart transplant, in patients who have been accepted for transplant; or
- 2 For the treatment of heart failure following heart transplant.

**Heart failure - cardiologist or intensivist**

For the treatment of severe acute decompensated heart failure that is non-responsive to dobutamine.

**Sympathomimetics**

**ADRENALINE**

Inj 1 in 1,000, 1 ml ampoule .....	4.98	5	Aspen Adrenaline
	5.25		Mayne
Inj 1 in 1,000, 30 ml vial			
Inj 1 in 10,000, 10 ml ampoule .....	27.00	5	Mayne
	49.00	10	Aspen Adrenaline
Inj 1 in 10,000, 10 ml syringe			

**DOBUTAMINE HYDROCHLORIDE**

Inj 12.5 mg per ml, 20 ml vial

**DOPAMINE HYDROCHLORIDE**

Inj 40 mg per ml, 5 ml ampoule – 1% DV Sep-12 to 2015.....69.77 10 **Martindale**

**EPHEDRINE**

Inj 3 mg per ml, 10 ml syringe

Inj 30 mg per ml, 1 ml ampoule – 1% DV Nov-12 to 2014.....66.00 10 **Max Health**

**ISOPRENALINE**

Inj 200 mcg per ml, 1 ml ampoule

Inj 200 mcg per ml, 5 ml ampoule

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>METARAMINOL</b>			
Inj 0.5 mg per ml, 20 ml syringe			
Inj 1 mg per ml, 1 ml ampoule			
Inj 1 mg per ml, 10 ml syringe			
Inj 10 mg per ml, 1 ml ampoule			
<b>NORADRENALINE</b>			
Inj 0.06 mg per ml, 100 ml bag			
Inj 0.06 mg per ml, 50 ml syringe			
Inj 0.1 mg per ml, 100 ml bag			
Inj 0.12 mg per ml, 100 ml bag			
Inj 0.12 mg per ml, 50 ml syringe			
Inj 0.16 mg per ml, 50 ml syringe			
Inj 1 mg per ml, 100 ml bag			
Inj 1 mg per ml, 2 ml ampoule .....	42.00	6	Levophed
<b>PHENYLEPHRINE HYDROCHLORIDE</b>			
Inj 10 mg per ml, 1 ml vial .....	115.50	25	Neosynephrine HCL

**Vasodilators**

<b>ALPROSTADIL HYDROCHLORIDE</b>			
Inj 500 mcg per ml, 1 ml ampoule – 1% DV Oct-12 to 2015.....	1,417.50	5	<b>Prostin VR</b>

**AMYL NITRITE**  
Liq 98% in 3 ml capsule

**DIAZOXIDE**  
Inj 15 mg per ml, 20 ml ampoule

**HYDRALAZINE HYDROCHLORIDE**  
⚡ Tab 25 mg

➡ **Restricted**

Either:

- 1 For the treatment of refractory hypertension; or
- 2 For the treatment of heart failure, in combination with a nitrate, in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers.

Inj 20 mg ampoule .....	25.90	5	Apresoline
	29.50		Apresoline s29

**MILRINONE**  
Inj 1 mg per ml, 10 ml ampoule

**MINOXIDIL – Restricted** see terms below  
⚡ Tab 10 mg

➡ **Restricted**

For patients with severe refractory hypertension who have failed to respond to extensive multiple therapies.

**NICORANDIL – Restricted** see terms below

⚡ Tab 10 mg .....	27.95	60	Ikorel
⚡ Tab 20 mg .....	33.28	60	Ikorel

➡ **Restricted**

Both:

- 1 Patient has refractory angina; and
- 2 Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long-acting nitrate.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PAPAVERINE HYDROCHLORIDE</b>			
Inj 30 mg per ml, 1 ml vial			
Inj 12 mg per ml, 10 ml ampoule .....	73.12	5	Mayne
<b>PENTOXIFYLLINE [OXPENTIFYLLINE]</b>			
Tab 400 mg			
<b>SODIUM NITROPRUSSIDE</b>			
Inj 50 mg vial			

## Endothelin Receptor Antagonists

**AMBRISENTAN – Restricted** see terms below

⚡ Tab 5 mg .....	4,585.00	30	Volibris
⚡ Tab 10 mg .....	4,585.00	30	Volibris

➡ **Restricted**

- 1 For use in patients with approval by the Pulmonary Arterial Hypertension Panel; or
- 2 In hospital stabilisations in emergency situations.

**BOSENTAN – Restricted** see terms below

⚡ Tab 62.5 mg .....	2,000.00	60	pms-Bosentan
	4,585.00		Tracleer
⚡ Tab 125 mg .....	2,000.00	60	pms-Bosentan
	4,585.00		Tracleer

➡ **Restricted**

- 1 For use in patients with approval by the Pulmonary Arterial Hypertension Panel; or
- 2 In hospital stabilisation in emergency situations.

## Phosphodiesterase Type 5 Inhibitors

**SILDENAFIL – Restricted** see terms below

⚡ Tab 25 mg – 1% DV May-13 to 2014 .....	1.85	4	<b>Silagra</b>
⚡ Tab 50 mg – 1% DV May-13 to 2014 .....	1.85	4	<b>Silagra</b>
⚡ Tab 100 mg – 1% DV May-13 to 2014 .....	7.45	4	<b>Silagra</b>

➡ **Restricted**

Any of the following:

- 1 For use in patients with approval by the Pulmonary Arterial Hypertension Panel; or
- 2 For use in neonatal units for persistent pulmonary hypertension of the newborn (PPHN); or
- 3 For use in weaning patients from inhaled nitric oxide; or
- 4 For perioperative use in cardiac surgery patients; or
- 5 For use in intensive care as an alternative to nitric oxide; or
- 6 In-hospital stabilisation in emergency situations; or
- 7 All of the following:
  - 7.1 Patient has Raynaud's phenomenon; and
  - 7.2 Patient has severe digital ischaemia (defined as severe pain requiring hospital admission or with a high likelihood of digital ulceration; digital ulcers; or gangrene); and
  - 7.3 Patient is following lifestyle management (proper body insulation, avoidance of cold exposure, smoking cessation support, avoidance of sympathomimetic drugs); and
  - 7.4 Patient has persisting severe symptoms despite treatment with calcium channel blockers and nitrates (unless contraindicated or not tolerated).

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

**Prostacyclin Analogues**

ILOPROST

Inj 50 mcg in 0.5 ml ampoule .....	925.00	5	Ilomedin
☛ Nebuliser soln 10 mcg per ml, 2 ml .....	1,185.00	30	Ventavis

☛ **Restricted**

Any of the following:

- 1 For use in patients with approval by the Pulmonary Arterial Hypertension Panel; or
- 2 For diagnostic use in catheter laboratories; or
- 3 For use following mitral or tricuspid valve surgery; or
- 4 In hospital stabilisation in emergency situations.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Anti-Infective Preparations</b>			
<b>Antibacterials</b>			
FUSIDATE SODIUM [FUSIDIC ACID]			
Crm 2% .....	3.25	15 g	Foban
Oint 2% – 1% DV Sep-13 to 2016 .....	3.45	15 g	Foban
HYDROGEN PEROXIDE			
Crm 1% .....	8.56	15 g	Crystaderm
Soln 3% (10 vol)			
MAFENIDE ACETATE – <b>Restricted</b> see terms below			
☒ Powder 50 g sachet			
➔ <b>Restricted</b>			
For the treatment of burns patients.			
MUPIROCIN			
Oint 2%			
SULPHADIAZINE SILVER			
Crm 1% .....	12.30	50 g	Flamazine
<b>Antifungals</b>			
AMOROLFINE – <b>Restricted</b> : For continuation only			
➔ Nail soln 5%			
CICLOPIROX OLAXMINE			
Nail soln 8%			
➔ Soln 1% – <b>Restricted</b> : For continuation only			
CLOTRIMAZOLE			
Crm 1% – 1% DV Nov-11 to 2014 .....	0.54	20 g	Clomazol
➔ Soln 1% – <b>Restricted</b> : For continuation only			
ECONAZOLE NITRATE			
➔ Crm 1% – <b>Restricted</b> : For continuation only			
Foaming soln 1%			
KETOCONAZOLE			
Shampoo 2% – 1% DV Sep-11 to 2014 .....	3.08	100 ml	Sebizole
METRONIDAZOLE			
Gel 0.75%			
MICONAZOLE NITRATE			
Crm 2% – 1% DV Nov-11 to 2014 .....	0.46	15 g	Multichem
➔ Lotn 2% – <b>Restricted</b> : For continuation only			
Tinc 2%			
NYSTATIN			
Crm 100,000 u per g			
<b>Antiparasitics</b>			
LINDANE [GAMMA BENZENE HEXACHLORIDE]			
Crm 1%			

↑ Item restricted (see ➔ above); ☒ Item restricted (see ➔ below)  
e.g. Brand indicates brand example only. It is not a contracted product.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MALATHION [MALDISON]</b>			
Lotn 0.5%			
Shampoo 1%			
<b>MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE</b>			
Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%			
Note: Temporary listing to cover out-of-stock.			
<b>PERMETHRIN</b>			
Crm 5% – 1% DV Sep-11 to 2014 .....	4.20	30 g	<b>Lyderm</b>
Lotn 5% – 1% DV Sep-11 to 2014 .....	3.24	30 ml	<b>A-Scabies</b>

### Antiacne Preparations

#### ADAPALENE

Crm 0.1%  
Gel 0.1%

#### BENZOYL PEROXIDE

Soln 5%

#### ISOTRETINOIN

    Cap 10 mg – 1% DV Jan-13 to 2015 ..... 18.71      120      **Oratane**  
    Cap 20 mg – 1% DV Jan-13 to 2015 ..... 28.91      120      **Oratane**

#### TRETINOIN

Crm 0.05%

### Antipruritic Preparations

#### CALAMINE

    Crm, aqueous, BP – 1% DV Mar-13 to 2015 ..... 1.77      100 g      **Pharmacy Health**  
    Lotn, BP – 1% DV Nov-12 to 2015 ..... 13.45      2,000 ml      **PSM**

#### CROTAMITON

    Crm 10% – 1% DV Sep-12 to 2015 ..... 3.48      20 g      **Itch-Soothe**

### Barrier Creams and Emollients

#### Barrier Creams

#### DIMETHICONE

Crm 5%

#### ZINC

Crm

*e.g. Zinc Cream  
(Orion); Zinc Cream  
(PSM)*

Oint  
Paste

*e.g. Zinc oxide (PSM)*

#### ZINC AND CASTOR OIL

    Crm – 1% DV Apr-12 to 2014 ..... 1.63      20 g      **Orion**  
    Oint, BP

#### ZINC WITH WOOL FAT

    Crm zinc 15.25% with wool fat 4% *e.g. Sudocrem*

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Emollients</b>			
<b>AQUEOUS CREAM</b>			
Crn 100 g – 1% DV Sep-11 to 2014 .....	1.23	100 g	<b>AFT</b>
Note: DV limit applies to the pack sizes of 100 g or less.			
Crn 500 g – 1% DV Sep-11 to 2014 .....	1.96	500 g	<b>AFT</b>
Note: DV limit applies to the pack sizes of greater than 100 g.			
<b>CETOMACROGOL</b>			
Crn BP, 500 g .....	3.50	500 g	Pharmacy Health healthE
Crn BP, 100 g .....	1.65	1	
<b>CETOMACROGOL WITH GLYCEROL</b>			
Crn 90% with glycerol 10%, 100 g .....	2.10	100 g	Pharmacy Health Pharmacy Health healthE
	2.00		
	3.20		
Crn 90% with glycerol 10%, 1,000 ml .....	6.50	1,000 ml	Pharmacy Health Sorbolene with glycerin
Crn 90% with glycerol 10%, 500 ml .....	4.50	500	Pharmacy Health healthE
Crn 90% with glycerol 10%, 500 ml, 1 bottle .....	5.46	1	
<b>EMULSIFYING OINTMENT</b>			
Oint BP – 1% DV Nov-11 to 2014 .....	1.95	100 g	<b>Jaychem</b>
Oint BP, 500 g – 1% DV Sep-11 to 2014 .....	3.04	500 g	<b>AFT</b>
Note: DV limit applies to pack sizes of greater than 100 g.			
<b>GLYCEROL WITH PARAFFIN</b>			
Crn glycerol 10% with white soft paraffin 5% and liquid paraffin 10%			<i>e.g. QV cream</i>
<b>OIL IN WATER EMULSION</b>			
Crn – 1% DV Dec-12 to 2015 .....	2.63	500 g	<b>healthE Fatty Cream</b>
Crn, 100 g .....	1.60	1	<b>healthE Fatty Cream</b>
<b>PARAFFIN</b>			
Oint liquid paraffin 50% with white soft paraffin 50% .....	3.10	100 g	<b>healthE</b>
White soft – 1% DV Feb-13 to 2015 .....	0.92	10 g	<b>healthE</b>
Note: DV limit applies to pack sizes of 30 g or less, and to both white soft paraffin and yellow soft paraffin.			
Yellow soft			
<b>PARAFFIN WITH WOOL FAT</b>			
Lotn liquid paraffin 15.9% with wool fat 0.6%			<i>e.g. AlphaKeri;BK ;DP; Hydroderm Lotn</i>
Lotn liquid paraffin 91.7% with wool fat 3%			<i>e.g. Alpha Keri Bath Oil</i>
<b>UREA</b>			
Crn 10%			
<b>WOOL FAT</b>			
Crn			
<b>Corticosteroids</b>			
<b>BETAMETHASONE DIPROPIONATE</b>			
Crn 0.05%			
Oint 0.05%			



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BETAMETHASONE VALERATE</b>			
Crn 0.1%			
Oint 0.1%			
Lotn 0.1%			
<b>CLOBETASOL PROPIONATE</b>			
Crn 0.05% .....	3.68	30 g	Dermol
Oint 0.05% .....	3.68	30 g	Dermol
<b>CLOBETASONE BUTYRATE</b>			
Crn 0.05%			
<b>DIFLUCORTOLONE VALERATE – Restricted: For continuation only</b>			
➔ Crn 0.1%			
➔ Fatty oint 0.1%			
<b>HYDROCORTISONE</b>			
Crn 1%, 100 g .....	3.75	100 g	Pharmacy Health
Crn 1%, 500 g – <b>1% DV Nov-11 to 2014</b> .....	14.00	500 g	<b>Pharmacy Health</b>
Note: DV limit applies to the pack sizes of greater than 100 g.			
<b>HYDROCORTISONE ACETATE</b>			
Crn 1% .....	2.48	14.2 g	AFT
<b>HYDROCORTISONE BUTYRATE</b>			
Crn 0.1% – <b>1% DV Mar-13 to 2015</b> .....	2.30	30 g	<b>Locoid Lipocream</b>
	6.85	100 g	<b>Locoid Lipocream</b>
Oint 0.1% – <b>1% DV Mar-13 to 2015</b> .....	6.85	100 g	<b>Locoid</b>
Milky emul 0.1% – <b>1% DV Mar-13 to 2015</b> .....	6.85	100 ml	<b>Locoid Crelo</b>
<b>HYDROCORTISONE WITH PARAFFIN AND WOOL FAT</b>			
Lotn 1% with paraffin liquid 15.9% and wool fat 0.6%			
<b>METHYLPREDNISOLONE ACEPONATE</b>			
Crn 0.1% .....	4.95	15 g	Advantan
Oint 0.1% .....	4.95	15 g	Advantan
<b>MOMETASONE FUROATE</b>			
Crn 0.1% – <b>1% DV Sep-12 to 2015</b> .....	1.78	15 g	<b>m-Mometasone</b>
	3.42	45 g	<b>m-Mometasone</b>
Oint 0.1% – <b>1% DV Sep-12 to 2015</b> .....	1.78	15 g	<b>m-Mometasone</b>
	3.42	45 g	<b>m-Mometasone</b>
Lotn 0.1%			
<b>TRIAMCINOLONE ACETONIDE</b>			
Crn 0.02% – <b>1% DV Sep-11 to 2014</b> .....	6.63	100 g	<b>Aristocort</b>
Oint 0.02% – <b>1% DV Sep-11 to 2014</b> .....	6.69	100 g	<b>Aristocort</b>

### Corticosteroids with Anti-Infective Agents

**BETAMETHASONE VALERATE WITH CLIOQUINOL – Restricted** see terms below

⚡ Crn 0.1% with clioquinol 3%

⚡ Oint 0.1% with clioquinol 3%

➔ **Restricted**

Either:

- 1 For the treatment of intertrigo; or
- 2 For continuation use

**BETAMETHASONE VALERATE WITH FUSIDIC ACID**

Crn 0.1% with fusidic acid 2%

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.

## DERMATOLOGICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>HYDROCORTISONE WITH MICONAZOLE</b>			
Crm 1% with miconazole nitrate 2%			
<b>HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN</b>			
Crm 1% with natamycin 1% and neomycin sulphate 0.5%	2.79	15 g	Pimafucort
Oint 1% with natamycin 1% and neomycin sulphate 0.5%	2.79	15 g	Pimafucort
<b>TRIAMCINOLONE ACETONIDE WITH NEOMYCIN SULPHATE, GRAMICIDIN AND NYSTATIN</b>			
Crm 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g			

### Psoriasis and Eczema Preparations

<b>ACITRETIN</b>			
Cap 10 mg	35.95	100	Neotigason
	38.66	60	Novatrelin
Cap 25 mg	83.11	60	Novatrelin
	85.40	100	Neotigason
<b>BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL</b>			
Gel 500 mcg with calcipotriol 50 mcg per g	26.12	30 g	Daivobet
Oint 500 mcg with calcipotriol 50 mcg per g	26.12	30 g	Daivobet
<b>CALCIPOTRIOL</b>			
Crm 50 mcg per g	45.00	100 g	Daivonex
Oint 50 mcg per g	45.00	100 g	Daivonex
Soln 50 mcg per ml	16.00	30 ml	Daivonex
<b>COAL TAR WITH SALICYLIC ACID AND SULPHUR</b>			
Oint 12% with salicylic acid 2% and sulphur 4%			
<b>COAL TAR WITH TRIETHANOLAMINE LARYL SULPHATE AND FLUORESCEIN</b>			
Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium			
- 1% DV Nov-11 to 2014	3.05	500 ml	Pinetarsol
	5.82	1,000 ml	Pinetarsol
<b>METHOXSALEN [8-METHOXYPSORALEN]</b>			
Cap 10 mg			
Lotn 1.2%			
<b>POTASSIUM PERMANGANATE</b>			
Tab 400 mg			

### Scalp Preparations

<b>BETAMETHASONE VALERATE</b>			
Scalp app 0.1%	7.75	100 ml	Beta Scalp
<b>CLOBETASOL PROPIONATE</b>			
Scalp app 0.05%	6.96	30 ml	Dermol
<b>HYDROCORTISONE BUTYRATE</b>			
Scalp lotn 0.1% - 1% DV Mar-13 to 2015	3.65	100 ml	Locoid

### Wart Preparations

<b>IMIQUIMOD – Restricted</b> see terms on the next page			
⚡ Crm 5%, 250 mg sachet - 1% DV Nov-11 to 2014	62.00	12	Aldara

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

**➔Restricted**

Any of the following:

- 1 The patient has external anogenital warts and podophyllotoxin has been tried and failed (or is contraindicated); or
- 2 The patient has external anogenital warts and podophyllotoxin is unable to be applied accurately to the site; or
- 3 The patient has confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate.

Notes:

Superficial basal cell carcinoma

- Surgical excision remains first-line treatment for superficial basal cell carcinoma as it has a higher cure rate than imiquimod and allows histological assessment of tumour clearance.
- Imiquimod has not been evaluated for the treatment of superficial basal cell carcinoma within 1 cm of the hairline, eyes, nose, mouth or ears.
- Imiquimod is not indicated for recurrent, invasive, infiltrating, or nodular basal cell carcinoma.
- Every effort should be made to biopsy the lesion to confirm that it is a superficial basal cell carcinoma.

External anogenital warts

- Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata).

PODOPHYLLOTOXIN

Soln 0.5% ..... 33.60      3.5 ml      Condyline

SILVER NITRATE

Sticks with applicator

**Other Skin Preparations**

DIPHEMANIL METILSULFATE

Powder 2%

SUNSCREEN, PROPRIETARY

Crm

Lotn ..... 2.55      100 g      Marine Blue Lotion SPF 30+

5.10      200 g      Marine Blue Lotion SPF 30+

**Antineoplastics**

FLUOROURACIL SODIUM

Crm 5% – 1% DV Feb-13 to 2015 ..... 25.16      20 g      **Efudix**METHYL AMINOLEVULINATE HYDROCHLORIDE – **Restricted** see terms below

⚡ Crm 16%

**➔Restricted**

Dermatologist or plastic surgeon

**Wound Management Products**

CALCIUM GLUCONATE

Gel 2.5% ..... 21.00      1      healthE

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

**Anti-Infective Agents**
**ACETIC ACID**

Soln 3%  
Soln 5%

**ACETIC ACID WITH HYDROXYQUINOLINE, GLYCEROL AND RICINOLEIC ACID**

Jelly 0.94% with hydroxyquinoline sulphate 0.025%, glycerol 5% and  
ricinoleic acid 0.75% with applicator

**CHLORHEXIDINE**

Crn 1% – 1% DV Oct-12 to 2015 ..... 1.24      50 g      **healthE**

**CHLORHEXIDINE GLUCONATE**

Lotn 1%, 200 ml ..... 6.75      1      healthE

**CLOTRIMAZOLE**

Vaginal crm 1% with applicator – 1% DV Dec-13 to 2016 ..... 1.45      35 g      **Clomazol**  
Vaginal crm 2% with applicator – 1% DV Dec-13 to 2016 ..... 2.20      20 g      **Clomazol**

**MICONAZOLE NITRATE**

Vaginal crm 2% with applicator

**NYSTATIN**

Vaginal crm 100,000 u per 5 g with applicator(s)

**Contraceptives**
**Antiandrogen Oral Contraceptives**
**CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL**

Tab 2 mg with ethinyloestradiol 35 mcg

**Combined Oral Contraceptives**
**ETHINYLOESTRADIOL WITH DESOGESTREL**

Tab 20 mcg with desogestrel 150 mcg  
Tab 30 mcg with desogestrel 150 mcg

**ETHINYLOESTRADIOL WITH LEVONORGESTREL**

Tab 20 mcg with levonorgestrel 100 mcg  
Tab 30 mcg with levonorgestrel 150 mcg  
Tab 50 mcg with levonorgestrel 125 mcg ..... 9.45      84      **Microgynon 50 ED**

**ETHINYLOESTRADIOL WITH NORETHISTERONE**

Tab 35 mcg with norethisterone 1 mg  
Tab 35 mcg with norethisterone 500 mcg

**NORETHISTERONE WITH MESTRANOL**

Tab 1 mg with mestranol 50 mcg

**Contraceptive Devices**
**INTRA-UTERINE DEVICE**

IUD

*e.g. Multiload Cu375,  
Multiload Cu375 SL*

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

**Emergency Contraception**

LEVONORGESTREL Tab 1.5 mg – 1% DV Jul-13 to 2016 .....	3.50	1	<b>Postinor-1</b>
---	------	---	-------------------

**Progestogen-Only Contraceptives**

LEVONORGESTREL Tab 30 mcg Implant 75 mg .....	133.65	1	Jadelle <i>e.g. Mirena</i>
⚡ Intra-uterine system, 20 mcg per day			

➔ **Restricted**

**Initiation**

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:
  - 3.1 Serum ferritin level < 16 mcg/l (within the last 12 months); or
  - 3.2 Haemoglobin level < 120 g/l.

**Continuation**

Either:

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

MEDROXYPROGESTERONE ACETATE Inj 150 mg per ml, 1 ml syringe – 1% DV Sep-13 to 2016 .....	7.00	1	<b>Depo-Provera</b>
---	------	---	---------------------

NORETHISTERONE Tab 350 mcg			
-------------------------------	--	--	--

**Obstetric Preparations**

**Antiprogestogens**

MIFEPRISTONE Tab 200 mg			
----------------------------	--	--	--

**Oxytocics**

CARBOPROST TROMETAMOL Inj 250 mcg per ml, 1 ml ampoule			
---	--	--	--

DINOPROSTONE Pessaries 10 mg			
Gel 1 mg in 2.5 ml .....	52.65	1	Prostin E2
Gel 2 mg in 2.5 ml .....	64.60	1	Prostin E2

ERGOMETRINE MALEATE Inj 500 mcg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014 .....	31.00	5	<b>DBL Ergometrine</b>
--	-------	---	------------------------

OXYTOCIN Inj 5 iu per ml, 1 ml ampoule .....	5.94	5	Syntocinon
Inj 10 iu per ml, 1 ml ampoule .....	7.48	5	Syntocinon

# GENITO-URINARY SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>OXYTOCIN WITH ERGOMETRINE MALEATE</b>			
Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – 1%			
<b>DV Oct-12 to 2015</b> .....	11.13	5	<b>Syntometrine</b>

## Tocolytics

**PROGESTERONE – Restricted** see terms below

☞ Cap 100 mg ..... 16.50 30 Utrogestan

☞ **Restricted**

Obstetrician or gynaecologist

Both:

- 1 For the prevention of pre-term labour\*; and
- 2 Either:
  - 2.1 The patient has a short cervix on ultrasound (defined as < 25mm at 16 to 28 weeks) or
  - 2.2 The patient has a history of pre-term birth at less than 28 weeks.

Note: Indications marked with \* are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 23.1).

**TERBUTALINE – Restricted** see terms below

☞ Inj 500 mcg ampoule

☞ **Restricted**

Obstetrician

## Oestrogens

**OESTRIOL**

Crn 1 mg per g with applicator

Pessaries 500 mcg

## Urologicals

### 5-Alpha Reductase Inhibitors

**FINASTERIDE – Restricted** see terms below

☞ Tab 5 mg – 1% **DV Nov-11 to 2014** ..... 5.10 30 **Rex Medical**

☞ **Restricted**

Both:

- 1 Patient has symptomatic benign prostatic hyperplasia; and
- 2 Either:
  - 2.1 The patient is intolerant of non-selective alpha blockers or these are contraindicated; or
  - 2.2 Symptoms are not adequately controlled with non-selective alpha blockers.

### Alpha-1A Adrenoceptor Blockers

**TAMSULOSIN – Restricted** see terms below

☞ Cap 400 mcg – 1% **DV Dec-13 to 2016** ..... 13.51 100 **Tamsulosin-Rex**

☞ **Restricted**

Both:

- 1 Patient has symptomatic benign prostatic hyperplasia; and
- 2 The patient is intolerant of non-selective alpha blockers or these are contraindicated.

## Urinary Alkalisers

**POTASSIUM CITRATE – Restricted** see terms on the next page

☞ Oral liq 3 mmol per ml ..... 30.00 200 ml Biomed

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

➔ **Restricted**

Both:

- 1 The patient has recurrent calcium oxalate urolithiasis; and
- 2 The patient has had more than two renal calculi in the two years prior to the application.

SODIUM CITRO-TARTRATE

Grans eff 4 g sachets .....	2.75	28	Ural
-----------------------------	------	----	------

**Urinary Antispasmodics**

OXYBUTYNIN

Tab 5 mg – 1% DV Jun-13 to 2016 .....	11.20	500	<b>Apo-Oxybutynin</b>
Oral liq 5 mg per 5 ml – 1% DV Jun-13 to 2016 .....	56.45	473 ml	<b>Apo-Oxybutynin</b>

SOLIFENACIN SUCCINATE – **Restricted** see terms below

⚡ Tab 5 mg .....	56.50	30	Vesicare
⚡ Tab 10 mg .....	56.50	30	Vesicare

➔ **Restricted**

Patient has overactive bladder and a documented intolerance of, or is non-responsive to, oxybutynin.

TOLTERODINE TARTRATE – **Restricted** see terms below

⚡ Tab 1 mg .....	14.56	56	Arrow-Tolterodine
⚡ Tab 2 mg .....	14.56	56	Arrow-Tolterodine

➔ **Restricted**

Patient has overactive bladder and a documented intolerance of, or is non-responsive to, oxybutynin.

# HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Anabolic Agents</b>			
OXANDROLINE			
☒ Tab 2.5 mg			
☛ <b>Restricted</b>			
For the treatment of burns patients.			
<b>Androgen Agonists and Antagonists</b>			
CYPROTERONE ACETATE			
Tab 50 mg – 1% DV Oct-12 to 2015 .....	18.80	50	<b>Siterone</b>
Tab 100 mg – 1% DV Oct-12 to 2015 .....	34.25	50	<b>Siterone</b>
TESTOSTERONE			
Patch 2.5 mg per day .....	80.00	60	Androderm
TESTOSTERONE CYPIONATE			
Inj 100 mg per ml, 10 ml vial – 1% DV Feb-12 to 2014 .....	76.50	1	<b>Depo-Testosterone</b>
TESTOSTERONE ESTERS			
Inj testosterone decanoate 100 mg, testosterone isocarproate 60 mg, testosterone phenylpropionate 60 mg and testosterone propionate 30 mg per ml, 1 ml ampoule			
TESTOSTERONE UNDECANOATE			
Cap 40 mg – 1% DV Oct-12 to 2015 .....	31.17	60	<b>Andriol Testocaps</b>
Inj 250 mg per ml, 4 ml ampoule .....	86.00	1	Reandron 1000
<b>Calcium Homeostasis</b>			
CALCITONIN			
Inj 100 iu per ml, 1 ml ampoule – 1% DV Sep-11 to 2014 .....	110.00	5	<b>Miacalcic</b>
ZOLEDRONIC ACID			
☒ Inj 0.8 mg per ml, 5 ml vial .....	550.00	1	Zometa
☛ <b>Restricted</b>			
For hypercalcaemia of malignancy			
<b>Corticosteroids</b>			
BETAMETHASONE			
Tab 500 mcg			
Inj 4 mg per ml, 1 ml ampoule			
BETAMETHASONE SODIUM PHOSPHATE WITH BETAMETHASONE ACETATE			
Inj 3.9 mg with betamethasone acetate 3 mg per ml, 1 ml ampoule			
DEXAMETHASONE			
Tab 1 mg – 1% DV Aug-12 to 2015 .....	5.87	100	<b>Douglas</b>
Tab 4 mg – 1% DV Aug-12 to 2015 .....	8.16	100	<b>Douglas</b>
Oral liq 1 mg per ml .....	45.00	25 ml	Biomed
DEXAMETHASONE PHOSPHATE			
Inj 4 mg per ml, 1 ml ampoule .....	21.50	5	Hospira
Inj 4 mg per ml, 2 ml vial .....	31.00	5	Hospira
FLUDROCORTISONE ACETATE			
Tab 100 mcg .....	14.32	100	Florinef

☒ Item restricted (see ☛ above); ☒ Item restricted (see ☛ below)  
e.g. *Brand* indicates brand example only. It is not a contracted product.



# HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>HYDROCORTISONE</b>			
Tab 5 mg – 1% DV Nov-12 to 2015 .....	8.10	100	<b>Douglas</b>
Tab 20 mg – 1% DV Nov-12 to 2015 .....	20.32	100	<b>Douglas</b>
Inj 100 mg vial – 1% DV Oct-13 to 2016.....	4.99	1	<b>Solu-Cortef</b>
<b>METHYLPREDNISOLONE (AS SODIUM SUCCINATE)</b>			
Tab 4 mg – 1% DV Oct-12 to 2015 .....	60.00	100	<b>Medrol</b>
Tab 100 mg – 1% DV Oct-12 to 2015.....	166.52	20	<b>Medrol</b>
Inj 40 mg vial – 1% DV Oct-12 to 2015.....	7.50	1	<b>Solu-Medrol</b>
Inj 125 mg vial – 1% DV Oct-12 to 2015.....	18.50	1	<b>Solu-Medrol</b>
Inj 500 mg vial – 1% DV Oct-12 to 2015.....	18.00	1	<b>Solu-Medrol</b>
Inj 1 g vial – 1% DV Oct-12 to 2015.....	37.50	1	<b>Solu-Medrol</b>
<b>METHYLPREDNISOLONE ACETATE</b>			
Inj 40 mg per ml, 1 ml vial – 1% DV Oct-12 to 2015.....	6.70	1	<b>Depo-Medrol</b>
<b>METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE</b>			
Inj 40 mg with lignocaine 10 mg per ml, 1 ml vial – 1% DV Oct-12 to 2015 .....	7.50	1	<b>Depo-Medrol with Lidocaine</b>
<b>PREDNISOLONE</b>			
Oral liq 5 mg per ml .....	10.45	30 ml	Redipred
Enema 200 mcg per ml, 100 ml			
<b>PREDNISONE</b>			
Tab 1 mg .....	2.13	100	Apo-Prednisone S29
	10.68	500	Apo-Prednisone
Tab 2.5 mg .....	12.09	500	Apo-Prednisone
Tab 5 mg .....	11.09	500	Apo-Prednisone
Tab 20 mg .....	29.03	500	Apo-Prednisone
<b>TRIAMCINOLONE ACETONIDE</b>			
Inj 10 mg per ml, 1 ml ampoule – 1% DV Jun-12 to 2014.....	21.90	5	<b>Kenacort-A</b>
Inj 40 mg per ml, 1 ml ampoule – 1% DV Jun-12 to 2014.....	53.79	5	<b>Kenacort-A40</b>
<b>TRIAMCINOLONE HEXACETONIDE</b>			
Inj 20 mg per ml, 1 ml vial			

## Hormone Replacement Therapy

### Oestrogens

#### OESTRADIOL

Tab 1 mg

Tab 2 mg

Patch 25 mcg per day

Patch 50 mcg per day

Patch 100 mcg per day

#### OESTRADIOL VALERATE

Tab 1 mg

Tab 2 mg

#### OESTROGENS (CONJUGATED EQUINE)

Tab 300 mcg

Tab 625 mcg

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.

# HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Progestogen and Oestrogen Combined Preparations</b>			
OESTRADIOL WITH NORETHISTERONE ACETATE			
Tab 1 mg with 0.5 mg norethisterone acetate			
Tab 2 mg with 1 mg norethisterone acetate			
Tab 2 mg with 1 mg norethisterone acetate (10), and tab 2 mg oestradiol (12) and tab 1 mg oestradiol (6)			
OESTROGENS WITH MEDROXYPROGESTERONE ACETATE			
Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate			
Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate			
<b>Progestogens</b>			
MEDROXYPROGESTERONE ACETATE			
Tab 2.5 mg – 1% DV Sep-13 to 2016 .....	3.09	30	<b>Provera</b>
Tab 5 mg – 1% DV Sep-13 to 2016 .....	13.06	100	<b>Provera</b>
Tab 10 mg – 1% DV Sep-13 to 2016 .....	6.85	30	<b>Provera</b>
<b>Other Endocrine Agents</b>			
CABERGOLINE – <b>Restricted</b> see terms below			
⚡ Tab 0.5 mg – 1% DV Sep-12 to 2015 .....	6.25	2	<b>Dostinex</b>
	25.00	8	<b>Dostinex</b>
↪ <b>Restricted</b>			
Any of the following:			
1 Inhibition of lactation; or			
2 Patient has pathological hyperprolactinemia; or			
3 Patient has acromegaly.			
CLOMIPHENE CITRATE			
Tab 50 mg – 1% DV Sep-13 to 2016 .....	29.84	10	<b>Serophene</b>
DANAZOL			
Cap 100 mg .....	68.33	100	Azol
Cap 200 mg .....	97.83	100	Azol
GESTRINONE			
Cap 2.5 mg			
METYRAPONE			
Cap 250 mg			
PENTAGASTRIN			
Inj 250 mcg per ml, 2 ml ampoule			
<b>Other Oestrogen Preparations</b>			
ETHINYLOESTRADIOL			
Tab 10 mcg			
OESTRADIOL			
Implant 50 mg			
OESTRIOL			
Tab 2 mg			

↑ Item restricted (see ↪ above); ⚡ Item restricted (see ↪ below)  
e.g. *Brand* indicates brand example only. It is not a contracted product.

# HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Other Progestogen Preparations</b>			
MEDROXYPROGESTERONE			
Tab 100 mg – 1% DV Sep-13 to 2016 .....	96.50	100	<b>Provera</b>
Tab 200 mg .....	70.50	30	Provera
NORETHISTERONE			
Tab 5 mg – 1% DV Nov-11 to 2014 .....	26.50	100	<b>Primolut N</b>

## Pituitary and Hypothalamic Hormones and Analogues

### CORTICOTRORELIN (OVINE)

Inj 100 mcg vial

### THYROTROPIN ALFA

Inj 900 mcg vial

## Adrenocorticotrophic Hormones

### TETRACOSACTIDE [TETRACOSACTRIN]

Inj 250 mcg per ml, 1 ml ampoule – 1% DV Sep-11 to 2014 .....	177.18	10	<b>Synacthen</b>
Inj 1 mg per ml, 1 ml ampoule – 1% DV Sep-11 to 2014 .....	29.56	1	<b>Synacthen Depot</b>

## GnRH Agonists and Antagonists

### BUSERELIN

Inj 1 mg per ml, 5.5 ml vial

### GONADORELIN

Inj 100 mcg vial

### GOSERELIN

Implant 3.6 mg .....	166.20	1	Zoladex
Implant 10.8 mg .....	443.76	1	Zoladex

### LEUPRORELIN ACETATE

Inj 3.75 mg syringe .....	221.60	1	Lucrin Depot PDS
Inj 7.5 mg syringe .....	166.20	1	Eligard
Inj 11.25 mg syringe .....	591.68	1	Lucrin Depot PDS
Inj 22.5 mg syringe .....	443.76	1	Eligard
Inj 30 mg syringe .....	1,109.40	1	Lucrin Depot PDS
Inj 30 mg vial .....	591.68	1	Eligard
Inj 45 mg syringe .....	832.05	1	Eligard

## Gonadotrophins

### CHORIOGONADOTROPIN ALFA

Inj 250 mcg in 0.5 ml syringe

## Growth Hormone

### SOMATROPIN – **Restricted** see terms below

⚡ Inj 16 iu (5.3 mg) vial

⚡ Inj 36 iu (12 mg) vial

➡ **Restricted**

Only for use in patients with approval by the New Zealand Growth Hormone Committee or the Adult Growth Hormone Panel

# HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

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

## Thyroid and Antithyroid Preparations

### CARBIMAZOLE

Tab 5 mg

### IODINE

Soln BP 50 mg per ml

### LEVOTHYROXINE

Tab 25 mcg  
Tab 50 mcg  
Tab 100 mcg

### LIOTHYRONINE SODIUM

⚡ Tab 20 mcg

#### ➔Restricted

For a maximum of 14 days' treatment in patients with thyroid cancer who are due to receive radioiodine therapy  
Inj 20 mcg vial

### POTASSIUM IODATE

Tab 170 mg

### POTASSIUM PERCHLORATE

Cap 200 mg

### PROPYLTHIOURACIL – Restricted see terms below

⚡ Tab 50 mg .....35.00 100 PTU

#### ➔Restricted

Both:

- 1 The patient has hyperthyroidism; and
- 2 The patient is intolerant of carbimazole or carbimazole is contraindicated.

Note: Propylthiouracil is not recommended for patients under the age of 18 years unless the patient is pregnant and other treatments are contraindicated.

### PROTIRELIN

Inj 100 mcg per ml, 2 ml ampoule

## Vasopressin Agents

### ARGIPRESSIN [VASOPRESSIN]

Inj 20 u per ml, 1 ml ampoule

### DESMOPRESSIN ACETATE – Some items restricted see terms below

⚡ Tab 100 mcg .....36.40 30 Minirin  
 ⚡ Tab 200 mcg .....93.60 30 Minirin  
 Nasal spray 10 mcg per dose – 1% DV Sep-11 to 2014.....27.48 6 ml **Desmopressin-PH&T**  
 Inj 4 mcg per ml, 1 ml ampoule  
 Inj 15 mcg per ml, 1 ml ampoule  
 Nasal drops 100 mcg per ml

#### ➔Restricted

#### Nocturnal enuresis

Either:

- 1 The nasal forms of desmopressin are contraindicated; or
- 2 An enuresis alarm is contraindicated.

Cranial diabetes insipidus and the nasal forms of desmopressin are contraindicated

### TERLIPRESSIN

Inj 1 mg vial .....450.00 5 Glypressin

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Antibacterials</b>			
<b>Aminoglycosides</b>			
AMIKACIN – <b>Restricted</b> see terms below			
☿ Inj 5 mg per ml, 10 ml syringe			
☿ Inj 5 mg per ml, 5 ml syringe – 1% DV Nov-12 to 2014	176.00	10	<b>Biomed</b>
☿ Inj 15 mg per ml, 5 ml syringe			
☿ Inj 250 mg per ml, 2 ml vial			
➔ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
GENTAMICIN SULPHATE			
Inj 10 mg per ml, 1 ml ampoule	8.56	5	Mayne
Inj 10 mg per ml, 2 ml ampoule	175.10	25	APP Pharmaceuticals
Inj 40 mg per ml, 2 ml ampoule – 1% DV Sep-12 to 2015	6.50	10	<b>Pfizer</b>
PAROMOMYCIN – <b>Restricted</b> see terms below			
☿ Cap 250 mg	126.00	16	Humatin
➔ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
STREPTOMYCIN SULPHATE – <b>Restricted</b> see terms below			
☿ Inj 400 mg per ml, 2.5 ml ampoule			
➔ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
TOBRAMYCIN – <b>Restricted</b> see terms below			
☿ Inj 40 mg per ml, 2 ml vial – 1% DV Sep-11 to 2014	29.32	5	<b>DBL Tobramycin</b>
☿ Inj 100 mg per ml, 5 ml vial			
➔ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
<b>Carbapenems</b>			
ERTAPENEM – <b>Restricted</b> see terms below			
☿ Inj 1 g vial	70.00	1	Invanz
➔ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
IMIPENEM WITH CILASTATIN – <b>Restricted</b> see terms below			
☿ Inj 500 mg with 500 mg cilastatin vial – 1% DV Dec-12 to 2014	18.37	1	<b>Primaxin</b>
➔ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
MEROPENEM – <b>Restricted</b> see terms below			
☿ Inj 500 mg vial – 1% DV Mar-12 to 2014	10.50	1	<b>Penembact</b>
☿ Inj 1 g vial – 1% DV Mar-12 to 2014	21.00	1	<b>Penembact</b>
➔ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>Cephalosporins and Cephamycins - 1st Generation</b>			
CEFALEXIN			
Cap 500 mg – 1% DV Oct-13 to 2016	5.70	20	<b>Cephalexin ABM</b>
Grans for oral liq 25 mg per ml – 1% DV Oct-13 to 2016	8.50	100 ml	<b>Cephalexin Sandoz</b>
Grans for oral liq 50 mg per ml – 1% DV Oct-13 to 2016	11.50	100 ml	<b>Cephalexin Sandoz</b>

# INFECTIONS - AGENTS FOR SYSTEMIC USE

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CEFAZOLIN</b>			
Inj 500 mg vial – 1% DV Mar-12 to 2014 .....	3.99	5	<b>AFT</b>
Inj 1 g vial – 1% DV Mar-12 to 2014 .....	3.99	5	<b>AFT</b>

## Cephalosporins and Cephameycins - 2nd Generation

<b>CEFACLOR</b>			
Cap 250 mg – 1% DV Dec-13 to 2016.....	26.00	100	<b>Ranbaxy-Cefaclor</b>
Grans for oral liq 25 mg per ml – 1% DV Dec-13 to 2016.....	3.53	100 ml	<b>Ranbaxy-Cefaclor</b>
<b>CEFOXITIN</b>			
Inj 1 g vial .....	55.00	5	Mayne
<b>CEFUROXIME</b>			
Tab 250 mg .....	29.40	50	Zinnat
Inj 750 mg vial – 1% DV Mar-12 to 2014 .....	6.96	5	<b>m-Cefuroxime</b>
Inj 1.5 g vial – 1% DV Mar-12 to 2014 .....	2.65	1	<b>Mylan</b>

## Cephalosporins and Cephameycins - 3rd Generation

<b>CEFOTAXIME</b>			
Inj 500 mg vial – 1% DV Oct-11 to 2014.....	1.90	1	<b>Cefotaxime Sandoz</b>
Inj 1 g vial – 1% DV Nov-11 to 2014.....	15.58	10	<b>DBL Cefotaxime</b>
<b>CEFTAZADIME – Restricted</b> see terms below			
⚡ Inj 500 mg vial – 1% DV Oct-11 to 2014.....	2.37	1	<b>Fortum</b>
⚡ Inj 1 g vial .....	3.25	1	DBL Ceftazidime
⚡ Inj 2 g vial .....	6.49	1	DBL Ceftazidime

### ➡Restricted

Infectious disease physician, clinical microbiologist or respiratory physician

<b>CEFTRIAXONE</b>			
Inj 500 mg vial .....	2.70	1	Veracol
Inj 1 g vial .....	10.49	5	Aspen Ceftriaxone
Inj 2 g vial .....	5.20	1	Veracol

## Cephalosporins and Cephameycins - 4th Generation

<b>CEFEPIME – Restricted</b> see terms below			
⚡ Inj 1 g vial – 1% DV Oct-12 to 2015.....	8.80	1	<b>DBL Cefepime</b>
⚡ Inj 2 g vial – 1% DV Oct-12 to 2015.....	17.60	1	<b>DBL Cefepime</b>

### ➡Restricted

Infectious disease physician or clinical microbiologist

## Macrolides

<b>AZITHROMYCIN – Restricted</b> see terms below			
⚡ Tab 250 mg .....	10.00	30	Apo-Azithromycin
⚡ Tab 500 mg – 1% DV Feb-13 to 2015.....	1.25	2	<b>Apo-Azithromycin</b>
⚡ Oral liq 40 mg per ml .....	6.60	15 ml	Zithromax

### ➡Restricted

Any of the following:

- 1 Patient has received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome; or
- 2 Patient has cystic fibrosis and has chronic infection with *Pseudomonas aeruginosa* or *Pseudomonas* related gram negative organisms; or
- 3 For any other condition for five days' treatment, with review after five days.

⚡Item restricted (see ➡ above); ⚡Item restricted (see ➡ below)  
e.g. *Brand* indicates brand example only. It is not a contracted product.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CLARITHROMYCIN – Restricted</b> see terms below			
⚡ Tab 250 mg – 1% DV Jan-12 to 2014 .....	4.19	14	<b>Apo-Clarithromycin</b>
⚡ Tab 500 mg – 1% DV Apr-12 to 2014 .....	10.95	14	<b>Apo-Clarithromycin</b>
⚡ Grans for oral liq 25 mg per ml .....	23.12	70 ml	Klacid
⚡ Inj 500 mg vial – 1% DV Oct-11 to 2014.....	30.00	1	<b>Klacid</b>

➔ **Restricted**

**Tab 250 mg and oral liquid**

Tab 250 mg and oral liquid

- 1 Atypical mycobacterial infection; or
- 2 Mycobacterium tuberculosis infection where there is drug resistance or intolerance to standard pharmaceutical agents.

**Tab 500 mg**

Helicobacter pylori eradication.

**Infusion**

Infusion

- 1 Atypical mycobacterial infection; or
- 2 Mycobacterium tuberculosis infection where there is drug resistance or intolerance to standard pharmaceutical agents; or
- 3 Community-acquired pneumonia (clarithromycin is not to be used as the first-line macrolide).

**ERYTHROMYCIN (AS ETHYLSUCCINATE)**

Tab 400 mg .....	16.95	100	E-Mycin
Grans for oral liq 200 mg per 5 ml .....	4.35	100 ml	E-Mycin
Grans for oral liq 400 mg per 5 ml .....	5.85	100 ml	E-Mycin

**ERYTHROMYCIN (AS LACTOBIONATE)**

Inj 1 g vial .....	16.00	1	Erythrocin IV
--------------------	-------	---	---------------

**ERYTHROMYCIN (AS STEARATE) – Restricted:** For continuation only

- ➔ Tab 250 mg
- ➔ Tab 500 mg

**ROXITHROMYCIN**

Tab 150 mg – 1% DV Sep-12 to 2015 .....	7.48	50	<b>Arrow-Roxithromycin</b>
Tab 300 mg – 1% DV Sep-12 to 2015 .....	14.40	50	<b>Arrow-Roxithromycin</b>

**Penicillins**

**AMOXYCILLIN**

Cap 250 mg .....	16.18	500	Alphamox
Cap 500 mg .....	26.50	500	Alphamox
Grans for oral liq 25 mg per ml .....	1.55	100 ml	Ospamox
Grans for oral liq 50 mg per ml .....	1.10	100 ml	Ospamox
Inj 250 mg vial – 1% DV Nov-11 to 2014.....	12.96	10	<b>Ibiamox</b>
Inj 500 mg vial – 1% DV Nov-11 to 2014.....	15.08	10	<b>Ibiamox</b>
Inj 1 g vial – 1% DV Nov-11 to 2014.....	21.94	10	<b>Ibiamox</b>

**AMOXYCILLIN WITH CLAVULANIC ACID**

Tab 500 mg with clavulanic acid 125 mg – 1% DV Aug-12 to 2014 .....	12.55	100	<b>Curam Duo</b>
Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml – 1% DV Nov-12 to 2015 .....	1.61	100 ml	<b>Augmentin</b>
Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml – 1% DV Nov-12 to 2015 .....	2.19	100 ml	<b>Augmentin</b>
Inj 500 mg with clavulanic acid 100 mg vial – 1% DV Jan-13 to 2015.....	10.14	10	<b>m-Amoxiclav</b>
Inj 1,000 mg with clavulanic acid 200 mg vial – 1% DV Jan-13 to 2015.....	14.03	10	<b>m-Amoxiclav</b>

# INFECTIONS - AGENTS FOR SYSTEMIC USE

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BENZATHINE BENZYL PENICILLIN</b>			
Inj 900 mg (1.2 million units) in 2.3 ml syringe – 1% DV Sep-12 to 2015 .....	315.00	10	<b>Bicillin LA</b>
<b>BENZYL PENICILLIN SODIUM [PENICILLIN G]</b>			
Inj 600 mg (1 million units) vial – 1% DV Nov-11 to 2014 .....	11.50	10	<b>Sandoz</b>
<b>FLUCLOXACILLIN</b>			
Cap 250 mg – 1% DV Oct-12 to 2015 .....	22.00	250	<b>Staphlex</b>
Cap 500 mg – 1% DV Oct-12 to 2015 .....	74.00	500	<b>Staphlex</b>
Grans for oral liq 25 mg per ml – 1% DV Sep-12 to 2015 .....	2.49	100 ml	<b>AFT</b>
Grans for oral liq 50 mg per ml – 1% DV Sep-12 to 2015 .....	3.25	100 ml	<b>AFT</b>
Inj 250 mg vial – 1% DV Nov-11 to 2014 .....	10.86	10	<b>Flucloxin</b>
Inj 500 mg vial – 1% DV Nov-11 to 2014 .....	11.32	10	<b>Flucloxin</b>
Inj 1 g vial – 1% DV Nov-11 to 2014 .....	14.28	10	<b>Flucloxin</b>
<b>PHENOXYMETHYL PENICILLIN [PENICILLIN V]</b>			
Cap 250 mg .....	9.71	50	<b>Cilicaine VK</b>
Cap 500 mg .....	11.70	50	<b>Cilicaine VK</b>
Grans for oral liq 25 mg per ml .....	1.68	100 ml	<b>AFT</b>
Grans for oral liq 50 mg per ml .....	1.78	100 ml	<b>AFT</b>
<b>PIPERACILLIN WITH TAZOBACTAM – Restricted see terms below</b>			
☞ Inj 4 g with tazobactam 0.5 g vial – 1% DV Oct-13 to 2016 .....	5.84	1	<b>Tazocin EF</b>
<b>☞ Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
<b>PROCAINE PENICILLIN</b>			
Inj 1.5 g in 3.4 ml syringe – 1% DV Nov-11 to 2014 .....	123.50	5	<b>Cilicaine</b>
<b>TICARCILLIN WITH CLAVULANIC ACID – Restricted see terms below</b>			
☞ Inj 3 g with clavulanic acid 0.1 mg vial			
<b>☞ Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
<b>Quinolones</b>			
<b>CIPROFLOXACIN – Restricted see terms below</b>			
☞ Tab 250 mg – 1% DV Dec-11 to 2014 .....	2.20	28	<b>Cipfloxx</b>
☞ Tab 500 mg – 1% DV Dec-11 to 2014 .....	3.00	28	<b>Cipfloxx</b>
☞ Tab 750 mg – 1% DV Dec-11 to 2014 .....	5.15	28	<b>Cipfloxx</b>
☞ Oral liq 50 mg per ml			
☞ Oral liq 100 mg per ml			
☞ Inj 2 mg per ml, 100 ml bag .....	41.00	10	<b>Aspen Ciprofloxacin</b>
<b>☞ Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>MOXIFLOXACIN – Restricted see terms on the next page</b>			
☞ Tab 400 mg .....	52.00	5	<b>Avelox</b>
☞ Inj 1.6 mg per ml, 250 ml bag .....	70.00	1	<b>Avelox IV 400</b>



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

➔ **Restricted**

**Mycobacterium infection**

Infectious disease physician, clinical microbiologist or respiratory physician

- 1 Active tuberculosis, with any of the following:
  - 1.1 Documented resistance to one or more first-line medications; or
  - 1.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or
  - 1.3 Impaired visual acuity (considered to preclude ethambutol use); or
  - 1.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or
  - 1.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications.
- 2 Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated

**Pneumonia**

Infectious disease physician or clinical microbiologist

- 1 Immunocompromised patient with pneumonia that is unresponsive to first-line treatment; or
- 2 Pneumococcal pneumonia or other invasive pneumococcal disease highly resistant to other antibiotics.

**Penetrating eye injury**

Ophthalmologist

Five days treatment for patients requiring prophylaxis following a penetrating eye injury

**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.

**NORFLOXACIN**

Tab 400 mg – 1% DV Sep-11 to 2014 .....	15.45	100	<b>Arrow-Norfloxacine</b>
---	-------	-----	---------------------------

**Tetracyclines**

**DEMECLOCYCLINE HYDROCHLORIDE**

Cap 150 mg

**DOXYCYCLINE**

➔ Tab 50 mg – **Restricted:** For continuation only

Tab 100 mg – 1% DV Sep-11 to 2014 .....	7.95	250	<b>Doxine</b>
---	------	-----	---------------

Inj 5 mg per ml, 20 ml vial

**MINOCYCLINE**

Tab 50 mg

➔ Cap 100 mg – **Restricted:** For continuation only

**TETRACYCLINE**

Tab 250 mg

Cap 500 mg .....	46.00	30	Tetracyclin Wolff
------------------	-------	----	-------------------

**TIGECYCLINE** – **Restricted** see terms below

⚡ Inj 50 mg vial

➔ **Restricted**

Infectious disease physician or clinical microbiologist

**Other Antibacterials**

**AZTREONAM** – **Restricted** see terms below

⚡ Inj 1 g vial – 1% DV Sep-11 to 2014 .....	131.00	5	<b>Azactam</b>
---	--------	---	----------------

➔ **Restricted**

Infectious disease physician or clinical microbiologist

# INFECTIONS - AGENTS FOR SYSTEMIC USE

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CHLORAMPHENICOL – Restricted</b> see terms below			
☒ Inj 1 g vial			
☛ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>CLINDAMYCIN – Restricted</b> see terms below			
☒ Cap 150 mg – 1% DV Oct-13 to 2016 .....	5.80	16	<b>Clindamycin ABM</b>
☒ Oral liq 15 mg per ml			
☒ Inj 150 mg per ml, 4 ml ampoule – 1% DV Sep-13 to 2016 .....	100.00	10	<b>Dalacin C</b>
☛ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>COLISTIN SULPHOMETHATE [COLESTIMETHATE] – Restricted</b> see terms below			
☒ Inj 150 mg per ml, 1 ml vial .....	65.00	1	<b>Colistin-Link</b>
☛ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
<b>DAPTOMYCIN – Restricted</b> see terms below			
☒ Inj 350 mg vial			
☛ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>FOSFOMYCIN – Restricted</b> see terms below			
☒ Powder for oral solution, 3 g sachet			
☛ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>FUSIDIC ACID – Restricted</b> see terms below			
☒ Tab 250 mg .....	34.50	12	<b>Fucidin</b>
☛ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>HEXAMINE HIPPURATE</b>			
Tab 1 g			
<b>LINCOMYCIN – Restricted</b> see terms below			
☒ Inj 300 mg per ml, 2 ml vial			
☛ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>LINEZOLID – Restricted</b> see terms below			
☒ Tab 600 mg			
☒ Oral liq 20 mg per ml			
☒ Inj 2 mg per ml, 300 ml bag			
☛ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>NITROFURANTOIN</b>			
Tab 50 mg			
Tab 100 mg			
<b>PIVMECILLINAM – Restricted</b> see terms below			
☒ Tab 200 mg			
☛ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>SULPHADIAZINE – Restricted</b> see terms on the next page			
☒ Tab 500 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔Restricted</b>			
Infectious disease physician, clinical microbiologist or maternal-foetal medicine specialist			
TEICOPLANIN – <b>Restricted</b> see terms below			
⚡ Inj 400 mg vial			
<b>➔Restricted</b>			
Infectious disease physician or clinical microbiologist			
TRIMETHOPRIM			
Tab 100 mg			
Tab 300 mg	9.28	50	TMP
TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE]			
Tab 80 mg with sulphamethoxazole 400 mg			
Oral liq 8 mg with sulphamethoxazole 40 mg per ml	2.15	100 ml	Deprim
Inj 16 mg with sulphamethoxazole 80 mg per ml, 5 ml ampoule			
VANCOMYCIN – <b>Restricted</b> see terms below			
⚡ Inj 500 mg vial – 1% DV Sep-11 to 2014	3.58	1	Mylan
<b>➔Restricted</b>			
Infectious disease physician or clinical microbiologist			

## Antifungals

### Imidazoles

KETOCONAZOLE

⚡ Tab 200 mg

**➔Restricted**

Infectious disease physician, clinical microbiologist, dermatologist, endocrinologist or oncologist

### Polyene Antimycotics

AMPHOTERICIN B

⚡ Inj (liposomal) 50 mg vial – 1% DV Oct-12 to 2015

10

**AmBisome**

**➔Restricted**

Infectious disease physician, clinical microbiologist, haematologist, oncologist, transplant specialist or respiratory physician

Either:

- 1 Proven or probable invasive fungal infection, to be prescribed under an established protocol; or
- 2 Both:
  - 2.1 Possible invasive fungal infection; and
  - 2.2 A multidisciplinary team (including an infectious disease physician or a clinical microbiologist) considers the treatment to be appropriate.

⚡ Inj 50 mg vial

**➔Restricted**

Infectious disease physician, clinical microbiologist, haematologist, oncologist, transplant specialist or respiratory physician

NYSTATIN

Tab 500,000 u 14.16 50 Nilstat

Cap 500,000 u 12.81 50 Nilstat

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Triazoles</b>			
FLUCONAZOLE – <b>Restricted</b> see terms below			
☞ Cap 50 mg – 1% DV Jan-12 to 2014 .....	4.77	28	<b>Ozole</b>
☞ Cap 150 mg – 1% DV Jan-12 to 2014 .....	0.91	1	<b>Ozole</b>
☞ Cap 200 mg – 1% DV Jan-12 to 2014 .....	13.34	28	<b>Ozole</b>
☞ Oral liquid 50 mg per 5 ml .....	34.56	35 ml	Diflucan
☞ Inj 2 mg per ml, 50 ml vial – 1% DV Oct-13 to 2016 .....	4.95	1	<b>Fluconazole-Claris</b>
☞ Inj 2 mg per ml, 100 ml vial – 1% DV Oct-13 to 2016 .....	6.47	1	<b>Fluconazole-Claris</b>
➔ <b>Restricted</b>			
Consultant			
ITRACONAZOLE – <b>Restricted</b> see terms below			
☞ Cap 100 mg – 1% DV Oct-13 to 2016 .....	2.99	15	<b>itrazole</b>
☞ Oral liquid 10 mg per ml			
➔ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist, clinical immunologist or dermatologist			
POSACONAZOLE – <b>Restricted</b> see terms below			
☞ Oral liq 40 mg per ml .....	761.13	105 ml	Noxafil
➔ <b>Restricted</b>			
Infectious disease physician or haematologist			
<b>Initiation</b>			
<i>Re-assessment required after 6 weeks</i>			
Both:			
1 Either:			
1.1 Patient has acute myeloid leukaemia; or			
1.2 Patient is planned to receive a stem cell transplant and is at high risk for aspergillus infection; and			
2 Patient is to be treated with high dose remission induction therapy or re-induction therapy			
<b>Continuation</b>			
<i>Re-assessment required after 6 weeks</i>			
Both:			
1 Patient has previously received posaconazole prophylaxis during remission induction therapy; and			
2 Any of the following:			
2.1 Patient is to be treated with high dose remission re-induction therapy; or			
2.2 Patient is to be treated with high dose consolidation therapy; or			
2.3 Patient is receiving a high risk stem cell transplant.			
VORICONAZOLE – <b>Restricted</b> see terms below			
☞ Tab 50 mg .....	730.00	56	Vfend
☞ Tab 200 mg .....	2,930.00	56	Vfend
☞ Oral liq 40 mg per ml .....	730.00	70 ml	Vfend
☞ Inj 200 mg vial .....	185.00	1	Vfend
➔ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist or haematologist			
<b>Proven or probable aspergillus infection</b>			
Both:			
1 Patient is immunocompromised; and			
2 Patient has proven or probable invasive aspergillus infection.			
<b>Possible aspergillus infection</b>			
All of the following:			

continued...

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

continued. . .

- 1 Patient is immunocompromised; and
- 2 Patient has possible invasive aspergillus infection; and
- 3 A multidisciplinary team (including an infectious disease physician) considers the treatment to be appropriate.

**Resistant candidiasis infections and other moulds**

All of the following:

- 1 Patient is immunocompromised, and
- 2 Either:
  - 2.1 Patient has fluconazole resistant candidiasis; or
  - 2.2 Patient has mould strain such as Fusarium spp. and Scedosporium spp; and
- 3 A multidisciplinary team (including an infectious disease physician or clinical microbiologist) considers the treatment to be appropriate.

**Other Antifungals**

CASPOFUNGIN – **Restricted** see terms below

⚡ Inj 50 mg vial – 1% DV Oct-12 to 2015	667.50	1	<b>Candidas</b>
⚡ Inj 70 mg vial – 1% DV Oct-12 to 2015	862.50	1	<b>Candidas</b>

➔**Restricted**

Infectious disease physician, clinical microbiologist, haematologist, oncologist, transplant specialist or respiratory physician

Either:

- 1 Proven or probable invasive fungal infection, to be prescribed under an established protocol; or
- 2 Both:
  - 2.1 Possible invasive fungal infection; and
  - 2.2 A multidisciplinary team (including an infectious disease physician or a clinical microbiologist) considers the treatment to be appropriate.

FLUCYTOSINE – **Restricted** see terms below

⚡ Cap 500 mg

➔**Restricted**

Infectious disease physician or clinical microbiologist.

TERBINAFINE

Tab 250 mg – 1% DV Nov-11 to 2014	1.78	14	<b>Dr Reddy's Terbinafine</b>
-----------------------------------	------	----	-------------------------------

**Antimycobacterials**

**Antileprotics**

CLOFAZIMINE – **Restricted** see terms below

⚡ Cap 50 mg

➔**Restricted**

Infectious disease physician, clinical microbiologist or dermatologist

DAPSONE – **Restricted** see terms below

⚡ Tab 25 mg

⚡ Tab 100 mg

➔**Restricted**

Infectious disease physician, clinical microbiologist or dermatologist

**Antituberculotics**

CYCLOSERINE – **Restricted** see terms below

⚡ Cap 250 mg

➔**Restricted**

Infectious disease physician, clinical microbiologist or respiratory physician

# INFECTIONS - AGENTS FOR SYSTEMIC USE

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ETHAMBUTOL HYDROCHLORIDE – Restricted</b> see terms below			
☒ Tab 100 mg .....	48.01	56	Myambutol
☒ Tab 400 mg .....	49.34	56	Myambutol
☛ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
<b>ISONIAZID – Restricted</b> see terms below			
☒ Tab 100 mg – 1% DV Mar-13 to 2015 .....	20.00	100	<b>PSM</b>
☛ <b>Restricted</b>			
Internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician			
<b>ISONIAZID WITH RIFAMPICIN – Restricted</b> see terms below			
☒ Tab 100 mg with rifampicin 150 mg			
☒ Tab 150 mg with rifampicin 300 mg			
☛ <b>Restricted</b>			
Internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician			
<b>PARA-AMINOSALICYLIC ACID – Restricted</b> see terms below			
☒ Grans for oral liq 4 g .....	280.00	30	Paser
☛ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
<b>PROTIONAMIDE – Restricted</b> see terms below			
☒ Tab 250 mg .....	305.00	100	Peteha
☛ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
<b>PYRAZINAMIDE – Restricted</b> see terms below			
☒ Tab 500 mg			
☛ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist or respiratory physician			
<b>RIFABUTIN – Restricted</b> see terms below			
☒ Cap 150 mg – 1% DV Sep-13 to 2016 .....	213.19	30	<b>Mycobutin</b>
☛ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist, respiratory physician or gastroenterologist			
<b>RIFAMPICIN – Restricted</b> see terms below			
☒ Tab 600 mg			
☒ Cap 150 mg			
☒ Cap 300 mg			
☒ Oral liq 100 mg per 5 ml			
☒ Inj 600 mg vial			
☛ <b>Restricted</b>			
Internal medicine physician, clinical microbiologist, dermatologist, paediatrician or public health physician			

## Antiparasitics

### Anthelmintics

**ALBENDAZOLE – Restricted** see terms below

☒ Tab 200 mg

☒ Tab 400 mg

☛ **Restricted**

Infectious disease physician or clinical microbiologist

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>IVERMECTIN – Restricted</b> see terms below			
⚡ Tab 3 mg .....	17.20	4	Stromectol
➔ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist or dermatologist.			
<b>MEBENDAZOLE</b>			
Tab 100 mg – 1% DV Nov-11 to 2014 .....	24.19	24	<b>De-Worm</b>
Oral liq 100 mg per 5 ml			
<b>PRAZQUANTEL</b>			
Tab 600 mg			
<b>Antiprotozoals</b>			
<b>ARTEMETHER WITH LUMAFANTRINE – Restricted</b> see terms below			
⚡ Tab 20 mg with lumefantrine 120 mg			
➔ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>ARTESUNATE – Restricted</b> see terms below			
⚡ Inj 60 mg vial			
➔ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE – Restricted</b> see terms below			
⚡ Tab 62.5 mg with proguanil hydrochloride 25 mg			
⚡ Tab 250 mg with proguanil hydrochloride 100 mg			
➔ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>CHLOROQUINE PHOSPHATE – Restricted</b> see terms below			
⚡ Tab 250 mg			
➔ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist, dermatologist or rheumatologist			
<b>MEFLOQUINE HYDROCHLORIDE – Restricted</b> see terms below			
⚡ Tab 250 mg			
➔ <b>Restricted</b>			
Infectious disease physician, clinical microbiologist, dermatologist or rheumatologist			
<b>METRONIDAZOLE</b>			
Tab 200 mg .....	10.45	100	Trichozole
Tab 400 mg .....	18.15	100	Trichozole
Oral liq benzoate 200 mg per 5 ml .....	25.00	100 ml	Flagyl-S
Inj 5 mg per ml, 100 ml bag .....	2.46	1	Baxter
	12.30	5	AFT
Suppos 500 mg .....	24.48	10	Flagyl
<b>NITAZOXANIDE – Restricted</b> see terms below			
⚡ Tab 500 mg .....	1,680.00	30	Alinia
⚡ Oral liq 100 mg per 5 ml			
➔ <b>Restricted</b>			
Infectious disease physician or clinical microbiologist			
<b>ORNIDAZOLE</b>			
Tab 500 mg .....	16.50	10	Arrow-Ornidazole
<b>PENTAMIDINE ISETHIONATE – Restricted</b> see terms on the next page			
⚡ Inj 300 mg vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔Restricted</b>			
Infectious disease physician or clinical microbiologist			
PRIMAQUINE PHOSPHATE – <b>Restricted</b> see terms below			
⚡		Tab 7.5 mg	
<b>➔Restricted</b>			
Infectious disease physician or clinical microbiologist			
PYRIMETHAMINE – <b>Restricted</b> see terms below			
⚡		Tab 25 mg	
<b>➔Restricted</b>			
Infectious disease physician, clinical microbiologist or maternal-foetal medicine specialist			
QUININE DIHYDROCHLORIDE – <b>Restricted</b> see terms below			
⚡		Inj 60 mg per ml, 10 ml ampoule	
⚡		Inj 300 mg per ml, 2 ml vial	
<b>➔Restricted</b>			
Infectious disease physician or clinical microbiologist			
QUININE SULPHATE			
	54.06	500	Q 300
Tab 300 mg .....			
SODIUM STIBOGLUCONATE – <b>Restricted</b> see terms below			
⚡		Inj 100 mg per ml, 1 ml vial	
<b>➔Restricted</b>			
Infectious disease physician or clinical microbiologist			
SPIRAMYCIN – <b>Restricted</b> see terms below			
⚡		Tab 500 mg	
<b>➔Restricted</b>			
Maternal-foetal medicine specialist			

**Antiretrovirals**

**HIV Fusion Inhibitors**

ENFUVRTIDE – <b>Restricted</b> see terms below			
⚡		Inj 108 mg vial × 60 .....	2,380.00
			1
			Fuzeon

**➔Restricted**

**Initiation**

*Re-assessment required after 12 months*

All of the following:

- 1 Confirmed HIV infection; and
- 2 Enfuvirtide to be given in combination with optimized background therapy (including at least 1 other antiretroviral drug that the patient has never previously been exposed to) for treatment failure; and
- 3 Either:
  - 3.1 Patient has evidence of HIV replication, despite ongoing therapy; or
  - 3.2 Patient has treatment-limiting toxicity to previous antiretroviral agents; and
- 4 Previous treatment with 3 different antiretroviral regimens has failed; and
- 5 All of the following:
  - 5.1 Previous treatment with a non-nucleoside reverse transcriptase inhibitor has failed; and
  - 5.2 Previous treatment with a nucleoside reverse transcriptase inhibitor has failed; and
  - 5.3 Previous treatment with a protease inhibitor has failed.

**Continuation**

Patient has had at least a 10-fold reduction in viral load at 12 months



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

## Non-Nucleoside Reverse Transcriptase Inhibitors

**➔ Restricted**

**Confirmed HIV**

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/mm<sup>3</sup>; 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 < 500 cells/mm<sup>3</sup>

**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 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; or
  - 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.

**EFAVIRENZ – Restricted** see terms above

⬆ Tab 50 mg .....	158.33	30	Stocrin
⬆ Tab 200 mg .....	474.99	90	Stocrin
⬆ Tab 600 mg .....	474.99	30	Stocrin
⬆ Oral liq 30 mg per ml			

**ETRAVIRINE – Restricted** see terms above

⬆ Tab 200 mg .....	770.00	60	Intelence
--------------------	--------	----	-----------

**NEVIRAPINE – Restricted** see terms above

⬆ Tab 200 mg – 1% DV Jan-13 to 2015 .....	95.94	60	<b>Nevirapine Alphapharm</b>
⬆ Oral suspension 10 mg per ml .....	134.55	240 ml	Viramune Suspension

## Nucleoside Reverse Transcriptase Inhibitors

**➔ Restricted**

**Confirmed HIV**

Both:

- 1 Confirmed HIV infection; and
- 2 Any of the following:

continued...

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

continued...

- 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/mm<sup>3</sup>; 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 < 500 cells/mm<sup>3</sup>

**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 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; or
  - 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.

ABACAVIR SULPHATE – **Restricted** see terms on the preceding page

⬆ Tab 300 mg – 1% DV Jul-11 to 2014 .....	229.00	60	<b>Ziagen</b>
⬆ Oral liq 20 mg per ml – 1% DV Jul-11 to 2014 .....	50.00	240 ml	<b>Ziagen</b>

ABACAVIR SULPHATE WITH LAMIVUDINE – **Restricted** see terms on the preceding page

⬆ Tab 600 mg with lamivudine 300 mg .....	630.00	30	Kivexa
---	--------	----	--------

DIDANOSINE [DDI] – **Restricted** see terms on the preceding page

- ⬆ Cap 125 mg
- ⬆ Cap 200 mg
- ⬆ Cap 250 mg
- ⬆ Cap 400 mg

EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE – **Restricted** see terms on the preceding page

⬆ Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg .....	1,313.19	30	Atripla
---	----------	----	---------

EMTRICITABINE – **Restricted** see terms on the preceding page

⬆ Cap 200 mg .....	307.20	30	Emtriva
--------------------	--------	----	---------

EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE – **Restricted** see terms on the preceding page

⬆ Tab 200 mg with tenofovir disoproxil fumarate 300 mg .....	838.20	30	Truvada
--	--------	----	---------

LAMIVUDINE – **Restricted** see terms on the preceding page

- ⬆ Tab 150 mg
- ⬆ Oral liq 10 mg per ml

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

STAVUDINE – **Restricted** see terms on page 73

- ⬆ Cap 30 mg
- ⬆ Cap 40 mg
- ⬆ Powder for oral soln 1 mg per ml

ZIDOVUDINE [AZT] – **Restricted** see terms on page 73

- ⬆ Cap 100 mg – 1% DV Oct-13 to 2016 ..... 152.25      100      **Retrovir**
- ⬆ Oral liq 10 mg per ml – 1% DV Oct-13 to 2016..... 30.45      200 ml      **Retrovir**
- ⬆ Inj 10 mg per ml, 20 ml vial

ZIDOVUDINE [AZT] WITH LAMIVUDINE – **Restricted** see terms on page 73

- ⬆ Tab 300 mg with lamivudine 150 mg – 1% DV Dec-12 to 2014 ..... 63.50      60      **Alphapharm**

**Protease Inhibitors**

➔ **Restricted**

**Confirmed HIV**

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/mm<sup>3</sup>; 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 < 500 cells/mm<sup>3</sup>

**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 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; or
  - 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.

ATAZANAVIR SULPHATE – **Restricted** see terms above

- ⬆ Cap 150 mg ..... 568.34      60      Reyataz
- ⬆ Cap 200 mg ..... 757.79      60      Reyataz

DARUNAVIR – **Restricted** see terms above

- ⬆ Tab 400 mg ..... 837.50      60      Prezista
- ⬆ Tab 600 mg ..... 1,190.00      60      Prezista

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>INDINAVIR – Restricted</b> see terms on the preceding page			
† Cap 200 mg			
† Cap 400 mg			
<b>LOPINAVIR WITH RITONAVIR – Restricted</b> see terms on the preceding page			
† Tab 100 mg with ritonavir 25 mg .....	183.75	60	Kaletra
† Tab 200 mg with ritonavir 50 mg .....	735.00	120	Kaletra
† Oral liq 80 mg with ritonavir 20 mg per ml .....	735.00	300 ml	Kaletra
<b>RITONAVIR – Restricted</b> see terms on the preceding page			
† Tab 100 mg – <b>1% DV Oct-12 to 2015</b> .....	43.31	30	<b>Norvir</b>
† Oral liq 80 mg per ml			

## Strand Transfer Inhibitors

### ➔ Restricted

#### Confirmed HIV

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/mm<sup>3</sup>; 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 < 500 cells/mm<sup>3</sup>

#### 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 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; or
  - 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.

#### RALTEGRAVIR POTASSIUM – Restricted

† Tab 400 mg .....	1,090.00	60	Isentress
--------------------	----------	----	-----------

## Antivirals

### Hepatitis B

#### ADEFOVIR DIPIVOXIL – Restricted

† Tab 10 mg .....	670.00	30	Hepsera
-------------------	--------	----	---------

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

➔ **Restricted**

Gastroenterologist or infectious disease physician

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg+); and

Documented resistance to lamivudine, defined as:

- 1 Patient has raised serum ALT (> 1 × ULN); and
- 2 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10-fold over nadir; and
- 3 Detection of M204I or M204V mutation; and
- 4 Either:
  - 4.1 Both:
    - 4.1.1 Patient is cirrhotic; and
    - 4.1.2 Adefovir dipivoxil to be used in combination with lamivudine; or
  - 4.2 Both:
    - 4.2.1 Patient is not cirrhotic; and
    - 4.2.2 Adefovir dipivoxil to be used as monotherapy.

ENTECAVIR – **Restricted** see terms below

⚡ 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-naive; 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).

LAMIVUDINE – **Restricted** see terms below

⚡ Tab 100 mg – 1% DV Dec-12 to 2014 .....	32.50	28	Zetlam
⚡ Oral liq 5 mg per ml			

➔ **Restricted**

Gastroenterologist, infectious disease specialist, paediatrician or general physician

**Initiation**

*Re-assessment required after 12 months*

Any of the following:

- 1 HBV DNA positive cirrhosis prior to liver transplantation; or
- 2 HBsAg positive and have had a liver, kidney, heart, lung or bone marrow transplant; or
- 3 Hepatitis B virus naive patient who has received a liver transplant from an anti-HBc (Hepatitis B core antibody) positive donor; or
- 4 Hepatitis B surface antigen positive (HbsAg) patient who is receiving chemotherapy for a malignancy, or who has received such treatment within the previous two months; and
- 5 Hepatitis B surface antigen positive patient who is receiving anti tumour necrosis factor treatment; or

continued...

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

continued...

6 Hepatitis B core antibody (anti-HBc) positive patient who is receiving rituximab plus high dose steroids (e.g. R-CHOP).

**Continuation - patients who have maintained continuous treatment and response to lamivudine**

*Re-assessment required after 2 years*

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:

- 1 Patient has raised serum ALT (> 1 × ULN); and
- 2 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10-fold over nadir; and
- 3 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:

- 1 Patient has raised serum ALT (> 1 × ULN); and
- 2 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10-fold over nadir; and
- 3 Detection of N236T or A181T/V mutation.

TENOFOVIR DISOPROXIL FUMARATE – **Restricted** see terms below

⚡ Tab 300 mg .....	531.00	30	Viread
--------------------	--------	----	--------

**➡ 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 a decompensated cirrhosis with a Mayo score > 20.

**Pregnant or Breastfeeding, Active hepatitis B**

Limited to twelve months' treatment

Both:

- 1 Patient is HBsAg positive and pregnant; and
- 2 HBV DNA > 20,000 IU/mL and ALT > ULN.

**Pregnant, prevention of vertical transmission**

Limited to six months' treatment

Both:

continued...

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

continued. . .

- 1 Patient is HBsAg positive and pregnant; and
- 2 HBV DNA > 20 million IU/mL and ALT normal.

**Confirmed HIV**

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/mm<sup>3</sup>; 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 < 500 cells/mm<sup>3</sup>

**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 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; or
  - 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.

**Hepatitis C**

BOCEPREVIR – **Restricted** see terms below

⚡ Cap 200 mg .....	5,015.00	336	Victrelis
--------------------	----------	-----	-----------

**➡ Restricted**

**Chronic hepatitis C - genotype 1, first-line from gastroenterologist, infectious disease physician or general physician**

All of the following:

- 1 Patient has chronic hepatitis C, genotype 1; and
- 2 Patient has not received prior pegylated interferon treatment; and
- 3 Patient has IL-28B genotype CT or TT; and
- 4 Patient is to be treated in combination with pegylated interferon and ribavirin; and
- 5 Patient is hepatitis C protease inhibitor treatment-naive; and
- 6 Maximum of 44 weeks therapy.

**Chronic hepatitis C - genotype 1, second-line from gastroenterologist, infectious disease physician or general physician.**

All of the following:

- 1 Patient has chronic hepatitis C, genotype 1; and
- 2 Patient has received pegylated interferon treatment; and

continued. . .

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

continued...

- 3 Any one of:
  - 3.1 Patient was a responder relapser; or
  - 3.2 Patient was a partial responder; or
  - 3.3 Patient received pegylated interferon prior to 2004; and
- 4 Patient is to be treated in combination with pegylated interferon and ribavirin; and
- 5 Maximum of 44 weeks therapy.

Note: Due to risk of severe sepsis boceprevir should not be initiated if either Platelet count <100 x10<sup>9</sup> /l or Albumin <35 g/l.

**Herpesviridae**

**ACICLOVIR**

Tab dispersible 200 mg – 1% DV Sep-13 to 2016 .....	1.78	25	<b>Lovir</b>
Tab dispersible 400 mg – 1% DV Sep-13 to 2016 .....	5.98	56	<b>Lovir</b>
Tab dispersible 800 mg – 1% DV Sep-13 to 2016 .....	6.64	35	<b>Lovir</b>
Inj 250 mg vial – 1% DV Mar-13 to 2015 .....	14.09	5	<b>Zovirax IV</b>

**CIDOFOVIR – Restricted** see terms below

⚡ Inj 75 mg per ml, 5 ml vial

➡ **Restricted**

Infectious disease physician, clinical microbiologist, otolaryngologist or oral surgeon

**FOSCARNET SODIUM – Restricted** see terms below

⚡ Inj 24 mg per ml, 250 ml bottle

➡ **Restricted**

Infectious disease physician or clinical microbiologist

**GANCICLOVIR – Restricted** see terms below

⚡ Inj 500 mg vial .....	380.00	5	Cymevene
-------------------------	--------	---	----------

➡ **Restricted**

Infectious disease physician or clinical microbiologist

**VALACICLOVIR – Restricted** see terms below

⚡ Tab 500 mg .....	102.72	30	Valtrex
--------------------	--------	----	---------

➡ **Restricted**

Any of the following:

- 1 Patient has genital herpes with 2 or more breakthrough episodes in any 6 month period while treated with aciclovir 400 mg twice daily.
- 2 Patient has previous history of ophthalmic zoster and the patient is at risk of vision impairment.
- 3 Patient has undergone organ transplantation.

**Immunocompromised patients**

Limited to 7 days treatment

Both:

- 1 Patient is immunocompromised; and
- 2 Patient has herpes zoster.

**VALGANCICLOVIR – Restricted** see terms on the next page

⚡ Tab 450 mg .....	3,000.00	60	Valcyte
--------------------	----------	----	---------

⚡ Item restricted (see ➡ above); ⚡ Item restricted (see ➡ below)  
e.g. *Brand* indicates brand example only. It is not a contracted product.



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

➔ **Restricted**

**Transplant cytomegalovirus prophylaxis**

Limited to three months' treatment

Patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis.

**Lung transplant cytomegalovirus prophylaxis**

Limited to six months' treatment

Both:

- 1 Patient has undergone a lung transplant; and
- 2 Either:
  - 2.1 The donor was cytomegalovirus positive and the patient is cytomegalovirus negative; or
  - 2.2 The recipient is cytomegalovirus positive.

**Cytomegalovirus in immunocompromised patients**

Both:

- 1 Patient is immunocompromised; and
- 2 Any of the following:
  - 2.1 Patient has cytomegalovirus syndrome or tissue invasive disease; or
  - 2.2 Patient has rapidly rising plasma CMV DNA in absence of disease; or
  - 2.3 Patient has cytomegalovirus retinitis.

**Influenza**

OSELTAMIVIR – **Restricted** see terms below

⚡ Tab 75 mg

⚡ Powder for oral suspension 12 mg per ml

➔ **Restricted**

Either:

- 1 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.

**Immune Modulators**

**INTERFERON ALFA-2A**

- Inj 3 m iu prefilled syringe
- Inj 6 m iu prefilled syringe
- Inj 9 m iu prefilled syringe

**INTERFERON ALFA-2B**

- Inj 18 m iu, 1.2 ml multidose pen
- Inj 30 m iu, 1.2 ml multidose pen
- Inj 60 m iu, 1.2 ml multidose pen

**INTERFERON GAMMA – Restricted** see terms below

⚡ Inj 100 mcg in 0.5 ml vial

➔ **Restricted**

Patient has chronic granulomatous disease and requires interferon gamma.

**PEGYLATED INTERFERON ALFA-2A – Restricted** see terms on the next page

⚡ Inj 135 mcg prefilled syringe			
⚡ Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (112)			
⚡ Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (168)			
⚡ Inj 180 mcg prefilled syringe .....	900.00	4	Pegasys
⚡ Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112) .....	1,159.84	1	Pegasus RBV Combination Pack
⚡ Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (168) .....	1,290.00	1	Pegasus RBV Combination Pack

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

➔ **Restricted**

**Initiation – Chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV or genotype 2 or 3 post liver transplant**

Both:

- 1 Any of the following:
  - 1.1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
  - 1.2 Patient has chronic hepatitis C and is co-infected with HIV; or
  - 1.3 Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant.
- 2 Maximum of 48 weeks therapy.

Notes:

Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.

Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml.

**Continuation – (Chronic hepatitis C - genotype 1 infection) - gastroenterologist, infectious disease physician or general physician**

All of the following:

- 1 Patient has chronic hepatitis C, genotype 1; and
- 2 Patient has had previous treatment with pegylated interferon and ribavirin; and
- 3 Either:
  - 3.1 Patient has responder relapsed; or
  - 3.2 Patient was a partial responder; and
- 4 Patient is to be treated in combination with boceprevir; and
- 5 Maximum of 48 weeks therapy.

**Initiation (Chronic Hepatitis C - genotype 1 infection treatment more than 4 years prior) - Gastroenterologist, infectious disease physician or general physician**

All of the following:

- 1 Patient has chronic hepatitis C, genotype 1; and
- 2 Patient has had previous treatment with pegylated interferon and ribavirin; and
- 3 Any of the following:
  - 3.1 Patient has responder relapsed; or
  - 3.2 Patient was a partial responder; or
  - 3.3 Patient received interferon treatment prior to 2004; and
- 4 Patient is to be treated in combination with boceprevir; and
- 5 Maximum of 48 weeks therapy.

**Initiation – Chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV**

Both:

- 1 Patient has chronic hepatitis C, genotype 2 or 3 infection; and
- 2 Maximum of 6 months therapy.

**Initiation – Hepatitis B**

Gastroenterologist, infectious disease specialist or general 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 treatment-naive; and
- 3 ALT > 2 times Upper Limit of Normal; and
- 4 HBV DNA < 10 log<sub>10</sub> IU/ml; and
- 5 Either:
  - 5.1 HBeAg positive; or
  - 5.2 Serum HBV DNA = 2,000 units/ml and significant fibrosis (= Metavir Stage F2 or moderate fibrosis); and
- 6 Compensated liver disease; and

continued...

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

continued. . .

- 7 No continuing alcohol abuse or intravenous drug use; and
- 8 Not co-infected with HCV, HIV or HDV; and
- 9 Neither ALT nor AST > 10 times upper limit of normal; and
- 10 No history of hypersensitivity or contraindications to pegylated interferon; and
- 11 Maximum of 48 weeks therapy.

Notes:

Approved dose is 180 mcg once weekly.

The recommended dose of Pegylated Interferon alfa-2a is 180 mcg once weekly.

In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated Interferon alfa-2a dose should be reduced to 135 mcg once weekly.

In patients with neutropaenia and thrombocytopenia, dose should be reduced in accordance with the datasheet guidelines.

Pegylated Interferon alfa-2a is not approved for use in children.

# MUSCULOSKELETAL SYSTEM

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

## Anticholinesterases

EDROPHONIUM CHLORIDE – **Restricted** see terms below

⚡ Inj 10 mg per ml, 15 ml vial

⚡ Inj 10 mg per ml, 1 ml ampoule

➡ **Restricted**

For the diagnosis of myasthenia gravis

NEOSTIGMINE METILSULFATE

Inj 2.5 mg per ml, 1 ml ampoule – **1% DV Sep-11 to 2014** ..... 140.00      50      **AstraZeneca**

NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE

Inj 2.5 mg with glycopyrronium bromide 0.5 mg per ml, 1 ml ampoule  
– **1% DV Nov-13 to 2016** ..... 27.86      10      **Max Health**

PYRIDOSTIGMINE BROMIDE

Tab 60 mg – **1% DV Sep-11 to 2014** ..... 38.90      100      **Mestinon**

## Antirheumatoid Agents

AURANOFIN

Tab 3 mg

HYDROXYCHLOROQUINE

Tab 200 mg – **1% DV Nov-12 to 2015** ..... 18.00      100      **Plaquenil**

LEFLUNOMIDE

Tab 10 mg ..... 55.00      30      Arava

Tab 20 mg ..... 76.00      30      Arava

Tab 100 mg ..... 54.44      3      Arava

PENICILLAMINE

Tab 125 mg ..... 61.93      100      D-Penaminate

Tab 250 mg ..... 98.98      100      D-Penaminate

SODIUM AUROTHIOMALATE

Inj 10 mg in 0.5 ml ampoule

Inj 20 mg in 0.5 ml ampoule

Inj 50 mg in 0.5 ml ampoule

## Drugs Affecting Bone Metabolism

### Bisphosphonates

ALENDRONATE SODIUM

⚡ Tab 40 mg ..... 133.00      30      Fosamax

➡ **Restricted**

Both:

1 Paget's disease; and

2 Any of the following:

2.1 Bone or articular pain; or

2.2 Bone deformity; or

2.3 Bone, articular or neurological complications; or

2.4 Asymptomatic disease, but risk of complications due to site (base of skull, spine, long bones of lower limbs); or

2.5 Preparation for orthopaedic surgery.

⚡ Tab 70 mg ..... 22.90      4      Fosamax

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

➔ **Restricted**

**Osteoporosis**

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) = 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score = -2.5) (see Note); or
- 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 4 Documented T-Score = -3.0 (see Note); or
- 5 A 10-year risk of hip fracture = 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
- 6 Patient has had a Special Authority approval for zoledronic acid (osteoporosis) or raloxifene.

**Initiation - glucocorticosteroid therapy**

*Re-assessment required after 12 months*

Both:

- 1 The patient is receiving systemic glucocorticosteroid therapy (= 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
- 2 Any of the following:
  - 2.1 The patient has documented BMD = 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score = -1.5) (see Note); or
  - 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
  - 2.3 The patient has had a Special Authority approval for zoledronic acid (glucocorticosteroid therapy) or raloxifene.

**Continuation - glucocorticosteroid therapy**

*Re-assessment required after 12 months*

The patient is continuing systemic glucocorticosteroid therapy (= 5 mg per day prednisone equivalents)

- 1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- 2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score = -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.
- 3 Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- 4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

ALENDRONATE SODIUM WITH CHOLECALCIFEROL – **Restricted** see terms below

⚡ Tab 70 mg with cholecalciferol 5,600 iu .....	22.90	4	Fosamax Plus
---	-------	---	--------------

➔ **Restricted**

**Osteoporosis**

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) = 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score = -2.5) (see Note); or
- 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or

continued...

# MUSCULOSKELETAL SYSTEM

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

continued...

- 3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 4 Documented T-Score = -3.0 (see Note); or
- 5 A 10-year risk of hip fracture = 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
- 6 Patient has had a Special Authority approval for zoledronic acid (osteoporosis) or raloxifene.

## Initiation - glucocorticosteroid therapy

Re-assessment required after 12 months

Both:

- 1 The patient is receiving systemic glucocorticosteroid therapy (= 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
- 2 Any of the following:
  - 2.1 The patient has documented BMD = 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score = -1.5) (see Note); or
  - 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
  - 2.3 The patient has had a Special Authority approval for zoledronic acid (glucocorticosteroid therapy) or raloxifene.

## Continuation - glucocorticosteroid therapy

Re-assessment required after 12 months

The patient is continuing systemic glucocorticosteroid therapy (= 5 mg per day prednisone equivalents)

- 1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- 2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score = -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.
- 3 Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- 4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

## ETIDRONATE DISODIUM

Tab 200 mg – 1% DV Sep-12 to 2015 ..... 15.80      100      **Arrow-Etidronate**

## PAMIDRONATE DISODIUM

Inj 3 mg per ml, 5 ml vial ..... 18.75      1      Pamisol  
 Inj 3 mg per ml, 10 ml vial – 1% DV Feb-13 to 2014 ..... 16.00      1      **Pamidronate BNM**  
 Inj 6 mg per ml, 10 ml vial – 1% DV Feb-13 to 2014 ..... 32.00      1      **Pamidronate BNM**  
 Inj 9 mg per ml, 10 ml vial – 1% DV Feb-13 to 2014 ..... 48.00      1      **Pamidronate BNM**

## ZOLEDRONIC ACID – **Restricted** see terms below

⚡ Inj 0.05 mg per ml, 100 ml vial ..... 600.00      100 ml      Aclasta

## ➡ **Restricted**

### Osteogenesis imperfecta

Patient has been diagnosed with clinical or genetic osteogenesis imperfecta.

### Osteoporosis

Both:

- 1 Any of the following:

continued...

Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
------------------------------------	-------------------------------------

continued...

- 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) = 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score = -2.5) (see Note); or
  - 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
  - 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
  - 1.4 Documented T-Score = -3.0 (see Note); or
  - 1.5 A 10-year risk of hip fracture = 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
  - 1.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) or raloxifene; and
- 2 The patient will not be prescribed more than one infusion in a 12-month period.

**Initiation - glucocorticosteroid therapy**

*Re-assessment required after 12 months*

All of the following:

- 1 The patient is receiving systemic glucocorticosteroid therapy (= 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
- 2 Any of the following:
  - 2.1 The patient has documented BMD = 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score = -1.5) (see Note); or
  - 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
  - 2.3 The patient has had a Special Authority approval for alendronate (Underlying cause - glucocorticosteroid therapy) or raloxifene; and
- 3 The patient will not be prescribed more than one infusion in the 12-month approval period.

**Continuation - glucocorticosteroid therapy**

*Re-assessment required after 12 months*

Both:

- 1 The patient is continuing systemic glucocorticosteroid therapy (= 5 mg per day prednisone equivalents); and
- 2 The patient will not be prescribed more than one infusion in the 12-month approval period.

**Initiation - Paget's disease**

*Re-assessment required after 12 months*

All of the following:

- 1 Paget's disease; and
- 2 Any of the following:
  - 2.1 Bone or articular pain; or
  - 2.2 Bone deformity; or
  - 2.3 Bone, articular or neurological complications; or
  - 2.4 Asymptomatic disease, but risk of complications; or
  - 2.5 Preparation for orthopaedic surgery; and
- 3 The patient will not be prescribed more than one infusion in the 12-month approval period.

**Continuation - Paget's disease**

*Re-assessment required after 12 months*

Both:

- 1 Any of the following:
  - 1.1 The patient has relapsed (based on increases in serum alkaline phosphatase); or
  - 1.2 The patient's serum alkaline phosphatase has not normalised following previous treatment with zoledronic acid; or
  - 1.3 Symptomatic disease (prescriber determined); and
- 2 The patient will not be prescribed more than one infusion in the 12-month approval period.

continued...

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

continued...

- 1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- 2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score = -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.
- 3 Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- 4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

## Other Drugs Affecting Bone Metabolism

RALOXIFENE – **Restricted** see terms below

⚡ Tab 60 mg .....	53.76	28	Evista
-------------------	-------	----	--------

➡ **Restricted**

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) = 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score = -2.5) (see Notes); or
  - 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
  - 3 History of two significant osteoporotic fractures demonstrated radiologically; or
  - 4 Documented T-Score = -3.0 (see Notes); or
  - 5 A 10-year risk of hip fracture = 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Notes); or
  - 6 Patient has had a prior Special Authority approval for zoledronic acid (Underlying cause - Osteoporosis) or alendronate (Underlying cause - Osteoporosis).
- 1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
  - 2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score = -2.5 and, therefore, do not require BMD measurement for raloxifene funding.
  - 3 Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
  - 4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

RISEDRONATE SODIUM

Tab 35 mg .....	4.00	4	Risedronate Sandoz
-----------------	------	---	--------------------

TERIPARATIDE – **Restricted** see terms on the next page

⚡ Inj 250 mcg per ml, 2.4 ml cartridge .....	490.00	1	Forteo
--	--------	---	--------



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

➔ **Restricted**

Limited to 18 months' treatment

All of the following:

- 1 The patient has severe, established osteoporosis; and
  - 2 The patient has a documented T-score less than or equal to -3.0 (see Notes); and
  - 3 The patient has had two or more fractures due to minimal trauma; and
  - 4 The patient has experienced at least one symptomatic new fracture after at least 12 months' continuous therapy with a funded antiresorptive agent at adequate doses (see Notes).
- 1 The bone mineral density (BMD) measurement used to derive the T-score must be made using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable
  - 2 Antiresorptive agents and their adequate doses for the purposes of this Special Authority are defined as: alendronate sodium tab 70 mg or tab 70 mg with cholecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily; zoledronic acid 5 mg per year. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months' continuous therapy.
  - 3 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

**Enzymes**

HYALURONIDASE

Inj 1,500 iu ampoule

**Hyperuricaemia and Antigout**

ALLOPURINOL

Tab 100 mg – 1% DV Dec-11 to 2014 .....	15.90	1,000	<b>Apo-Allopurinol</b>
Tab 300 mg – 1% DV Dec-11 to 2014 .....	16.75	500	<b>Apo-Allopurinol</b>

BENZBROMARONE – **Restricted** see terms below

☞ Tab 100 mg .....	45.00	100	Benzbromaron
--------------------	-------	-----	--------------

➔ **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.

# MUSCULOSKELETAL SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
COLCHICINE			
Tab 500 mcg – 1% DV Oct-13 to 2016 .....	10.08	100	<b>Colgout</b>
PROBENECID			
Tab 500 mg			
RASBURICASE – <b>Restricted</b> see terms below			
⚡ Inj 1.5 mg vial			
➔ <b>Restricted</b>			
Haematologist			

## Muscle Relaxants and Related Agents

ATRACURIUM BESYLATE			
Inj 10 mg per ml, 2.5 ml ampoule – 1% DV Sep-12 to 2015 .....	6.13	5	<b>Tracrium</b>
Inj 10 mg per ml, 5 ml ampoule – 1% DV Sep-12 to 2015 .....	9.19	5	<b>Tracrium</b>
BACLOFEN			
Tab 10 mg – 1% DV Jun-13 to 2016 .....	3.85	100	<b>Pacifen</b>
Oral liq 1 mg per ml			
Inj 0.05 mg per ml, 1 ml ampoule – 1% DV Oct-12 to 2015 .....	11.55	1	<b>Lioresal Intrathecal</b>
Inj 2 mg per ml, 5 ml ampoule – 1% DV Oct-12 to 2015 .....	209.29	1	<b>Lioresal Intrathecal</b>
CLOSTRIDIUM BOTULINUM TYPE A TOXIN			
Inj 100 u vial .....	467.50	1	<b>Botox</b>
Inj 500 u vial .....	1,295.00	2	<b>Dysport</b>
DANTROLENE			
Cap 25 mg .....	65.00	100	<b>Dantrium</b>
Cap 50 mg .....	77.00	100	<b>Dantrium</b>
Inj 20 mg vial			<i>e.g. Dantrium IV</i>
MIVACURIUM CHLORIDE			
Inj 2 mg per ml, 5 ml ampoule .....	33.92	5	<b>Mivacron</b>
Inj 2 mg per ml, 10 ml ampoule .....	67.17	5	<b>Mivacron</b>
ORPHENADRINE CITRATE			
Tab 100 mg			
PANCURONIUM BROMIDE			
Inj 2 mg per ml, 2 ml ampoule – 1% DV Jan-13 to 2015 .....	260.00	50	<b>AstraZeneca</b>
ROCURONIUM BROMIDE			
Inj 10 mg per ml, 5 ml vial – 1% DV Sep-12 to 2015 .....	38.25	10	<b>DBL Rocuronium Bromide</b>
SUXAMETHONIUM CHLORIDE			
Inj 50 mg per ml, 2 ml ampoule .....	130.00	50	<b>AstraZeneca</b>
VECURONIUM BROMIDE			
Inj 4 mg ampoule			
Inj 10 mg vial			

## Reversers of Neuromuscular Blockade

SUGAMMADEX – <b>Restricted</b> see terms on the next page			
⚡ Inj 100 mg per ml, 2 ml vial .....	1,200.00	10	<b>Bridion</b>
⚡ Inj 100 mg per ml, 5 ml vial .....	3,000.00	10	<b>Bridion</b>

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

➔ **Restricted**

Any of the following:

- 1 Patient requires reversal of profound neuromuscular blockade following rapid sequence induction that has been undertaken using rocuronium (i.e. suxamethonium is contraindicated or undesirable); or
- 2 Patient has an unexpectedly difficult airway that cannot be intubated and requires a rapid reversal of anaesthesia and neuromuscular blockade; or
- 3 The duration of the patient's surgery is unexpectedly short; or
- 4 Neostigmine or a neostigmine/anticholinergic combination is contraindicated (for example the patient has ischaemic heart disease, morbid obesity or COPD); or
- 5 Patient has a partial residual block after conventional reversal.

**Non-Steroidal Anti-Inflammatory Drugs**

CELECOXIB – **Restricted** see terms below

- ⚡ Cap 100 mg
- ⚡ Cap 200 mg
- ⚡ Cap 400 mg

➔ **Restricted**

For preoperative and/or postoperative use for a total of up to 8 days' use.

DICLOFENAC SODIUM

Tab EC 25 mg – 1% DV Mar-13 to 2015.....	4.00	100	<b>Apo-Diclo</b>
Tab 50 mg dispersible			
Tab EC 50 mg – 1% DV Mar-13 to 2015.....	16.00	500	<b>Apo-Diclo</b>
Tab long-acting 75 mg – 1% DV Dec-12 to 2015.....	3.10	30	<b>Diclax SR</b>
	24.52	500	<b>Diclax SR</b>
Tab long-acting 100 mg – 1% DV Dec-12 to 2015.....	42.25	500	<b>Diclax SR</b>
Inj 25 mg per ml, 3 ml ampoule – 1% DV Sep-11 to 2014.....	12.00	5	<b>Voltaren</b>
Suppos 12.5 mg – 1% DV Sep-11 to 2014.....	1.85	10	<b>Voltaren</b>
Suppos 25 mg – 1% DV Sep-11 to 2014.....	2.22	10	<b>Voltaren</b>
Suppos 50 mg – 1% DV Sep-11 to 2014.....	3.84	10	<b>Voltaren</b>
Suppos 100 mg – 1% DV Sep-11 to 2014.....	6.36	10	<b>Voltaren</b>

ETORICOXIB – **Restricted** see terms below

- ⚡ Tab 30 mg
- ⚡ Tab 60 mg
- ⚡ Tab 90 mg
- ⚡ Tab 120 mg

➔ **Restricted**

For preoperative and/or postoperative use for a total of up to 8 days' use.

IBUPROFEN

Tab 200 mg			
➔ Tab 400 mg – <b>Restricted:</b> For continuation only			
➔ Tab 600 mg – <b>Restricted:</b> For continuation only			
Tab long-acting 800 mg – 1% DV Oct-11 to 2014.....	8.12	30	<b>Brufen SR</b>
Oral liq 20 mg per ml.....	2.69	200 ml	Fenpaed
Inj 5 mg per ml, 2 ml ampoule			

INDOMETHACIN

- Cap 25 mg
- Cap 50 mg
- Cap long-acting 75 mg
- Inj 1 mg vial
- Suppos 100 mg

# MUSCULOSKELETAL SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>KETOPROFEN</b>			
Cap long-acting 100 mg .....	21.56	100	Oruvail SR
Cap long-acting 200 mg .....	43.12	100	Oruvail SR
<b>MEFENAMIC ACID – Restricted:</b> For continuation only			
➔ Cap 250 mg			
<b>MELOXICAM – Restricted</b> see terms below			
⚠ Tab 7.5 mg			
➔ <b>Restricted</b>			
Either:			
1 Haemophilic arthropathy, with both of the following:			
1.1 The patient has moderate to severe haemophilia with less than or equal to 5% of normal circulating functional clotting factor; and			
1.2 Pain and inflammation associated with haemophilic arthropathy is inadequately controlled by alternative funded treatment options, or alternative funded treatment options are contraindicated; or			
2 For preoperative and/or postoperative use for a total of up to 8 days' use.			
<b>NAPROXEN</b>			
Tab 250 mg – 1% DV Jan-13 to 2015 .....	21.25	500	<b>Noflam 250</b>
Tab 500 mg – 1% DV Jan-13 to 2015 .....	22.25	250	<b>Noflam 500</b>
Tab long-acting 750 mg			
Tab long-acting 1 g			
<b>PARECOXIB</b>			
Inj 40 mg vial .....	100.00	10	Dynastat
<b>SULINDAC – Restricted:</b> For continuation only			
➔ Tab 100 mg			
➔ Tab 200 mg			
<b>TENOXICAM</b>			
Tab 20 mg			
Inj 20 mg vial .....	9.95	1	AFT
<b>TIAPROFENIC ACID</b>			
Tab 300 mg .....	19.26	60	Surgam

## Topical Products for Joint and Muscular Pain

**CAPSAICIN – Restricted** see terms below

⚠ Crm 0.025% ..... 9.95 45 g Zostrix

➔ **Restricted**

Patient has osteoarthritis that is not responsive to paracetamol and oral non-steroidal anti-inflammatories are contraindicated.

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

**Agents for Parkinsonism and Related Disorders**

**Agents for Essential Tremor, Chorea and Related Disorders**

RILUZOLE – **Restricted** see terms below

⚡ Tab 50 mg ..... 400.00 56 Rilutek

➔ **Restricted**

**Initiation**

Neurologist or respiratory specialist

*Re-assessment required after 6 months*

All of the following:

- 1 The patient has amyotrophic lateral sclerosis with disease duration of 5 years or less; and
- 2 The patient has at least 60 percent of predicted forced vital capacity within 2 months prior to the initial application; and
- 3 The patient has not undergone a tracheostomy; and
- 4 The patient has not experienced respiratory failure; and
- 5 Any of the following:
  - 5.1 The patient is ambulatory; or
  - 5.2 The patient is able to use upper limbs; or
  - 5.3 The patient is able to swallow.

**Continuation**

*Re-assessment required after 18 months*

All of the following:

- 1 The patient has not undergone a tracheostomy; and
- 2 The patient has not experienced respiratory failure; and
- 3 Any of the following:
  - 3.1 The patient is ambulatory; or
  - 3.2 The patient is able to use upper limb; or
  - 3.3 The patient is able to swallow.

TETRABENAZINE

Tab 25 mg – 1% DV Sep-13 to 2016 ..... 118.00 112 **Motetis**

**Anticholinergics**

BENZTROPINE MESYLATE

Tab 2 mg ..... 7.99 60 Benztrop

Inj 1 mg per ml, 2 ml ampoule ..... 95.00 5 Cogentin

ORPHENADRINE HYDROCHLORIDE

Tab 50 mg

PROCYCLIDINE HYDROCHLORIDE

Tab 5 mg

**Dopamine Agonists and Related Agents**

AMANTADINE HYDROCHLORIDE

Cap 100 mg – 1% DV Sep-11 to 2014 ..... 38.24 60 **Symmetrel**

APOMORPHINE HYDROCHLORIDE

Inj 10 mg per ml, 1 ml ampoule

Inj 10 mg per ml, 2 ml ampoule ..... 110.00 5 Apomine

BROMOCRIPTINE

Tab 2.5 mg

Cap 5 mg

# NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ENTACAPONE</b>			
Tab 200 mg – 1% DV Dec-12 to 2015 .....	47.92	100	<b>Entapone</b>
<b>LEVODOPA WITH BENSERAZIDE</b>			
Tab dispersible 50 mg with benserazide 12.5 mg .....	10.00	100	Madopar Dispersible
Cap 50 mg with benserazide 12.5 mg .....	8.00	100	Madopar 62.5
Cap 100 mg with benserazide 25 mg .....	12.50	100	Madopar 125
Cap long-acting 100 mg with benserazide 25 mg .....	17.00	100	Madopar HBS
Cap 200 mg with benserazide 50 mg .....	25.00	100	Madopar 250
<b>LEVODOPA WITH CARBIDOPA</b>			
Tab 100 mg with carbidopa 25 mg .....	20.00	100	Sinemet <i>e.g. Sindopa</i>
Tab long-acting 200 mg with carbidopa 50 mg .....	47.50	100	Sinemet CR
Tab 250 mg with carbidopa 25 mg .....	40.00	100	Sinemet <i>e.g. Sindopa</i>
<b>LISURIDE HYDROGEN MALEATE</b>			
Tab 200 mcg .....	25.00	30	Dopergin
<b>PERGOLIDE</b>			
Tab 0.25 mg – 1% DV Sep-11 to 2014 .....	48.00	100	<b>Permax</b>
Tab 1 mg – 1% DV Sep-11 to 2014 .....	170.00	100	<b>Permax</b>
<b>PRAMIPEXOLE HYDROCHLORIDE</b>			
Tab 0.125 mg .....	1.95	30	Dr Reddy's Pramipexole
Tab 0.25 mg .....	2.40	30	Dr Reddy's Pramipexole
Tab 0.5 mg .....	4.20	30	Dr Reddy's Pramipexole
Tab 1 mg .....	7.20	30	Dr Reddy's Pramipexole
<b>ROPINIROLE HYDROCHLORIDE</b>			
Tab 0.25 mg .....	6.20	84	Ropin
Tab 1 mg .....	15.95	84	Ropin
Tab 2 mg .....	24.95	84	Ropin
Tab 5 mg .....	38.00	84	Ropin
<b>SELEGILINE HYDROCHLORIDE</b>			
Tab 5 mg			
<b>TOLCAPONE</b>			
Tab 100 mg – 1% DV Sep-11 to 2014 .....	126.20	100	<b>Tasmar</b>

## Anaesthetics

### General Anaesthetics

<b>DESFLURANE</b>			
Soln for inhalation 100%, 240 ml bottle – 1% DV Dec-12 to 2015 .....	1,230.00	6	<b>Suprane</b>
<b>DEXMEDETOMIDINE HYDROCHLORIDE</b>			
Inj 100 mcg per ml, 2 ml vial			
<b>ETOMIDATE</b>			
Inj 2 mg per ml, 10 ml ampoule			
<b>ISOFLURANE</b>			
Soln for inhalation 100%, 250 ml bottle – 1% DV Dec-12 to 2015 .....	1,020.00	6	<b>Aerrane</b>

↑ Item restricted (see ➡ above); ↓ Item restricted (see ➡ below)  
e.g. *Brand* indicates brand example only. It is not a contracted product.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>KETAMINE HYDROCHLORIDE</b>			
Inj 1 mg per ml, 100 ml bag			
Inj 4 mg per ml, 50 ml syringe			
Inj 10 mg per ml, 10 ml syringe			
Inj 100 mg per ml, 2 ml vial			
<b>METHOHEXITAL SODIUM</b>			
Inj 10 mg per ml, 50 ml vial			
<b>PROPOFOL</b>			
Inj 10 mg per ml, 20 ml ampoule .....	7.60	5	Fresofol 1%
Inj 10 mg per ml, 20 ml vial .....	7.60	5	Provide MCT-LCT 1%
	42.00		Diprivan
Inj 10 mg per ml, 50 ml syringe .....	47.00	1	Diprivan
Inj 10 mg per ml, 50 ml vial .....	4.00	1	Fresofol 1%
			Provide MCT-LCT 1%
	25.00		Diprivan
Inj 10 mg per ml, 100 ml vial .....	7.60	1	Fresofol 1%
			Provide MCT-LCT 1%
	30.00		Diprivan
<b>SEVOFLURANE</b>			
Soln for inhalation 100%, 250 ml bottle – 1% DV Dec-12 to 2015 .....	1,230.00	6	<b>Baxter</b>
<b>THIOPENTAL [THIOPENTONE] SODIUM</b>			
Inj 500 mg ampoule			

**Local Anaesthetics**

**ARTICAINE HYDROCHLORIDE WITH ADRENALINE**

- Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge
- Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge
- Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge
- Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge

**BENZOCAINE**

- Gel 20%

**BUPIVACAINE HYDROCHLORIDE**

- Inj 5 mg per ml, 4 ml ampoule ..... 50.00 5 Marcaïn Isobaric
- Inj 2.5 mg per ml, 20 ml ampoule
- Inj 2.5 mg per ml, 20 ml ampoule sterile pack – 1% DV Oct-12 to 2015 ..... 35.00 5 **Marcaïn**
- Inj 5 mg per ml, 10 ml ampoule ..... 35.00 50 Marcaïn
- Inj 5 mg per ml, 10 ml ampoule sterile pack – 1% DV Oct-12 to 2015 ..... 28.00 5 **Marcaïn**
- Inj 5 mg per ml, 20 ml ampoule
- Inj 5 mg per ml, 20 ml ampoule sterile pack – 1% DV Oct-12 to 2015 ..... 28.00 5 **Marcaïn**
- Inj 1.25 mg per ml, 100 ml bag
- Inj 1.25 mg per ml, 200 ml bag
- Inj 2.5 mg per ml, 100 ml bag ..... 150.00 5 Marcaïn
- Inj 2.5 mg per ml, 200 ml bag
- Inj 1.25 mg per ml, 500 ml bag

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE</b>			
Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial – 1% DV Nov-11 to 2014 .....	135.00	5	<b>Marcaïn with Adrenaline</b>
Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial – 1% DV Nov-11 to 2014 .....	115.00	5	<b>Marcaïn with Adrenaline</b>
<b>BUPIVACAINE HYDROCHLORIDE WITH FENTANYL</b>			
Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag			
Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml syringe			
Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag – 1% DV Nov-11 to 2014 .....	210.00	10	<b>Bupafen</b>
Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag – 1% DV Nov-11 to 2014 .....	210.00	10	<b>Bupafen</b>
Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe			
Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe – 1% DV Nov-11 to 2014 .....	72.00	10	<b>Biomed</b>
Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe – 1% DV Nov-11 to 2014 .....	92.00	10	<b>Biomed</b>
<b>BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE</b>			
Inj 0.5% with glucose 8%, 4 ml ampoule .....	38.00	5	<b>Marcaïn Heavy</b>
<b>COCAINE HYDROCHLORIDE</b>			
Paste 5%			
Soln 15%, 2 ml syringe			
Soln 4%, 2 ml syringe .....	25.46	1	<b>Biomed</b>
<b>COCAINE HYDROCHLORIDE WITH ADRENALINE</b>			
Paste 15% with adrenaline 0.06%			
Paste 25% with adrenaline 0.06%			
<b>ETHYL CHLORIDE</b>			
Spray 100%			
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE</b>			
Gel 2% – 1% DV Oct-12 to 2015 .....	3.40	20 ml	<b>Orion</b>
Soln 4%			
Spray 10% – 1% DV Sep-13 to 2016 .....	75.00	50 ml	<b>Xylocaine</b>
Oral (viscous) soln 2% – 1% DV Sep-11 to 2014 .....	55.00	200 ml	<b>Xylocaine Viscous</b>
Inj 1%, 20 ml ampoule, sterile pack			
Inj 2%, 20 ml ampoule, sterile pack			
Inj 1%, 5 ml ampoule – 1% DV Jul-13 to 2015 .....	8.75	25	<b>Lidocaine-Clarís</b>
Inj 1%, 20 ml ampoule – 1% DV Jul-13 to 2015 .....	2.40	1	<b>Lidocaine-Clarís</b>
Inj 2%, 5 ml ampoule – 1% DV Jul-13 to 2015 .....	6.90	25	<b>Lidocaine-Clarís</b>
Inj 2%, 20 ml ampoule – 1% DV Jul-13 to 2015 .....	2.40	1	<b>Lidocaine-Clarís</b>
Gel 2%, 10 ml urethral syringe .....	43.26	10	<b>Pfizer</b>



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE</b>			
Inj 1% with adrenaline 1:100,000, 5 ml ampoule .....	27.00	10	Xylocaine
Inj 1% with adrenaline 1:200,000, 20 ml vial .....	50.00	5	Xylocaine
Inj 2% with adrenaline 1:80,000, 1.7 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 1.8 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 2.2 ml dental cartridge			
Inj 2% with adrenaline 1:200,000, 20 ml vial .....	60.00	5	Xylocaine
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE</b>			
Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe			
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE</b>			
Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe .....	43.26	10	Pfizer
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE</b>			
Nasal spray 5% with phenylephrine hydrochloride 0.5%			
<b>LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE</b>			
Crn 2.5% with prilocaine 2.5% .....	45.00	30 g	EMLA
Patch 25 mcg with prilocaine 25 mcg .....	115.00	20	EMLA
Crn 2.5% with prilocaine 2.5%, 5 g .....	45.00	5	EMLA
<b>MEPIVACAINE HYDROCHLORIDE</b>			
Inj 3%, 1.8 ml dental cartridge			
Inj 3%, 2.2 ml dental cartridge			
<b>PRILOCAINE HYDROCHLORIDE</b>			
Inj 0.5%, 50 ml vial .....	100.00	5	Citanest
Inj 2%, 5 ml ampoule .....	55.00	10	Citanest
<b>PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN</b>			
Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge			
Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge			
<b>ROPIVACAINE HYDROCHLORIDE</b>			
Inj 2 mg per ml, 10 ml ampoule			
Inj 2 mg per ml, 20 ml ampoule .....	75.00	5	Naropin
Inj 2 mg per ml, 100 ml bag .....	200.00	5	Naropin
Inj 2 mg per ml, 200 ml bag .....	265.00	5	Naropin
Inj 7.5 mg per ml, 10 ml ampoule .....	45.00	5	Naropin
Inj 7.5 mg per ml, 20 ml ampoule .....	84.00	5	Naropin
Inj 10 mg per ml, 10 ml ampoule .....	54.00	5	Naropin
Inj 10 mg per ml, 20 ml ampoule			
<b>ROPIVACAINE HYDROCHLORIDE WITH FENTANYL</b>			
Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag .....	198.50	5	Naropin
Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag .....	270.00	5	Naropin
<b>TETRACAINE [AMETHOCAINE] HYDROCHLORIDE</b>			
Gel 4%			

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

## Analgesics

### Non-Opioid Analgesics

#### ASPIRIN

Tab EC 300 mg  
Tab dispersible 300 mg

#### CAPSAICIN – **Restricted** see terms below

¶ Crm 0.075% ..... 12.50 45 g Zostrix HP

#### ➔ **Restricted**

For post-herpetic neuralgia or diabetic peripheral neuropathy

#### METHOXYFLURANE – **Restricted** see terms below

¶ Soln for inhalation 99.9%, 3 ml bottle

#### ➔ **Restricted**

Both:

- 1 Patient is undergoing a painful procedure with an expected duration of less than one hour; and
- 2 Only to be used under supervision by a medical practitioner or nurse who is trained in the use of methoxyflurane.

#### NEFOPAM HYDROCHLORIDE

Tab 30 mg

#### PARACETAMOL – **Some items restricted** see terms below

Tab soluble 500 mg  
Tab 500 mg

Oral liq 120 mg per 5 ml – **20% DV Dec-11 to 2014** ..... 2.21 500 ml **Ethics Paracetamol**  
Oral liq 250 mg per 5 ml – **20% DV Sep-11 to 2014** ..... 6.70 1,000 ml **Paracare Double**

**Strength**

¶ Inj 10 mg per ml, 50 ml vial – **1% DV Dec-13 to 2014** ..... 22.50 10 **Paracetamol-AFT**

¶ Inj 10 mg per ml, 100 ml vial – **1% DV Apr-13 to 2014** ..... 22.50 10 **Paracetamol-AFT**

Suppos 25 mg ..... 56.35 20 Biomed

Suppos 50 mg ..... 56.35 20 Biomed

Suppos 125 mg ..... 7.49 20 Panadol

Suppos 250 mg ..... 14.40 20 Panadol

Suppos 500 mg – **1% DV Jan-13 to 2015** ..... 20.70 50 **Paracare**

#### ➔ **Restricted**

Intravenous paracetamol is only to be used where other routes are unavailable or impractical, or where there is reduced absorption. The need for IV paracetamol must be re-assessed every 24 hours.

#### SUCROSE

Oral liq 25%

### Opioid Analgesics

#### ALFENTANIL HYDROCHLORIDE

Inj 0.5 mg per ml, 2 ml ampoule

#### CODEINE PHOSPHATE

Tab 15 mg – **1% DV Jul-13 to 2016** ..... 4.75 100 **PSM**

Tab 30 mg – **1% DV Jul-13 to 2016** ..... 5.80 100 **PSM**

Tab 60 mg – **1% DV Jul-13 to 2016** ..... 12.50 100 **PSM**

#### DIHYDROCODEINE TARTRATE

Tab long-acting 60 mg – **1% DV Sep-13 to 2016** ..... 13.64 60 **DHC Continus**

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FENTANYL</b>			
Inj 10 mcg per ml, 10 ml syringe			
Inj 50 mcg per ml, 2 ml ampoule – 1% DV Sep-12 to 2015 .....	4.50	10	<b>Boucher and Muir</b>
Inj 10 mcg per ml, 50 ml bag – 1% DV Dec-11 to 2014 .....	210.00	10	<b>Biomed</b>
Inj 10 mcg per ml, 50 ml syringe – 1% DV Dec-11 to 2014 .....	165.00	10	<b>Biomed</b>
Inj 50 mcg per ml, 10 ml ampoule – 1% DV Sep-12 to 2015 .....	11.77	10	<b>Boucher and Muir</b>
Inj 10 mcg per ml, 100 ml bag – 1% DV Dec-11 to 2014 .....	210.00	10	<b>Biomed</b>
Inj 20 mcg per ml, 50 ml syringe – 1% DV Dec-11 to 2014 .....	185.00	10	<b>Biomed</b>
Inj 20 mcg per ml, 100 ml bag			
Patch 12.5 mcg per hour .....	8.90	5	Mylan Fentanyl Patch
Patch 25 mcg per hour .....	9.15	5	Mylan Fentanyl Patch
Patch 50 mcg per hour .....	11.50	5	Mylan Fentanyl Patch
Patch 75 mcg per hour .....	13.60	5	Mylan Fentanyl Patch
Patch 100 mcg per hour .....	14.50	5	Mylan Fentanyl Patch
<b>METHADONE HYDROCHLORIDE</b>			
Tab 5 mg .....	1.85	10	Methatabs
Oral liq 2 mg per ml – 1% DV Sep-12 to 2015 .....	5.55	200 ml	<b>Biodone</b>
Oral liq 5 mg per ml – 1% DV Sep-12 to 2015 .....	5.55	200 ml	<b>Biodone Forte</b>
Oral liq 10 mg per ml – 1% DV Sep-12 to 2015 .....	6.55	200 ml	<b>Biodone Extra Forte</b>
Inj 10 mg per ml, 1 ml vial .....	61.00	10	AFT
<b>MORPHINE HYDROCHLORIDE</b>			
Oral liq 1 mg per ml – 1% DV Oct-12 to 2015 .....	8.84	200 ml	<b>RA-Morph</b>
Oral liq 2 mg per ml – 1% DV Oct-12 to 2015 .....	11.62	200 ml	<b>RA-Morph</b>
Oral liq 5 mg per ml – 1% DV Oct-12 to 2015 .....	14.65	200 ml	<b>RA-Morph</b>
Oral liq 10 mg per ml – 1% DV Oct-12 to 2015 .....	21.55	200 ml	<b>RA-Morph</b>

# NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MORPHINE SULPHATE</b>			
Tab long-acting 10 mg – 1% DV Sep-13 to 2016 .....	1.95	10	<b>Arrow-Morphine LA</b>
Tab immediate-release 10 mg .....	2.80	10	Sevredol
Tab immediate-release 20 mg .....	5.52	10	Sevredol
Tab long-acting 30 mg – 1% DV Sep-13 to 2016 .....	2.98	10	<b>Arrow-Morphine LA</b>
Tab long-acting 60 mg – 1% DV Sep-13 to 2016 .....	5.75	10	<b>Arrow-Morphine LA</b>
Tab long-acting 100 mg – 1% DV Sep-13 to 2016 .....	6.45	10	<b>Arrow-Morphine LA</b>
Cap long-acting 10 mg .....	2.22	10	m-Eslon
Cap long-acting 30 mg .....	3.20	10	m-Eslon
Cap long-acting 60 mg .....	6.90	10	m-Eslon
Cap long-acting 100 mg .....	8.05	10	m-Eslon
Inj 1 mg per ml, 100 ml bag – 1% DV Dec-11 to 2014 .....	165.00	10	<b>Biomed</b>
Inj 1 mg per ml, 10 ml syringe – 1% DV Dec-11 to 2014 .....	39.50	10	<b>Biomed</b>
Inj 1 mg per ml, 50 ml syringe – 1% DV Dec-11 to 2014 .....	79.50	10	<b>Biomed</b>
Inj 1 mg per ml, 2 ml syringe			
Inj 2 mg per ml, 30 ml syringe – 1% DV Dec-11 to 2014 .....	135.00	10	<b>Biomed</b>
Inj 5 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014 .....	5.51	5	<b>DBL Morphine Sulphate</b>
Inj 10 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014 .....	4.79	5	<b>DBL Morphine Sulphate</b>
Inj 10 mg per ml, 100 mg cassette			
Inj 10 mg per ml, 100 ml bag			
Inj 15 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014 .....	5.01	5	<b>DBL Morphine Sulphate</b>
Inj 30 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014 .....	5.30	5	<b>DBL Morphine Sulphate</b>
Inj 200 mcg in 0.4 ml syringe			
Inj 300 mcg in 0.3 ml syringe			
<b>MORPHINE TARTRATE</b>			
Inj 80 mg per ml, 1.5 ml ampoule – 1% DV Sep-13 to 2016 .....	35.60	5	<b>Hospira</b>
Inj 80 mg per ml, 5 ml ampoule – 1% DV Sep-13 to 2016 .....	107.67	5	<b>Hospira</b>
<b>OXYCODONE HYDROCHLORIDE</b>			
Tab controlled-release 5 mg .....	7.51	20	OxyContin
Tab controlled-release 10 mg – 1% DV Oct-13 to 2015 .....	6.75	20	<b>Oxydone BNM</b>
Tab controlled-release 20 mg – 1% DV Oct-13 to 2015 .....	11.50	20	<b>Oxydone BNM</b>
Tab controlled-release 40 mg – 1% DV Oct-13 to 2015 .....	18.50	20	<b>Oxydone BNM</b>
Tab controlled-release 80 mg – 1% DV Oct-13 to 2015 .....	34.00	20	<b>Oxydone BNM</b>
Cap immediate-release 5 mg .....	2.83	20	OxyNorm
Cap immediate-release 10 mg .....	5.58	20	OxyNorm
Cap immediate-release 20 mg .....	9.77	20	OxyNorm
Oral liq 5 mg per 5 ml .....	11.20	250 ml	OxyNorm
Inj 1 mg per ml, 100 ml bag			
Inj 10 mg per ml, 1 ml ampoule – 1% DV Dec-12 to 2015 .....	10.08	5	<b>Oxycodone Orion</b>
Inj 10 mg per ml, 2 ml ampoule – 1% DV Dec-12 to 2015 .....	19.87	5	<b>Oxycodone Orion</b>
Inj 50 mg per ml, 1 ml ampoule – 1% DV May-13 to 2015 .....	60.00	5	<b>OxyNorm</b>
<b>PARACETAMOL WITH CODEINE</b>			
Tab paracetamol 500 mg with codeine phosphate 8 mg – 1% DV Nov-11 to 2014 .....	2.70	100	<b>Paracetamol + Codeine (Relieve)</b>

↑ Item restricted (see ➡ above); ↓ Item restricted (see ➡ below)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PETHIDINE HYDROCHLORIDE</b>			
Tab 50 mg – 1% DV Mar-13 to 2015	3.95	10	<b>PSM</b>
Tab 100 mg – 1% DV Mar-13 to 2015	5.80	10	<b>PSM</b>
Inj 5 mg per ml, 10 ml syringe			
Inj 5 mg per ml, 100 ml bag			
Inj 10 mg per ml, 100 ml bag			
Inj 10 mg per ml, 50 ml syringe			
Inj 50 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014	5.51	5	<b>DBL Pethidine Hydrochloride</b>
Inj 50 mg per ml, 2 ml ampoule – 1% DV Nov-11 to 2014	5.83	5	<b>DBL Pethidine Hydrochloride</b>
<b>REMIFENTANIL HYDROCHLORIDE</b>			
Inj 1 mg vial – 1% DV Feb-12 to 2014	27.95	5	<b>Remifentanil-AFT</b>
Inj 2 mg vial – 1% DV Feb-12 to 2014	41.80	5	<b>Remifentanil-AFT</b>
<b>TRAMADOL HYDROCHLORIDE</b>			
Tab sustained-release 100 mg	2.14	20	Tramal SR 100
Tab sustained-release 150 mg	3.21	20	Tramal SR 150
Tab sustained-release 200 mg	4.28	20	Tramal SR 200
Cap 50 mg – 1% DV Sep-11 to 2014	4.95	100	<b>Arrow-Tramadol</b>
Oral drops 100 mg per ml			
Inj 10 mg per ml, 100 ml bag			
Inj 50 mg per ml, 1 ml ampoule	4.50	5	Tramal 50
Inj 50 mg per ml, 2 ml ampoule	4.50	5	Tramal 100
<b>Antidepressants</b>			
<b>Cyclic and Related Agents</b>			
<b>AMITRIPTYLINE</b>			
Tab 10 mg – 1% DV Jan-13 to 2014	3.32	100	<b>Arrow-Amitriptyline</b>
Tab 25 mg – 1% DV Jun-11 to 2014	1.85	100	<b>Amitrip</b>
Tab 50 mg – 1% DV Jun-11 to 2014	3.60	100	<b>Amitrip</b>
<b>CLOMIPRAMINE HYDROCHLORIDE</b>			
Tab 10 mg – 1% DV Jan-13 to 2015	12.60	100	<b>Apo-Clomipramine</b>
Tab 25 mg – 1% DV Jan-13 to 2015	8.68	100	<b>Apo-Clomipramine</b>
<b>DOTHIEPIN HYDROCHLORIDE</b>			
Tab 75 mg	10.50	100	Dopress
Cap 25 mg	6.17	100	Dopress
<b>DOXEPIN HYDROCHLORIDE</b>			
Cap 10 mg			
Cap 25 mg			
Cap 50 mg			
<b>IMIPRAMINE HYDROCHLORIDE</b>			
Tab 10 mg	5.48	50	Tofranil
	6.58	60	Tofranil S29
Tab 25 mg	8.80	50	Tofranil
<b>MAPROTYLINE HYDROCHLORIDE</b>			
Tab 25 mg			
Tab 75 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MIANSERIN HYDROCHLORIDE Tab 30 mg			
NORTRIPTYLINE HYDROCHLORIDE Tab 10 mg – 1% DV Jun-13 to 2016 .....	4.00	100	Norpress
Tab 25 mg – 1% DV Jun-13 to 2016 .....	9.00	180	Norpress

## Monoamine-Oxidase Inhibitors - Non-Selective

PHENELZINE SULPHATE Tab 15 mg			
TRANYLCYPROMINE SULPHATE Tab 10 mg			

## Monoamine-Oxidase Type A Inhibitors

MOCLOBEMIDE Tab 150 mg – 1% DV Apr-13 to 2015 .....	81.83	500	Apo-Moclobemide
Tab 300 mg – 1% DV Apr-13 to 2015 .....	29.51	100	Apo-Moclobemide

## Other Antidepressants

MIRTAZAPINE – <b>Restricted</b> see terms below			
⚡ Tab 30 mg – 1% DV Sep-12 to 2015 .....	8.78	30	Avanza
⚡ Tab 45 mg – 1% DV Sep-12 to 2015 .....	13.95	30	Avanza

### ➡Restricted

#### Initiation

Re-assessment required after two years

Both:

- 1 The patient has a severe major depressive episode; and
- 2 Either:
  - 2.1 The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or
  - 2.2 Both:
    - 2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and
    - 2.2.2 The patient must have had a trial of one other antidepressant and either could not tolerate it or failed to respond to an adequate dose over an adequate period of time.

#### Continuation

Re-assessment required after two years

The patient has a high risk of relapse (prescriber determined)

VENLAFAXINE – <b>Some items restricted</b> see terms on the next page			
Tab modified release 37.5 mg .....	5.06	28	Arrow-Venlafaxine XR
Tab modified release 75 mg .....	6.44	28	Arrow-Venlafaxine XR
Tab modified release 150 mg .....	8.86	28	Arrow-Venlafaxine XR
Tab modified release 225 mg .....	14.34	28	Arrow-Venlafaxine XR
⚡ Cap modified release 37.5 mg .....	8.71	28	Efexor XR
⚡ Cap modified release 75 mg .....	17.42	28	Efexor XR
⚡ Cap modified release 150 mg .....	21.35	28	Efexor XR

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

➔ **Restricted**

**Initiation**

*Re-assessment required after two years*

- Both:
- 1 The patient has 'treatment-resistant' depression; and
  - 2 Either:
    - 2.1 The patient must have had a trial of two different antidepressants and have had an inadequate response from an adequate dose over an adequate period of time (usually at least four weeks); or
    - 2.2 Both:
      - 2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and,
      - 2.2.2 The patient must have had a trial of one other antidepressant and have had an inadequate response from an adequate dose over an adequate period of time.

**Continuation**

*Re-assessment required after two years*

The patient has a high risk of relapse (prescriber determined)

**Selective Serotonin Reuptake Inhibitors**

<b>CITALOPRAM HYDROBROMIDE</b>			
Tab 20 mg – 1% DV Sep-11 to 2014 .....	2.34	84	<b>Arrow-Citalopram</b>
<b>ESCITALOPRAM</b>			
Tab 10 mg .....	2.65	28	Loxalate
Tab 20 mg .....	4.20	28	Loxalate
<b>FLUOXETINE HYDROCHLORIDE</b>			
Tab dispersible 20 mg, scored .....	2.50	30	Fluox
Cap 20 mg .....	2.70	84	Fluox
<b>PAROXETINE HYDROCHLORIDE</b>			
Tab 20 mg .....	2.38	30	Loxamine
<b>SERTRALINE</b>			
Tab 50 mg – 1% DV Sep-13 to 2016 .....	3.64	90	<b>Arrow-Sertraline</b>
Tab 100 mg – 1% DV Sep-13 to 2016 .....	6.28	90	<b>Arrow-Sertraline</b>

**Antiepilepsy Drugs**

**Agents for the Control of Status Epilepticus**

<b>CLONAZEPAM</b>			
Inj 1 mg per ml, 1 ml ampoule .....	19.00	5	Rivotril
<b>DIAZEPAM</b>			
Inj 5 mg per ml, 2 ml ampoule .....	9.24	5	Mayne
Rectal tubes 5 mg .....	25.05	5	Stesolid
Rectal tubes 10 mg .....	30.50	5	Stesolid
<b>LORAZEPAM</b>			
Inj 2 mg vial			
Inj 4 mg per ml, 1 ml vial			
<b>PARALDEHYDE</b>			
Inj 5 ml ampoule			
<b>PHENYTOIN SODIUM</b>			
Inj 50 mg per ml, 2 ml ampoule			
Inj 50 mg per ml, 5 ml ampoule			

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

## Control of Epilepsy

### CARBAMAZEPINE

- Tab 200 mg
- Tab long-acting 200 mg
- Tab 400 mg
- Tab long-acting 400 mg
- Oral liq 20 mg per ml

### CLOBAZAM

- Tab 10 mg

### CLONAZEPAM

- Oral drops 2.5 mg per ml

### ETHOSUXIMIDE

- Cap 250 mg
- Oral liq 50 mg per ml

### GABAPENTIN – **Restricted** see terms below

⚡ Tab 600 mg			
⚡ Cap 100 mg .....	7.16	100	Nupentin
⚡ Cap 300 mg .....	11.50	100	Nupentin
⚡ Cap 400 mg .....	14.75	100	Nupentin

### ↪ **Restricted**

- 1 For preoperative and/or postoperative use for up to a total of 8 days' use; or
- 2 For the pain management of burns patients with monthly review.

### Initiation - epilepsy

*Re-assessment required after 15 months*

Either:

- 1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
- 2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

### Continuation - epilepsy

Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

### Initiation - neuropathic pain

*Re-assessment required after 3 months*

Patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant.

### Continuation - neuropathic pain

Either:

- 1 The patient has demonstrated a marked improvement in their control of pain (prescriber determined); or
- 2 The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LACOSAMIDE – Restricted see terms below</b>			
⚡ Tab 50 mg .....	25.04	14	Vimpat
⚡ Tab 100 mg .....	50.06	14	Vimpat
	200.24	56	Vimpat
⚡ Tab 150 mg .....	75.10	14	Vimpat
	300.40	56	Vimpat
⚡ Tab 200 mg .....	400.55	56	Vimpat
⚡ Inj 10 mg per ml, 20 ml vial			
<b>➔ Restricted</b>			
<b>Initiation</b>			
<i>Re-assessment required after 15 months</i>			
Both:			
1 Patient has partial-onset epilepsy; and			
2 Seizures are not adequately controlled by, or patient has experienced unacceptable side effects from, optimal treatment with all of the following: sodium valproate, topiramate, levetiracetam and any two of carbamazepine, lamotrigine and phenytoin sodium (see Note).			
Note: "Optimal treatment" is defined as treatment which is indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight and other features affecting the pharmacokinetics of the drug with good evidence of compliance. Women of childbearing age are not required to have a trial of sodium valproate.			
<b>Continuation</b>			
Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life compared with that prior to starting lacosamide treatment (see Note).			
Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.			
<b>LAMOTRIGINE</b>			
Tab dispersible 2 mg .....	6.74	30	Lamictal
Tab dispersible 5 mg .....	9.64	30	Lamictal
	15.00	56	Arrow-Lamotrigine
Tab dispersible 25 mg .....	19.38	56	Logem
	20.40		Arrow-Lamotrigine
	29.09		Mogine
Tab dispersible 50 mg .....	32.97	56	Lamictal
	34.70		Logem
			Arrow-Lamotrigine
			Mogine
Tab dispersible 100 mg .....	47.89		Lamictal
	56.91	56	Logem
	59.90		Arrow-Lamotrigine
			Mogine
	79.16		Lamictal
<b>LEVETIRACETAM</b>			
Tab 250 mg .....	24.03	60	Levetiracetam-Rex
Tab 500 mg .....	28.71	60	Levetiracetam-Rex
Tab 750 mg .....	45.23	60	Levetiracetam-Rex
Inj 100 mg per ml, 5 ml vial			
<b>PHENOBARBITONE</b>			
Tab 15 mg – 1% DV Mar-13 to 2015 .....	28.00	500	<b>PSM</b>
Tab 30 mg – 1% DV Mar-13 to 2015 .....	29.00	500	<b>PSM</b>

# NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PHENYTOIN</b>			
Tab 50 mg			
<b>PHENYTOIN SODIUM</b>			
Cap 30 mg			
Cap 100 mg			
Oral liq 6 mg per ml			
<b>PRIMIDONE</b>			
Tab 250 mg			
<b>SODIUM VALPROATE</b>			
Tab 100 mg			
Tab EC 200 mg			
Tab EC 500 mg			
Oral liq 40 mg per ml			
Inj 100 mg per ml, 4 ml vial			
<b>STIRIPENTOL – Restricted</b> see terms below			
☒ Cap 250 mg .....	509.29	60	Diacomit
☒ Powder for oral liq 250 mg sachet .....	509.29	60	Diacomit
<b>☛Restricted</b>			
Paediatric neurologist			
<b>Initiation</b>			
<i>Re-assessment required after 6 months</i>			
Both:			
1 Patient has confirmed diagnosis of Dravet syndrome; and			
2 Seizures have been inadequately controlled by appropriate courses of sodium valproate, clobazam and at least two of the following: topiramate, levetiracetam, ketogenic diet.			
<b>Continuation</b>			
Patient continues to benefit from treatment as measured by reduced seizure frequency from baseline.			
<b>TOPIRAMATE</b>			
Tab 25 mg .....	11.07	60	Arrow-Topiramate
	26.04		Topamax
Tab 50 mg .....	18.81	60	Arrow-Topiramate
	44.26		Topamax
Tab 100 mg .....	31.99	60	Arrow-Topiramate
	75.25		Topamax
Tab 200 mg .....	55.19	60	Arrow-Topiramate
	129.85		Topamax
Cap sprinkle 15 mg .....	20.84	60	Topamax
Cap sprinkle 25 mg .....	26.04	60	Topamax
<b>VIGABATRIN – Restricted</b> see terms below			
☒ Tab 500 mg			
<b>☛Restricted</b>			
Both:			
1 Either:			
1.1 Patient has infantile spasms; or			
1.2 Both:			
1.2.1 Patient has epilepsy; and			
1.2.2 Either:			
1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or			

continued...

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

continued...

1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and

2 Either:

2.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or

2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes:

"Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

## Antimigraine Preparations

### Acute Migraine Treatment

DIHYDROERGOTAMINE MESYLATE

Inj 1 mg per ml, 1 ml ampoule

ERGOTAMINE TARTRATE WITH CAFFEINE

Tab 1 mg with caffeine 100 mg

METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL

Tab 5 mg with paracetamol 500 mg

RIZATRIPTAN BENZOATE

Tab orodispersible 10 mg – 1% DV May-12 to 2014 .....	18.00	30	<b>Rizamelt</b>
---	-------	----	-----------------

SUMATRIPTAN

Tab 50 mg – 1% DV Sep-13 to 2016 .....	29.80	100	<b>Arrow-Sumatriptan</b>
--	-------	-----	--------------------------

Tab 100 mg – 1% DV Sep-13 to 2016 .....	54.80	100	<b>Arrow-Sumatriptan</b>
---	-------	-----	--------------------------

Inj 12 mg per ml, 0.5 ml cartridge – 1% DV Sep-13 to 2016 .....	13.80	2	<b>Arrow-Sumatriptan</b>
---	-------	---	--------------------------

### Prophylaxis of Migraine

PIZOTIFEN

Tab 500 mcg – 1% DV Mar-13 to 2015 .....	23.21	100	<b>Sandomigran</b>
--	-------	-----	--------------------

### Antinausea and Vertigo Agents

APREPITANT – **Restricted** see terms below

⚡ Cap 2 × 80 mg and 1 × 125 mg .....	116.00	3	<b>Emend Tri-Pack</b>
--------------------------------------	--------	---	-----------------------

➔ **Restricted**

Patient is undergoing highly emetogenic chemotherapy and/or anthracycline-based chemotherapy for the treatment of malignancy.

BETAHISTINE DIHYDROCHLORIDE

Tab 16 mg .....	10.00	84	<b>Vergo 16</b>
-----------------	-------	----	-----------------

CYCLIZINE HYDROCHLORIDE

Tab 50 mg – 1% DV Sep-12 to 2015 .....	0.59	10	<b>Nausicalm</b>
--	------	----	------------------

CYCLIZINE LACTATE

Inj 50 mg per ml, 1 ml ampoule .....	14.95	5	<b>Nausicalm</b>
--------------------------------------	-------	---	------------------

DOMPERIDONE

Tab 10 mg – 1% DV Mar-13 to 2015 .....	3.25	100	<b>Prokinex</b>
--	------	-----	-----------------

# NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>DROPERIDOL</b>			
Inj 2.5 mg per ml, 1 ml ampoule			
<b>HYOSCINE HYDROBROMIDE</b>			
Inj 400 mcg per ml, 1 ml ampoule	6.66	5	Mayne
‡ Patch 1.5 mg – 1% DV Dec-13 to 2016	11.95	2	Scopoderm TTS
<b>➔ Restricted</b>			
Any of the following:			
1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or			
2 Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective; or			
3 For treatment of post-operative nausea and vomiting where cyclizine, droperidol and a 5HT3 antagonist have proven ineffective, are not tolerated or are contraindicated.			
<b>METOCLOPRAMIDE HYDROCHLORIDE</b>			
Tab 10 mg – 1% DV Jun-11 to 2014	3.95	100	Metamide
Oral liq 5 mg per 5 ml			
Inj 5 mg per ml, 2 ml ampoule – 1% DV Sep-11 to 2014	4.50	10	Pfizer
<b>ONDANSETRON</b>			
Tab 4 mg	5.10	30	Dr Reddy's Ondansetron
Tab dispersible 4 mg	1.70	10	Dr Reddy's Ondansetron Zofran Zydis
	17.18		
Tab 8 mg	1.70	10	Dr Reddy's Ondansetron
Tab dispersible 8 mg	2.00	10	Dr Reddy's Ondansetron
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
<b>PROCHLORPERAZINE</b>			
Tab buccal 3 mg			
Tab 5 mg	16.85	500	Antinaus
Inj 12.5 mg per ml, 1 ml ampoule			
Suppos 25 mg			
<b>PROMETHAZINE THEOCLATE – Restricted: For continuation only</b>			
➔ Tab 25 mg			
<b>TROPISETRON</b>			
Cap 5 mg	77.41	5	Navoban
Inj 1 mg per ml, 2 ml ampoule	19.20	1	Navoban
Inj 1 mg per ml, 5 ml ampoule	38.40	1	Navoban

## Antipsychotic Agents

### General

<b>AMISULPRIDE</b>			
Tab 100 mg – 1% DV Jul-13 to 2016	6.22	30	Solian
Tab 200 mg – 1% DV Jul-13 to 2016	21.92	60	Solian
Tab 400 mg – 1% DV Jul-13 to 2016	44.52	60	Solian
Oral liq 100 mg per ml – 1% DV Jul-13 to 2016	52.50	60 ml	Solian

‡ Item restricted (see ➔ above); † Item restricted (see ➔ below)  
e.g. Brand indicates brand example only. It is not a contracted product.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ARIPIPIRAZOLE – Restricted</b> see terms below			
⚡ Tab 10 mg .....	123.54	30	Abilify
⚡ Tab 15 mg .....	175.28	30	Abilify
⚡ Tab 20 mg .....	213.42	30	Abilify
⚡ Tab 30 mg .....	260.07	30	Abilify
<b>➔ Restricted</b>			
Both:			
1 Patient is suffering from schizophrenia or related psychoses; and			
2 Either:			
2.1 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of unacceptable side effects; or			
2.2 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of inadequate clinical response.			
<b>CHLORPROMAZINE HYDROCHLORIDE</b>			
Tab 10 mg			
Tab 25 mg			
Tab 100 mg			
Oral liq 10 mg per ml			
Inj 25 mg per ml, 2 ml ampoule			
<b>CLOZAPINE</b>			
Tab 25 mg .....	13.37	50	Clozaril
	26.74	100	Clozaril
	6.69	50	Clopine
	13.37	100	Clopine
Tab 50 mg .....	8.67	50	Clopine
	17.33	100	Clopine
Tab 100 mg .....	17.33	50	Clopine
	34.65	100	Clopine
		50	Clozaril
	69.30	100	Clozaril
Tab 200 mg .....	34.65	50	Clopine
	69.30	100	Clopine
Oral liq 50 mg per ml .....	17.33	100 ml	Clopine
<b>HALOPERIDOL</b>			
Tab 500 mcg – 1% DV Oct-13 to 2016 .....	6.23	100	<b>Serenace</b>
Tab 1.5 mg – 1% DV Oct-13 to 2016 .....	9.43	100	<b>Serenace</b>
Tab 5 mg – 1% DV Oct-13 to 2016 .....	29.72	100	<b>Serenace</b>
Oral liq 2 mg per ml – 1% DV Oct-13 to 2016 .....	23.84	100 ml	<b>Serenace</b>
Inj 5 mg per ml, 1ml ampoule – 1% DV Oct-13 to 2016 .....	21.55	10	<b>Serenace</b>
<b>LEVOMEPRMAZINE</b>			
Tab 25 mg			
Tab 100 mg			
Inj 25 mg per ml, 1 ml ampoule			
<b>LITHIUM CARBONATE</b>			
Tab long-acting 400 mg			
Tab 250 mg – 1% DV Sep-12 to 2015 .....	34.30	500	<b>Lithicarb FC</b>
Tab 400 mg – 1% DV Sep-12 to 2015 .....	12.83	100	<b>Lithicarb FC</b>
Cap 250 mg – 1% DV Nov-11 to 2014 .....	9.42	100	<b>Douglas</b>

# NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>OLANZAPINE</b>			
Tab 2.5 mg .....	2.00	28	Olanzine
Tab 5 mg .....	3.85	28	Olanzine
Tab orodispersible 5 mg .....	6.36	28	Olanzine-D
Tab 10 mg .....	6.35	28	Olanzine
Tab orodispersible 10 mg .....	8.76	28	Olanzine-D
Inj 10 mg vial			
<b>PERICAZINE</b>			
Tab 2.5 mg			
Tab 10 mg			
<b>QUETIAPINE</b>			
Tab 25 mg .....	7.00	60	Dr Reddy's Quetiapine
	10.50	90	Seroquel
Tab 100 mg .....	14.00	60	Quetapel
	21.00	90	Seroquel
			Dr Reddy's Quetiapine
			Quetapel
Tab 200 mg .....	24.00	60	Dr Reddy's Quetiapine
	36.00	90	Seroquel
			Quetapel
Tab 300 mg .....	40.00	60	Dr Reddy's Quetiapine
			Seroquel
	60.00	90	Quetapel
<b>RISPERIDONE – Some items restricted see terms on the next page</b>			
Tab 0.5 mg .....	2.86	20	Risperdal
	3.51	60	Apo-Risperidone
			Dr Reddy's Risperidone
⚡ Tab orodispersible 0.5 mg .....	21.42	28	Ridal
Tab 1 mg .....	6.00	60	Risperdal Quicklet
			Apo-Risperidone
			Dr Reddy's Risperidone
			Ridal
⚡ Tab orodispersible 1 mg .....	16.92		Risperdal
⚡ Tab orodispersible 1 mg .....	42.84	28	Risperdal Quicklet
Tab 2 mg .....	11.00	60	Apo-Risperidone
			Dr Reddy's Risperidone
			Ridal
			Risperdal
⚡ Tab orodispersible 2 mg .....	33.84		Risperdal
⚡ Tab orodispersible 2 mg .....	85.71	28	Risperdal Quicklet
Tab 3 mg .....	15.00	60	Apo-Risperidone
			Dr Reddy's Risperidone
			Ridal
			Risperdal
Tab 4 mg .....	50.78		Risperdal
Tab 4 mg .....	20.00	60	Apo-Risperidone
			Dr Reddy's Risperidone
			Ridal
			Risperdal
Oral liq 1 mg per ml .....	67.68		Risperdal
	18.35	30 ml	Apo-Risperidone
			Risperon
	25.26		Risperdal

⚡ Item restricted (see ➡ above); ⚡ Item restricted (see ➡ below)

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

➔ **Restricted**

**Acute situations**

Both:

- 1 For a non-adherent patient on oral therapy with standard risperidone tablets or risperidone oral liquid; and
- 2 The patient is under direct supervision for administration of medicine.

**Chronic situations**

Both:

- 1 The patient is unable to take standard risperidone tablets or oral liquid, or once stabilized refuses to take risperidone tablets or oral liquid; and
- 2 The patient is under direct supervision for administration of medicine.

**TRIFLUOPERAZINE HYDROCHLORIDE**

Tab 1 mg

Tab 2 mg

Tab 5 mg

**ZIPRASIDONE – Some items restricted see terms below**

⚡ Cap 20 mg .....	87.88	60	Zeldox
⚡ Cap 40 mg .....	164.78	60	Zeldox
⚡ Cap 60 mg .....	247.17	60	Zeldox
⚡ Cap 80 mg .....	329.56	60	Zeldox
Inj 20 mg			
Inj 100 mg			

➔ **Restricted**

- 1 Patient is suffering from schizophrenia or related psychoses; and
- 2 Either:
  - 2.1 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of unacceptable side effects; or
  - 2.2 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of inadequate clinical response.

**ZUCLOPENTHIXOL ACETATE**

Inj 50 mg per ml, 1 ml ampoule

Inj 50 mg per ml, 2 ml ampoule

**ZUCLOPENTHIXOL HYDROCHLORIDE**

Tab 10 mg ..... 31.45 100 Clopixol

**Depot Injections**

**FLUPENTHIXOL DECANOATE**

Inj 20 mg per ml, 1 ml ampoule .....	13.14	5	Fluanxol
Inj 20 mg per ml, 2 ml ampoule .....	20.90	5	Fluanxol
Inj 100 mg per ml, 1 ml ampoule .....	40.87	5	Fluanxol

**FLUPHENAZINE DECANOATE**

Inj 12.5 mg per 0.5 ml ampoule .....	17.60	5	Modecate
Inj 25 mg per ml, 1 ml ampoule .....	27.90	5	Modecate
Inj 100 mg per ml, 1 ml ampoule .....	154.50	5	Modecate

**HALOPERIDOL DECANOATE**

Inj 50 mg per ml, 1 ml ampoule .....	28.39	5	Haldol
Inj 100 mg per ml, 1 ml ampoule .....	55.90	5	Haldol Concentrate

# NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>OLANZAPINE – Restricted</b> see terms below			
⚡ Inj 210 mg vial .....	280.00	1	Zyprexa Relprev
⚡ Inj 300 mg vial .....	460.00	1	Zyprexa Relprev
⚡ Inj 405 mg vial .....	560.00	1	Zyprexa Relprev

➔ **Restricted**

**Initiation**

*Re-assessment required after 12 months*

All of the following:

- 1 The patient has schizophrenia; and
- 2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
- 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 olanzapine depot injection.

**PIPOTHIAZINE PALMITATE**

Inj 50 mg per ml, 1 ml ampoule

Inj 50 mg per ml, 2 ml ampoule

**RISPERIDONE – Restricted** see terms below

⚡ Inj 25 mg vial .....	175.00	1	Risperdal Consta
⚡ Inj 37.5 mg vial .....	230.00	1	Risperdal Consta
⚡ Inj 50 mg vial .....	280.00	1	Risperdal Consta

➔ **Restricted**

**Initiation**

*Re-assessment required after 6 months*

All of the following:

- 1 The patient has schizophrenia or other psychotic disorder; and
- 2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
- 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 risperidone depot injection.

**ZUCLOPENTHIXOL DECANOATE**

Inj 200 mg per ml, 1 ml ampoule ..... 19.80      5      Clopixol

## Anxiolytics

**ALPRAZOLAM**

Tab 1 mg

Tab 250 mcg

Tab 500 mcg



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BUSPIRONE HYDROCHLORIDE</b>			
Tab 5 mg .....	28.00	100	Pacific Buspirone
Tab 10 mg .....	17.00	100	Pacific Buspirone
<b>CLONAZEPAM</b>			
Tab 500 mcg .....	6.68	100	Paxam
Tab 2 mg .....	12.75	100	Paxam
<b>DIAZEPAM</b>			
Tab 2 mg .....	11.44	500	Arrow-Diazepam
Tab 5 mg .....	13.71	500	Arrow-Diazepam
<b>LORAZEPAM</b>			
Tab 1 mg .....	16.42	250	Ativan
Tab 2.5 mg .....	11.17	100	Ativan
<b>OXAZEPAM</b>			
Tab 10 mg			
Tab 15 mg			

### Multiple Sclerosis Treatments

GLATIRAMER ACETATE – **Restricted** see terms below

⚡ Inj 20 mg per ml, 1 ml syringe

➔ **Restricted**

Only for use in patients with approval by the Multiple Sclerosis Treatment Assessments Committee

INTERFERON BETA-1-ALPHA – **Restricted** see terms below

⚡ Inj 6 million iu in 0.5 ml pen

⚡ Inj 6 million iu in 0.5 ml syringe

⚡ Inj 6 million iu vial

➔ **Restricted**

Only for use in patients with approval by the Multiple Sclerosis Treatment Assessments Committee

INTERFERON BETA-1-BETA – **Restricted** see terms below

⚡ Inj 8 million iu per ml, 1 ml vial

➔ **Restricted**

Only for use in patients with approval by the Multiple Sclerosis Treatment Assessments Committee

### Sedatives and Hypnotics

CHLORAL HYDRATE

Oral liq 100 mg per ml

Oral liq 200 mg per ml

LORMETAZEPAM – **Restricted**: For continuation only

➔ Tab 1 mg

MELATONIN – **Restricted** see terms below

⚡ Tab modified-release 2 mg

*e.g. Circadin*

⚡ Tab 1 mg

⚡ Tab 2 mg

⚡ Tab 3 mg

⚡ Cap 2 mg

⚡ Cap 3 mg

➔ **Restricted**

For in hospital use only. For the treatment of insomnia where benzodiazepines and zopiclone are contraindicated.

# NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MIDAZOLAM</b>			
Tab 7.5 mg .....	40.00	100	Hypnovel
Oral liq 2 mg per ml			
Inj 1 mg per ml, 5 ml ampoule .....	10.00	10	Pfizer
	10.75		Hypnovel
Inj 5 mg per ml, 3 ml ampoule .....	11.90	5	Hypnovel Pfizer
<b>NITRAZEPAM</b>			
Tab 5 mg			
<b>PHENOBARBITONE</b>			
Inj 200 mg per ml, 1 ml ampoule			
<b>TEMAZEPAM</b>			
Tab 10 mg – 1% DV Nov-11 to 2014 .....	1.27	25	<b>Normison</b>
<b>TRIAZOLAM – Restricted:</b> For continuation only			
➔ Tab 125 mcg			
➔ Tab 250 mcg			
<b>ZOPICLONE</b>			
Tab 7.5 mg – 1% DV Jan-12 to 2014 .....	1.90	30	<b>Apo-Zopiclone</b>

## Stimulants / ADHD Treatments

**ATOMOXETINE – Restricted** see terms below

⚡ Cap 10 mg .....	107.03	28	Strattera
⚡ Cap 18 mg .....	107.03	28	Strattera
⚡ Cap 25 mg .....	107.03	28	Strattera
⚡ Cap 40 mg .....	107.03	28	Strattera
⚡ Cap 60 mg .....	107.03	28	Strattera
⚡ Cap 80 mg .....	139.11	28	Strattera
⚡ Cap 100 mg .....	139.11	28	Strattera

➔ **Restricted**

All of the following:

- 1 Patient has ADHD (Attention Deficit and Hyperactivity Disorder) diagnosed according to DSM-IV or ICD 10 criteria; and
- 2 Once-daily dosing; and
- 3 Any of the following:
  - 3.1 Treatment with a subsidised formulation of a stimulant has resulted in the development or worsening of serious adverse reactions or where the combination of subsidised stimulant treatment with another agent would pose an unacceptable medical risk; or
  - 3.2 Treatment with a subsidised formulation of a stimulant has resulted in worsening of co-morbid substance abuse or there is a significant risk of diversion with subsidised stimulant therapy; or
  - 3.3 An effective dose of a subsidised formulation of a stimulant has been trialled and has been discontinued because of inadequate clinical response; and
- 4 The patient will not be receiving treatment with atomoxetine in combination with a subsidised formulation of a stimulant, except for the purposes of transitioning from subsidised stimulant therapy to atomoxetine.

Note: A "subsidised formulation of a stimulant" refers to currently listed methylphenidate hydrochloride tablet formulations (immediate-release, sustained-release and extended-release) or dexamphetamine sulphate tablets.

**CAFFEINE**

Tab 100 mg

**DEXAMPHETAMINE SULPHATE – Restricted** see terms on the next page

⚡ Tab 5 mg – 1% DV Mar-13 to 2015 .....	16.50	100	<b>PSM</b>
---	-------	-----	------------

↑ Item restricted (see ➔ above); ⚡ Item restricted (see ➔ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.

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

➔ **Restricted**

**ADHD**

Paediatrician or psychiatrist

Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria

**Narcolepsy**

Neurologist or respiratory specialist

Patient suffers from narcolepsy

METHYLPHENIDATE HYDROCHLORIDE – **Restricted** see terms below

⚡ Tab extended-release 18 mg .....	58.96	30	Concerta
⚡ Tab extended-release 27 mg .....	65.44	30	Concerta
⚡ Tab extended-release 36 mg .....	71.93	30	Concerta
⚡ Tab extended-release 54 mg .....	86.24	30	Concerta
⚡ Tab immediate-release 5 mg .....	3.20	30	Rubifen
⚡ Tab immediate-release 10 mg .....	3.00	30	Ritalin
			Rubifen
⚡ Tab immediate-release 20 mg .....	7.85	30	Rubifen
⚡ Tab sustained-release 20 mg .....	10.95	30	Rubifen SR
	50.00	100	Ritalin SR
⚡ Cap modified-release 10 mg .....	19.50	30	Ritalin LA
⚡ Cap modified-release 20 mg .....	25.50	30	Ritalin LA
⚡ Cap modified-release 30 mg .....	31.90	30	Ritalin LA
⚡ Cap modified-release 40 mg .....	38.25	30	Ritalin LA

➔ **Restricted**

**ADHD (immediate-release and sustained-release formulations)**

Paediatrician or psychiatrist

Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria

**Narcolepsy (immediate-release and sustained-release formulations)**

Neurologist or respiratory specialist

Patient suffers from narcolepsy

**Extended-release and modified-release formulations**

Paediatrician or psychiatrist

Both:

- 1 Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria; and
- 2 Either:
  - 2.1 Patient is taking a currently listed formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or
  - 2.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

MODAFINIL – **Restricted** see terms below

⚡ Tab 100 mg

➔ **Restricted**

Neurologist or respiratory specialist

All of the following:

- 1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and
- 2 Either:
  - 2.1 The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods; or
  - 2.2 The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and
- 3 Either:

continued...

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

continued...

- 3.1 An effective dose of a listed formulation of methylphenidate or dexamphetamine has been trialled and discontinued because of intolerable side effects; or
- 3.2 Methylphenidate and dexamphetamine are contraindicated.

## Treatments for Dementia

### DONEPEZIL HYDROCHLORIDE

Tab 5 mg .....	7.71	90	Donepezil-Rex
Tab 10 mg .....	14.06	90	Donepezil-Rex

## Treatments for Substance Dependence

### BUPRENORPHINE WITH NALOXONE – **Restricted** see terms below

⚡ Tab 2 mg with naloxone 0.5 mg .....	57.40	28	Suboxone
⚡ Tab 8 mg with naloxone 2 mg .....	166.00	28	Suboxone

➔**Restricted**

#### Detoxification

All of the following:

- 1 Patient is opioid dependent; and
- 2 Patient is currently engaged with an opioid treatment service approved by the Ministry of Health; and
- 3 Prescriber works in an opioid treatment service approved by the Ministry of Health.

#### Maintenance treatment

All of the following:

- 1 Patient is opioid dependent; and
- 2 Patient will not be receiving methadone; and
- 3 Patient is currently enrolled in an opioid substitution treatment program in a service approved by the Ministry of Health; and
- 4 Prescriber works in an opioid treatment service approved by the Ministry of Health.

### BUPROPION HYDROCHLORIDE

Tab modified-release 150 mg – 1% DV Oct-13 to 2016.....	4.97	30	<b>Zyban</b>
---	------	----	--------------

### DISULFIRAM

Tab 200 mg .....	24.30	100	Antabuse
------------------	-------	-----	----------

### NALTREXONE HYDROCHLORIDE – **Restricted** see terms below

⚡ Tab 50 mg – 1% DV Sep-13 to 2016 .....	76.00	30	<b>Naltreccord</b>
--	-------	----	--------------------

➔**Restricted**

#### Alcohol dependence

Both:

- 1 Patient is currently enrolled, or is planned to be enrolled, in a recognised comprehensive treatment programme for alcohol dependence; and
- 2 Naltrexone is to be prescribed by, or on the recommendation of, a physician working in an Alcohol and Drug Service.

#### Constipation

For the treatment of opioid-induced constipation

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>NICOTINE – Some items restricted</b> see terms below			
Gum 2 mg – 5% DV Oct-11 to 2014 .....	36.47	384	<b>Habitrol (Classic)</b> <b>Habitrol (Fruit)</b> <b>Habitrol (Mint)</b>
Gum 4 mg – 5% DV Oct-11 to 2014 .....	42.04	384	<b>Habitrol (Classic)</b> <b>Habitrol (Fruit)</b> <b>Habitrol (Mint)</b>
Patch 7 mg per 24 hours – 5% DV Jul-11 to 2014 .....	18.13	28	<b>Habitrol</b>
Patch 14 mg per 24 hours – 5% DV Jul-11 to 2014 .....	18.81	28	<b>Habitrol</b>
Patch 21 mg per 24 hours – 5% DV Jul-11 to 2014 .....	19.14	28	<b>Habitrol</b>
Lozenge 1 mg – 5% DV Jul-11 to 2014 .....	19.94	216	<b>Habitrol</b>
Lozenge 2 mg – 5% DV Jul-11 to 2014 .....	24.27	216	<b>Habitrol</b>
☞ Soln for inhalation 15 mg cartridge			<i>e.g. Nicorette Inhalator</i>

➔ **Restricted**

Any of the following:

- 1 For perioperative use in patients who have a 'nil by mouth' instruction; or
- 2 For use within mental health inpatient units; or
- 3 For acute use in agitated patients who are unable to leave the hospital facilities.

**VARENICLINE – Restricted** see terms below

☞ Tab 0.5 mg × 11 and 1 mg × 14 .....	60.48	25	Champix
☞ Tab 1 mg .....	67.74	28	Champix
	135.48	56	Champix

➔ **Restricted**

All of the following:

- 1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
- 2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
- 3 Either:
  - 3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or
  - 3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and
- 4 The patient has not used funded varenicline in the last 12 months; and
- 5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
- 6 The patient is not pregnant; and
- 7 The patient will not be prescribed more than 3 months' funded varenicline in a 12 month period.

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Chemotherapeutic Agents</b>			
<b>Alkylating Agents</b>			
BUSULFAN			
Tab 2 mg .....	59.50	100	Myleran
Inj 6 mg per ml, 10 ml ampoule			
CARMUSTINE			
Inj 100 mg vial			
CHLORAMBUCIL			
Tab 2 mg			
CYCLOPHOSPHAMIDE			
Tab 50 mg .....	25.71	50	Cycloblastin
	158.00	100	Procytox
Inj 1 g vial – 1% DV Nov-11 to 2014 .....	26.70	1	Endoxan
Inj 2 g vial – 1% DV Nov-11 to 2014 .....	56.90	1	Endoxan
<i>(Cycloblastin Tab 50 mg to be delisted 1 December 2013)</i>			
IFOSFAMIDE			
Inj 1 g vial .....	96.00	1	Holoxan
Inj 2 g vial .....	180.00	1	Holoxan
LOMUSTINE			
Cap 10 mg – 1% DV Sep-11 to 2014 .....	132.59	20	Ceenu
Cap 40 mg – 1% DV Sep-11 to 2014 .....	399.15	20	Ceenu
MELPHALAN			
Tab 2 mg			
Inj 50 mg vial			
THIOTEPA			
Inj 15 mg vial			
<b>Anthracyclines and Other Cytotoxic Antibiotics</b>			
BLEOMYCIN SULPHATE			
Inj 15,000 iu (10 mg) vial			
DACTINOMYCIN [ACTINOMYCIN D]			
Inj 0.5 mg vial			
DAUNORUBICIN			
Inj 2 mg per ml, 10 ml vial – 1% DV Aug-13 to 2016 .....	118.72	1	Pfizer
DOXORUBICIN HYDROCHLORIDE			
Note: DV limit applies to all 50 mg presentations of doxorubicin hydrochloride.			
Inj 2 mg per ml, 5 ml vial			
Inj 2 mg per ml, 25 ml vial – 1% DV Mar-13 to 2015 .....	17.00	1	Arrow-Doxorubicin
Inj 50 mg vial			
Inj 2 mg per ml, 50 ml vial			
Inj 2 mg per ml, 100 ml vial – 1% DV Mar-13 to 2015 .....	65.00	1	Arrow-Doxorubicin

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>EPIRUBICIN HYDROCHLORIDE</b>			
Inj 2 mg per ml, 5 ml vial .....	25.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 25 ml vial – 1% DV Aug-12 to 2015 .....	39.38	1	<b>DBL Epirubicin Hydrochloride</b>
Inj 2 mg per ml, 50 ml vial – 1% DV Aug-12 to 2015 .....	58.20	1	<b>DBL Epirubicin Hydrochloride</b>
Inj 2 mg per ml, 100 ml vial – 1% DV Aug-12 to 2015 .....	94.50	1	<b>DBL Epirubicin Hydrochloride</b>
<b>IDARUBICIN HYDROCHLORIDE</b>			
Cap 5 mg .....	115.00	1	Zavedos
Cap 10 mg .....	144.50	1	Zavedos
Inj 5 mg vial – 1% DV Sep-12 to 2015 .....	100.00	1	<b>Zavedos</b>
Inj 10 mg vial – 1% DV Sep-12 to 2015 .....	200.00	1	<b>Zavedos</b>
<b>MITOMYCIN C</b>			
Inj 5 mg vial – 1% DV Oct-13 to 2016 .....	79.75	1	<b>Arrow</b>
<b>MITOZANTRONE</b>			
Inj 2 mg per ml, 5 ml vial .....	110.00	1	Mitozantrone Ebewe
Inj 2 mg per ml, 10 ml vial .....	100.00	1	Mitozantrone Ebewe
Inj 2 mg per ml, 12.5 ml vial .....	407.50	1	Onkotrone
<b>Antimetabolites</b>			
<b>CAPECITABINE</b>			
Tab 150 mg .....	115.00	60	Xeloda
Tab 500 mg .....	705.00	120	Xeloda
<b>CLADRIBINE</b>			
Inj 2 mg per ml, 5 ml vial			
Inj 1 mg per ml, 10 ml vial .....	5,249.72	7	Leustatin
<b>CYTARABINE</b>			
Inj 20 mg per ml, 5 ml vial – 1% DV Nov-13 to 2016 .....	55.00	5	<b>Pfizer</b>
Inj 20 mg per ml, 25 ml vial .....	18.15	1	Pfizer
Inj 100 mg per ml, 10 ml vial – 1% DV Nov-13 to 2016 .....	8.83	1	<b>Pfizer</b>
Inj 100 mg per ml, 20 ml vial – 1% DV Nov-13 to 2016 .....	17.65	1	<b>Pfizer</b>
<b>FLUDARABINE PHOSPHATE</b>			
Tab 10 mg – 1% DV Jun-12 to 2015 .....	433.50	20	<b>Fludara Oral</b>
Inj 50 mg vial – 1% DV Sep-11 to 2014 .....	525.00	5	<b>Fludarabine Ebewe</b>
<b>FLUOROURACIL</b>			
Inj 25 mg per ml, 100 ml vial .....	13.55	1	Mayne
Inj 50 mg per ml, 10 ml vial .....	26.25	5	Fluorouracil Ebewe
Inj 50 mg per ml, 20 ml vial .....	7.50	1	Fluorouracil Ebewe
Inj 50 mg per ml, 50 ml vial .....	18.00	1	Fluorouracil Ebewe
Inj 50 mg per ml, 100 ml vial .....	34.50	1	Fluorouracil Ebewe
<b>GEMCITABINE</b>			
Inj 10 mg per ml, 100 ml vial .....	62.50	1	Gemcitabine Ebewe
Inj 10 mg per ml, 20 ml vial .....	12.50	1	Gemcitabine Ebewe
Inj 200 mg vial .....	12.50	1	Gemcitabine Actavis 200
Inj 1 g vial .....	62.50	1	DBL Gemcitabine Gemcitabine Actavis 1000

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MERCAPTOPYRINE</b>			
Tab 50 mg – 1% DV Oct-13 to 2016 .....	49.41	25	<b>Puri-nethol</b>
<b>METHOTREXATE</b>			
Tab 2.5 mg .....	5.22	30	Methoblastin
Tab 10 mg .....	40.93	50	Methoblastin
Inj 2.5 mg per ml, 2 ml vial			
Inj 25 mg per ml, 2 ml vial – 1% DV Sep-13 to 2016 .....	20.20	5	<b>Hospira</b>
Inj 25 mg per ml, 20 ml vial – 1% DV Sep-13 to 2016 .....	27.78	1	<b>Hospira</b>
Inj 100 mg per ml, 10 ml vial – 1% DV Nov-08 to 2014 .....	25.00	1	<b>Methotrexate Ebewe</b>
Inj 100 mg per ml, 50 ml vial – 1% DV Nov-08 to 2014 .....	125.00	1	<b>Methotrexate Ebewe</b>
<b>THIOGUANINE</b>			
Tab 40 mg			

### Other Cytotoxic Agents

#### AMSACRINE

Inj 50 mg per ml, 1.5 ml ampoule

#### ANAGRELIDE HYDROCHLORIDE

Cap 0.5 mg

#### ARSENIC TRIOXIDE

Inj 1 mg per ml, 10 ml vial ..... 4,817.00 10 AFT

#### BORTEZOMIB – Restricted see terms below

⚡ Inj 1 mg vial ..... 540.70 1 Velcade

⚡ Inj 3.5 mg vial ..... 1,892.50 1 Velcade

#### ➡ Restricted

#### Initiation - treatment naive multiple myeloma/amyloidosis

Both:

- 1 Either:
  - 1.1 The patient has treatment-naive symptomatic multiple myeloma; or
  - 1.2 The patient has treatment-naive symptomatic systemic AL amyloidosis \*; and
- 2 Maximum of 9 treatment cycles.

Note: Indications marked with \* are Unapproved Indications.

#### Initiation - relapsed/refractory multiple myeloma/amyloidosis

All of the following:

- 1 Either:
  - 1.1 The patient has relapsed or refractory multiple myeloma; or
  - 1.2 The patient has relapsed or refractory systemic AL amyloidosis \*; and
- 2 The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis; and
- 3 The patient has not had prior publicly funded treatment with bortezomib; and
- 4 Maximum of 4 treatment cycles.

Note: Indications marked with \* are Unapproved Indications.

#### Continuation - relapsed/refractory multiple myeloma/amyloidosis

Both:

- 1 The patient's disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and
- 2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

Notes: Responding relapsed/refractory multiple myeloma patients should receive no more than 2 additional cycles of treatment beyond the cycle at which a confirmed complete response was first achieved. A line of therapy is considered to comprise either:

- 1 A known therapeutic chemotherapy regimen and supportive treatments; or
- 2 A transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments.

Refer to datasheet for recommended dosage and number of doses of bortezomib per treatment cycle.



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>COLASPASE [L-ASPARAGINASE]</b>			
Inj 10,000 iu vial .....	102.32	1	Leunase
<b>DACARBAZINE</b>			
Inj 200 mg vial – 1% DV Oct-13 to 2016.....	51.84	1	<b>Hospira</b>
<b>ETOPOSIDE</b>			
Cap 50 mg .....	340.73	20	Vepesid
Cap 100 mg .....	340.73	10	Vepesid
Inj 20 mg per ml, 5 ml vial .....	25.00	1	Mayne
<b>ETOPOSIDE (AS PHOSPHATE)</b>			
Inj 100 mg vial – 1% DV Sep-11 to 2014 .....	40.00	1	<b>Etopophos</b>
<b>HYDROXYUREA</b>			
Cap 500 mg .....	31.76	100	Hydra
<b>IRINOTECAN HYDROCHLORIDE</b>			
Inj 20 mg per ml, 2 ml vial – 1% DV Nov-12 to 2015 .....	9.34	1	<b>Irinotecan Actavis 40</b>
Inj 20 mg per ml, 5 ml vial – 1% DV Nov-12 to 2015 .....	23.34	1	<b>Irinotecan Actavis 100</b>
<b>PEGASPARGASE – Restricted see terms below</b>			
⚡ Inj 750 iu per ml, 5 ml vial .....	3,005.00	1	Oncaspar

➡ **Restricted**

**Newly diagnosed ALL**

Limited to 12 months' treatment

All of the following:

- 1 The patient has newly diagnosed acute lymphoblastic leukaemia; and
- 2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
- 3 Treatment is with curative intent.

**Relapsed ALL**

Limited to 12 months' treatment

All of the following:

- 1 The patient has relapsed acute lymphoblastic leukaemia; and
- 2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
- 3 Treatment is with curative intent.

**PENTOSTATIN [DEOXYCOFORMYCIN]**

Inj 10 mg vial

**PROCARBAZINE HYDROCHLORIDE**

Cap 50 mg ..... 225.00 50 Natulan

**TEMOZOLOMIDE – Restricted see terms below**

⚡ Cap 5 mg – 1% DV Sep-13 to 2016..... 8.00 5 **Temaccord**

⚡ Cap 20 mg – 1% DV Sep-13 to 2016..... 36.00 5 **Temaccord**

⚡ Cap 100 mg – 1% DV Sep-13 to 2016..... 175.00 5 **Temaccord**

⚡ Cap 250 mg – 1% DV Sep-13 to 2016..... 410.00 5 **Temaccord**

➡ **Restricted**

All of the following:

- 1 Either:
  - 1.1 Patient has newly diagnosed glioblastoma multiforme; or
  - 1.2 Patient has newly diagnosed anaplastic astrocytoma\*; and
- 2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and
- 3 Following concomitant treatment temozolomide is to be used for a maximum of six cycles of 5 days treatment, at a maximum dose of 200 mg/m<sup>2</sup>.

continued...

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

continued...

Notes: Indication marked with a \* is an Unapproved Indication. Studies of temozolomide show that its benefit is predominantly in those patients with a good performance status (WHO grade 0 or 1 or Karnofsky score >80), and in patients who have had at least a partial resection of the tumour.

**THALIDOMIDE – Restricted** see terms below

⚡ Cap 50 mg .....	504.00	28	Thalomid
⚡ Cap 100 mg .....	1,008.00	28	Thalomid

➡ **Restricted**

### Initiation

Either:

- 1 The patient has multiple myeloma; or
- 2 The patient has systemic AL amyloidosis\*; or
- 3 The patient has erythema nodosum leprosum.

### Continuation

Patient has obtained a response from treatment during the initial approval period.

Notes: Prescription must be written by a registered prescriber in the thalidomide risk management programme operated by the supplier.

Maximum dose of 400 mg daily as monotherapy or in a combination therapy regimen.

Indication marked with \* is an Unapproved Indication

### TRETINOIN

Cap 10 mg .....	435.90	100	Vesanoid
-----------------	--------	-----	----------

## Platinum Compounds

### CARBOPLATIN

Inj 10 mg per ml, 5 ml vial .....	20.00	1	Carboplatin Ebewe
Inj 10 mg per ml, 15 ml vial – 1% DV Jan-13 to 2015 .....	19.50	1	<b>Carbaccord</b>
Inj 10 mg per ml, 45 ml vial – 1% DV Jan-13 to 2015 .....	48.50	1	<b>Carbaccord</b>
Inj 10 mg per ml, 100 ml vial .....	105.00	1	Carboplatin Ebewe

### CISPLATIN

Inj 1 mg per ml, 50 ml vial .....	15.00	1	Cisplatin Ebewe
Inj 1 mg per ml, 100 ml vial .....	21.00	1	Cisplatin Ebewe

### OXALIPLATIN

Inj 50 mg vial – 1% DV Aug-12 to 2015 .....	15.32	1	<b>Oxaliplatin Actavis 50</b>
Inj 100 mg vial – 1% DV Aug-12 to 2015 .....	25.01	1	<b>Oxaliplatin Actavis 100</b>

## Protein-Tyrosine Kinase Inhibitors

**DASATINIB – Restricted** see terms below

⚡ Tab 20 mg .....	3,774.06	60	Sprycel
⚡ Tab 50 mg .....	6,214.20	60	Sprycel
⚡ Tab 70 mg .....	7,692.58	60	Sprycel
⚡ Tab 100 mg .....	6,214.20	30	Sprycel

➡ **Restricted**

For use in patients with approval from the CML/GIST Co-ordinator

**ERLOTINIB – Restricted** see terms on the next page

⚡ Tab 100 mg .....	3,100.00	30	Tarceva
⚡ Tab 150 mg .....	3,950.00	30	Tarceva

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

➔ **Restricted**

**Initiation**

*Re-assessment required after 3 months*

Both:

- 1 Patient has advanced, unresectable, Non Small Cell Lung Cancer (NSCLC); and
- 2 Patient has documented disease progression following treatment with first line platinum based chemotherapy.

**Continuation**

*Re-assessment required after 6 months*

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

GEFITINIB – **Restricted** see terms below

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

➔ **Restricted**

**Initiation**

*Re-assessment required after 3 months*

Both

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

IMATINIB – **Restricted** see terms below

⚡ Tab 100 mg .....	2,400.00	60	Glivec
--------------------	----------	----	--------

➔ **Restricted**

For use in patients with approval from the CML/GIST Co-ordinator

LAPATINIB – **Restricted** see terms below

⚡ Tab 250 mg .....	1,899.00	70	Tykerb
--------------------	----------	----	--------

➔ **Restricted**

**Initiation**

*Re-assessment required after 12 months*

Either:

- 1 All of the following:
  - 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
  - 1.2 The patient has not previously received trastuzumab treatment for HER 2 positive metastatic breast cancer; and
  - 1.3 Lapatinib not to be given in combination with trastuzumab; and
  - 1.4 Lapatinib to be discontinued at disease progression; or
- 2 All of the following:
  - 2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
  - 2.2 The patient started trastuzumab for metastatic breast cancer but discontinued trastuzumab within 3 months of starting treatment due to intolerance; and
  - 2.3 The cancer did not progress whilst on trastuzumab; and
  - 2.4 Lapatinib not to be given in combination with trastuzumab; and
  - 2.5 Lapatinib to be discontinued at disease progression.

**Continuation**

*Re-assessment required after 12 months*

All of the following:

continued...

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

continued...

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The cancer has not progressed at any time point during the previous 12 months whilst on lapatinib; and
- 3 Lapatinib not to be given in combination with trastuzumab; and
- 4 Lapatinib to be discontinued at disease progression.

**PAZOPANIB – Restricted** see terms below

☒ Tab 200 mg .....	1,334.70	30	Votrient
☒ Tab 400 mg .....	2,669.40	30	Votrient

☛**Restricted**

**Initiation**

*Re-assessment required after 3 months*

All of the following:

- 1 The patient has metastatic renal cell carcinoma; and
- 2 Any of the following:
  - 2.1 The patient is treatment naive; or
  - 2.2 The patient has only received prior cytokine treatment; or
  - 2.3 Both:
    - 2.3.1 The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance; and
    - 2.3.2 The cancer did not progress whilst on sunitinib; and
- 3 The patient has good performance status (WHO/ECOG grade 0-2); and
- 4 The disease is of predominant clear cell histology; and
- 5 The patient has intermediate or poor prognosis defined as any of the following:
  - 5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
  - 5.2 Haemoglobin level < lower limit of normal; or
  - 5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); or
  - 5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
  - 5.5 Karnofsky performance score of = 70; or
  - 5.6 = 2 sites of organ metastasis.

**Continuation**

*Re-assessment required after 3 months*

Both:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

Notes: Pazopanib treatment should be stopped if disease progresses.

Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6.

**SUNITINIB – Restricted** see terms below

☒ Cap 12.5 mg .....	2,315.38	28	Sutent
☒ Cap 25 mg .....	4,630.77	28	Sutent
☒ Cap 50 mg .....	9,261.54	28	Sutent

☛**Restricted**

*Re-assessment required after 3 months*

Initiation - RCC

- 1 The patient has metastatic renal cell carcinoma; and
- 2 Any of the following:
  - 2.1 The patient is treatment naive; or
  - 2.2 The patient has only received prior cytokine treatment; or

continued...

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

continued...

- 2.3 The patient has only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval; or
- 2.4 Both:
  - 2.4.1 The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and
  - 2.4.2 The cancer did not progress whilst on pazopanib; and
- 3 The patient has good performance status (WHO/ECOG grade 0-2); and
- 4 The disease is of predominant clear cell histology; and
- 5 The patient has intermediate or poor prognosis defined as any of the following:
  - 5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
  - 5.2 Haemoglobin level < lower limit of normal; or
  - 5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); or
  - 5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
  - 5.5 Karnofsky performance score of = 70; or
  - 5.6 = 2 sites of organ metastasis; and
- 6 Sunitinib to be used for a maximum of 2 cycles.

**Continuation - RCC**

*Re-assessment required after 3 months*

Both:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

**Initiation - GIST**

*Re-assessment required after 3 months*

Both:

- 1 The patient has unresectable or metastatic malignant gastrointestinal stromal tumour (GIST); and
- 2 Either:
  - 2.1 The patient's disease has progressed following treatment with imatinib; or
  - 2.2 The patient has documented treatment-limiting intolerance, or toxicity to, imatinib.

**Continuation - GIST**

*Re-assessment required after 6 months*

Both:

The patient has responded to treatment or has stable disease as determined by Choi's modified CT response evaluation criteria as follows:

- 1 Any of the following:
  - 1.1 The patient has had a complete response (disappearance of all lesions and no new lesions); or
  - 1.2 The patient has had a partial response (a decrease in size of = 10% or decrease in tumour density in Hounsfield Units (HU) of = 15% on CT and no new lesions and no obvious progression of non-measurable disease); or
  - 1.3 The patient has stable disease (does not meet criteria the two above) and does not have progressive disease and no symptomatic deterioration attributed to tumour progression; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

Notes: RCC - Sunitinib treatment should be stopped if disease progresses.

Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6.

GIST - It is recommended that response to treatment be assessed using Choi's modified CT response evaluation criteria (J Clin Oncol, 2007, 25:1753-1759). Progressive disease is defined as either: an increase in tumour size of = 10% and not meeting criteria of partial response (PR) by tumour density (HU) on CT; or: new lesions, or new intratumoral nodules, or increase in the size of the existing intratumoral nodules.

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Taxanes</b>			
<b>DOCETAXEL</b>			
Inj 10 mg per ml, 2 ml vial – 1% DV May-13 to 2014 .....	48.75	1	<b>Docetaxel Sandoz</b>
Inj 10 mg per ml, 8 ml vial – 1% DV May-13 to 2014 .....	195.00	1	<b>Docetaxel Sandoz</b>
<b>PACLITAXEL</b>			
Inj 6 mg per ml, 5 ml vial – 1% DV Oct-08 to 2014 .....	137.50	5	<b>Paclitaxel Ebewe</b>
Inj 6 mg per ml, 16.7 ml vial – 1% DV Oct-08 to 2014 .....	91.67	1	Paclitaxel Actavis <b>Paclitaxel Ebewe</b>
Inj 6 mg per ml, 25 ml vial – 1% DV Oct-08 to 2014 .....	137.50	1	Anzatax Paclitaxel Actavis <b>Paclitaxel Ebewe</b>
Inj 6 mg per ml, 50 ml vial – 1% DV Oct-08 to 2014 .....	275.00	1	Anzatax Paclitaxel Actavis <b>Paclitaxel Ebewe</b>
Inj 6 mg per ml, 100 ml vial – 1% DV Oct-08 to 2014 .....	550.00	1	<b>Paclitaxel Ebewe</b>
<b>Treatment of Cytotoxic-Induced Side Effects</b>			
<b>CALCIUM FOLINATE</b>			
Tab 15 mg – 1% DV Nov-11 to 2014 .....	82.45	10	<b>DBL Leucovorin Calcium</b>
Inj 3 mg per ml, 1 ml ampoule			
Inj 10 mg per ml, 5 ml ampoule – 1% DV Sep-08 to 2014 .....	24.50	5	<b>Calcium Folate Ebewe</b>
Inj 10 mg per ml, 10 ml vial – 1% DV Sep-08 to 2014 .....	9.75	1	<b>Calcium Folate Ebewe</b>
Inj 10 mg per ml, 30 ml vial – 1% DV Sep-08 to 2014 .....	30.00	1	<b>Calcium Folate Ebewe</b>
Inj 10 mg per ml, 100 ml vial – 1% DV Sep-08 to 2014 .....	90.00	1	<b>Calcium Folate Ebewe</b>
<b>MESNA</b>			
Tab 400 mg – 1% DV Oct-13 to 2016 .....	227.50	50	<b>Uromitexan</b>
Tab 600 mg – 1% DV Oct-13 to 2016 .....	339.50	50	<b>Uromitexan</b>
Inj 100 mg per ml, 4 ml ampoule – 1% DV Oct-13 to 2016 .....	148.05	15	<b>Uromitexan</b>
Inj 100 mg per ml, 10 ml ampoule – 1% DV Oct-13 to 2016 .....	339.90	15	<b>Uromitexan</b>
<b>Vinca Alkaloids</b>			
<b>VINBLASTINE SULPHATE</b>			
Inj 1 mg per ml, 10 ml vial .....	137.50	5	Mayne
<b>VINCRISTINE SULPHATE</b>			
Inj 1 mg per ml, 1 ml vial – 1% DV Sep-13 to 2016 .....	64.80	5	<b>Hospira</b>
Inj 1 mg per ml, 2 ml vial – 1% DV Sep-13 to 2016 .....	69.60	5	<b>Hospira</b>
<b>VINOURELBINE</b>			
Inj 10 mg per ml, 1 ml vial – 1% DV Sep-12 to 2015 .....	12.85	1	<b>Navelbine</b>
Inj 10 mg per ml, 5 ml vial – 1% DV Sep-12 to 2015 .....	64.25	1	<b>Navelbine</b>
<b>Endocrine Therapy</b>			
<b>BICALUTAMIDE – Restricted</b> see terms on the next page			
⚡ Tab 50 mg – 1% DV Nov-11 to 2014 .....	10.00	28	<b>Bicalaccord</b>

↑ Item restricted (see ➡ above); ⚡ Item restricted (see ➡ below)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔Restricted</b>			
For the treatment of advanced prostate cancer			
FLUTAMIDE			
Tab 250 mg .....	55.00	100	Flutamin
MEGESTROL ACETATE			
Tab 160 mg – 1% DV Jan-13 to 2015 .....	51.55	30	<b>Apo-Megestrol</b>
OCTREOTIDE – <b>Some items restricted</b> see terms below			
Inj 50 mcg per ml, 1 ml ampoule – 1% DV May-12 to 2014 .....	19.24	5	<b>Octreotide MaxRx</b>
Inj 100 mcg per ml, 1 ml ampoule – 1% DV May-12 to 2014 .....	36.38	5	<b>Octreotide MaxRx</b>
Inj 500 mcg per ml, 1 ml ampoule – 1% DV May-12 to 2014 .....	131.25	5	<b>Octreotide MaxRx</b>
⚡ Inj 10 mg vial .....	1,772.50	1	Sandostatin LAR
⚡ Inj 20 mg vial .....	2,358.75	1	Sandostatin LAR
⚡ Inj 30 mg vial .....	2,951.25	1	Sandostatin LAR

**➔Restricted**

Note: restriction applies only to the long-acting formulations of octreotide

**Malignant bowel obstruction**

All of the following:

- 1 The patient has nausea\* and vomiting\* due to malignant bowel obstruction\*; and
- 2 Treatment with antiemetics, rehydration, antimuscarinic agents, corticosteroids and analgesics for at least 48 hours has failed; and
- 3 Octreotide to be given at a maximum dose 1500 mcg daily for up to 4 weeks.

Note: Indications marked with \* are Unapproved Indications

**Initiation - acromegaly**

*Re-assessment required after 3 months*

Both:

- 1 The patient has acromegaly; and
- 2 Any of the following:
  - 2.1 Treatment with surgery, radiotherapy and a dopamine agonist has failed; or
  - 2.2 Treatment with octreotide is for an interim period while awaiting the effects of radiotherapy and a dopamine agonist has failed; or
  - 2.3 The patient is unwilling, or unable, to undergo surgery and/or radiotherapy.

**Continuation - acromegaly**

Both:

- 1 IGF1 levels have decreased since starting octreotide; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

Note: In patients with acromegaly octreotide treatment should be discontinued if IGF1 levels have not decreased after 3 months treatment. In patients treated with radiotherapy octreotide treatment should be withdrawn every 2 years, for 1 month, for assessment of remission. Octreotide treatment should be stopped where there is biochemical evidence of remission (normal IGF1 levels) following octreotide treatment withdrawal for at least 4 weeks.

**Other indications**

Any of the following:

- 1 VIPomas and glucagonomas - for patients who are seriously ill in order to improve their clinical state prior to definitive surgery; or
- 2 Both:
  - 2.1 Gastrinoma; and
  - 2.2 Either:
    - 2.2.1 Patient has failed surgery; or
    - 2.2.2 Patient in metastatic disease after H2 antagonists (or proton pump inhibitors) have failed; or
- 3 Both:

continued...

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

continued...

- 3.1 Insulinomas; and
- 3.2 Surgery is contraindicated or has failed; or
- 4 For pre-operative control of hypoglycaemia and for maintenance therapy; or
- 5 Both:
  - 5.1 Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis); and
  - 5.2 Disabling symptoms not controlled by maximal medical therapy.

## TAMOXIFEN CITRATE

Tab 10 mg .....	2.63	60	Genox
	17.50	100	Genox
Tab 20 mg – 1% DV Jun-11 to 2014.....	2.63	30	<b>Genox</b>
	8.75	100	<b>Genox</b>

## Aromatase Inhibitors

### ANASTROZOLE

Tab 1 mg .....	26.55	30	Aremed DP-Anastrozole
----------------	-------	----	--------------------------

### EXEMESTANE

Tab 25 mg – 1% DV Jun-11 to 2014.....	22.57	30	<b>Aromasin</b>
---------------------------------------	-------	----	-----------------

### LETROZOLE

Tab 2.5 mg – 1% DV Oct-12 to 2015 .....	4.85	30	<b>Letraccord</b>
---	------	----	-------------------

## Immunosuppressants

### Calcineurin Inhibitors

#### CICLOSPORIN

Cap 25 mg .....	44.63	50	Neoral
Cap 50 mg .....	88.91	50	Neoral
Cap 100 mg .....	177.81	50	Neoral
Oral liq 100 mg per ml – 1% DV Oct-12 to 2015.....	198.13	50 ml	<b>Neoral</b>
Inj 50 mg per ml, 5 ml ampoule – 1% DV Oct-12 to 2015 .....	276.30	10	<b>Sandimmun</b>

#### TACROLIMUS – **Restricted** see terms below

☞ Cap 0.5 mg .....	214.00	100	Prograf
☞ Cap 1 mg .....	428.00	100	Prograf
☞ Cap 5 mg .....	1,070.00	50	Prograf
☞ Inj 5 mg per ml, 1 ml ampoule			

☞ **Restricted**

For use in organ transplant recipients

### Fusion Proteins

#### ETANERCEPT – **Restricted** see terms on the next page

☞ Inj 25 mg vial .....	949.96	4	Enbrel
☞ Inj 50 mg autoinjector .....	1,899.92	4	Enbrel
☞ Inj 50 mg syringe .....	1,899.92	4	Enbrel

☞ Item restricted (see ☞ above); ☞ Item restricted (see ☞ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.



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

➔ **Restricted**

**Initiation - juvenile idiopathic arthritis**

Rheumatologist or named specialist

Re-assessment required after 4 months

- 1 Either:
  - 1.1 Both:
    - 1.1.1 The patient has had an initial Special Authority approval for adalimumab for juvenile idiopathic arthritis (JIA); and
    - 1.1.2 Either:
      - 1.1.2.1 The patient has experienced intolerable side effects from adalimumab; or
      - 1.1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for JIA; or
- 2 All of the following:
  - 2.1 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and
  - 2.2 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
  - 2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
  - 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m<sup>2</sup> weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
  - 2.5 Both:
    - 2.5.1 Either:
      - 2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
      - 2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
    - 2.5.2 Physician's global assessment indicating severe disease.

**Continuation - juvenile idiopathic arthritis**

Rheumatologist or named specialist

Re-assessment required after 6 months

All of the following:

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:
  - 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
  - 2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

**Initiation - rheumatoid arthritis**

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
  - 1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and
  - 1.2 Either:
    - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
    - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for rheumatoid arthritis; or
- 2 All of the following:
  - 2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and

continued...

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

continued...

- 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
- 2.5 Any of the following:
  - 2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or
  - 2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
  - 2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
- 2.6 Either:
  - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
  - 2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.7 Either:
  - 2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

**Continuation - rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:
  - 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

**Initiation - ankylosing spondylitis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and
  - 1.2 Either:
    - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
    - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for ankylosing spondylitis; or
- 2 All of the following:
  - 2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
  - 2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and

continued...

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

continued...

- 2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
- 2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of an exercise regime supervised by a physiotherapist; and
- 2.5 Either:
  - 2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or
  - 2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender (see Notes); and
- 2.6 Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure must be no more than 1 month old at the time of starting treatment.

Average normal chest expansion corrected for age and gender:

Age	Male	Female
18-24	7.0 cm	5.5 cm
25-34	7.5 cm	5.5 cm
35-44	6.5 cm	4.5 cm
45-54	6.0 cm	5.0 cm
55-64	5.5 cm	4.0 cm
65-74	4.0 cm	4.0 cm
75+	3.0 cm	2.5 cm

**Continuation - ankylosing spondylitis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Following 12 weeks of etanercept treatment, BASDAI has improved by 4 or more points from pre-treatment baseline on a 10 point scale, or by 50%, whichever is less; and
- 2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
- 3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

**Initiation - psoriatic arthritis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 The patient has had an initial Special Authority approval for adalimumab for psoriatic arthritis; and
  - 1.2 Either:
    - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
    - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for psoriatic arthritis; or
- 2 All of the following:
  - 2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
  - 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
  - 2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
  - 2.4 Either:

continued...

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

continued...

- 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
- 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.5 Any of the following:
  - 2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
  - 2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

#### **Continuation - psoriatic arthritis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Either:
  - 1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior etanercept treatment in the opinion of the treating physician; and
- 2 Etanercept to be administered at doses no greater than 50 mg every 7 days.

#### **Initiation - plaque psoriasis, prior TNF use**

Dermatologist

*Re-assessment required after 4 months*

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab for severe chronic plaque psoriasis; and
  - Either:
    - 1.1 The patient has experienced intolerable side effects from adalimumab; or
    - 1.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe chronic plaque psoriasis; and
- 2 Patient must be reassessed for continuation after 3 doses.

#### **Initiation - plaque psoriasis, treatment-naive**

Dermatologist

*Re-assessment required after 4 months*

All of the following:

- 1 Either:
  - 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
  - 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and
- 3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

continued...

↑ Item restricted (see ➡ above); ↓ Item restricted (see ➡ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.

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

continued...

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 15, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

**Continuation - plaque psoriasis**

Dermatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Either:
  - 1.1 Both:
    - 1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
    - 1.1.2 Following each prior etanercept treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-etanercept treatment baseline value; or
  - 1.2 Both:
    - 1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
    - 1.2.2 Either:
      - 1.2.2.1 Following each prior etanercept treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
      - 1.2.2.2 Following each prior etanercept treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-etanercept treatment baseline value; and
- 1.3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

**Monoclonal Antibodies**

ABCIXIMAB – **Restricted** see terms below

⚡ Inj 2 mg per ml, 5 ml vial .....	579.53	1	ReoPro
------------------------------------	--------	---	--------

↳ **Restricted**

Either:

- 1 For use in patients with acute coronary syndromes undergoing percutaneous coronary intervention; or
- 2 For use in patients undergoing intra-cranial intervention.

ADALIMUMAB – **Restricted** see terms below

⚡ Inj 20 mg per 0.4 ml syringe .....	1,799.92	2	Humira
⚡ Inj 40 mg per 0.8 ml pen .....	1,799.92	2	HumiraPen
⚡ Inj 40 mg per 0.8 ml syringe .....	1,799.92	2	Humira

↳ **Restricted**

**Initiation - juvenile idiopathic arthritis**

Rheumatologist or named specialist

*Re-assessment required after 4 months*

- 1 Either:
  - 1.1 Both:
    - 1.1.1 The patient has had an initial Special Authority approval for etanercept for juvenile idiopathic arthritis (JIA); and
    - 1.1.2 Either:
      - 1.1.2.1 The patient has experienced intolerable side effects from etanercept; or

continued...

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

continued...

1.1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for JIA; or

2 All of the following:

2.1 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and

2.2 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and

2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m<sup>2</sup> weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and

2.5 Both:

2.5.1 Either:

2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or

2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and

2.5.2 Physician's global assessment indicating severe disease.

## Continuation - juvenile idiopathic arthritis

Rheumatologist or named specialist

*Re-assessment required after 6 months*

All of the following:

1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2 Either:

2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or

2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

## Initiation - fistulising Crohn's disease

Gastroenterologist

*Re-assessment required after 4 months*

All of the following

1 Patient has confirmed Crohn's disease; and

2 Either:

2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or

2.2 Patient has one or more rectovaginal fistula(e); and

3 A Baseline Fistula Assessment (a copy of which is available at [www.pharmac.govt.nz/latest/BaselineFistulaAssessment.pdf](http://www.pharmac.govt.nz/latest/BaselineFistulaAssessment.pdf)) has been completed and is no more than 1 month old at the time of application.

## Continuation - fistulising Crohn's disease

Gastroenterologist

*Re-assessment required after 6 months*

Either:

1 The number of open draining fistulae have decreased from baseline by at least 50%; or

2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain.

continued...

↑ Item restricted (see ➡ above); ↓ Item restricted (see ➡ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.

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

continued...

**Initiation - Crohn's disease**

Gastroenterologist

*Re-assessment required after 3 months*

All of the following:

- 1 Patient has severe active Crohn's disease; and
- 2 Any of the following:
  - 2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or
  - 2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
  - 2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
  - 2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; 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 (unless contraindicated) and corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate.

**Continuation - Crohn's disease**

Gastroenterologist

*Re-assessment required after 3 months*

Both:

- 1 Either:
  - 1.1 Either:
    - 1.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
    - 1.1.2 CDAI score is 150 or less; or
  - 1.2 Both:
    - 1.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
    - 1.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Initiation - rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and
  - 1.2 Either:
    - 1.2.1 The patient has experienced intolerable side effects from etanercept; or
    - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or
- 2 All of the following:
  - 2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and
  - 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
  - 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
  - 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
  - 2.5 Any of the following:
    - 2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or

continued...

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

continued...

- 2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
- 2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
- 2.6 Either:
  - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
  - 2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.7 Either:
  - 2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

**Continuation - rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:
  - 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 3 Adalimumab to be administered at doses no greater than 50 mg every 7 days.

**Initiation - ankylosing spondylitis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 The patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and
  - 1.2 Either:
    - 1.2.1 The patient has experienced intolerable side effects from etanercept; or
    - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for ankylosing spondylitis; or
- 2 All of the following:
  - 2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
  - 2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
  - 2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
  - 2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of an exercise regime supervised by a physiotherapist; and
  - 2.5 Either:
    - 2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or

continued...

↑ Item restricted (see ➡ above); ↓ Item restricted (see ➡ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.



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

continued...

2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender (see Notes); and

2.6 Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure must be no more than 1 month old at the time of starting treatment.

Average normal chest expansion corrected for age and gender:

Age	Male	Female
18-24	7.0 cm	5.5 cm
25-34	7.5 cm	5.5 cm
35-44	6.5 cm	4.5 cm
45-54	6.0 cm	5.0 cm
55-64	5.5 cm	4.0 cm
65-74	4.0 cm	4.0 cm
75+	3.0 cm	2.5 cm

**Continuation - ankylosing spondylitis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Following 12 weeks of adalimumab treatment, BASDAI has improved by 4 or more points from pre-treatment baseline on a 10 point scale, or by 50%, whichever is less; and
- 2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
- 3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Initiation - psoriatic arthritis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and
  - 1.2 Either:
    - 1.2.1 The patient has experienced intolerable side effects from etanercept; or
    - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for psoriatic arthritis; or
- 2 All of the following:
  - 2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
  - 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
  - 2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
  - 2.4 Either:
    - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
    - 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
  - 2.5 Any of the following:
    - 2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
    - 2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or

continued...

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

continued...

2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

**Continuation - psoriatic arthritis**

Rheumatologist

*Re-assessment required after 6 months*

Both:

- 1 Either:
  - 1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Initiation - plaque psoriasis, prior TNF use**

Dermatologist

*Re-assessment required after 4 months*

Both:

- 1 The patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
- 2 Either:
  - 2.1 The patient has experienced intolerable side effects from etanercept; or
  - 2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for severe chronic plaque psoriasis; and

**Initiation - plaque psoriasis, treatment-naive**

Dermatologist

*Re-assessment required after 4 months*

All of the following:

- 1 Either:
  - 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
  - 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and
- 3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 15, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

**Continuation - plaque psoriasis**

Dermatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Either:
  - 1.1 Both:

continued...

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

continued...

- 1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
- 1.1.2 Following each prior adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or
- 1.2 Both:
  - 1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
  - 1.2.2 Either:
    - 1.2.2.1 Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
    - 1.2.2.2 Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-etanercept treatment baseline value; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**BASILIXIMAB – Restricted** see terms below

⬇ Inj 20 mg vial .....	3,200.00	1	Simulect
------------------------	----------	---	----------

➔ **Restricted**

For use in solid organ transplants

**BEVACIZUMAB – Restricted** see terms below

- ⬇ Inj 25 mg per ml, 16 ml vial
- ⬇ Inj 25 mg per ml, 4 ml vial

➔ **Restricted**

Either:

- 1 Ocular neovascularisation; or
- 2 Exudative ocular angiopathy.

**INFLIXIMAB – Restricted** see terms below

⬇ Inj 100 mg .....	1,227.00	1	Remicade
--------------------	----------	---	----------

➔ **Restricted**

**Graft vs host disease**

Patient has steroid-refractory acute graft vs. host disease of the gut

**Initiation - rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 3-4 months*

All of the following:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
- 2 Either:
  - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
  - 2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept; and
- 3 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance

**Continuation - rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:

continued...

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

continued...

- 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 3 Infliximab to be administered at doses no greater than 3 mg/kg every 8 weeks.

### Initiation - ankylosing spondylitis

Rheumatologist

*Re-assessment required after 3 months*

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
- 2 Either:
  - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
  - 2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

### Continuation - ankylosing spondylitis

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Following 12 weeks of infliximab treatment, BASDAI has improved by 4 or more points from pre-infliximab baseline on a 10 point scale, or by 50%, whichever is less; and
- 2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
- 3 Infliximab to be administered at doses no greater than 5 mg/kg every 6-8 weeks.

### Initiation - psoriatic arthritis

Rheumatologist

*Re-assessment required after 3-4 months*

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for psoriatic arthritis; and
- 2 Either:
  - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
  - 2.2 Following 3-4 months' initial treatment with adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for psoriatic arthritis.

### Continuation - psoriatic arthritis

Rheumatologist

*Re-assessment required after 6 months*

Both:

- 1 Either:
  - 1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior infliximab treatment in the opinion of the treating physician; and
- 2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

### Initiation - severe ocular inflammation

*Re-assessment required after 3 doses*

Both:

- 1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
- 2 Either:
  - 2.1 Patient has failed to achieve control of severe vision-threatening ocular inflammation following high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids; or

continued...

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

continued...

2.2 Patient developed new inflammatory symptoms while receiving high dose steroids.

**Initiation - chronic ocular inflammation**

*Re-assessment required after 3 doses*

- Both:
- 1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and
  - 2 Patient has tried at least two other immunomodulatory agents.

**Continuation - ocular inflammation**

- Both:
- 1 Patient had a good clinical response to initial treatment; and
  - 2 Either:
    - 2.1 A withdrawal of infliximab has been trialed and patient has relapsed after trial withdrawal; or
    - 2.2 Patient has Behcet's disease.

**Pulmonary sarcoidosis**

- Both:
- 1 Patient has life-threatening pulmonary sarcoidosis that is refractory to other treatments; and
  - 2 Treatment is to be prescribed by, or has been recommended by, a physician with expertise in the treatment of pulmonary sarcoidosis.

**Initiation - Crohn's disease (adults)**

Gastroenterologist

*Re-assessment required after 3 months*

- All of the following:
- 1 Patient has severe active Crohn's disease; and
  - 2 Any of the following:
    - 2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or
    - 2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
    - 2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
    - 2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; 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 (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 - Crohn's disease (adults)**

Gastroenterologist

*Re-assessment required after 6 months*

- All of the following:
- 1 One of the following:
    - 1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
    - 1.2 CDAI score is 150 or less; or
    - 1.3 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
  - 2 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; and
  - 3 Patient must be reassessed for continuation after further 6 months.

continued...

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

continued...

**Initiation - Crohn's disease (children)**

Gastroenterologist

*Re-assessment required after 3 months*

All of the following:

- 1 Paediatric patient has severe active Crohn's disease; and
- 2 Any of the following:
  - 2.1 Patient has a Paediatric Crohn's Disease Activity Index (PCDAI) score of greater than or equal to 30; or
  - 2.2 Patient has extensive small intestine disease; 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 (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 - Crohn's disease (children)**

Gastroenterologist

*Re-assessment required after 6 months*

All of the following:

- 1 One of the following:
  - 1.1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on infliximab; or
  - 1.2 PCDAI score is 15 or less; or
  - 1.3 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed; and
- 2 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; and
- 3 Patient must be reassessed for continuation after further 6 months.

**Initiation - fistulising Crohn's disease**

Gastroenterologist

All of the following:

- 1 Patient has confirmed Crohn's disease; and
- 2 Either:
  - 2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
  - 2.2 Patient has one or more rectovaginal fistula(e); and
- 3 Patient must be reassessed for continuation after 4 months of therapy.

**Continuation - fistulising Crohn's disease**

Gastroenterologist

All of the following:

- 1 Either:
  - 1.1 The number of open draining fistulae have decreased from baseline by at least 50%; or
  - 1.2 There has been a marked reduction in drainage of all fistula(e) from baseline (in the case of adult patients, as demonstrated by a reduction in the Fistula Assessment score), together with less induration and patient reported pain; and
- 2 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; and
- 3 Patient must be reassessed for continuation after further 6 months.

**Initiation - acute severe fulminant ulcerative colitis**

Gastroenterologist

All of the following:

- 1 Patient has acute, severe fulminant ulcerative colitis; and

continued...

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

continued...

- 2 Treatment with intravenous or high dose oral corticosteroids has not been successful; and
- 3 Patient must be reassessed for continuation after 6 weeks of therapy.

**Continuation - severe fulminant ulcerative colitis**

Gastroenterologist

All of the following:

- 1 Where maintenance treatment is considered appropriate, infliximab should be used in combination with immunomodulators and reassessed every 6 months; and
- 2 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; and
- 3 Patient must be reassessed for continuation after further 6 months.

**Initiation - severe ulcerative colitis**

Gastroenterologist

All of the following:

- 1 Patient has histologically confirmed ulcerative colitis; and
- 2 The Simple Clinical Colitis Activity Index (SCCAI) is = 4
- 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 SCCAI score has reduced by = 2 points from the SCCAI 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.

**Initiation - plaque psoriasis, prior TNF use**

Dermatologist

*Re-assessment required after 3 doses*

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab or etanercept for severe chronic plaque psoriasis; and
- 2 Either:
  - 2.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or
  - 2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis.

**Initiation - plaque psoriasis, treatment-naive**

Dermatologist

*Re-assessment required after 3 doses*

All of the following:

- 1 Either:
  - 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
  - 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and

continued...

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

continued...

- 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, thotrexate, cyclosporin, or acitretin; and
- 3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 15, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

### Continuation - plaque psoriasis

Dermatologist

*Re-assessment required after 3 doses*

Both:

- 1 Either:
  - 1.1 Both:
    - 1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
    - 1.1.2 Following each prior infliximab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-infliximab treatment baseline value; or
  - 1.2 Both:
    - 1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
    - 1.2.2 Either:
      - 1.2.2.1 Following each prior infliximab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
      - 1.2.2.2 Following each prior infliximab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-infliximab treatment baseline value; and
- 2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

RANIBIZUMAB – **Restricted** see terms below

⚡ Inj 10 mg per ml, 0.23 ml vial

⚡ Inj 10 mg per ml, 0.3 ml vial

### ➡ Restricted

#### Initiation

*Re-assessment required after 3 doses*

Both:

- 1 Either
  - 1.1 Age-related macular degeneration; or
  - 1.2 Choroidal neovascular membrane; and
- 2 Any of the following:
  - 2.1 The patient has had a severe ophthalmic inflammatory response following bevacizumab; or
  - 2.2 The patient has had a myocardial infarction or stroke within the last three months; or
  - 2.3 The patient has failed to respond to bevacizumab following three intraocular injections; or
  - 2.4 The patient is of child-bearing potential and has not completed a family.

continued...

⚡ Item restricted (see ➡ above); ⚡ Item restricted (see ➡ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.



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

continued. . .

**Continuation**

- Both:
- 1 Documented benefit after three doses must be demonstrated to continue; and
  - 2 In the case of but previous non-response to bevacizumab, a retrial of bevacizumab is required to confirm non-response before continuing with ranibizumab.

RITUXIMAB – **Restricted** see terms below

⚡ Inj 10 mg per ml, 10 ml vial .....	1,075.50	2	Mabthera
⚡ Inj 10 mg per ml, 50 ml vial .....	2,688.30	1	Mabthera

↪ **Restricted**

**Initiation - haemophilia with inhibitors**

Haematologist

Any of the following:

- 1 Patient has mild congenital haemophilia complicated by inhibitors; or
- 2 Patient has severe congenital haemophilia complicated by inhibitors and has failed immune tolerance therapy; or
- 3 Patient has acquired haemophilia.

**Continuation - haemophilia with inhibitors**

Haematologist

All of the following:

- 1 Patient was previously treated with rituximab for haemophilia with inhibitors; and
- 2 An initial response lasting at least 12 months was demonstrated; and
- 3 Patient now requires repeat treatment.

**Initiation - post-transplant**

Both:

- 1 The patient has B-cell post-transplant lymphoproliferative disorder\*; and
- 2 To be used for a maximum of 8 treatment cycles.

Note: Indications marked with \* are Unapproved Indications.

**Continuation - post-transplant**

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has B-cell post-transplant lymphoproliferative disorder\*; and
- 3 To be used for no more than 6 treatment cycles.

Note: Indications marked with \* are Unapproved Indications

**Initiation - indolent, low-grade lymphomas**

Either:

- 1 Both:
  - 1.1 The patient has indolent low grade NHL with relapsed disease following prior chemotherapy; and
  - 1.2 To be used for a maximum of 6 treatment cycles; or
  - 1.3 Both:
    - 1.3.1 The patient has indolent, low grade lymphoma requiring first-line systemic chemotherapy; and
    - 1.3.2 To be used for a maximum of 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia.

**Continuation - indolent, low-grade lymphomas**

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has indolent, low-grade NHL with relapsed disease following prior chemotherapy; and
- 3 To be used for no more than 6 treatment cycles.

continued. . .

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

continued...

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia.

### Initiation - aggressive CD20 positive NHL

Either:

- 1 All of the following:
  - 1.1 The patient has treatment naive aggressive CD20 positive NHL; and
  - 1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
  - 1.3 To be used for a maximum of 8 treatment cycles; or
- 2 Both:
  - 2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and
  - 2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

### Continuation - aggressive CD20 positive NHL

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has relapsed refractory/aggressive CD20 positive NHL; and
- 3 To be used with a multi-agent chemotherapy regimen given with curative intent; and
- 4 To be used for a maximum of 4 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

### Chronic lymphocytic leukaemia

All of the following:

- 1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
- 2 The patient is rituximab treatment naive; and
- 3 Either:
  - 3.1 The patient is chemotherapy treatment naive; or
  - 3.2 Both:
    - 3.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
    - 3.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; and
- 4 The patient has good performance status; and
- 5 The patient has good renal function (creatinine clearance = 30 ml/min); and
- 6 The patient does not have chromosome 17p deletion CLL; and
- 7 Rituximab to be administered in combination with fludarabine and cyclophosphamide for a maximum of 6 treatment cycles; and
- 8 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration).

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with rituximab is expected to improve symptoms and improve ECOG score to <2.

### Initiation - rheumatoid arthritis - prior TNF inhibitor use

Rheumatologist

*Re-assessment required after 2 doses*

All of the following:

- 1 Both:
  - 1.1 The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis; and
  - 1.2 Either:

continued...

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

continued...

- 1.2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
- 1.2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis; and

2 Either:

- 2.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
- 2.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

3 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

**Initiation - rheumatoid arthritis - TNF inhibitors contraindicated**

Rheumatologist

*Re-assessment required after 2 doses*

All of the following:

- 1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and
- 2 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and
- 3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
- 5 Any of the following:
  - 5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or
  - 5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
  - 5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
- 6 Either:
  - 6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
  - 6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 7 Either:
  - 7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and
- 8 Either:
  - 8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  - 8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
- 9 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

**Continuation - rheumatoid arthritis - re-treatment in 'partial responders' to rituximab**

Rheumatologist

*Re-assessment required after 2 doses*

All of the following:

- 1 Either:
  - 1.1 At 4 months following the initial course of rituximab infusions the patient had between a 30% and 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 1.2 At 4 months following the second course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

continued...

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

continued...

- 1.3 At 4 months following the third and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and
- 3 Either:
  - 3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  - 3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
- 4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

**Continuation - rheumatoid arthritis - re-treatment in 'responders' to rituximab**

Rheumatologist

*Re-assessment required after 2 doses*

All of the following:

- 1 Either:
  - 1.1 At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 1.2 At 4 months following the second and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and
- 3 Either:
  - 3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  - 3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
- 4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

**TOCILIZUMAB – Restricted** see terms below

⚡ Inj 20 mg per ml, 4 ml vial .....	220.00	1	Actemra
⚡ Inj 20 mg per ml, 10 ml vial .....	550.00	1	Actemra
⚡ Inj 20 mg per ml, 20 ml vial .....	1,100.00	1	Actemra

**↪ Restricted**

**Initiation - systemic juvenile idiopathic arthritis**

Paediatric rheumatologist

*Re-assessment required after 6 months*

Both:

- 1 Patient diagnosed with systemic juvenile idiopathic arthritis; and
- 2 Patient has tried and not responded to a reasonable trial of all of the following, either alone or in combination: oral or parenteral methotrexate; non-steroidal anti-inflammatory drugs (NSAIDs); and systemic corticosteroids.

**Continuation - systemic juvenile idiopathic arthritis**

Paediatric rheumatologist

*Re-assessment required after 6 months*

Either:

- 1 Following up to 6 months initial treatment, the patient has achieved at least an American College of Rheumatology paediatric 30% improvement criteria (ACR Pedi 30) response from baseline; or
- 2 On subsequent reapplications, the patient demonstrates at least a continuing ACR Pedi 30 response from baseline.

**TRASTUZUMAB – Restricted** see terms on the next page

⚡ Inj 150 mg vial .....	1,350.00	1	Herceptin
⚡ Inj 440 mg vial .....	3,875.00	1	Herceptin

⚡ Item restricted (see ↪ above); ⚡ Item restricted (see ↪ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.

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

➔ **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 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

**Initiation - metastatic breast cancer (trastuzumab-naïve patients)**

*Re-assessment required after 12 months*

Either:

- 1 All of the following:
  - 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
  - 1.2 The patient has not previously received lapatinib treatment for HER 2 positive metastatic breast cancer; and
  - 1.3 Trastuzumab not to be given in combination with lapatinib; and
  - 1.4 Trastuzumab to be discontinued at disease progression; or
- 2 All of the following:
  - 2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
  - 2.2 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
  - 2.3 The cancer did not progress whilst on lapatinib; and
  - 2.4 Trastuzumab not to be given in combination with lapatinib; and
  - 2.5 Trastuzumab to be discontinued at disease progression.

**Initiation - metastatic breast cancer (patients previously treated with trastuzumab)**

*Re-assessment required after 12 months*

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
- 3 Any of the following:
  - 3.1 All of the following:
    - 3.1.1 The patient has not previously received lapatinib treatment for metastatic breast cancer; and
    - 3.1.2 Trastuzumab not to be given in combination with lapatinib; and
    - 3.1.3 Trastuzumab to be discontinued at disease progression; or
  - 3.2 All of the following:
    - 3.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
    - 3.2.2 The cancer did not progress whilst on lapatinib; and
    - 3.2.3 Trastuzumab not to be given in combination with lapatinib; and
    - 3.2.4 Trastuzumab to be discontinued at disease progression; or
  - 3.3 All of the following:
    - 3.3.1 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
    - 3.3.2 Trastuzumab not to be given in combination with lapatinib; and
    - 3.3.3 Trastuzumab to be discontinued at disease progression.

continued...

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

continued...

**Continuation - metastatic breast cancer**

Re-assessment required after 12 months

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
- 3 Trastuzumab not to be given in combination with lapatinib; and
- 4 Trastuzumab to be discontinued at disease progression.

**Other Immunosuppressants**

**ANTITHYMOCYTE GLOBULIN (EQUINE)**

Inj 50 mg per ml, 5 ml ampoule .....2,137.50      5      ATGAM

**ANTITHYMOCYTE GLOBULIN (RABBIT)**

Inj 25 mg vial

**AZATHIOPRINE**

Tab 50 mg .....18.45      100      Imuprine

Inj 50 mg vial .....60.00      1      Imuran

**BACILLUS CALMETTE-GUERIN (BCG) – Restricted** see terms below

‡ Inj 2-8 x 10<sup>8</sup> CFU vial – 1% DV Sep-13 to 2016 .....149.37      1      **OncoTICE**

➔**Restricted**

For use in bladder cancer

**MYCOPHENOLATE MOFETIL – Restricted** see terms below

‡ Tab 500 mg – 1% DV Nov-13 to 2016 .....25.00      50      **CellCept**  
60.00      Ceptolate

‡ Cap 250 mg – 1% DV Nov-13 to 2016.....25.00      100      **CellCept**  
30.00      50      Ceptolate  
60.00      100      Myaccord

‡ Powder for oral liq 1 g per 5 ml – 1% DV Nov-13 to 2016.....187.25      165 ml      **CellCept**  
‡ Inj 500 mg vial – 1% DV Nov-13 to 2016.....133.33      4      **CellCept**

*(Ceptolate Tab 500 mg to be delisted 1 November 2013)*

*(Myaccord Tab 500 mg to be delisted 1 November 2013)*

*(Ceptolate Cap 250 mg to be delisted 1 November 2013)*

*(Myaccord Cap 250 mg to be delisted 1 November 2013)*

➔**Restricted**

Either:

- 1 Transplant recipient; or
- 2 Patients with diseases where both:
  - 2.1 Steroids and azathioprine have been trialled and discontinued because of unacceptable side effects or inadequate clinical response; and
  - 2.2 Either:
    - 2.2.1 Cyclophosphamide has been trialled and discontinued because of unacceptable side effects or inadequate clinical response; or
    - 2.2.2 Cyclophosphamide treatment is contraindicated.

**PICIBANIL**

Inj 100 mg vial

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SIROLIMUS – Restricted</b> see terms below			
⚡ Tab 1 mg .....	813.00	100	Rapamune
⚡ Tab 2 mg .....	1,626.00	100	Rapamune
⚡ Oral liq 1 mg per ml .....	487.80	60 ml	Rapamune

➔ **Restricted**

For rescue therapy for an organ transplant recipient

Notes: Rescue therapy defined as unresponsive to calcineurin inhibitor treatment as defined by refractory rejection; or intolerant to calcineurin inhibitor treatment due to any of the following:

- GFR < 30 ml/min; or
- Rapidly progressive transplant vasculopathy; or
- Rapidly progressive obstructive bronchiolitis; or
- HUS or TTP; or
- Leukoencephalopathy; or
- Significant malignant disease

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

## Antiallergy Preparations

### Allergy Desensitisation

BEE VENOM – **Restricted** see terms below

⚡ Inj 120 mcg vial with diluent, 6 vial

⚡ Inj 550 mcg vial with diluent

➡ **Restricted**

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

PAPER WASP VENOM – **Restricted** see terms below

⚡ Inj 550 mcg vial with diluent

➡ **Restricted**

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

YELLOW JACKET WASP VENOM – **Restricted** see terms below

⚡ Inj 550 mcg vial with diluent

➡ **Restricted**

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

### Allergy Prophylactics

BECLOMETHASONE DIPROPIONATE

Nasal spray 50 mcg per dose .....4.85 200 dose Alanase

Nasal spray 100 mcg per dose .....5.75 200 dose Alanase

BUDESONIDE

Nasal spray 50 mcg per dose .....4.85 200 dose Butacort Aqueous

Nasal spray 100 mcg per dose .....5.75 200 dose Butacort Aqueous

FLUTICASONE PROPIONATE

Nasal spray 50 mcg per dose – **1% DV Apr-13 to 2015** .....2.30 120 dose **Flixonase Hayfever & Allergy**

IPRATROPIUM BROMIDE

Nasal spray 0.03%

SODIUM CROMOGLYCATE

Nasal spray 4%

### Antihistamines

CETIRIZINE HYDROCHLORIDE

Tab 10 mg – **1% DV Sep-11 to 2014** .....1.59 100 **Zetop**

Oral liq 1 mg per ml – **1% DV Nov-11 to 2014** .....3.52 200 ml **Cetirizine - AFT**

CHLORPHENIRAMINE MALEATE

Oral liq 0.4 mg per ml

Inj 10 mg per ml, 1 ml ampoule

CYPROHEPTADINE HYDROCHLORIDE

Tab 4 mg

⚡ Item restricted (see ➡ above); ⚡ Item restricted (see ➡ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FEXOFENADINE HYDROCHLORIDE</b>			
Tab 60 mg			
Tab 120 mg			
Tab 180 mg			
<b>LORATADINE</b>			
Tab 10 mg – 1% DV Dec-13 to 2016 .....	1.30	100	<b>Lorafix</b>
	2.09		Loraclear Hayfever Relief
Oral liq 1 mg per ml .....	3.10	100 ml	Lorapaed
<i>(Loraclear Hayfever Relief Tab 10 mg to be delisted 1 December 2013)</i>			
<b>PROMETHAZINE HYDROCHLORIDE</b>			
Tab 10 mg – 1% DV Sep-12 to 2015 .....	1.99	50	<b>Allersoothe</b>
Tab 25 mg – 1% DV Sep-12 to 2015 .....	2.99	50	<b>Allersoothe</b>
Oral liq 1 mg per ml – 1% DV Feb-13 to 2015 .....	2.79	100 ml	<b>Allersoothe</b>
Inj 25 mg per ml, 2 ml ampoule .....	11.00	5	Mayne
<b>TRIMEPRAZINE TARTRATE</b>			
Oral liq 6 mg per ml			

## Anticholinergic Agents

### IPRATROPIUM BROMIDE

Aerosol inhaler 20 mcg per dose

Nebuliser soln 250 mcg per ml, 1 ml ampoule – 1% DV Sep-13 to 2016 .....3.26 20 **Univent**

Nebuliser soln 250 mcg per ml, 2 ml ampoule – 1% DV Sep-13 to 2016 .....3.37 20 **Univent**

### TIOTROPIUM BROMIDE – **Restricted** see terms below

⚠ Powder for inhalation 18 mcg per dose .....70.00 30 dose Spiriva

#### ➔ **Restricted**

All of the following:

- To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and
- In addition to standard treatment, the patient has trialled a short acting bronchodilator of at least 40 mcg ipratropium q.i.d for one month; and
- The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is either:
  - Grade 4 (stops for breath after walking about 100 metres or after a few minutes on the level); or
  - Grade 5 (too breathless to leave the house, or breathless when dressing or undressing); and
- Actual FEV1 as a % of predicted, must be below 60%.
- Either:
  - Patient is not a smoker; or
  - Patient is a smoker and has been offered smoking cessation counselling; and
- The patient has been offered annual influenza immunisation.

## Anticholinergic Agents with Beta-Adrenoceptor Agonists

### SALBUTAMOL WITH IPRATROPIUM BROMIDE

Aerosol inhaler 100 mcg with ipratropium bromide 20 mcg per dose

Nebuliser soln 2.5 mg with ipratropium bromide 0.5 mg per 2.5 ml ampoule – 1% DV Nov-12 to 2015 .....3.75 20 **Duolin**

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Beta-Adrenoceptor Agonists</b>			
<b>SALBUTAMOL</b>			
Oral liq 0.4 mg per ml .....	1.99	150 ml	Salapin
Inj 500 mcg per ml, 1 ml ampoule			
Inj 1 mg per ml, 5 ml ampoule			
Aerosol inhaler, 100 mcg per dose .....	4.00	200 dose	Salamol
	6.00		Ventolin
Nebuliser soln 1 mg per ml, 2.5 ml ampoule – 1% DV Nov-12 to 2015 .....	3.25	20	<b>Asthalin</b>
Nebuliser soln 2 mg per ml, 2.5 ml ampoule – 1% DV Nov-12 to 2015 .....	3.44	20	<b>Asthalin</b>
<b>TERBUTALINE SULPHATE</b>			
Powder for inhalation 250 mcg per dose			
Inj 0.5 mg per ml, 1 ml ampoule			
<b>Cough Suppressants</b>			
<b>PHOLCODINE</b>			
Oral liq 1 mg per ml			
<b>Decongestants</b>			
<b>OXYMETAZOLINE HYDROCHLORIDE</b>			
Aqueous nasal spray 0.25 mg per ml			
Aqueous nasal spray 0.5 mg per ml			
<b>PSEUDOEPHEDRINE HYDROCHLORIDE</b>			
Tab 60 mg			
<b>SODIUM CHLORIDE</b>			
Aqueous nasal spray 7.4 mg per ml			
<b>SODIUM CHLORIDE WITH SODIUM BICARBONATE</b>			
Soln for nasal irrigation			
<b>XYLOMETAZOLINE HYDROCHLORIDE</b>			
Aqueous nasal spray 0.05%			
Aqueous nasal spray 0.1%			
Nasal drops 0.05%			
Nasal drops 0.1%			
<b>Inhaled Corticosteroids</b>			
<b>BECLOMETHASONE DIPROPIONATE</b>			
Aerosol inhaler 50 mcg per dose .....	8.54	200 dose	Beclazone 50
Aerosol inhaler 100 mcg per dose .....	12.50	200 dose	Beclazone 100
Aerosol inhaler 250 mcg per dose .....	22.67	200 dose	Beclazone 250

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BUDESONIDE</b>			
Nebuliser soln 250 mcg per ml, 2 ml ampoule			
Nebuliser soln 500 mcg per ml, 2 ml ampoule			
Powder for inhalation 100 mcg per dose			
Powder for inhalation 200 mcg per dose .....	15.20	200 dose	Budenocort
Powder for inhalation 400 mcg per dose .....	25.60	200 dose	Budenocort
<i>(Budenocort Powder for inhalation 200 mcg per dose to be delisted 1 December 2013)</i>			
<i>(Budenocort Powder for inhalation 400 mcg per dose to be delisted 1 December 2013)</i>			
<b>FLUTICASONE</b>			
Aerosol inhaler 50 mcg per dose .....	7.50	120 dose	Flixotide
Powder for inhalation 50 mcg per dose .....	8.67	60 dose	Flixotide Accuhaler
Powder for inhalation 100 mcg per dose .....	13.87	60 dose	Flixotide Accuhaler
Aerosol inhaler 125 mcg per dose .....	13.60	120 dose	Flixotide
Aerosol inhaler 250 mcg per dose .....	27.20	120 dose	Flixotide
Powder for inhalation 250 mcg per dose .....	24.51	60 dose	Flixotide Accuhaler

**Leukotriene Receptor Antagonists**

**MONTELUKAST – Restricted** see terms below

⚡ Tab 4 mg .....	18.48	28	Singulair
⚡ Tab 5 mg .....	18.48	28	Singulair
⚡ Tab 10 mg .....	18.48	28	Singulair

**↪ Restricted**  
**Pre-school wheeze**

- 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 continues to have at least three 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 with maximal asthma therapy, including inhaled corticosteroids and long-acting beta-adrenoceptor agonists; and
  - 2 Patient continues to experience frequent episodes of exercise-induced bronchoconstriction.

**Aspirin desensitisation**

- Clinical immunologist or allergist
- All of the following:
- 1 Patient is undergoing aspirin desensitisation therapy under the supervision of a clinical immunologist or allergist; and
  - 2 Patient has moderate to severe aspirin-exacerbated respiratory disease or Samter's triad; and
  - 3 Nasal polyposis, confirmed radiologically or surgically; and
  - 4 Documented aspirin or NSAID allergy confirmed by aspirin challenge or a clinical history of severe reaction to aspirin or NSAID where challenge would be considered dangerous.

**Long-Acting Beta-Adrenoceptor Agonists**

**EFORMOTEROL FUMARATE**

Powder for inhalation 6 mcg per dose			
Powder for inhalation 12 mcg per dose			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SALMETEROL</b>			
Aerosol inhaler 25 mcg per dose .....	26.46	120 dose	Serevent
Powder for inhalation 50 mcg per dose .....	26.46	60 dose	Serevent Accuhaler

## Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists

### ➔ Restricted

Either:

- 1 All of the following:
  - 1.1 Patient is a child under the age of 12; and
  - 1.2 Has been treated with inhaled corticosteroids of at least 400 mcg per day beclomethasone or budesonide, or 200 mcg per day fluticasone; and
  - 1.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product; or
- 2 All of the following:
  - 2.1 Patient is over the age of 12; and
  - 2.2 Has been treated with inhaled corticosteroids of at least 800 mcg per day beclomethasone or budesonide, or 500 mcg per day fluticasone; and
  - 2.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product.

**BUDESONIDE WITH EFORMOTEROL – Restricted** see terms above

- ⬆ Powder for inhalation 100 mcg with eformoterol fumarate 6 mcg
- ⬆ Powder for inhalation 200 mcg with eformoterol fumarate 6 mcg
- ⬆ Powder for inhalation 400 mcg with eformoterol fumarate 12 mcg
- ⬆ Aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg
- ⬆ Aerosol inhaler 200 mcg with eformoterol fumarate 6 mcg

**FLUTICASONE WITH SALMETEROL – Restricted** see terms above

- ⬆ Aerosol inhaler 50 mcg with salmeterol 25 mcg .....37.48 120 dose Seretide
- ⬆ Powder for inhalation 100 mcg with salmeterol 50 mcg .....37.48 60 dose Seretide Accuhaler
- ⬆ Aerosol inhaler 125 mcg with salmeterol 25 mcg .....49.69 120 dose Seretide
- ⬆ Powder for inhalation 250 mcg with salmeterol 50 mcg .....49.69 60 dose Seretide Accuhaler

## Mast Cell Stabilisers

**NEDOCROMIL**

Aerosol inhaler 2 mg per dose

**SODIUM CROMOGLYATE**

Powder for inhalation 20 mg per dose

Aerosol inhaler 5 mg per dose

## Methylxanthines

**AMINOPHYLLINE**

Inj 25 mg per ml, 10 ml ampoule – 1% **DV Nov-11 to 2014** .....53.75 5 **DBL Aminophylline**

**CAFFEINE CITRATE**

Oral liq 20 mg per ml (caffeine 10 mg per ml) .....14.85 25 ml Biomed

Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule .....55.75 5 Biomed

**THEOPHYLLINE**

Tab long-acting 250 mg

Oral liq 80 mg per 15 ml

⬆ Item restricted (see ➔ above); ⬇ Item restricted (see ➔ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.

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

**Mucolytics and Expectorants**

DORNASE ALFA – **Restricted** see terms below

☒ Nebuliser soln 2.5 mg per 2.5 ml ampoule .....	250.00	6	Pulmozyme
--	--------	---	-----------

☛ **Restricted**

- Any of the following:
- 1 Cystic fibrosis and the patient has been approved by the Cystic Fibrosis Panel; and/or
  - 2 Significant mucus production and meets the following criteria
  - 3 Treatment for up to four weeks for patients meeting the following:
    - 3.1 Patient is an in-patient; and
    - 3.2 The mucus production cannot be cleared by first line chest techniques; or
  - 4 Treatment for up to three days for patients diagnosed with empyema.

SODIUM CHLORIDE

Nebuliser soln 7%, 90 ml bottle .....	23.50	90 ml	Biomed
---------------------------------------	-------	-------	--------

**Pulmonary Surfactants**

BERACTANT

Soln 200 mg per 8 ml vial .....	550.00	1	Survanta
---------------------------------	--------	---	----------

PORACTANT ALFA

Soln 120 mg per 1.5 ml vial .....	425.00	1	Curosurf
Soln 240 mg per 3 ml vial .....	695.00	1	Curosurf

**Respiratory Stimulants**

DOXAPRAM

Inj 20 mg per ml, 5 ml vial			
-----------------------------	--	--	--

**Sclerosing Agents**

TALC

Powder			
Soln (slurry) 100 mg per ml, 50 ml			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Anti-Infective Preparations</b>			
<b>Antibacterials</b>			
CHLORAMPHENICOL			
Eye oint 1% – 1% DV Jan-13 to 2015.....	2.76	4 g	<b>Chlorsig</b>
Ear drops 0.5%			
Eye drops 0.5% – 1% DV Sep-12 to 2015 .....	1.20	10 ml	<b>Chlorafast</b>
Eye drops 0.5%, single dose			
CIPROFLOXACIN			
Eye drops 0.3%			
FRAMYCETIN SULPHATE			
Ear/eye drops 0.5%			
FUSIDIC ACID			
Eye drops 1% .....	4.50	5 g	<b>Fucithalmic</b>
GENTAMICIN SULPHATE			
Eye drops 0.3% .....	11.40	5 ml	<b>Genoptoc</b>
PROPAMIDINE ISETHIONATE			
Eye drops 0.1%			
SULPHACETAMIDE SODIUM			
Eye drops 10%			
TOBRAMYCIN			
Eye oint 0.3% – 1% DV Sep-11 to 2014 .....	10.45	3.5 g	<b>Tobrex</b>
Eye drops 0.3% – 1% DV Sep-11 to 2014 .....	11.48	5 ml	<b>Tobrex</b>
<b>Antifungals</b>			
NATAMYCIN			
Eye drops 5%			
<b>Antivirals</b>			
ACICLOVIR			
Eye oint 3%			
<b>Combination Preparations</b>			
DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN			
Ear/eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml			
DEXAMETHASONE WITH NEOMYCIN SULPHATE AND POLYMYXIN B SULPHATE			
Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g			
Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml			
DEXAMETHASONE WITH TOBRAMYCIN			
Eye drops 0.1% with tobramycin 0.3%			
FLUMETASONE PIVALATE WITH CLIOQUINOL			
Ear drops 0.02% with clioquinol 1%			

↑ Item restricted (see ➡ above); ↓ Item restricted (see ➡ below)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>HYDROCORTISONE WITH CIPROFLOXACIN</b>			
Ear drops 1% with ciprofloxacin 0.2%			
<b>TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN</b>			
Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g .....	5.16	7.5 ml	Kenacomb

**Anti-Inflammatory Preparations**

**Corticosteroids**

<b>DEXAMETHASONE</b>			
Eye oint 0.1% – <b>1% DV Sep-11 to 2014</b> .....	5.86	3.5 g	<b>Maxidex</b>
Eye drops 0.1% .....	4.50	5 ml	Maxidex
<b>FLUOROMETHOLONE</b>			
Eye drops 0.1% – <b>1% DV Dec-12 to 2015</b> .....	3.80	5 ml	<b>Flucon</b>
<b>PREDNISOLONE ACETATE</b>			
Eye drops 0.12%			
Eye drops 1%			
<b>PREDNISOLONE SODIUM PHOSPHATE</b>			
Eye drops 0.5%, single dose			

**Non-Steroidal Anti-Inflammatory Drugs**

<b>DICLOFENAC SODIUM</b>			
Eye drops 0.1% – <b>1% DV Sep-11 to 2014</b> .....	13.80	5 ml	<b>Voltaren Ophtha</b>
Eye drops 0.1%, single dose			
<b>KETOROLAC TROMETAMOL</b>			
Eye drops 0.5%			

**Decongestants and Antiallergics**

**Antiallergic Preparations**

<b>LEVOCABASTINE</b>			
Eye drops 0.05%			
<b>LODOXAMIDE</b>			
Eye drops 0.1%			
<b>OLOPATADINE</b>			
Eye drops 0.1%			
<b>SODIUM CROMOGLYCATE</b>			
Eye drops 2%			

**Decongestants**

<b>NAPHAZOLINE HYDROCHLORIDE</b>			
Eye drops 0.1% – <b>1% DV Sep-11 to 2014</b> .....	4.15	15 ml	<b>Naphcon Forte</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Diagnostic and Surgical Preparations</b>			
<b>Diagnostic Dyes</b>			
FLUORESCEIN SODIUM			
Eye drops 2%, single dose			
Inj 10%, 5 ml vial .....	125.00	12	Fluorescite
Ophthalmic strips 1 mg			
FLUORESCEIN SODIUM WITH LIGNOCAINE HYDROCHLORIDE			
Eye drops 0.25% with lignocaine hydrochloride 4%, single dose			
LISSAMINE GREEN			
Ophthalmic strips 1.5 mg			
ROSE BENGAL SODIUM			
Ophthalmic strips 1%			
<b>Irrigation Solutions</b>			
CALCIUM CHLORIDE WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE, SODIUM CHLORIDE AND SODIUM CITRATE			
Eye drops 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 15 ml			<i>e.g. Balanced Salt Solution</i>
Eye drops 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 250 ml			<i>e.g. Balanced Salt Solution</i>
Eye drops 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml			<i>e.g. Balanced Salt Solution</i>
<b>Ocular Anaesthetics</b>			
OXYBUPROCAINE HYDROCHLORIDE			
Eye drops 0.4%, single dose			
TETRACAINE [AMETHOCAINE] HYDROCHLORIDE			
Eye drops 0.5%, single dose			
Eye drops 1%, single dose			
<b>Viscoelastic Substances</b>			
HYPROMELLOSE			
Inj 2%, 1 ml syringe			
Inj 2%, 2 ml syringe			
SODIUM HYALURONATE			
Inj 14 mg per ml, 0.85 ml syringe – 1% DV Oct-12 to 2015 .....	50.00	1	Healon GV
Inj 14 mg per ml, 0.55 ml syringe – 1% DV Oct-12 to 2015 .....	50.00	1	Healon GV
Inj 23 mg per ml, 0.6 ml syringe			
Inj 10 mg per ml, 0.85 ml syringe – 1% DV Oct-12 to 2015 .....	30.00	1	Provisc

↑ Item restricted (see ➡ above); ↓ Item restricted (see ➡ below)



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SODIUM HYALURONATE WITH CHONDROITIN SULPHATE</b>			
Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.35 ml syringe and inj 10 mg sodium hyaluronate per ml, 0.4 ml syringe .....	64.00	1	Duovisc
Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.5 ml syringe and inj 10 mg sodium hyaluronate per ml, 0.55 ml syringe – 1% DV Sep-11 to 2014 .....	74.00	1	<b>Duovisc</b>
Inj 30 mg with chondroitin sulphate 40 mg per ml, 0.75 ml syringe			

**Glaucoma Preparations**

**Beta Blockers**

BETAXOLOL

- Eye drops 0.25%
- Eye drops 0.5%

LEVOBUNOLOL HYDROCHLORIDE

- Eye drops 0.25% ..... 7.00 5 ml Betagan
- Eye drops 0.5% ..... 7.00 5 ml Betagan

TIMOLOL

- Eye drops 0.25%
- Eye drops 0.25%, gel forming ..... 3.30 2.5 ml Timoptol XE
- Eye drops 0.5%
- Eye drops 0.5%, gel forming ..... 3.78 2.5 ml Timoptol XE

**Carbonic Anhydrase Inhibitors**

ACETAZOLAMIDE

- Tab 250 mg – 1% DV Nov-11 to 2014 ..... 17.03 100 **Diamox**
- Inj 500 mg

BRINZOLAMIDE

- Eye drops 1%

DORZOLAMIDE

- Eye drops 2%

DORZOLAMIDE WITH TIMOLOL

- Eye drops 2% with timolol 0.5% ..... 15.50 5 ml Cosopt

**Miotics**

ACETYLCHOLINE CHLORIDE

- Inj 20 mg vial with diluent

PILOCARPINE HYDROCHLORIDE

- Eye drops 1%
- Eye drops 2%
- Eye drops 2%, single dose
- Eye drops 4%

**Prostaglandin Analogues**

BIMATOPROST

- Eye drops 0.03%

## SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LATANOPROST			
Eye drops 0.005% – 1% DV Sep-12 to 2015 .....	1.99	2.5 ml	<b>Hysite</b>
TRAVOPROST			
Eye drops 0.004%			

### Sympathomimetics

APRACLONIDINE			
Eye drops 0.5%			
BRIMONIDINE TARTRATE			
Eye drops 0.2% – 1% DV Jul-12 to 2014 .....	6.45	5 ml	<b>Arrow-Brimonidine</b>
BRIMONIDINE TARTRATE WITH TIMOLOL			
Eye drops 0.2% with timolol 0.5%			

### Mydriatics and Cycloplegics

#### Anticholinergic Agents

ATROPINE SULPHATE			
Eye drops 0.5%			
Eye drops 1%, single dose			
Eye drops 1% .....	17.36	15 ml	Atropt
CYCLOPENTOLATE HYDROCHLORIDE			
Eye drops 0.5%, single dose			
Eye drops 1%			
Eye drops 1%, single dose			
TROPICAMIDE			
Eye drops 0.5% – 1% DV Sep-11 to 2014 .....	7.15	15 ml	<b>Mydriacyl</b>
Eye drops 0.5%, single dose			
Eye drops 1% – 1% DV Sep-11 to 2014 .....	8.66	15 ml	<b>Mydriacyl</b>
Eye drops 1%, single dose			

#### Sympathomimetics

PHENYLEPHRINE HYDROCHLORIDE			
Eye drops 2.5%, single dose			
Eye drops 10%, single dose			

#### Ocular Lubricants

CARBOMER			
Ophthalmic gel 0.3%, single dose .....	8.25	30	Poly Gel
Ophthalmic gel 0.2%			
CARMELLOSE SODIUM			
Eye drops 0.5%			
Eye drops 0.5%, single dose			
Eye drops 1%			
Eye drops 1%, single dose			
HYPROMELLOSE			
Eye drops 0.5% .....	3.92	15 ml	Methopt

↑ Item restricted (see ➡ above); ↓ Item restricted (see ➡ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>HYPROMELLOSE WITH DEXTRAN</b>			
Eye drops 0.3% with dextran 0.1% .....	2.30	15 ml	Poly-Tears
Eye drops 0.3% with dextran 0.1%, single dose			
<b>MACROGOL 400 AND PROPYLENE GLYCOL</b>			
Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose .....	4.30	24	Systane Unit Dose
<b>PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN</b>			
Eye oint 42.5% with soft white paraffin 57.3%			
<b>PARAFFIN LIQUID WITH WOOL FAT</b>			
Eye oint 3% with wool fat 3%			
<b>POLYVINYL ALCOHOL</b>			
Eye drops 1.4% .....	2.95	15 ml	Vistil
	3.62		Liquifilm Tears
Eye drops 3% .....	3.80	15 ml	Vistil Forte
	3.88		Liquifilm Forte
<b>POLYVINYL ALCOHOL WITH POVIDONE</b>			
Eye drops 1.4% with povidone 0.6%, single dose			
<b>RETINOL PALMITATE</b>			
Oint 138 mcg per g .....	3.80	5 g	VitA-POS
<b>SODIUM HYALURONATE</b>			
Eye drops 1 mg per ml .....	22.00	10 ml	Hylo-Fresh

**Other Otological Preparations**

- ACETIC ACID WITH PROPYLENE GLYCOL**  
Ear drops 2.3% with propylene glycol 2.8%
- DOCUSATE SODIUM**  
Ear drops 0.5%

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

## Agents Used in the Treatment of Poisonings

### Antidotes

<b>ACETYLCYSTEINE</b>		
Tab eff 200 mg		
Inj 200 mg per ml, 10 ml ampoule – 1% DV Jul-12 to 2015 .....	178.00	10
Inj 200 mg per ml, 30 ml vial .....	219.00	4
<b>DIGOXIN IMMUNE FAB</b>		
Inj 38 mg vial		
Inj 40 mg vial		
<b>ETHANOL</b>		
Liq 96%		
<b>ETHANOL WITH GLUCOSE</b>		
Inj 10% with glucose 5%, 500 ml bottle		
<b>ETHANOL, DEHYDRATED</b>		
Inj 100%, 5 ml ampoule		
<b>FLUMAZENIL</b>		
Inj 0.1 mg per ml, 5 ml ampoule .....	170.10	5
<b>HYDROXOCOBALAMIN</b>		
Inj 5 g vial		
Inj 2.5 g vial		
<b>NALOXONE HYDROCHLORIDE</b>		
Inj 400 mcg per ml, 1 ml ampoule .....	33.00	5
<b>PRALDOXIME IODIDE</b>		
Inj 25 mg per ml, 20 ml ampoule		
<b>SODIUM NITRITE</b>		
Inj 30 mg per ml, 10 ml ampoule		
<b>SODIUM THIOSULFATE</b>		
Inj 500 mg per ml, 20 ml ampoule		
Inj 250 mg per ml, 10 ml vial		
Inj 500 mg per ml, 10 ml vial		
<b>SOYA OIL</b>		
Inj 20%, 500 ml bag		
Inj 20%, 500 ml bottle		

### Antitoxins

<b>BOTULISM ANTITOXIN</b>		
Inj 250 ml vial		
<b>DIPHThERIA ANTITOXIN</b>		
Inj 10,000 iu vial		

### Antivenoms

<b>RED BACK SPIDER ANTIVENOM</b>		
Inj 500 u vial		

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

SNAKE ANTIVENOM  
Inj 50 ml vial

**Removal and Elimination**

CHARCOAL  
Oral liq 200 mg per ml ..... 43.50      250 ml      Carbasorb-X

DEFERIPRONE  
Tab 500 mg ..... 533.17      100      Ferriprox  
Oral liq 100 mg per ml ..... 266.59      250 ml      Ferriprox

DEFERRIOXAMINE MESILATE  
Inj 500 mg vial ..... 99.00      10      Mayne

DICOBALT EDETATE  
Inj 15 mg per ml, 20 ml ampoule

DIMERCAPROL  
Inj 50 mg per ml, 2 ml ampoule

DIMERCAPTOSUCCINIC ACID  
Cap 100 mg

DISODIUM EDETATE  
Inj 150 mg per ml, 20 ml ampoule  
Inj 150 mg per ml, 20 ml vial  
Inj 150 mg per ml, 100 ml vial

SODIUM CALCIUM EDETATE  
Inj 200 mg per ml, 2.5 ml ampoule  
Inj 200 mg per ml, 5 ml ampoule

**Antiseptics and Disinfectants**

CHLORHEXIDINE  
Soln 4% ..... 1.86      50 ml      healthE  
Soln 5% ..... 15.50      500 ml      healthE

CHLORHEXIDINE WITH CETRIMIDE  
Crm 1% with cetrimide 0.5%  
Foaming soln 0.5% with cetrimide 0.5%

CHLORHEXIDINE WITH ETHANOL  
Soln 0.5% with ethanol 70%, non-staining (pink) 100 ml ..... 2.65      1      healthE  
Soln 2% with ethanol 70%, non-staining (pink) 100 ml ..... 3.54      1      healthE  
Soln 0.5% with ethanol 70%, non-staining (pink) 25 ml ..... 1.55      1      healthE  
Soln 0.5% with ethanol 70%, staining (red) 100 ml ..... 2.90      1      healthE  
Soln 2% with ethanol 70%, staining (red) 100 ml ..... 3.86      1      healthE  
Soln 0.5% with ethanol 70%, non-staining (pink) 500 ml ..... 5.45      1      healthE  
Soln 0.5% with ethanol 70%, staining (red) 500 ml ..... 5.90      1      healthE  
Soln 2% with ethanol 70%, staining (red) 500 ml ..... 9.56      1      healthE

IODINE WITH ETHANOL  
Soln 1% with ethanol 70%, 100 ml ..... 9.30      1      healthE

ISOPROPYL ALCOHOL  
Soln 70%, 500 ml ..... 5.00      1      PSM  
5.65      healthE

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>POVIDONE-IODINE</b>			
☒ Vaginal tab 200 mg			
<b>☛Restricted</b>			
Rectal administration pre-prostate biopsy.			
Oint 10% .....	3.27	25 g	Betadine
Soln 10% .....	2.95	100 ml	Riodine
	6.20	500 ml	Riodine
			Betadine
Soln 5%			
Soln 7.5%			
Pad 10%			
Swab set 10%			
<b>POVIDONE-IODINE WITH ETHANOL</b>			
Soln 10% with ethanol 30% .....	10.00	500 ml	Betadine Skin Prep
Soln 10% with ethanol 70%			
<b>SODIUM HYPOCHLORITE</b>			
Soln			

**Contrast Media**

**Iodinated X-ray Contrast Media**

<b>DIATRIZOATE MEGLUMINE WITH DIATRIZOATE SODIUM</b>			
Oral liq 660 mg per ml with diatrizoate sodium 100 mg per ml, 100 ml .....	21.00	100 ml	Gastrografin
Inj 370 mg with sodium amidotrizoate 100 mg per, 50 ml bottle			
Inj 146 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle .....	210.00	10	Gastrografin
<b>DIATRIZOATE SODIUM</b>			
Oral liq 370 mg per ml, 10 ml			
<b>IODISED OIL</b>			
Inj 480 mg per ml, 10 ml ampoule			
<b>IODIXANOL</b>			
Inj 270 mg per ml, 20 ml vial			
Inj 270 mg per ml, 50 ml bottle .....	223.50	10	Visipaque
Inj 270 mg per ml, 100 ml bottle .....	447.00	10	Visipaque
Inj 320 mg per ml, 20 ml vial			
Inj 320 mg per ml, 50 ml bottle .....	223.50	10	Visipaque
Inj 320 mg per ml, 100 ml bottle .....	447.00	10	Visipaque
Inj 320 mg per ml, 150 ml bottle .....	670.50	10	Visipaque
Inj 320 mg per ml, 200 ml bottle .....	565.56	6	Visipaque
	894.00	10	Visipaque

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>IOHEXOL</b>			
Inj 240 mg per ml, 50 ml bottle .....	77.80	10	Omnipaque
Inj 300 mg per ml, 20 ml bottle .....	24.00	6	Omnipaque
Inj 300 mg per ml, 50 ml bottle .....	77.80	10	Omnipaque
Inj 300 mg per ml, 100 ml bottle .....	155.60	10	Omnipaque
Inj 300 mg per ml, 500 ml bottle .....	468.00	6	Omnipaque
Inj 350 mg per ml, 20 ml bottle .....	24.00	6	Omnipaque
Inj 350 mg per ml, 50 ml bottle .....	77.80	10	Omnipaque
Inj 350 mg per ml, 75 ml bottle .....	116.70	10	Omnipaque
Inj 350 mg per ml, 100 ml bottle .....	155.60	10	Omnipaque
Inj 350 mg per ml, 200 ml bottle .....	186.70	6	Omnipaque
<b>IOMEPROL</b>			
Inj 150 mg per ml, 50 ml bottle			
Inj 300 mg per ml, 20 ml vial			
Inj 300 mg per ml, 50 ml bottle			
Inj 300 mg per ml, 100 ml bottle			
Inj 350 mg per ml, 20 ml vial			
Inj 350 mg per ml, 50 ml bottle			
Inj 350 mg per ml, 75 ml bottle			
Inj 350 mg per ml, 100 ml bottle			
Inj 400 mg per ml, 50 ml bottle			
<b>IOPROMIDE</b>			
Inj 240 per ml, 50 ml bottle			
Inj 300 per ml, 20 ml vial			
Inj 300 per ml, 50 ml bottle			
Inj 370 per ml, 30 ml vial			
Inj 370 per ml, 50 ml bottle			
Inj 370 per ml, 100 ml bottle			
Inj 370 per ml, 200 ml bottle			
Inj 300 per ml, 100 ml bottle			
<b>IOTROLAN</b>			
Inj 240 mg per ml, 10 ml vial			

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

**Non-iodinated X-ray Contrast Media**

**BARIUM SULPHATE**

Powder for enema 397 g			
Powder for oral liq 10,000 g			
Powder for oral liq 100 g			
Powder for oral liq 148 g			
Powder for oral liq 22.1 g			
Powder for oral liq 300 g			
Powder for oral liq 340 g			
Eosophogeal cream 30 mg per g			
Eosophogeal cream 600 mg per g			
Liq 1,000 mg per ml			
Oral liq 1 mg per ml			
Oral liq 1,250 mg per ml			
Oral liq 13 mg per ml			
Oral liq 130 mg per ml			
Oral liq 21 mg per ml			
Oral liq 400 mg per ml			
Eosophogeal paste 400 mg per ml			
Oral liq 22 mg per g, 250 ml .....	175.00	24	CT Plus+
Oral liq 22 mg per g, 450 ml .....	220.00	24	CT Plus+
Enema 1,250 mg per ml			

**CITRIC ACID WITH SODIUM BICARBONATE**

Powder 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet			<i>e.g. E-Z-GAS II</i>
--	--	--	------------------------

**Paramagnetic Contrast Media**

**GADOBENIC ACID**

Inj 334 mg per ml, 10 ml vial .....	324.74	10	Multihance
Inj 334 mg per ml, 20 ml vial .....	636.28	10	Multihance

**GADOBUTROL**

Inj 1 mmol per ml, 15 ml vial			
Inj 1 mmol per ml, 7.5 ml syringe .....	253.10	5	Gadovist

**GADODIAMIDE**

Inj 287 mg per ml, 10 ml syringe .....	220.00	10	Omniscan
Inj 287 mg per ml, 10 ml vial .....	180.00	10	Omniscan
Inj 287 mg per ml, 5 ml vial			
Inj 287 mg per ml, 15 ml syringe .....	330.00	10	Omniscan
Inj 287 mg per ml, 15 ml vial .....	270.00	10	Omniscan
Inj 287 mg per ml, 20 ml syringe .....	440.00	10	Omniscan
Inj 287 mg per ml, 20 ml vial			

**GADOTERIC ACID**

Inj 0.5 mmol per ml, 10 ml syringe			
Inj 0.5 mmol per ml, 20 ml syringe			
Inj 0.5 mmol per ml, 10 ml bottle			
Inj 0.5 mmol per ml, 20 ml bottle			
Inj 0.5 mmol per ml, 5 ml bottle			



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>GADOXETATE DISODIUM</b>			
Inj 181 mg per ml, 10 ml syringe			
<b>MEGLUMINE GADOPENTATE</b>			
Inj 469 mg per ml, 10 ml syringe .....	92.00	5	Magnevist
Inj 469 mg per ml, 10 ml vial .....	184.00	10	Magnevist
Inj 469 mg per ml, 15 ml vial			
Inj 469 mg per ml, 20 ml vial			

**Ultrasound Contrast Media**

PLERFUTREN  
Inj 1.1 mg per ml, 2 ml

**Diagnostic Agents**

ARGININE  
Inj 50 mg per ml, 500 ml bottle  
Inj 100 mg per ml, 300 ml bottle

HISTAMINE ACID PHOSPHATE  
Nebuliser soln 0.6%, 10 ml vial  
Nebuliser soln 2.5%, 10 ml vial  
Nebuliser soln 5%, 10 ml vial

METHACHOLINE CHLORIDE  
Powder 100 mg

SECRETIN PENTAHYDROCHLORIDE  
Inj 100 u ampoule

SINCALIDE  
Inj 5 mcg per vial

TUBERCULIN, PURIFIED PROTEIN DERIVATIVE  
Inj 5 TU per 0.1 ml, 1 ml vial

**Diagnostic Dyes**

BONNEY'S BLUE DYE  
Soln

INDIGO CARMINE  
Inj 4 mg per ml, 5 ml ampoule  
Inj 8 mg per ml, 5 ml ampoule

INDOCYANINE GREEN  
Inj 25 mg vial

METHYLTHIONIUM CHLORIDE [METHYLENE BLUE]  
Inj 10 mg per ml, 10 ml ampoule  
Inj 10 mg per ml, 5 ml ampoule

PATENT BLUE V  
Inj 2.5%, 2 ml ampoule

## VARIOUS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Irrigation Solutions</b>			
<b>CHLORHEXIDINE</b>			
Irrigation soln 0.02%, bottle .....	2.92	100 ml	Baxter
Irrigation soln 0.05%, bottle .....	3.02	100 ml	Baxter
	3.63	500 ml	Baxter
Irrigation soln 0.1%, bottle .....	3.10	100 ml	Baxter
Irrigation soln 0.5%, bottle .....	4.69	500 ml	Baxter
Irrigation soln 0.02%, 500 ml bottle			
Irrigation soln 0.1%, 30 ml ampoule			
<b>CHLORHEXIDINE WITH CETRIMIDE</b>			
Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule			
Irrigation soln 0.015% with cetrimide 0.15%, bottle .....	3.21	100 ml	Baxter
	3.47	500 ml	Baxter
	4.17	1,000 ml	Baxter
Irrigation soln 0.05% with cetrimide 0.5%, bottle .....	4.20	100 ml	Baxter
	3.87	500 ml	Baxter
Irrigation soln 0.1% with cetrimide 1%, bottle .....	4.38	100 ml	Baxter
	5.81	500 ml	Baxter
<b>GLYCINE</b>			
Irrigation soln 1.5%, bottle .....	11.38	2,000 ml	Baxter
	14.44	3,000 ml	Baxter
<b>SODIUM CHLORIDE</b>			
Irrigation soln 0.9%, 30 ml ampoule – <b>1% DV Nov-11 to 2014</b> .....	19.50	30 ml	<b>Pfizer</b>
Irrigation soln 0.9%, bottle .....	2.49	100 ml	Baxter
	2.88	500 ml	Baxter
	2.96	1,000 ml	Baxter
	10.00	2,000 ml	Baxter
	12.67	3,000 ml	Baxter
<b>WATER</b>			
Irrigation soln, bottle .....	2.68	100 ml	Baxter
	2.61	500 ml	Baxter
	2.75	1,000 ml	Baxter
	9.71	2,000 ml	Baxter
	15.80	3,000 ml	Baxter

## Surgical Preparations

### BISMUTH SUBNITRATE AND IODOFORM PARAFFIN

Paste

### DIMETHYL SULFOXIDE

Soln 50%

### PHENOL

Inj 6%, 10 ml ampoule

### PHENOL WITH IOXAGLIC ACID

Inj 12%, 10 ml ampoule

### TROMETAMOL

Inj 36 mg per ml, 500 ml bottle

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

## Cardioplegia Solutions

### ELECTROLYTES

Inj aspartic acid 10.43 mg per ml, citric acid 0.22476 mg per ml, glutamic acid 11.53 mg per ml, sodium phosphate 0.1725 mg per ml, potassium chloride 2.15211 mg per ml, sodium citrate 1.80768 mg per ml, sodium hydroxide 6.31 mg per ml and trometamol 11.2369 mg per ml, 364 ml bag

*e.g. Cardioplegia  
Enriched Paed.  
Soln.*

Inj aspartic acid 8.481 mg per ml, citric acid 0.8188 mg per ml, glutamic acid 9.375 mg per ml, sodium phosphate 0.6285 mg per ml, potassium chloride 2.5 mg per ml, sodium citrate 6.585 mg per ml, sodium hydroxide 5.133 mg per ml and trometamol 9.097 mg per ml, 527 ml bag

*e.g. Cardioplegia  
Enriched Solution*

Inj citric acid 0.07973 mg per ml, sodium phosphate 0.06119 mg per ml, potassium chloride 2.181 mg per ml, sodium chloride 1.788 mg ml, sodium citrate 0.6412 mg per ml and trometamol 5.9 mg per ml, 523 ml bag

*e.g. Cardioplegia Base  
Solution*

Inj 110 mmol/l sodium, 16 mmol/l potassium, 1.2 mmol/l calcium, 16 mmol/l magnesium and 160 mmol/l chloride, 1,000 ml bag

*e.g. Cardioplegia  
Solution AHB7832*

Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag

*e.g. Cardioplegia  
Electrolyte Solution*

### MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE

Inj 42.68 mg with sodium aspartate 39.48 mg per ml, 250 ml bottle

### MONOSODIUM L-ASPARTATE

Inj 14 mmol per 10 ml, 10 ml

## Cold Storage Solutions

### SODIUM WITH POTASSIUM

Inj 29 mmol/l with potassium 125 mmol/l, 1,000 ml bag

# EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS AND GALENICALS

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

## Extemporaneously Compounded Preparations

ACETIC ACID

Liq

ALUM

Powder BP

ARACHIS OIL [PEANUT OIL]

Liq

ASCORBIC ACID

Powder

BENZOIN

Tincture compound BP

BISMUTH SUBGALLATE

Powder

BORIC ACID

Powder

CARBOXYMETHYLCELLULOSE

Soln 1.5%

CETRIMIDE

Soln 40%

CHLORHEXIDINE GLUCONATE

Soln 20 %

CHLOROFORM

Liq BP

CITRIC ACID

Powder BP

CLOVE OIL

Liq

COAL TAR

Soln BP

CODEINE PHOSPHATE

Powder

COLLODION FLEXIBLE

Liq

COMPOUND HYDROXYBENZOATE

Soln

CYSTEAMINE HYDROCHLORIDE

Powder

DISODIUM HYDROGEN PHOSPHATE WITH SODIUM DIHYDROGEN PHOSPHATE

Inj 37.46 mg with sodium dihydrogen phosphate 47.7 mg in 1.5 ml  
ampoule

DITHRANOL

Powder

↑ Item restricted (see ➡ above); ↓ Item restricted (see ➡ below)

# EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS AND GALENICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
GLUCOSE Powder			
GLYCERIN WITH SODIUM SACCHARIN Suspension .....	35.50	473 ml	Ora-Sweet SF
GLYCERIN WITH SUCROSE Suspension .....	35.50	473 ml	Ora-Sweet
GLYCEROL Liq .....	19.80	2,000 ml	ABM
HYDROCORTISONE Powder – 1% DV Nov-11 to 2014 .....	44.00	25 g	<b>ABM</b>
LACTOSE Powder			
MAGNESIUM HYDROXIDE Paste			
MENTHOL Crystals			
METHADONE HYDROCHLORIDE Powder			
METHYL HYDROXYBENZOATE Powder			
METHYLCELLULOSE Powder			
Suspension .....	35.50	473 ml	Ora-Plus
METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN Suspension .....	35.50	473 ml	Ora-Blend SF
METHYLCELLULOSE WITH GLYCERIN AND SUCROSE Suspension .....	35.50	473 ml	Ora-Blend
OLIVE OIL Liq			
PARAFFIN Liq			
PHENOBARBITONE SODIUM Powder			
PHENOL Liq			
PILOCARPINE NITRATE Powder			
POLYHEXAMETHYLENE BIGUANIDE Liq			
POVIDONE K30 Powder			
PROPYLENE GLYCOL Liq .....	12.00	500 ml	ABM

# EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS AND GALENICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SALICYLIC ACID Powder			
SILVER NITRATE Crystals			
SODIUM BICARBONATE Powder BP			
SODIUM CITRATE Powder			
SODIUM METABISULFITE Powder			
STARCH Powder			
SULPHUR Precipitated Sublimed			
SYRUP Liq (pharmaceutical grade) .....	21.75	2,000 ml	Midwest
TRI-SODIUM CITRATE Crystals			
TRICHLORACETIC ACID Grans			
UREA Powder BP			
WOOL FAT Oint, anhydrous			
XANTHAN Gum 1%			
ZINC OXIDE Powder			

↑ Item restricted (see ➡ above); ↓ Item restricted (see ➡ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.

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

## Food Modules

### Carbohydrate

#### ➔ Restricted

##### Use as an additive

Any of the following:

- 1 Cystic fibrosis; or
- 2 Chronic kidney disease; or
- 3 Cancer in children; or
- 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

CARBOHYDRATE SUPPLEMENT – **Restricted** see terms above

⬆ Powder 95 g carbohydrate per 100 g, 368 g can

*e.g. Modulac*

⬆ Powder 96 g carbohydrate per 100 g, 400 g can

*e.g. Polycal*

### Fat

#### ➔ 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

LONG-CHAIN TRIGLYCERIDE SUPPLEMENT – **Restricted** see terms above

⬆ Liquid 50 g fat per 100 ml, 200 ml bottle

*e.g. Calogen*

⬆ Liquid 50 g fat per 100 ml, 500 ml bottle

*e.g. Calogen*

MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT – **Restricted** see terms above

⬆ Liquid 50 g fat per 100 ml, 250 ml bottle

*e.g. Liguigen*

⬆ Liquid 95 g fat per 100 ml, 500 ml bottle

*e.g. MCT Oil*

WALNUT OIL – **Restricted** see terms above

⬆ Liq

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

**Protein**

➔ **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

PROTEIN SUPPLEMENT – **Restricted** see terms above

⬆ Powder 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g, 275 g can			e.g. Promod
⬆ Powder 6 g protein per 7 g, can .....	8.95	227 g	Resource Beneprotein
⬆ Powder 89 g protein, <1.5 g carbohydrate and 2 g fat per 100 g, 225 g can			e.g. Protifar

**Other Supplements**

**BREAST MILK FORTIFIER**

Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet			e.g. FM 85
Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet			e.g. S26 Human Milk Fortifier
Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet			e.g. Nutricia Breast Milk Fortifier

**CARBOHYDRATE AND FAT SUPPLEMENT – Restricted** see terms below

⬇ Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can			e.g. Super Soluble Duocal
--	--	--	---------------------------

➔ **Restricted**

Both:

- 1 Infant or child aged four years or under; and
- 2 Any of the following:
  - 2.1 Cystic fibrosis; or
  - 2.2 Cancer in children; or
  - 2.3 Faltering growth; or
  - 2.4 Bronchopulmonary dysplasia; or
  - 2.5 Premature and post premature infants.

**Food/Fluid Thickeners**

**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:

- 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.

**CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN**

Powder			e.g. Feed Thickener Karicare Aptamil
--------	--	--	--------------------------------------



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
GUAR GUM Powder			<i>e.g. Guarcol</i>
MAIZE STARCH Powder			<i>e.g. Resource Thicken Up; Nutilis</i>
MALTODEXTRIN WITH XANTHAN GUM Powder			<i>e.g. Instant Thick</i>
MALTODEXTRIN WITH XANTHAN GUM AND ASCORBIC ACID Powder			<i>e.g. Easy Thick</i>

## Metabolic Products

### ➔ Restricted

Any of the following:

- 1 For the dietary management of homocystinuria, maple syrup urine disease, phenylketonuria (PKU), glutaric aciduria, isovaleric acidemia, propionic acidemia, methylmalonic acidemia, tyrosinaemia or urea cycle disorders; or
- 2 Patient has adrenoleukodystrophy; or
- 3 For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

### Glutaric Aciduria Type 1 Products

AMINO ACID FORMULA (WITHOUT LYSINE AND LOW TRYPTOPHAN) – **Restricted** see terms above

- ⬆ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can *e.g. GA1 Anamix Infant*
- ⬆ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can *e.g. XLYS Low TRY  
Maxamaid*

### Homocystinuria Products

AMINO ACID FORMULA (WITHOUT METHIONINE) – **Restricted** see terms above

- ⬆ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can *e.g. HCU Anamix Infant*
- ⬆ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can *e.g. XMET Maxamaid*
- ⬆ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can *e.g. XMET Maxamum*
- ⬆ Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle *e.g. HCU Anamix Junior  
LQ*

### Isovaleric Acidemia Products

AMINO ACID FORMULA (WITHOUT LEUCINE) – **Restricted** see terms above

- ⬆ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can *e.g. IVA Anamix Infant*
- ⬆ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can *e.g. XLEU Maxamaid*
- ⬆ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can *e.g. XLEU Maxamum*

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

**Maple Syrup Urine Disease Products**

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE) – **Restricted** see terms on the preceding page

- † Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can e.g. MSUD Anamix Infant
- † Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can e.g. MSUD Maxamaid
- † Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can e.g. MSUD Maxamum
- † Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle e.g. MSUD Anamix Junior LQ

**Phenylketonuria Products**

AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – **Restricted** see terms on the preceding page

- † Tab 8.33 mg e.g. Phlexy-10
- † Powder 29 g protein, 38 g carbohydrate and 13.5 g fibre per 100 g, 29 g sachet e.g. PKU Anamix Junior
- † Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can e.g. PKU Anamix Infant
- † Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can e.g. XP Maxamaid
- † Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can e.g. XP Maxamum
- † Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet e.g. Phlexy-10
- † Liquid 10 g protein, 4.4 g carbohydrate and 0.25 g fibre per 100 ml, 62.5 ml bottle e.g. PKU Lophlex LQ 10
- † Liquid 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle e.g. PKU Lophlex LQ 20
- † Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, bottle ..... 13.10 125 ml PKU Anamix Junior LQ (Berry)  
PKU Anamix Junior LQ (Orange)  
PKU Anamix Junior LQ (Unflavoured)
- † Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 125 ml bottle e.g. PKU Lophlex LQ 20
- † Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 62.5 ml bottle e.g. PKU Lophlex LQ 10
- † Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 125 ml bottle e.g. PKU Lophlex LQ 20
- † Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 62.5 ml bottle e.g. PKU Lophlex LQ 10
- † Liquid 6.7 g protein, 5.1 g carbohydrate and 2 g fat per 100 ml, 250 ml carton e.g. Easiphen

† Item restricted (see ➡ above); ‡ Item restricted (see ➡ below)

e.g. Brand indicates brand example only. It is not a contracted product.

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

## Propionic Acidaemia and Methylmalonic Acidaemia Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – **Restricted** see terms on page 177

⬆ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can	e.g. MMA/PA Anamix Infant
⬆ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can	e.g. XMTVI Maxamaid
⬆ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can	e.g. XMTVI Maxamum

## Protein Free Supplements

PROTEIN FREE SUPPLEMENT – **Restricted** see terms on page 177

⬆ Powder nil added protein and 67 g carbohydrate per 100 g, 400 g can	e.g. Energivit
---	----------------

## Tyrosinaemia Products

AMINO ACID FORMULA (WITHOUT PHENYLALANINE AND TYROSINE) – **Restricted** see terms on page 177

⬆ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can	e.g. TYR Anamix Infant
⬆ Powder 25 g protein and 51 g carbohydrate per 100 g, 400 g can	e.g. XPHEN, TYR Maxamaid
⬆ Powder 29 g protein, 38 g carbohydrate and 13.5 g fat per 100 g, 29 g sachet	e.g. TYR Anamix Junior
⬆ Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle	e.g. TYR Anamix Junior LQ

## Urea Cycle Disorders Products

AMINO ACID SUPPLEMENT – **Restricted** see terms on page 177

⬆ Powder 25 g protein and 65 g carbohydrate per 100 g, 200 g can	e.g. Dialamine
⬆ Powder 79 g protein per 100 g, 200 g can	e.g. Essential Amino Acid Mix

## X-Linked Adrenoleukodystrophy Products

GLYCEROL TRIERUCATE – **Restricted** see terms on page 177

⬆ Liquid, 1,000 ml bottle
---------------------------

GLYCEROL TRIOLEATE – **Restricted** see terms on page 177

⬆ Liquid, 500 ml bottle
-------------------------

## Specialised Formulas

### Diabetic Products

#### ➡ **Restricted**

Any of the following:

- 1 For patients with type I or type II diabetes suffering weight loss and malnutrition that requires nutritional support; or
- 2 For patients with pancreatic insufficiency; or
- 3 For patients who have, or are expected to, eat little or nothing for 5 days;
- 4 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or

continued...

## SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
5 For use pre- and post-surgery; or			
6 For patients being tube-fed; or			
7 For tube-feeding as a transition from intravenous nutrition.			
<b>LOW-GI ENTERAL FEED 1 KCAL/ML – Restricted</b> see terms on the preceding page			
† Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 1,000 ml bottle .....	7.50	1,000 ml	Glucerna Select RTH (Vanilla)
† Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bag			<i>e.g. Nutrison Advanced Diason</i>
<b>LOW-GI ORAL FEED 1 KCAL/ML – Restricted</b> see terms on the preceding page			
† Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 250 ml bottle .....	1.88	250 ml	Glucerna Select (Vanilla)
† Liquid 4.9 g protein, 11.7 g carbohydrate, 3.8 g fat and 2 g fibre per 100 ml, 200 ml bottle			<i>e.g. Diasip</i>
† Liquid 6 g protein, 9.5 g carbohydrate, 4.7 g fat and 2.6 g fibre per 100 ml, can .....	2.10	237	Resource Diabetic (Vanilla)

### Elemental and Semi-Elemental Products

#### ➔ Restricted

Any of the following:

- 1 Malabsorption; or
- 2 Short bowel syndrome; or
- 3 Enterocutaneous fistulas; or
- 4 Eosinophilic enteritis (including oesophagitis); or
- 5 Inflammatory bowel disease; or
- 6 Acute pancreatitis where standard feeds are not tolerated; or
- 7 Patients with multiple food allergies requiring enteral feeding.

**AMINO ACID ORAL FEED – Restricted** see terms above

† Powder 11.5 g protein, 61.7 g carbohydrate and 0.8 g fat per sachet ..... 4.50      80.4 g      Vivonex TEN

**AMINO ACID ORAL FEED 0.8 KCAL/ML – Restricted** see terms above

† Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 ml, 250 ml carton ..... *e.g. Elemental 028 Extra*

**PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML – Restricted** see terms above

† Liquid 4 g protein, 17.6 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bag ..... *e.g. Nutrison Advanced  
Peptisorb*

**PEPTIDE-BASED ORAL FEED – Restricted** see terms above

† Powder 12.5 g protein, 55.4 g carbohydrate and 3.25 g fat per sachet ..... 4.40      79 g      Vital HN

† Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 100 g, 400 g can ..... *e.g. Peptamen Junior*

† Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can ..... *e.g. MCT Peptide; MCT  
Peptide 1+*

† Powder 15.8 g protein, 49.5 g carbohydrate and 4.65 g fat per 76 g sachet ..... 7.50      76 g      Alitraq

† Item restricted (see ➔ above); ‡ Item restricted (see ➔ below)

180 *e.g. Brand* indicates brand example only. It is not a contracted product.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PEPTIDE-BASED ORAL FEED 1 KCAL/ML – <b>Restricted</b> see terms on the preceding page			
⬆ Liquid 5 g protein, 16 g carbohydrate and 1.69 g fat per 100 ml, carton	4.95	237 ml	Peptamen OS 1.0 (Vanilla)

**Fat Modified Products**

FAT-MODIFIED FEED – **Restricted** see terms below

⬆ Powder 11.4 g protein, 68 g carbohydrate and 11.8 g fat per 100 g, 400 g can			<i>e.g. Monogen</i>
---	--	--	---------------------

➔ **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 for adults.

**Hepatic Products**

➔ **Restricted**

For children (up to 18 years) who require a liver transplant

HEPATIC ORAL FEED – **Restricted** see terms above

⬆ Powder 11 g protein, 64 g carbohydrate and 20 g fat per 100 g, can	78.97	400 g	Heparon Junior
--	-------	-------	----------------

**High Calorie Products**

➔ **Restricted**

Any of the following:

- 1 Patient is fluid volume or rate restricted; or
- 2 Patient requires low electrolyte; or
- 3 Both:
  - 3.1 Any of the following:
    - 3.1.1 Cystic fibrosis; or
    - 3.1.2 Any condition causing malabsorption; or
    - 3.1.3 Faltering growth in an infant/child; or
    - 3.1.4 Increased nutritional requirements; and
  - 3.2 Patient has substantially increased metabolic requirements.

ENTERAL FEED 2 KCAL/ML – **Restricted** see terms above

⬆ Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, bottle	5.50	500 ml	Nutrison Concentrated
⬆ Liquid 8.4 g protein, 21.9 g carbohydrate, 9.1 g fat and 0.5 g fibre per 100 ml, bottle	11.00	1,000 ml	TwoCal HN RTH (Vanilla)

ORAL FEED 2 KCAL/ML – **Restricted** see terms above

⬆ Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml, bottle	1.90	200 ml	Two Cal HN
--	------	--------	------------

**High Protein Products**

HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML – **Restricted** see terms on the next page

⬆ Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml, 1,000 ml bag			<i>e.g. Nutrison Protein Plus</i>
---	--	--	---------------------------------------

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

➔ **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's needs cannot be more appropriately met using high calorie product.

HIGH PROTEIN ENTERAL FEED 1.28 KCAL/ML – **Restricted** see terms below

<p>⚡ 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</p>	<p><i>e.g. Nutrison Protein Plus Multi Fibre</i></p>
--	--

➔ **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's needs cannot be more appropriately met using high calorie product.

HIGH PROTEIN ORAL FEED 1 KCAL/ML – **Restricted** see terms below

<p>⚡ Liquid 10 g protein, 10.3 g carbohydrate and 2.1 g fat per 100 ml, 200 ml bottle</p>	<p><i>e.g. Fortimel Regular</i></p>
---	-------------------------------------

➔ **Restricted**

Any of the following:

- 1 Decompensating liver disease without encephalopathy; or
- 2 Protein losing gastro-enteropathy; or
- 3 Patient has increased protein requirements without increased energy requirements.

## Infant Formulas

AMINO ACID FORMULA – **Restricted** see terms on the next page

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

⚡ Item restricted (see ➔ above); ⚡ Item restricted (see ➔ below)

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

**➔ 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.

**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.

EXTENSIVELY HYDROLYSED FORMULA – **Restricted** see terms below

☞ 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 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.

**Initiation - step down from amino acid formula**

Both:

- 1 The infant is currently receiving funded amino acid formula; and
- 2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula.

**Continuation**

Both:

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

**FRUCTOSE-BASED FORMULA**

Powder 14.6 g protein, 49.7 g carbohydrate and 30.8 g fat per 100 g,  
400 g can

*e.g. Galactomin 19*

**LACTOSE-FREE FORMULA**

Powder 1.3 g protein, 7.3 g carbohydrate and 3.5 g fat per 100 ml,  
900 g can

*e.g. Karicare Aptamil  
Gold De-Lact*

Powder 1.5 g protein, 7.2 g carbohydrate and 3.6 g fat per 100 ml,  
900 g can

*e.g. S26 Lactose Free*

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.

## SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LOW-CALCIUM FORMULA</b>			
Powder 14.6 g protein, 53.7 g carbohydrate and 26.1 g fat per 100 g, 400 g can			<i>e.g. Locasol</i>
<b>PAEDIATRIC ORAL FEED 1 KCAL/ML – Restricted</b> see terms below			
☞ Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, 100 ml bottle			<i>e.g. Infatrin</i>
➔ <b>Restricted</b>			
Both:			
1 Either:			
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.			
<b>PRETERM FORMULA – Restricted</b> see terms below			
☞ 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
☞ Liquid 2.2 g protein, 8.4 g carbohydrate and 4.4 g fat per 100 ml, bottle	0.75	100 ml	S26 LBW Gold RTF
☞ Liquid 2.3 g protein, 8.6 g carbohydrate and 4.2 g fat per 100 ml, 90 ml bottle			<i>e.g. Pre Nan Gold RTF</i>
☞ Liquid 2.6 g protein, 8.4 g carbohydrate and 3.9 g fat per 100 ml, 70 ml bottle			<i>e.g. Karicare Aptamil Gold+Preterm</i>
➔ <b>Restricted</b>			
For infants born before 33 weeks' gestation or weighing less than 1.5 kg at birth.			
<b>THICKENED FORMULA</b>			
Powder 1.8 g protein, 8.1 g carbohydrate and 3.3 g fat per 100 ml, 900 g can			<i>e.g. Karicare Aptamil Thickened AR</i>

### Ketogenic Diet Products

<b>HIGH FAT FORMULA – Restricted</b> see terms below			
☞ Powder 15.25 g protein, 3 g carbohydrate and 73 g fat per 100 g, can	35.50	300 g	Ketocal 4:1 (Unflavoured) Ketocal 4:1 (Vanilla)
☞ Powder 15.3 g protein, 7.2 g carbohydrate and 67.7 g fat per 100 g, can	35.50	300 g	Ketocal 3:1 (Unflavoured)
➔ <b>Restricted</b>			
For patients with intractable epilepsy, pyruvate dehydrogenase deficiency or glucose transported type-1 deficiency and other conditions requiring a ketogenic diet.			

### Paediatric Products

#### ➔**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.



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PAEDIATRIC ORAL FEED – Restricted</b> see terms on the preceding page			
☒ Powder 14.9 g protein, 54.3 g carbohydrate and 24.7 g fat per 100 g, can .....	20.00	900 g	Pediasure (Vanilla)
<b>PAEDIATRIC ENTERAL FEED 0.76 KCAL/ML – Restricted</b> see terms on the preceding page			
☒ Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat and 0.7 g fibre per 100 ml, bag .....	4.00	500 ml	Nutrini Low Energy Multifibre RTH
<b>PAEDIATRIC ENTERAL FEED 1 KCAL/ML – Restricted</b> see terms on the preceding page			
☒ Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag .....	2.68	500 ml	Pediasure RTH
☒ Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bag .....			<i>e.g. Nutrini RTH</i>
<b>PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – Restricted</b> see terms on the preceding page			
☒ Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bag .....	6.00	500 ml	Nutrini Energy Multi Fibre
☒ Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bag .....			<i>e.g. Nutrini Energy RTH</i>
<b>PAEDIATRIC ORAL FEED 1 KCAL/ML – Restricted</b> see terms on the preceding page			
☒ Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle .....	1.07	200 ml	Pediasure (Chocolate) Pediasure (Strawberry) Pediasure (Vanilla)
☒ Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, can .....	1.34	250 ml	Pediasure (Vanilla)
☒ Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, carton .....	1.07	200 ml	Pediasure (Chocolate) Pediasure (Strawberry) Pediasure (Vanilla)
<i>(Pediasure (Chocolate) Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, carton to be delisted 1 November 2013)</i>			
<i>(Pediasure (Strawberry) Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, carton to be delisted 1 November 2013)</i>			
<i>(Pediasure (Vanilla) Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, carton to be delisted 1 November 2013)</i>			
<b>PAEDIATRIC ORAL FEED 1.5 KCAL/ML – Restricted</b> see terms on the preceding page			
☒ Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml bottle .....			<i>e.g. Fortini</i>
☒ Liquid 4.0 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle .....			<i>e.g. Fortini Multifibre</i>

**Renal Products**

<b>LOW ELECTROLYTE ENTERAL FEED 2 KCAL/ML – Restricted</b> see terms below			
☒ Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, bottle .....	6.08	500 ml	Nepro RTH
☛ <b>Restricted</b>			
For patients with acute or chronic kidney disease			
<b>LOW ELECTROLYTE ORAL FEED – Restricted</b> see terms below			
☒ Powder 7.5 g protein, 59 g carbohydrate and 26.3 g fat per 100 g, 400 g can .....			<i>e.g. Kindergen</i>
☛ <b>Restricted</b>			
For children (up to 18 years) with acute or chronic kidney disease			

## SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LOW ELECTROLYTE ORAL FEED 2 KCAL/ML – Restricted</b> see terms below			
☞ Liquid 7 g protein, 20.6 g carbohydrate, 9.6 g fat and 1.56 g fibre per 100 ml, carton .....	2.43	200 ml	Nepro (Strawberry) Nepro (Vanilla)
☞ Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, carton .....	3.31	237 ml	Novasource Renal (Vanilla)
☞ Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml bottle			<i>e.g. Suplena</i>
☞ Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 125 ml carton			<i>e.g. Renilon 7.5</i>

### ☞ Restricted

For patients with acute or chronic kidney disease

## Respiratory Products

**LOW CARBOHYDRATE ORAL FEED 1.5 KCAL/ML – Restricted** see terms below

☞ Liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml, bottle .....	1.66	237 ml	Pulmocare (Vanilla)
---	------	--------	---------------------

### ☞ Restricted

For patients with CORD and hypercapnia, defined as a CO<sub>2</sub> value exceeding 55 mmHg

## Surgical Products

**HIGH ARGININE ORAL FEED 1.4 KCAL/ML – Restricted** see terms below

☞ Liquid 7.6 g protein, 18.9 g carbohydrate, 3.9 g fat and 1.4 g fibre per 100 ml, carton .....	4.00	237 ml	Impact Advanced Recovery (Chocolate) Impact Advanced Recovery (Vanilla)
---	------	--------	---

### ☞ Restricted

Three packs per day for 5 to 7 days prior to major gastrointestinal, head or neck surgery

## Standard Feeds

### ☞ Restricted

Any of the following:

- 1 For patients with malnutrition, defined as any of the following:
  - 1.1 BMI < 18.5; or
  - 1.2 Greater than 10% weight loss in the last 3-6 months; or
  - 1.3 BMI < 20 with greater than 5% weight loss in the last 3-6 months; or
- 2 For patients who have, or are expected to, eat little or nothing for 5 days; or
- 3 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or
- 4 For use pre- and post-surgery; or
- 5 For patients being tube-fed; or
- 6 For tube-feeding as a transition from intravenous nutrition; or
- 7 For any other condition that meets the community Special Authority criteria.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ENTERAL FEED 1.5 KCAL/ML – Restricted</b> see terms on the preceding page			
☛ Liquid 5.4 g protein, 13.6 g carbohydrate and 3.3 g fat per 100 ml, 1,000 ml bottle			<i>e.g. Isosource Standard RTH</i>
☛ Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, bag	7.00	1,000 ml	Nutrison Energy
☛ Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag			<i>e.g. Nutrison Energy Multi Fibre</i>
☛ Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, can	1.75	250 ml	Ensure Plus HN
☛ Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag	7.00	1,000 ml	Ensure Plus HN RTH
☛ Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per 100 ml, bag	7.00	1,000 ml	Jevity HiCal RTH
<b>ENTERAL FEED 1 KCAL/ML – Restricted</b> see terms on the preceding page			
☛ Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, bottle	2.65	500 ml	Osmolite RTH
	5.29	1,000 ml	Osmolite RTH
☛ Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, can	1.24	250 ml	Osmolite
☛ Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, bottle	2.65	500 ml	Jevity RTH
	5.29	1,000 ml	Jevity RTH
☛ Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, can	1.32	237 ml	Jevity
☛ Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bag			<i>e.g. NutrisonStdRTH; NutrisonLowSodium</i>
☛ Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1000 ml bag			<i>e.g. Nutrison Multi Fibre</i>
<b>ENTERAL FEED 1.2 KCAL/ML – Restricted</b> see terms on the preceding page			
☛ Liquid 5.55 g protein, 15.1 g carbohydrate, 3.93 g fat and 2 g fibre per 100 ml, 1,000 ml bag			<i>e.g. Jevity Plus RTH</i>
<b>ORAL FEED – Restricted</b> see terms on the preceding page			
☛ Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can	13.00	900 g	Ensure (Chocolate) Ensure (Vanilla)
☛ Powder 18.7 g protein, 54.5 g carbohydrate and 18.9 g fat per 100 g, can	9.50	900 g	Fortisip (Vanilla)
☛ Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can	10.22	900 g	Sustagen Hospital Formula (Chocolate) Sustagen Hospital Formula (Vanilla)
<b>ORAL FEED 1 KCAL/ML – Restricted</b> see terms on the preceding page			
☛ Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml carton			<i>e.g. Resource Fruit Beverage</i>

## SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ORAL FEED 1.5 KCAL/ML – <b>Restricted</b> see terms on page 186			
↑ Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can	1.33	237 ml	Ensure Plus (Chocolate) Ensure Plus (Strawberry) Ensure Plus (Vanilla)
↑ Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton	1.26	200 ml	Ensure Plus (Banana) Ensure Plus (Chocolate) Ensure Plus (Fruit of the Forest) Ensure Plus (Vanilla)
↑ Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle			<i>e.g. Fortijuce</i>
↑ Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle			<i>e.g. Fortisip</i>
↑ Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle			<i>e.g. Fortisip Multi Fibre</i>

↑ Item restricted (see ➡ above); ↓ Item restricted (see ➡ below)

*e.g. Brand* indicates brand example only. It is not a contracted product.

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

## Bacterial and Viral Vaccines

DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE – **Restricted** see terms below

¶ Inj 30 IU diphtheria toxoid with 30 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syring

### ➔Restricted

For primary vaccination in children

DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE – **Restricted** see terms below

¶ Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe (1) and inj 10 mcg haemophilus influenzae type B vaccine vial

### ➔Restricted

Either:

- 1 For primary vaccination in children; or
- 2 For revaccination of children following immunosuppression.

## Bacterial Vaccines

BACILLUS CALMETTE-GUERIN VACCINE – **Restricted** see terms below

¶ Inj 1.5 mg vial with diluent

### ➔Restricted

For infants at increased risk of tuberculosis

Note: increased risk is defined as:

- 1 Living in a house or family with a person with current or past history of TB; or
- 2 Having one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer; or
- 3 During their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000.

A list of countries with high rates of TB are available at [www.moh.govt.nz/immunisation](http://www.moh.govt.nz/immunisation) or [www.bcgatlas.org/index.php](http://www.bcgatlas.org/index.php).

DIPHTHERIA AND TETANUS VACCINE – **Restricted** see terms below

¶ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe

### ➔Restricted

Any of the following:

- 1 For vaccination of patients aged between 45 and 65 years old; or
- 2 For vaccination of previously unimmunised patients; or
- 3 For revaccination of children following immunosuppression; or
- 4 For revaccination for patients with tetanus-prone wounds; or
- 5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – **Restricted** see terms below

¶ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe

### ➔Restricted

Either:

- 1 For primary vaccination in children aged 7-18 years; or
- 2 For pregnant women between gestational weeks 28 and 38 during epidemics.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>HAEMOPHILUS INFLUENZAE TYPE B VACCINE – Restricted</b> see terms below			
⚡ Inj 10 mcg vial with diluent syringe			
➡ <b>Restricted</b>			
Any of the following:			
1 For primary vaccination in children; or			
2 For revaccination of children following immunosuppression; or			
3 For children aged 0-18 years with functional asplenia; or			
4 For patients pre- and post-splenectomy; or			
5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.			
<b>MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE – Restricted</b> see terms below			
⚡ Inj 48 mcg in 0.5 ml vial			
➡ <b>Restricted</b>			
Any of the following:			
1 For patients pre- and post-splenectomy; or			
2 For children aged 0-18 years with functional asplenia; or			
3 For organisation and community based outbreaks; or			
4 For use in transplant patients; or			
5 For use following immunosuppression.			
<b>MENINGOCOCCAL (A, C, Y AND W-135) POLYSACCHARIDE VACCINE – Restricted</b> see terms below			
⚡ Inj 200 mcg vial with diluent			
➡ <b>Restricted</b>			
Any of the following:			
1 For patients pre- and post-splenectomy; or			
2 For children aged 2-18 years with functional asplenia; or			
3 For organisation and community based outbreaks.			
<b>MENINGOCOCCAL C CONJUGATE VACCINE – Restricted</b> see terms below			
⚡ Inj 10 mcg in 0.5 ml syringe			
➡ <b>Restricted</b>			
Any of the following:			
1 For patients pre- and post-splenectomy; or			
2 For children aged 0-18 years with functional asplenia; or			
3 For organisation and community based outbreaks; or			
4 For use in transplant patients aged under 2 years; or			
5 For use following immunosuppression in patients aged under 2 years.			
<b>PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – Restricted</b> see terms below			
⚡ Inj 16 mcg in 0.5 ml syringe			
➡ <b>Restricted</b>			
For primary vaccination in children			
<b>PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – Restricted</b> see terms below			
⚡ Inj 30.8 mcg in 0.5 ml syringe			
➡ <b>Restricted</b>			
Any of the following:			
1 For high risk children under the age of 5; or			
2 For patients aged less than 18 years pre- or post-splenectomy or with functional asplenia; or			
3 For revaccination of children following immunosuppression; or			
4 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.			

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

PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – **Restricted** see terms below

¶ Inj 575 mcg in 0.5 ml vial

➔ **Restricted**

Any of the following:

- 1 For patients pre- and post-splenectomy; or
- 2 For children aged 2-18 years with functional asplenia; or
- 3 For revaccination of children following immunosuppression; or
- 4 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

SALMONELLA TYPHI VACCINE – **Restricted** see terms below

¶ Inj 25 mcg in 0.5 ml syringe

➔ **Restricted**

For use during typhoid fever outbreaks

**Viral Vaccines**

HEPATITIS A VACCINE – **Restricted** see terms below

¶ Inj 720 ELISA units in 0.5 ml syringe

¶ Inj 1440 ELISA units in 1 ml syringe

➔ **Restricted**

Any of the following:

- 1 For use in transplant patients; or
- 2 For use in children with chronic liver disease; or
- 3 For close contacts of known hepatitis A carriers.

HEPATITIS B VACCINE – **Restricted** see terms below

¶ Inj 5 mcg in 0.5 ml vial

¶ Inj 10 mcg in 1 ml vial

➔ **Restricted**

Any of the following:

- 1 Household or sexual contacts of known hepatitis B carriers; or
- 2 Children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
- 3 Dialysis patients; or
- 4 HIV-positive patients; or
- 5 Hepatitis C positive patients; or
- 6 For use in transplant patients; or
- 7 For use following immunosuppression; or
- 8 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

HUMAN PAPILOMAVIRUS (6, 11, 16 AND 18) VACCINE – **Restricted** see terms below

¶ Inj 120 mcg in 0.5 ml syringe

➔ **Restricted**

Any of the following:

- 1 Women aged between 9 and 19 years old; or
- 2 Male patients aged between 9 and 25 years old with confirmed HIV infection; or
- 3 For use in transplant patients.

INFLUENZA VACCINE – **Restricted** see terms on the next page

¶ Inj 45 mcg in 0.5 ml syringe

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔Restricted</b>			
Any of the following:			
1 All people 65 years of age and over; or			
2 People under 65 years of age who:			
2.1 Have any of the following cardiovascular diseases:			
2.1.1 Ischaemic heart disease; or			
2.1.2 Congestive heart disease; or			
2.1.3 Rheumatic heart disease; or			
2.1.4 Congenital heart disease; or			
2.1.5 Cerebro-vascular disease; or			
2.2 Have any of the following chronic respiratory diseases:			
2.2.1 Asthma, if on a regular preventative therapy; or			
2.2.2 Other chronic respiratory disease with impaired lung function; or			
2.3 Have diabetes;			
2.4 Have chronic renal disease;			
2.5 Have any cancer, excluding basal and squamous skin cancers if not invasive;			
2.6 Have any of the following other conditions:			
2.6.1 Autoimmune disease;			
2.6.2 Immune suppression;			
2.6.3 HIV;			
2.6.4 Transplant recipients;			
2.6.5 Neuromuscular and CNS diseases;			
2.6.6 Haemoglobinopathies;			
2.6.7 Are children on long term aspirin; or			
2.7 Are pregnant, or			
2.8 Are children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness; or			
3 People under 18 years of age living within the boundaries of the Canterbury District Health Board.			
Note: The following conditions are excluded from funding:			
<ul style="list-style-type: none"> <li>• asthma not requiring regular preventative therapy; and</li> <li>• hypertension and/or dyslipidaemia without evidence of end-organ disease.</li> </ul>			
MEASLES, MUMPS AND RUBELLA VACCINE – <b>Restricted</b> see terms below			
⚡ Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent			
<b>➔Restricted</b>			
Any of the following:			
1 For primary vaccination in children; or			
2 For revaccination following immunosuppression; or			
3 For any individual susceptible to measles, mumps or rubella.			
POLIOMYELITIS VACCINE – <b>Restricted</b> see terms below			
⚡ Inj 80 D-antigen units in 0.5 ml syringe			
<b>➔Restricted</b>			
Either:			
1 For previously unvaccinated individuals; or			
2 For revaccination following immunosuppression.			
RABIES VACCINE			
Inj 2.5 IU vial with diluent			
VARICELLA ZOSTER VACCINE [CHICKEN POX VACCINE] – <b>Restricted</b> see terms on the next page			
⚡ Inj 1350 PFU vial with diluent			
⚡ Inj 2000 PFU vial with diluent			

⚡Item restricted (see ➔ above); ⚡Item restricted (see ➔ below)

e.g. *Brand* indicates brand example only. It is not a contracted product.



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

➔ **Restricted**

Any of the following:

- 1 For non-immune patients:
  - 1.1 with chronic liver disease who may in future be candidates for transplantation; or
  - 1.2 with deteriorating renal function before transplantation; or
  - 1.3 prior to solid organ transplant; or
  - 1.4 prior to any elective immunosuppression; or
  - 1.5 for post exposure prophylaxis who are immune competent inpatients.
- 2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist; or
- 3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist; or
- 4 For HIV positive non-immune to varicella with mild or moderate immunosuppression on advice of HIV specialist; or
- 5 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has:
  - 5.1 adult household contact - a negative serology result for varicella; or
  - 5.2 child household contact - no clinical history of varicella or negative varicella serology.

## OPTIONAL PHARMACEUTICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Optional Pharmaceuticals</b>			
<b>BLOOD GLUCOSE DIAGNOSTIC TEST METER</b>			
1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips .....	20.00	1	Caresens II Caresens N Caresens N POP
Meter .....	9.00	1	FreeStyle Lite On Call Advanced Accu-Chek Performa
	19.00		
<b>BLOOD GLUCOSE DIAGNOSTIC TEST STRIP</b>			
Blood glucose test strips .....	10.56	50 test	CareSens CareSens N FreeStyle Lite
	21.65		Accu-Chek Performa Freestyle Optium
	28.75		On Call Advanced
Blood glucose test strips × 50 and lancets × 5 .....	19.10	50 test	
<b>BLOOD KETONE DIAGNOSTIC TEST METER</b>			
Meter .....	40.00	1	Freestyle Optium
<b>FACTOR EIGHT INHIBITORS BYPASSING AGENT</b>			
Inj 500 U .....	1,640.00	1	FEIBA
Inj 1,000 U .....	3,280.00	1	FEIBA
<b>INSULIN PEN NEEDLES</b>			
29 g × 12.7 mm .....	10.50	100	B-D Micro-Fine
31 g × 5 mm .....	11.75	100	B-D Micro-Fine
31 g × 6 mm .....	10.50	100	ABM
31 g × 8 mm .....	10.50	100	ABM B-D Micro-Fine
32 g × 4 mm .....	10.50	100	B-D Micro-Fine
<b>INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE</b>			
Syringe 0.3 ml with 29 g × 12.7 mm needle .....	13.00	100	B-D Ultra Fine
Syringe 0.3 ml with 31 g × 8 mm needle .....	13.00	100	B-D Ultra Fine II
Syringe 0.5 ml with 29 g × 12.7 mm needle .....	13.00	100	B-D Ultra Fine
Syringe 0.5 ml with 31 g × 8 mm needle .....	13.00	100	B-D Ultra Fine II
Syringe 1 ml with 29 g × 12.7 mm needle .....	13.00	100	ABM B-D Ultra Fine
Syringe 1 ml with 31 g × 8 mm needle .....	13.00	100	ABM B-D Ultra Fine II
<b>KETONE BLOOD BETA-KETONE ELECTRODES</b>			
Test strips .....	15.50	10 strip	Freestyle Optium Ketone
<b>MASK FOR SPACER DEVICE</b>			
Size 2 .....	2.99	1	EZ-fit Paediatric Mask
<b>PEAK FLOW METER</b>			
Low Range .....	11.44	1	Breath-Alert
Normal Range .....	11.44	1	Breath-Alert
<b>PREGNANCY TEST - HCG URINE</b>			
Cassette .....	22.80	40 test	Innovacon hCG One Step Pregnancy Test

↑ Item restricted (see ➡ above); ↓ Item restricted (see ➡ below)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SODIUM NITROPRUSSIDE</b>			
Test strip .....	6.00	50 strip	Accu-Chek Ketur-Test
<b>SPACER DEVICE</b>			
230 ml (single patient) .....	4.72	1	Space Chamber Plus
800 ml .....	8.50	1	Volumatic

- Symbols -	Poisonings .....	164	Anabolic Agents .....	56
8-methoxypsoralen .....	Ajmaline .....	36	Anaesthetics .....	94
- A -	Alanase .....	152	Anagrelide hydrochloride .....	120
A-Scabies .....	Albendazole .....	70	Analgesics .....	98
Abacavir sulphate .....	Aldara .....	50	Anastrozole .....	128
Abacavir sulphate with	Alendronate sodium .....	84-85	Andriol Testocaps .....	56
lamivudine .....	Alendronate sodium with		Androderm .....	56
Abciximab .....	cholecalciferol .....	85	Androgen Agonists and	
Abilify .....	Alfacalcidol .....	24	Antagonists .....	56
ABM Hydroxocobalamin .....	Alfentanil hydrochloride .....	98	Anexate .....	164
Acarbose .....	Alinia .....	71	Antabuse .....	116
Accarb .....	Alitraq .....	180	Antacids and Antiflatulents .....	12
Accu-Chek Ketur-Test .....	Allersoothe .....	153	Anti-Infective Agents .....	52
Accu-Chek Performa .....	Allopurinol .....	89	Anti-Infective Preparations	
Accuretic 10 .....	Alpha tocopheryl acetate .....	24	Dermatological .....	46
Accuretic 20 .....	Alpha-Adrenoceptor Blockers .....	35	Sensory .....	158
Acetadote .....	Alphamox .....	63	Anti-Inflammatory	
Acetazolamide .....	Alprazolam .....	112	Preparations .....	159
Acetic acid	Alprostadil hydrochloride .....	43	Antiacne Preparations .....	47
Extemporaneous .....	Alteplase .....	30	Antiallergy Preparations .....	152
Genito-Urinary .....	Alum .....	172	Antianaemics .....	25
Acetic acid with hydroxyquinoline,	Aluminium hydroxide .....	12	Antiarrhythmics .....	35
glycerol and ricinoleic acid .....	Aluminium hydroxide with		Antibacterials .....	61
Acetic acid with propylene	magnesium hydroxide and		Anticholinergic Agents .....	153
glycol .....	simethicone .....	12	Anticholinesterases .....	84
Acetylcholine chloride .....	Amantadine hydrochloride .....	93	Antidepressants .....	101
Acetylcysteine .....	AmBisome .....	67	Antidiarrhoeals and Intestinal	
Aciclovir	Ambrisentan .....	44	Anti-Inflammatory Agents .....	12
Infection .....	Amethocaine .....	97, 160	Antiepilepsy Drugs .....	103
Sensory .....	Nervous .....	97	Antifibrinolytics, Haemostatics	
Acid Citrate Dextrose A .....	Sensory .....	160	and Local Sclerosants .....	26
Acidex .....	Amikacin .....	61	Antifungals .....	67
Acipimox .....	Amiloride hydrochloride .....	40	Antihypotensives .....	36
Acitretin .....	Amiloride hydrochloride with		Antimigraine Preparations .....	107
Aclasta .....	furosemide .....	39	Antimycobacterials .....	69
Actemra .....	Amiloride hydrochloride with		Antinaus .....	108
Actinomycin D .....	hydrochlorothiazide .....	39	Antinausea and Vertigo	
Adalimumab .....	Aminophylline .....	156	Agents .....	107
Adapalene .....	Amiodarone hydrochloride .....	36	Antiparasitics .....	70
Adefin XL .....	Amisulpride .....	108	Antipruritic Preparations .....	47
Adefovir dipivoxil .....	Amitrip .....	101	Antipsychotic Agents .....	108
Adenosine .....	Amitriptyline .....	101	Antiretrovirals .....	72
Adrenaline .....	Amlodipine .....	38	Antirheumatoid Agents .....	84
Advantan .....	Amorolfine .....	46	Antiseptics and	
Advate .....	Amoxycillin .....	63	Disinfectants .....	165
Aerrane .....	Amoxycillin with clavulanic		Antispasmodics and Other	
Agents Affecting the	acid .....	63	Agents Altering Gut	
Renin-Angiotensin System .....	Amphotericin B		Motility .....	14
Agents for Parkinsonism and	Alimentary .....	22	Antithrombotics .....	27
Related Disorders .....	Infection .....	67	Antithymocyte globulin	
Agents Used in the Treatment of	Amsacrine .....	120	(equine) .....	150
	Amlyl nitrite .....	43	Antithymocyte globulin	

(rabbit) .....	150	Arrow-Calcium .....	20	Atropine sulphate	
Antulcerants .....	14	Arrow-Citalopram .....	103	Cardiovascular .....	36
Antivirals .....	76	Arrow-Diazepam .....	113	Sensory .....	162
Anxiolytics .....	112	Arrow-Doxorubicin .....	118	Atropt .....	162
Anzatax .....	126	Arrow-Etidronate .....	86	Augmentin .....	63
Apidra .....	16	Arrow-Lamotrigine .....	105	Auranofin .....	84
Apidra Solostar .....	16	Arrow-Lisinopril .....	34	Avanza .....	102
Apo-Allopurinol .....	89	Arrow-Losartan & Hydrochlorothiazide .....	35	Avelox .....	64
Apo-Amiloride .....	40	Arrow-Morphine LA .....	100	Avelox IV 400 .....	64
Apo-Amlodipine .....	38	Arrow-Nifedipine XR .....	38	Azactam .....	65
Apo-Azithromycin .....	62	Arrow-Norfloxacin .....	65	Azathioprine .....	150
Apo-Clarithromycin .....	63	Arrow-Ornidazole .....	71	Azithromycin .....	62
Apo-Clomipramine .....	101	Arrow-Quinapril 10 .....	34	Azol .....	58
Apo-Clopidogrel .....	29	Arrow-Quinapril 20 .....	34	AZT .....	75
Apo-Diclo .....	91	Arrow-Quinapril 5 .....	34	Aztreonam .....	65
Apo-Diltiazem CD .....	38	Arrow-Ranitidine .....	14	<b>- B -</b>	
Apo-Doxazosin .....	35	Arrow-Roxithromycin .....	63	B-D Micro-Fine .....	194
Apo-Gliclazide .....	16	Arrow-Sertraline .....	103	B-D Ultra Fine .....	194
Apo-Megestrol .....	127	Arrow-Simva .....	41	B-D Ultra Fine II .....	194
Apo-Moclobemide .....	102	Arrow-Sumatriptan .....	57	Bacillus calmette-guerin (BCG) .....	150
Apo-Nadolol .....	37	Arrow-Tolterodine .....	105	Bacillus calmette-guerin vaccine .....	189
Apo-Oxybutynin .....	55	Arrow-Topiramate .....	106	Baclofen .....	90
Apo-Perindopril .....	34	Arrow-Tramadol .....	101	Bacterial and Viral Vaccines .....	189
Apo-Pindolol .....	37	Arrow-Venlafaxine XR .....	102	Bacterial Vaccines .....	189
Apo-Prazo .....	35	Arsenic trioxide .....	120	Baraclade .....	77
Apo-Prednisone .....	57	Artemether with lumafantrine .....	71	Barium sulphate .....	168
Apo-Prednisone S29 .....	57	Artesunate .....	71	Barrier Creams and Emollients .....	47
Apo-Propranolol .....	37	Articaine hydrochloride with adrenaline .....	95	Basiliximab .....	139
Apo-Pyridoxine .....	23	Asacol .....	13	Beclazone 100 .....	154
Apo-Risperidone .....	110	Asamax .....	13	Beclazone 250 .....	154
Apo-Zopiclone .....	114	Ascorbic acid		Beclazone 50 .....	154
Apomine .....	93	Alimentary .....	23	Beclomethasone dipropionate .....	152, 154
Apomorphine hydrochloride .....	93	Extemporaneous .....	172	Bee venom .....	152
Apraclonidine .....	162	Aspen Adrenaline .....	42	Bendrofluazide .....	40
Aprepitant .....	107	Aspen Ceftriaxone .....	62	Bendroflumethazide [Bendrofluazide] .....	40
Apresoline .....	43	Aspen Ciprofloxacin .....	64	BeneFIX .....	26
Apresoline s29 .....	43	Aspirin		Benzathine benzylpenicillin .....	64
Aprotinin .....	26	Blood .....	29	Benzbromaron .....	89
Aqueous cream .....	48	Nervous .....	98	Benzbromarone .....	89
Arachis oil [Peanut oil] .....	172	Asthalin .....	154	Benzocaine .....	95
Arava .....	84	Atazanavir sulphate .....	75	Benzoin .....	172
Aremed .....	128	Atenolol .....	37	Benzoyl peroxide .....	47
Arginine		Atenolol-AFT .....	37	Benztrop .....	93
Alimentary .....	19	ATGAM .....	150	Benztropine mesylate .....	93
Various .....	169	Ativan .....	113	Benzylamine hydrochloride .....	21
Argipressin [Vasopressin] .....	60	Atomoxetine .....	114	Benzylamine hydrochloride with cetylpyridinium chloride .....	21
Aripiprazole .....	109	Atorvastatin .....	40	Benzylpenicillin sodium [Penicillin]	
Aristocort .....	49	Atovaquone with proguanil hydrochloride .....	71		
Aromasin .....	128	Atracurium besylate .....	90		
Arrow - Clopid .....	29	Atripia .....	74		
Arrow-Amitriptyline .....	101				
Arrow-Bendrofluazide .....	40				
Arrow-Brimonidine .....	162				

GJ .....	64	Boric acid .....	172	magnesium chloride,
Beractant .....	157	Bortezomib .....	120	potassium chloride, sodium
Beta Scalp .....	50	Bosentan .....	44	acetate, sodium chloride and
Beta-Adrenoceptor Agonists .....	154	Bosvate .....	37	sodium citrate .....
Beta-Adrenoceptor Blockers .....	37	Botox .....	90	160
Betadine .....	166	Botulism antitoxin .....	164	Calcium folinate .....
Betadine Skin Prep .....	166	Breath-Alert .....	194	126
Betagan .....	161	Bricion .....	90	Calcium Folate Ebewe .....
Betahistine dihydrochloride .....	107	Briiinta .....	29	126
Betaine .....	19	Brimonidine tartrate .....	162	Calcium gluconate
Betamethasone .....	56	Brimonidine tartrate with		Blood .....
Betamethasone dipropionate .....	48	timolol .....	162	Dermatological .....
Betamethasone dipropionate		Brinzolamide .....	161	51
with calcipotriol .....	50	Bromocriptine .....	93	Calcium Homeostasis .....
Betamethasone sodium		Brufen SR .....	91	56
phosphate with		Budencort .....	155	Calcium polystyrene
betamethasone acetate .....	56	Budesonide		sulphonate .....
Betamethasone		Alimentary .....	12	33
valerate .....	49-50	Respiratory .....	152, 155	Calcium Resonium .....
Betamethasone valerate with		Budesonide with		33
clioquinol .....	49	efomoterol .....	156	Calsource .....
Betamethasone valerate with		Bumetanide .....	39	20
fusidic acid .....	49	Bupafen .....	96	Cancidas .....
Betaxolol .....	161	Bupivacaine hydrochloride .....	95	69
Bevacizumab .....	139	Bupivacaine hydrochloride with		Candesartan cilexetil .....
Bezafibrate .....	40	adrenaline .....	96	35
Bezalip .....	40	Bupivacaine hydrochloride with		Candestar .....
Bezalip Retard .....	40	fentanyl .....	96	35
Bicalaccord .....	126	Bupivacaine hydrochloride with		Capecitabine .....
Bicalutamide .....	126	glucose .....	96	119
Bicillin LA .....	64	Buprenorphine with		Capoten .....
Bile and Liver Therapy .....	15	naloxone .....	116	34
Bimatoprost .....	161	Bupropion hydrochloride .....	116	Capsaicin
Biodone .....	99	Burinex .....	39	Musculoskeletal System .....
Biodone Extra Forte .....	99	Buscopan .....	14	92
Biodone Forte .....	99	Buserelin .....	59	Nervous .....
Biotin .....	19	Buspiron hydrochloride .....	113	98
Bisacodyl .....	19	Busulfan .....	118	Captopril .....
Bismuth subgallate .....	172	Butacort Aqueous .....	152	34
Bismuth subnitrate and iodoform				Carbaccord .....
paraffin .....	170			122
Bismuth trioxide .....	15			Carbamazepine .....
Bisoprolol .....	37			104
Bivalirudin .....	27			Carbasorb-X .....
Bleomycin sulphate .....	118			165
Blood glucose diagnostic test				Carbimazole .....
meter .....	194			60
Blood glucose diagnostic test				Carbomer .....
strip .....	194			162
Blood ketone diagnostic test				Carboplatin .....
meter .....	194			122
Boceprevir .....	79			Carboplatin Ebewe .....
Bonney's blue dye .....	169			122
				Carboprost trometamol .....
				53
				Carboxymethylcellulose
				Alimentary .....
				22
				Extemporaneous .....
				172
				Cardinol LA .....
				37
				CareSens .....
				194
				Caresens II .....
				194
				CareSens N .....
				194
				Caresens N .....
				194
				Caresens N POP .....
				194
				Carmellose sodium .....
				162
				Carmustine .....
				118
				Carvedilol .....
				37
				Caspofungin .....
				69
				Catapres .....
				39
				Catapres-TTS-1 .....
				39
				Catapres-TTS-2 .....
				39
				Catapres-TTS-3 .....
				39
				Ceenu .....
				118
				Cefaclor .....
				62
				Cefalexin .....
				61
				Cefalexin Sandoz .....
				61
				Cefazolin .....
				62

## - C -

Cefepime .....	62	Choriogonadotropin alfa .....	59	Coal tar .....	172
Cefotaxime .....	62	Ciclopirox olaxmine .....	46	Coal tar with salicylic acid and sulphur .....	50
Cefotaxime Sandoz .....	62	Ciclosporin .....	128	Coal tar with triethanolamine laryl sulphate and fluorescein .....	50
Cefoxitin .....	62	Cidofovir .....	80	Cocaine hydrochloride .....	96
Ceftazidime .....	62	Cilazapril .....	34	Cocaine hydrochloride with adrenaline .....	96
Ceftriaxone .....	62	Cilazapril with hydrochlorothiazide .....	34	Codeine phosphate Extemporaneous .....	172
Cefuroxime .....	62	Cilicaine .....	64	Nervous .....	98
Celecoxib .....	91	Cilicaine VK .....	64	Cogentin .....	93
Celiprolol .....	37	Cimetidine .....	14	Colaspase [L-asparaginase] .....	121
CellCept .....	150	Cinchocaine hydrochloride with hydrocortisone .....	13	Colchicine .....	90
Celol .....	37	Cipflox .....	64	Colestimethate .....	66
Centrally-Acting Agents .....	39	Ciprofloxacin Infection .....	64	Colestipol hydrochloride .....	41
Cephalexin ABM .....	61	Sensory .....	158	Colgout .....	90
Ceptolate .....	150	Cisplatin .....	122	Colifoam .....	13
Cetirizine - AFT .....	152	Cisplatin Ebewe .....	122	Colistin sulphomethate [Colestimethate] .....	66
Cetirizine hydrochloride .....	152	Citalopram hydrobromide .....	103	Colistin-Link .....	66
Cetomacrogol .....	48	Citanest .....	97	Colloidon flexible .....	172
Cetomacrogol with glycerol .....	48	Citric acid with magnesium oxide and sodium picosulfate .....	18	Colofac .....	14
Cetrimide .....	172	Citric acid with sodium bicarbonate .....	168	Colony-Stimulating Factors .....	30
Champix .....	117	Cladribine .....	119	Coloxyl .....	18
Charcoal .....	165	Clarithromycin .....	63	Compound electrolytes .....	30, 33
Chemotherapeutic Agents .....	118	Clexane .....	28	Compound electrolytes with glucose .....	31, 33
Chicken pox vaccine .....	192	Clindamycin .....	66	Compound hydroxybenzoate .....	172
Chlorafast .....	158	Clindamycin ABM .....	66	Compound sodium lactate [Hartmann's solution] .....	31
Chloral hydrate .....	113	Clobazam .....	104	Compound sodium lactate with glucose .....	31
Chlorambucil .....	118	Clobetasol propionate .....	49-50	Concerta .....	115
Chloramphenicol Infection .....	66	Clobetasone butyrate .....	49	Condyline .....	51
Sensory .....	158	Clofazimine .....	69	Contraceptives .....	52
Chlorhexidine Genito-Urinary .....	52	Clomazol .....	46, 52	Contrast Media .....	166
Various .....	165, 170	Clomiphene citrate .....	58	Corangin .....	42
Chlorhexidine gluconate Alimentary .....	22	Clomipramine hydrochloride .....	101	Cordarone-X .....	36
Extemporaneous .....	172	Clonazepam .....	103-104, 113	Corticosteroids Dermatological .....	48
Genito-Urinary .....	52	Clonidine .....	39	Hormone .....	56
Chlorhexidine with cetrimide .....	165, 170	Clonidine BNM .....	39	Corticotrorein (ovine) .....	59
Chlorhexidine with ethanol .....	165	Clonidine hydrochloride .....	39	Cosopt .....	161
Chloroform .....	172	Clopidogrel .....	29	Cough Suppressants .....	154
Chloroquine phosphate .....	71	Clopine .....	109	Crotamiton .....	47
Chlorothiazide .....	40	Clopixol .....	111, 112	Crystaderm .....	46
Chlorpheniramine maleate .....	152	Clostridium botulinum type A toxin .....	90	CT Plus+ .....	168
Chlorpromazine hydrochloride .....	109	Clotrimazole Dermatological .....	46	Curam Duo .....	63
Chlorsig .....	158	Genito-Urinary .....	52	Curosurf .....	157
Chlortalidone [chlorthalidone] .....	40	Clove oil .....	172	Cvite .....	23
chlorthalidone .....	40	Clozapine .....	109	Cyclizine hydrochloride .....	107
Cholecalciferol .....	24	Clozaril .....	109		
Cholestyramine .....	41	Co-trimoxazole .....	67		
Choline salicylate with cetalonium chloride .....	22				
Cholvastin .....	40				

Cyclizine lactate .....	107	Decongestants .....	154	Diclax SR .....	91
Cycloblastin .....	118	Decongestants and		Diclofenac sodium	
Cyclopentolate		Antiallergics .....	159	Musculoskeletal System .....	91
hydrochloride .....	162	Decozol .....	22	Sensory .....	159
Cyclophosphamide .....	118	Deferiprone .....	165	Dicobalt edetate .....	165
Cycloserine .....	69	Defibrotide .....	27	Didanosine [DDI] .....	74
Cyklokapron .....	26	Demeclocycline		Diflucan .....	68
Cymevene .....	80	hydrochloride .....	65	Diflucortolone valerate .....	49
Cyproheptadine		Deoxycoformycin .....	121	Digestives Including	
hydrochloride .....	152	Depo-Medrol .....	57	Enzymes .....	17
Cyproterone acetate .....	56	Depo-Medrol with Lidocaine .....	57	Digoxin .....	36
Cyproterone acetate with		Depo-Provera .....	53	Digoxin immune Fab .....	164
ethinyloestradiol .....	52	Depo-Testosterone .....	56	Dihydrocodeine tartrate .....	98
Cysteamine hydrochloride .....	172	Deprim .....	67	Dihydroergotamine	
Cytarabine .....	119	Dermol .....	49, 50	mesylate .....	107
		Desferrioxamine mesilate .....	165	Dilatrend .....	37
<b>- D -</b>		Desflurane .....	94	Diltiazem hydrochloride .....	38
D-Penamamine .....	84	Desmopressin acetate .....	60	Dilzem .....	38
Dabigatran .....	27	Desmopressin-PH&T .....	60	Dimercaprol .....	165
Dacarbazine .....	121	Dexamethasone		Dimercaptosuccinic acid .....	165
Dactinomycin [Actinomycin		Hormone .....	56	Dimethicone .....	47
D] .....	118	Sensory .....	159	Dimethyl sulfoxide .....	170
Daivobet .....	50	Dexamethasone phosphate .....	56	Dinoprostone .....	53
Daivonex .....	50	Dexamethasone with framycetin		Diphemanil metilsulfate .....	51
Dalacin C .....	66	and gramicidin .....	158	Diphenoxylate hydrochloride with	
Dalteparin .....	27	Dexamethasone with neomycin		atropine sulphate .....	12
Danaparoid .....	27	sulphate and polymyxin B		Diphtheria and tetanus	
Danazol .....	58	sulphate .....	158	vaccine .....	189
Danthron with poloxamer .....	19	Dexamethasone with		Diphtheria antitoxin .....	164
Dantrium .....	90	tobramycin .....	158	Diphtheria, tetanus and pertussis	
Dantrolene .....	90	Dexamphetamine sulphate .....	114	vaccine .....	189
Dapa-Tabs .....	40	Dexmedetomidine		Diphtheria, tetanus, pertussis	
Dapsone .....	69	hydrochloride .....	94	and polio vaccine .....	189
Daptomycin .....	66	Dextrose with sodium citrate and		Diphtheria, tetanus, pertussis,	
Darunavir .....	75	citric acid [Acid Citrate		polio, hepatitis B and	
Dasatinib .....	122	Dextrose A] .....	28	haemophilus influenzae type B	
Daunorubicin .....	118	DHC Continus .....	98	vaccine .....	189
DBL Aminophylline .....	156	Diabetes .....	15	Diprivan .....	95
DBL Cefepime .....	62	Diacomit .....	106	Dipyridamole .....	29
DBL Cefotaxime .....	62	Diagnostic Agents .....	169	Disodium edetate .....	165
DBL Ceftazidime .....	62	Diagnostic and Surgical		Disodium hydrogen phosphate	
DBL Epirubicin		Preparations .....	160	with sodium dihydrogen	
Hydrochloride .....	119	Diamide Relief .....	12	phosphate .....	172
DBL Ergometrine .....	53	Diamox .....	161	Disopyramide phosphate .....	36
DBL Gemcitabine .....	119	Diatrizoate meglumine with		Disulfiram .....	116
DBL Leucovorin Calcium .....	126	diatrizoate sodium .....	166	Dithranol .....	172
DBL Morphine Sulphate .....	100	diatrizoate sodium .....	166	Diuretics .....	39
DBL Pethidine		Diazepam .....	103, 113	Diurin 40 .....	39
Hydrochloride .....	101	Diazoxide		Dobutamine hydrochloride .....	42
DBL Rocuronium Bromide .....	90	Alimentary .....	15	Docetaxel .....	126
DBL Tobramycin .....	61	Cardiovascular .....	43	Docetaxel Sandoz .....	126
DDI .....	74	Dichlorobenzyl alcohol with		Docusate sodium	
De-Nol .....	15	amylmetacresol .....	22	Alimentary .....	18
De-Worm .....	71				



Sensory .....	163	Electrolytes .....	171	Etanercept .....	128
Docusate sodium with sennosides .....	18	Eligard .....	59	Ethambutol hydrochloride .....	70
Domperidone .....	107	Emend Tri-Pack .....	107	Ethanol .....	164
Donepezil hydrochloride .....	116	EMLA .....	97	Ethanol with glucose .....	164
Donepezil-Rex .....	116	Emtricitabine .....	74	Ethanol, dehydrated .....	164
Dopamine hydrochloride .....	42	Emtricitabine with tenofovir disoproxil fumarate .....	74	Ethics Enalapril .....	34
Dopergin .....	94	Emtriva .....	74	Ethics Paracetamol .....	98
Dopress .....	101	Emulsifying ointment .....	48	Ethinylloestradiol .....	58
Dornase alfa .....	157	Enalapril maleate .....	34	Ethinylloestradiol with desogestrel .....	52
Dorzolamide .....	161	Enalapril maleate with hydrochlorothiazide .....	34	Ethinylloestradiol with levonorgestrel .....	52
Dorzolamide with timolol .....	161	Enbrel .....	128	Ethinylloestradiol with norethisterone .....	52
Dostinex .....	58	Endocrine Therapy .....	126	Ethosuximide .....	104
Dothiepin hydrochloride .....	101	Endoxan .....	118	Ethyl chloride .....	96
Doxapram .....	157	Enfuvirtide .....	72	Etidronate disodium .....	86
Doxazosin .....	35	Enoxaparin .....	28	Etomidate .....	94
Doxepin hydrochloride .....	101	Ensure (Chocolate) .....	187	Etopophos .....	121
Doxine .....	65	Ensure (Vanilla) .....	187	Etoposide .....	121
Doxorubicin hydrochloride .....	118	Ensure Plus (Banana) .....	188	Etoposide (as phosphate) .....	121
Doxycycline .....	65	Ensure Plus (Chocolate) .....	188	Etoricoxib .....	91
DP-Anastrozole .....	128	Ensure Plus (Fruit of the Forest) .....	188	Etravirine .....	73
Dr Reddy's Omeprazole .....	14	Ensure Plus (Strawberry) .....	188	Evista .....	88
Dr Reddy's Ondansetron .....	108	Ensure Plus (Vanilla) .....	188	Exemestane .....	128
Dr Reddy's Pantoprazole .....	15	Ensure Plus HN .....	187	Extemporaneously Compounded Preparations .....	172
Dr Reddy's Pramipexole .....	94	Ensure Plus HN RTH .....	187	EZ-fit Paediatric Mask .....	194
Dr Reddy's Quetiapine .....	110	Entacapone .....	94	Ezetimibe .....	41
Dr Reddy's Risperidone .....	110	Entapone .....	94	Ezetimibe with simvastatin .....	41
Dr Reddy's Terbinafine .....	69	Entecavir .....	77		
Droperidol .....	108	Enzymes .....	89	<b>- F -</b>	
Drugs Affecting Bone Metabolism .....	84	Ephedrine .....	42	Factor eight inhibitors bypassing agent .....	194
Dulcolax .....	19	Epirubicin Ebewe .....	119	FEIBA .....	194
Duolin .....	153	Epirubicin hydrochloride .....	119	Felodipine .....	38
Duovisc .....	161	Eprex .....	25	Fenpaed .....	91
Duride .....	42	Eptacog alfa [Recombinant factor Vlla] .....	26	Fentanyl .....	99
Dynastat .....	92	Eptifibatid .....	29	Ferodan .....	21
Dysport .....	90	Ergometrine maleate .....	53	Ferric subsulfate .....	26
<b>- E -</b>		Ergotamine tartrate with caffeine .....	107	Ferriprox .....	165
E-Mycin .....	63	Erlotinib .....	122	Ferro-F-Tabs .....	21
Econazole nitrate .....	46	Ertapenem .....	61	Ferro-tab .....	21
Edrophonium chloride .....	84	Erythrocin IV .....	63	Ferrous fumarate .....	21
Efavirenz .....	73	Erythromycin (as ethylsuccinate) .....	63	Ferrous fumarate with folic acid .....	21
Efavirenz with emtricitabine and tenofovir disoproxil fumarate .....	74	Erythromycin (as lactobionate) .....	63	Ferrous gluconate with ascorbic acid .....	21
Efexor XR .....	102	Erythromycin (as stearate) .....	63	Ferrous sulphate .....	21
Effient .....	29	Erythropoietin alpha .....	25	Ferrous sulphate with ascorbic acid .....	21
Eformoterol fumarate .....	155	Erythropoietin beta .....	25	Ferrous sulphate with folic acid .....	21
Efudix .....	51	Escitalopram .....	103	Ferrum H .....	21
Elecare (Unflavoured) .....	182	Esmolol hydrochloride .....	37		
Elecare (Vanilla) .....	182				
Elecare LCP (Unflavoured) .....	182				

Fexofenadine hydrochloride .....	153	Forteo .....	88	Gestrinone .....	58	
Filgrastim .....	30	Fortisip (Vanilla) .....	187	Glatiramer acetate .....	113	
Finasteride .....	54	Fortum .....	62	Glaucoma Preparations .....	161	
Flagyl .....	71	Fosamax .....	84	Glibenclamide .....	16	
Flagyl-S .....	71	Fosamax Plus .....	85	Gliclazide .....	16	
Flamazine .....	46	Foscarnet sodium .....	80	Glipizide .....	16	
Flecainide acetate .....	36	Fosfomycin .....	66	Glivec .....	123	
Fleet Phosphate Enema .....	19	Fragmin .....	27	Glucagen Hypokit .....	15	
Flixonase Hayfever & Allergy .....	152	Framycetin sulphate .....	158	Glucagon hydrochloride .....	15	
Flixotide .....	155	Freeflex .....	32	Glucerna Select (Vanilla) .....	180	
Flixotide Accuhaler .....	155	FreeStyle Lite .....	194	Glucerna Select RTH (Vanilla) .....	180	
Florinef .....	56	Freestyle Optium .....	194	Glucose		
Fluanxol .....	111	Freestyle Optium Ketone .....	194	Alimentary .....	15	
Flucloxacillin .....	64	Fresofol 1% .....	95	Blood .....	31	
Flucloxin .....	64	Frusemide-Claris .....	39	Extemporaneous .....	173	
Flucon .....	159	Fucidin .....	66	Glucose with potassium chloride .....	31	
Fluconazole .....	68	Fucithalmic .....	158	Glucose with potassium chloride and sodium chloride .....	31	
Fluconazole-Claris .....	68	Fungilin .....	22	Glucose with sucrose and fructose .....	15	
Flucytosine .....	69	Furosemide (frusemide) .....	39	Glycerin with sodium saccharin .....	173	
Fludara Oral .....	119	Fusidate sodium [Fusidic acid] .....	46	Glycerin with sucrose .....	173	
Fludarabine Ebewe .....	119	Fusidic acid .....	46	Glycerol		
Fludarabine phosphate .....	119	Dermatological .....	46	Alimentary .....	18	
Fludrocortisone acetate .....	56	Infection .....	66	Extemporaneous .....	173	
Fluids and Electrolytes .....	30	Sensory .....	158	Glycerol with paraffin .....	48	
Flumazenil .....	164	Fuzeon .....	72	Glyceryl trinitrate		
Flumetasone pivalate with clioquinol .....	158	<b>- G -</b>			Alimentary .....	14
Fluocortolone caproate with fluocortolone pivalate and cinchocaine .....	13	Gabapentin .....	104	Cardiovascular .....	42	
Fluorescein sodium .....	160	Gadobenic acid .....	168	Glycine .....	170	
Fluorescein sodium with lignocaine hydrochloride .....	160	Gadobutrol .....	168	Glycopyrronium bromide .....	14	
Fluorescein .....	160	Gadodiamide .....	168	Glypressin .....	60	
Fluorometholone .....	159	Gadoteric acid .....	168	Glytrin .....	42	
Fluorouracil .....	119	Gadovist .....	168	Gonadorelin .....	59	
Fluorouracil Ebewe .....	119	Gadoxetate disodium .....	169	Goserelin .....	59	
Fluorouracil sodium .....	51	Gamma benzene hexachloride .....	46	<b>- H -</b>		
Fluox .....	103	Ganciclovir .....	80	Habitrol .....	117	
Fluoxetine hydrochloride .....	103	Gastrografin .....	166	Habitrol (Classic) .....	117	
Flupenthixol decanoate .....	111	Gastrosoothe .....	14	Habitrol (Fruit) .....	117	
Fluphenazine decanoate .....	111	Gefitinib .....	123	Habitrol (Mint) .....	117	
Flutamide .....	127	Gelafusal .....	33	Haem arginate .....	20	
Flutamin .....	127	Gelatine, succinylated .....	33	Haemophilus influenzae type B vaccine .....	190	
Fluticasone .....	155	Gelofusine .....	33	Haldol .....	111	
Fluticasone propionate .....	152	Gemcitabine .....	119	Haldol Concentrate .....	111	
Fluticasone with salmeterol .....	156	Gemcitabine Actavis 1000 .....	119	Haloperidol .....	109	
Foban .....	46	Gemcitabine Actavis 200 .....	119	Haloperidol decanoate .....	111	
Folic acid .....	26	Gemcitabine Ebewe .....	119	Hartmann's solution .....	31	
Fondaparinux sodium .....	28	Gemfibrozil .....	40	Healon GV .....	160	
Food Modules .....	175	Genoptic .....	158			
Food/Fluid Thickeners .....	176	Genox .....	128			
		Gentamicin sulphate				
		Infection .....	61			
		Sensory .....	158			

healthE Fatty Cream .....	48	Hygroton .....	40	isophane .....	16
Heparin sodium .....	28	Hylo-Fresh .....	163	Insulin pen needles .....	194
Heparinised saline .....	28	Hyoscine butylbromide .....	14	Insulin syringes, disposable with attached needle .....	194
Heparon Junior .....	181	Hyoscine hydrobromide .....	108	Integrilin .....	29
Hepatitis A vaccine .....	191	Hyperuricaemia and Antigout .....	89	Intelence .....	73
Hepatitis B vaccine .....	191	Hypnovel .....	114	Interferon alfa-2a .....	81
Hepsera .....	76	Hypromellose .....	160, 162	Interferon alfa-2b .....	81
Herceptin .....	148	Hypromellose with dextran .....	163	Interferon beta-1-alpha .....	113
Hexamine hippurate .....	66	Hysite .....	162	Interferon beta-1-beta .....	113
Histamine acid phosphate .....	169	- I -		Interferon gamma .....	81
Holoxan .....	118	Ibiamox .....	63	Intra-uterine device .....	52
Hormone Replacement Therapy .....	57	Ibuprofen .....	91	Invanz .....	61
Humalog Mix 25 .....	16	Idarubicin hydrochloride .....	119	Iodine .....	60
Humalog Mix 50 .....	16	Ifosfamide .....	118	Iodine with ethanol .....	165
Human papillomavirus (6, 11, 16 and 18) vaccine .....	191	Ikorel .....	43	Iodised oil .....	166
Humatin .....	61	Ilomedin .....	45	Iodixanol .....	166
Humira .....	133	Iloprost .....	45	Iohexol .....	167
HumiraPen .....	133	Imatinib .....	123	Iomeprol .....	167
Hyaluronidase .....	89	Imiglucerase .....	20	Iopromide .....	167
Hybloc .....	37	Impenem with cilastatin .....	61	Iotrolan .....	167
Hydralazine hydrochloride .....	43	Imipramine hydrochloride .....	101	Ipratropium bromide .....	152-153
Hydrea .....	121	Imiquimod .....	50	Iressa .....	123
Hydrocortisone		Immune Modulators .....	81	Irinotecan Actavis 100 .....	121
Dermatological .....	49	Immunosuppressants .....	128	Irinotecan Actavis 40 .....	121
Extemporaneous .....	173	Impact Advanced Recovery (Chocolate) .....	186	Irinotecan hydrochloride .....	121
Hormone .....	57	Impact Advanced Recovery (Vanilla) .....	186	Iron polymaltose .....	21
Hydrocortisone acetate		Imuprine .....	150	Iron sucrose .....	21
Alimentary .....	13	Imuran .....	150	Irrigation Solutions .....	170
Dermatological .....	49	Indapamide .....	40	Isentress .....	76
Hydrocortisone		Indigo carmine .....	169	Ismo-20 .....	42
butyrate .....	49-50	Indinavir .....	76	Isoflurane .....	94
Hydrocortisone with		Indocyanine green .....	169	Isoniazid .....	70
ciprofloxacin .....	159	Indomethacin .....	91	Isoniazid with rifampicin .....	70
Hydrocortisone with		Infliximab .....	139	Isoprenaline .....	42
miconazole .....	50	Influenza vaccine .....	191	Isopropyl alcohol .....	165
Hydrocortisone with natamycin and neomycin .....	50	Inhaled Corticosteroids .....	154	Isoptin .....	39
Hydrocortisone with paraffin and wool fat .....	49	Inhibace Plus .....	34	Isosorbide mononitrate .....	42
Hydrogen peroxide .....	46	Innovacon hCG One Step Pregnancy Test .....	194	Isotretinoin .....	47
Hydroxocobalamin .....	164	Insulin aspart .....	16	Ispaghula (psyllium) husk .....	18
Hydroxocobalamin acetate .....	23	Insulin aspart with insulin aspart protamine .....	15	Isradipine .....	38
Hydroxychloroquine .....	84	Insulin glargine .....	16	Itch-Soothe .....	47
Hydroxyethyl starch 130/0.4 with magnesium chloride, potassium chloride, sodium acetate and sodium chloride .....	33	Insulin glulisine .....	16	Itraconazole .....	68
Hydroxyethyl starch 130/0.4 with sodium chloride .....	33	Insulin isophane .....	15	Itrazole .....	68
Hydroxyurea .....	121	Insulin lispro .....	16	Ivermectin .....	71
		Insulin lispro with insulin lispro protamine .....	16	- J -	
		Insulin neutral .....	16	Jadelle .....	53
		Insulin neutral with insulin		Jevity .....	187
				Jevity HiCal RTH .....	187
				Jevity RTH .....	187
		- K -			
		Kaletra .....	76		



Magnevist .....	169	Methacholine chloride .....	169	Miconazole .....	22
Malathion [Maldison] .....	47	Methadone hydrochloride .....		Miconazole nitrate .....	
Malathion with permethrin and piperonyl butoxide .....	47	Extemporaneous .....	173	Dermatological .....	46
Maldison .....	46	Nervous .....	99	Genito-Urinary .....	52
Mannitol .....	39	Methatabs .....	99	Microgynon 50 ED .....	52
Maprotiline hydrochloride .....	101	Methoblastin .....	120	Midazolam .....	114
Marcaïn .....	95	Methohexital sodium .....	95	Midodrine .....	36
Marcaïn Heavy .....	96	Methopt .....	162	Mifepristone .....	53
Marcaïn Isobaric .....	95	Methotrexate .....	120	Milrinone .....	43
Marcaïn with Adrenaline .....	96	Methotrexate Ebewe .....	120	Minerals .....	20
Marevan .....	29	Methoxsalen .....		Minidiab .....	16
Marine Blue Lotion SPF 30+ .....	51	[8-methoxypsoralen] .....	50	Minirin .....	60
Martindale Acetylcysteine .....	164	Methoxyflurane .....	98	Minocycline .....	65
Mask for spacer device .....	194	Methyl aminolevulinate hydrochloride .....	51	Minoxidil .....	43
Mast Cell Stabilisers .....	156	Methyl hydroxybenzoate .....	173	Mirtazapine .....	102
Maxidex .....	159	Methylcellulose .....	173	Misoprostol .....	14
Measles, mumps and rubella vaccine .....	192	Methylcellulose with glycerin and sodium saccharin .....	173	Mitomycin C .....	119
Mebendazole .....	71	Methylcellulose with glycerin and sucrose .....	173	Mitozantrone .....	119
Mebeverine hydrochloride .....	14	Methylidopa .....	39	Mitozantrone Ebewe .....	119
Medrol .....	57	Methylene blue .....	169	Mivacron .....	90
Medroxyprogesterone .....	59	Methylphenidate hydrochloride .....	115	Mivacurium chloride .....	90
Medroxyprogesterone acetate Genito-Urinary .....	53	Methylprednisolone (as sodium succinate) .....	57	Moclobemide .....	102
Hormone .....	58	Methylprednisolone aceponate .....	49	Modafinil .....	115
Mefenamic acid .....	92	Methylprednisolone acetate .....	57	Moderate .....	111
Mefloquine hydrochloride .....	71	Methylprednisolone acetate with lignocaine .....	57	Mogine .....	105
Megestrol acetate .....	127	Methylthionium chloride [Methylene blue] .....	169	Mometasone furoate .....	49
Meglumine gadopentate .....	169	Methylxanthines .....	156	Monosodium glutamate with sodium aspartate .....	171
Melatonin .....	113	Metoclopramide hydrochloride .....	108	Monosodium l-aspartate .....	171
Meloxicam .....	92	Metoclopramide hydrochloride with paracetamol .....	107	Montelukast .....	155
Melphalan .....	118	Metolazone .....	40	Morotocog alfa [Recombinant factor VIII] .....	26
Meningococcal (A, C, Y and W-135) conjugate vaccine .....	190	Metoprolol - AFT CR .....	37	Morphine hydrochloride .....	99
Meningococcal (A, C, Y and W-135) polysaccharide vaccine .....	190	Metoprolol succinate .....	37	Morphine sulphate .....	100
Meningococcal C conjugate vaccine .....	190	Metoprolol tartrate .....	37	Morphine tartrate .....	100
Menthol .....	173	Metronidazole Dermatological .....	46	Motetis .....	93
Mepivacaine hydrochloride .....	97	Infection .....	71	Mouth and Throat .....	21
Mercaptopurine .....	120	Metyrapone .....	58	Movicol .....	19
Meropenem .....	61	Mexiletine hydrochloride .....	36	Moxifloxacin .....	64
Mesalazine .....	13	Mexiletine Hydrochloride USP .....	36	Mucolytics and Expectorants .....	157
Mesna .....	126	Miacalcic .....	56	Multihance .....	168
Mestinin .....	84	Mianserin hydrochloride .....	102	Multiple Sclerosis Treatments .....	113
Metabolic Disorder Agents .....	19	Micolette .....	19	Multivitamins .....	22-23
Metabolic Products .....	177			Mupirocin .....	46
Metamide .....	108			Muscle Relaxants and Related Agents .....	90
Metaraminol .....	43			Myaccord .....	150
Metformin .....	17			Myambutol .....	70

Mydratics and Cycloplegics .....	162	Drugs .....	91	Olanzapine .....	110, 112
Mylan Atenolol .....	37	Nonacog alfa [Recombinant factor IX] .....	26	Olanzine .....	110
Mylan Fentanyl Patch .....	99	Noradrenaline .....	43	Olanzine-D .....	110
Myleran .....	118	Norethisterone Genito-Urinary .....	53	Olive oil .....	173
<b>- N -</b>					
Nadolol .....	37	Hormone .....	59	Olopatadine .....	159
Naloxone hydrochloride .....	164	Norethisterone with mestranol .....	52	Olsalazine .....	13
Naltraccord .....	116	Norfloxacin .....	65	Omeprazole .....	14
Naltrexone hydrochloride .....	116	Normison .....	114	Omezol Relief .....	14
Naphazoline hydrochloride .....	159	Norpress .....	102	Omnipaque .....	167
Naphcon Forte .....	159	Nortriptyline hydrochloride .....	102	Omniscan .....	168
Naproxen .....	92	Norvir .....	76	On Call Advanced .....	194
Naropin .....	97	Novasource Renal (Vanilla) .....	186	Oncaspar .....	121
Natamycin .....	158	Novatrein .....	50	OncoTICE .....	150
Natulan .....	121	NovoMix 30 FlexPen .....	15	Ondanaccord .....	108
Nausicalm .....	107	NovoSeven RT .....	26	Ondansetron .....	108
Navelbine .....	126	Noxafil .....	68	One-Alpha .....	24
Navoban .....	108	Nupentin .....	104	Onkotrone .....	119
Nedocromil .....	156	Nutrini Energy Multi Fibre .....	185	Optional Pharmaceuticals .....	194
Nefopam hydrochloride .....	98	RTH .....	185	Ora-Blend .....	173
Neocate Advance (Vanilla) .....	182	Nutrison Concentrated .....	181	Ora-Blend SF .....	173
Neocate Gold (Unflavoured) .....	182	Nutrison Energy .....	187	Ora-Plus .....	173
Neoral .....	128	Nyefax Retard .....	38	Ora-Sweet .....	173
NeoRecormon .....	25	Nystatin Alimentary .....	22	Ora-Sweet SF .....	173
Neostigmine metilsulfate .....	84	Dermatological .....	46	Oracort .....	22
Neostigmine metilsulfate with glycopyrronium bromide .....	84	Genito-Urinary .....	52	Oratane .....	47
Neosynephrine HCL .....	43	Infection .....	67	Ornidazole .....	71
Neotigason .....	50	<b>- O -</b>			
Nepro (Strawberry) .....	186	Obstetric Preparations .....	53	Orphenadrine citrate .....	90
Nepro (Vanilla) .....	186	Octocog alfa [Recombinant factor VIII] .....	27	Orphenadrine hydrochloride .....	93
Nepro RTH .....	185	Octreotide .....	127	Oruvail SR .....	92
Neulastim .....	30	Octreotide MaxRx .....	127	Oseltamivir .....	81
Neupogen .....	30	Ocular Lubricants .....	162	Osmolite .....	187
Nevirapine .....	73	Oestradiol .....	57-58	Osmolite RTH .....	187
Nevirapine Alphapharm .....	73	Oestradiol valerate .....	57	Ospamox .....	63
Nicorandil .....	43	Oestradiol with norethisterone acetate .....	58	Other Cardiac Agents .....	42
Nicotine .....	117	Oestriol Genito-Urinary .....	54	Other Endocrine Agents .....	58
Nicotinic acid .....	41	Hormone .....	58	Other Oestrogen Preparations .....	58
Nifedipine .....	38	Oestrogens .....	54	Other Otological Preparations .....	163
Nilstat .....	22, 67	Oestrogens (conjugated equine) .....	57	Other Progestogen Preparations .....	59
Nimodipine .....	38	Oestrogens with medroxyprogesterone acetate .....	58	Other Skin Preparations .....	51
Nitazoxanide .....	71	Oil in water emulsion .....	48	Oxaliplatin .....	122
Nitrates .....	42	Oily phenol .....	14	Oxaliplatin Actavis 100 .....	122
Nitrazepam .....	114			Oxaliplatin Actavis 50 .....	122
Nitroderm TTS 10 .....	42			Oxandrolone .....	56
Nitroderm TTS 5 .....	42			Oxazepam .....	113
Nitrofurantoin .....	66			Oxpentifylline .....	44
Nitronal .....	42			Oxybuprocaine hydrochloride .....	160
Noflam 250 .....	92			Oxybutynin .....	55
Noflam 500 .....	92			Oxycodone hydrochloride .....	100
Non-Steroidal Anti-Inflammatory				Oxycodone Orion .....	100

OxyContin .....	100	Pediasure RTH .....	185	Pindolol .....	37
Oxydone BNM .....	100	Pegaspargase .....	121	Pinetarsol .....	50
Oxymetazoline		Pegasus RBV Combination		Pinorax .....	19
hydrochloride .....	154	Pack .....	81	Pinorax Forte .....	19
OxyNorm .....	100	Pegasys .....	81	Pioglitazone .....	17
Oxytocin .....	53	Pegfilgrastim .....	30	Piperacillin with tazobactam .....	64
Oxytocin with ergometrine		Pegylated interferon alfa-2a .....	81	Pipothiazine palmitate .....	112
maleate .....	54	Penembact .....	61	Pituitary and Hypothalamic	
Ozole .....	68	Penicillamine .....	84	Hormones and Analogues .....	59
<b>- P -</b>					
Pacifen .....	90	Penicillin G .....	64	Pivmecillinam .....	66
Pacific Buspirone .....	113	Penicillin V .....	64	Pizaccord .....	17
Paclitaxel .....	126	Pentagastrin .....	58	Pizotifen .....	107
Paclitaxel Actavis .....	126	Pentamidine isethionate .....	71	PKU Anamix Junior LQ	
Paclitaxel Ebewe .....	126	Pentasa .....	13	(Berry) .....	178
Pamidronate BNM .....	86	Pentostatin		PKU Anamix Junior LQ	
Pamidronate disodium .....	86	[Deoxycoformycin] .....	121	(Orange) .....	178
Pamisol .....	86	Pentoxifylline [Oxpentifylline] .....	44	PKU Anamix Junior LQ	
Panadol .....	98	Peptamen OS 1.0 (Vanilla) .....	181	(Unflavoured) .....	178
Pancreatic enzyme .....	17	Peptisoothe .....	14	Plaquenil .....	84
Pancuronium bromide .....	90	Pergolide .....	94	Plendil ER .....	38
Pantoprazole .....	15	Perhexiline maleate .....	38	Plerfutren .....	169
Papaverine hydrochloride .....	44	Pericyazine .....	110	pms-Bosentan .....	44
Paper wasp venom .....	152	Perindopril .....	34	Pneumococcal (PCV10)	
Para-aminosalicylic Acid .....	70	Permax .....	94	conjugate vaccine .....	190
Paracare .....	98	Permethrin .....	47	Pneumococcal (PCV13)	
Paracare Double Strength .....	98	Peteha .....	70	conjugate vaccine .....	190
Paracetamol .....	98	Pethidine hydrochloride .....	101	Pneumococcal (PPV23)	
Paracetamol + Codeine		Pexsig .....	38	polysaccharide vaccine .....	191
(Relieve) .....	100	Phenelzine sulphate .....	102	Podophyllotoxin .....	51
Paracetamol with codeine .....	100	Phenindione .....	28	Polidocanol .....	26
Paracetamol-AFT .....	98	Phenobarbitone .....	105, 114	Poliomyelitis vaccine .....	192
Paraffin		Phenobarbitone sodium .....	173	Poloxamer .....	18
Alimentary .....	18	Phenol		Poly Gel .....	162
Dermatological .....	48	Extemporaneous .....	173	Poly-Tears .....	163
Extemporaneous .....	173	Various .....	170	Polyhexamethylene	
Paraffin liquid with soft white		Phenol with ioxaglic acid .....	170	biguanide .....	173
paraffin .....	163	Phenoxybenzamine		Polyvinyl alcohol .....	163
Paraffin liquid with wool fat .....	163	hydrochloride .....	35	Polyvinyl alcohol with	
Paraffin with wool fat .....	48	Phenoxyethylpenicillin		povidone .....	163
Paraldehyde .....	103	[Penicillin V] .....	64	Poractant alfa .....	157
Parecoxib .....	92	Phentolamine mesylate .....	35	Posaconazole .....	68
Paromomycin .....	61	Phenylephrine hydrochloride		Postinor-1 .....	53
Paroxetine hydrochloride .....	103	Cardiovascular .....	43	Potassium chloride .....	31, 33
Paser .....	70	Sensory .....	162	Potassium chloride with sodium	
Patent blue V .....	169	Phenytoin .....	106	chloride .....	32
Paxam .....	113	Phenytoin sodium .....	103, 106	Potassium citrate .....	54
Pazopanib .....	124	Pholcodine .....	154	Potassium dihydrogen	
Peak flow meter .....	194	Phosphorus .....	33	phosphate .....	32
Peanut oil .....	172	Phytomenadione .....	27	Potassium iodate	
Pediasure (Chocolate) .....	185	Picibanil .....	150	Alimentary .....	20
Pediasure (Strawberry) .....	185	Pilocarpine hydrochloride .....	161	Hormone .....	60
Pediasure (Vanilla) .....	185	Pilocarpine nitrate .....	173	Potassium iodate with iodine .....	20
		Pimafucort .....	50	Potassium perchlorate .....	60

Potassium permanganate .....	50	Provive MCT-LCT 1% .....	95	Retrovir .....	75
Povidone K30 .....	173	Pseudoephedrine		Reyataz .....	75
Povidone-iodine .....	166	hydrochloride .....	154	Ridal .....	110
Povidone-iodine with		Psoriasis and Eczema		Rifabutin .....	70
ethanol .....	166	Preparations .....	50	Rifampicin .....	70
Pradaxa .....	27	PTU .....	60	Rilutek .....	93
Pralidoxime iodide .....	164	Pulmocare (Vanilla) .....	186	Riluzole .....	93
Pramipexole hydrochloride .....	94	Pulmonary Surfactants .....	157	Ringer's solution .....	32
Prasugrel .....	29	Pulmozyme .....	157	Riodine .....	166
Pravastatin .....	40	Puri-nethol .....	120	Risedronate Sandoz .....	88
Praziquantel .....	71	Pyrazinamide .....	70	Risedronate sodium .....	88
Prazosin .....	35	Pyridostigmine bromide .....	84	Risperdal .....	110
Prednisolone .....	57	PyridoxADE .....	23	Risperdal Consta .....	112
Prednisolone acetate .....	159	Pyridoxal-5-phosphate .....	20	Risperdal Quicklet .....	110
Prednisolone sodium		Pyridoxine hydrochloride .....	23	Risperidone .....	110, 112
phosphate .....	159	Pyrimethamine .....	72	Risperon .....	110
Prednisone .....	57	Pytazen SR .....	29	Ritalin .....	115
Pregnancy test - hCG urine .....	194			Ritalin LA .....	115
Prezista .....	75	- Q -		Ritalin SR .....	115
Prilocaine hydrochloride .....	97	Q 300 .....	72	Ritonavir .....	76
Prilocaine hydrochloride with		Quetapel .....	110	Rituximab .....	145
felypressin .....	97	Quetiapine .....	110	Rivaroxaban .....	28
Primaquine phosphate .....	72	Quinapril .....	34	Rivotril .....	103
Primaxin .....	61	hydrochloride with		Rizamelt .....	107
Primidone .....	106	hydrochlorothiazide .....	34	Rizatriptan benzoate .....	107
Primolut N .....	59	Quinine dihydrochloride .....	72	Rocuronium bromide .....	90
Probenecid .....	90	Quinine sulphate .....	72	Ropin .....	94
Procaine penicillin .....	64			Ropinirole hydrochloride .....	94
Procarbazine hydrochloride .....	121	- R -		Ropivacaine hydrochloride .....	97
Prochlorperazine .....	108	RA-Morph .....	99	Ropivacaine hydrochloride with	
Proctosedyl .....	13	Rabies vaccine .....	192	fentanyl .....	97
Procyclidine hydrochloride .....	93	Raloxifene .....	88	Rose bengal sodium .....	160
Procytox .....	118	Raltegravir potassium .....	76	Roxane .....	12
Prodopa .....	39	Ranbaxy-Cefaclor .....	62	Roxithromycin .....	63
Progesterone .....	54	Ranibizumab .....	144	Rubifen .....	115
Proglicem .....	15	Ranitidine .....	14	Rubifen SR .....	115
Prograf .....	128	Rapamune .....	151		
Prokinex .....	107	Rasburicase .....	90	- S -	
Promethazine hydrochloride .....	153	Reandron 1000 .....	56	S-26 Gold Premgro .....	184
Promethazine theoclate .....	108	Recombinant factor IX .....	26	S26 LBW Gold RTF .....	184
Propafenone hydrochloride .....	36	Recombinant factor VIIa .....	26	Salamol .....	154
Propamidine isethionate .....	158	Recombinant factor VIII .....	26	Salapin .....	154
Propofol .....	95	Rectogesic .....	14	Salazopyrin .....	13
Propranolol .....	37	Red back spider antivenom .....	164	Salazopyrin EN .....	13
Propylene glycol .....	173	Redipred .....	57	Salbutamol .....	154
Propylthiouracil .....	60	Remicade .....	139	Salbutamol with ipratropium	
Prostin E2 .....	53	Remifentanil hydrochloride .....	101	bromide .....	153
Prostin VR .....	43	Remifentanil-AFT .....	101	Salicylic acid .....	174
Protamine sulphate .....	28	ReoPro .....	133	Salmeterol .....	156
Protionamide .....	70	Resource Beneprotein .....	176	Salmonella typhi vaccine .....	191
Protirelin .....	60	Resource Diabetic (Vanilla) .....	180	Sandimmun .....	128
Provera .....	58, 59	Respiratory Stimulants .....	157	Sandomigran .....	107
Provisc .....	160	Retinol .....	23	Sandostatin LAR .....	127
		Retinol Palmitate .....	163	Scalp Preparations .....	50



Sclerosing Agents .....	157	Sodium chloride with sodium bicarbonate .....	154	Spiramycin .....	72
Scopoderm TTS .....	108	Sodium citrate		Spiriva .....	153
Sebizole .....	46	Alimentary .....	12	Spirolactone .....	40
Secretin pentahydrochloride .....	169	Extemporaneous .....	174	Spirotone .....	40
Sedatives and Hypnotics .....	113	Sodium citrate with sodium chloride and potassium chloride .....	28	Sprycel .....	122
Selegiline hydrochloride .....	94	Sodium citrate with sodium lauryl sulphoacetate .....	19	Standard Feeds .....	186
Sennosides .....	19	Sodium citro-tartrate .....	55	Staphlex .....	64
Serenace .....	109	Sodium cromoglycate		Starch .....	174
Seretide .....	156	Alimentary .....	13	Stavudine .....	75
Seretide Accuhaler .....	156	Respiratory .....	152, 156	Sterculia with frangula .....	18
Serevent .....	156	Sensory .....	159	Stesolid .....	103
Serevent Accuhaler .....	156	Sodium dihydrogen phosphate [Sodium acid phosphate] .....	32	Stimulants / ADHD Treatments .....	114
Serophene .....	58	Sodium fluoride .....	20	Stiripentol .....	106
Seroquel .....	110	Sodium hyaluronate		Stocrin .....	73
Sertraline .....	103	Alimentary .....	22	Strattera .....	114
Sevoflurane .....	95	Sensory .....	160, 163	Streptase .....	30
Sevredol .....	100	Sodium hyaluronate with chondroitin sulphate .....	161	Streptokinase .....	30
Silagra .....	44	Sodium hypochlorite .....	166	Streptomycin sulphate .....	61
Sildenafil .....	44	Sodium metabisulfite .....	174	Stromectol .....	71
Silver nitrate		Sodium nitrite .....	164	Suboxone .....	116
Dermatological .....	51	Sodium nitroprusside		Sucrafate .....	15
Extemporaneous .....	174	Cardiovascular .....	44	Sucrose .....	98
Simethicone .....	12	Optional		Sugammadex .....	90
Simulect .....	139	Pharmaceuticals .....	195	Sulindac .....	92
Simvastatin .....	41	Sodium phenylbutyrate .....	20	Sulphacetamide sodium .....	158
Sincalide .....	169	Sodium phosphate with phosphoric acid .....	19	Sulphadiazine .....	66
Sinemet .....	94	Sodium polystyrene sulphonate .....	33	Sulphadiazine silver .....	46
Sinemet CR .....	94	Sodium stibogluconate .....	72	Sulphasalazine .....	13
Singulair .....	155	Sodium tetradecyl sulphate .....	26	Sulphur .....	174
Sirolimus .....	151	Sodium thiosulfate .....	164	Sumatriptan .....	107
Siterone .....	56	Sodium valproate .....	106	Sunitinib .....	124
Slow-Lopresor .....	37	Sodium with potassium .....	171	Sunscreen, proprietary .....	51
Snake antivenom .....	165	Solian .....	108	Suprane .....	94
Sodibic .....	33	Solifenacin succinate .....	55	Surgam .....	92
Sodium acetate .....	32	Solox .....	14	Surgical Preparations .....	170
Sodium acid phosphate .....	32	Solu-Cortef .....	57	Survanta .....	157
Sodium alginate with magnesium alginate .....	12	Solu-Medrol .....	57	Sustagen Hospital Formula (Chocolate) .....	187
Sodium alginate with sodium bicarbonate and calcium carbonate .....	12	Somatropin .....	59	Sustagen Hospital Formula (Vanilla) .....	187
Sodium aurothiomalate .....	84	Sotacor .....	38	Sutent .....	124
Sodium benzoate .....	20	Sotalol .....	38	Suxamethonium chloride .....	90
Sodium bicarbonate		Soya oil .....	164	Symmetrel .....	93
Blood .....	32-33	Space Chamber Plus .....	195	Sympathomimetics .....	42
Extemporaneous .....	174	Spacer device .....	195	Synacthen .....	59
Sodium calcium edetate .....	165	Span-K .....	33	Synacthen Depot .....	59
Sodium carboxymethylcellulose with pectin and gelatine .....	22	Specialised Formulas .....	179	Syntocinon .....	53
Sodium chloride				Syntometrine .....	54
Blood .....	32-33			Syrup .....	174
Respiratory .....	154, 157			Systane Unit Dose .....	163
Various .....	170				

Talc .....	157	Ticlopidine .....	29	Trichazole .....	71
Tambocor .....	36	Tigecycline .....	65	Trientine dihydrochloride .....	20
Tambocor CR .....	36	Timolol .....	161	Trifluoperazine	
Tamoxifen citrate .....	128	Timolol maleate .....	38	hydrochloride .....	111
Tamsulosin .....	54	Timoptol XE .....	161	Trimeprazine tartrate .....	153
Tamsulosin-Rex .....	54	Tiotropium bromide .....	153	Trimethoprim .....	67
Tarceva .....	122	TMP .....	67	Trimethoprim with	
Tasmar .....	94	Tobramycin		sulphamethoxazole	
Tazocin EF .....	64	Infection .....	61	[Co-trimoxazole] .....	67
Teicoplanin .....	67	Sensory .....	158	Trisodium citrate .....	28
Temaccord .....	121	Tobrex .....	158	Trometamol .....	170
Temazepam .....	114	Tocilizumab .....	148	Tropicamide .....	162
Temozolomide .....	121	Tofranil .....	101	Tropisetron .....	108
Tenecteplase .....	30	Tofranil S29 .....	101	Truvada .....	74
Tenofovir disoproxil fumarate .....	78	Tolcapone .....	94	Tuberculin, purified protein	
Tenoxicam .....	92	Tolterodine tartrate .....	55	derivative .....	169
Terazosin .....	35	Topamax .....	106	Two Cal HN .....	181
Terbinafine .....	69	Topical Products for Joint and		TwoCal HN RTH (Vanilla) .....	181
Terbutaline .....	54	Muscular Pain .....	92	Tykerb .....	123
Terbutaline sulphate .....	154	Topiramate .....	106		
Teriparatide .....	88	Tracleer .....	44	<b>- U -</b>	
Terlipressin .....	60	Tracrium .....	90	Ultraproct .....	13
Testosterone .....	56	Tramadol hydrochloride .....	101	Univent .....	153
Testosterone cypionate .....	56	Tramal 100 .....	101	Ural .....	55
Testosterone esters .....	56	Tramal 50 .....	101	Urea	
Testosterone undecanoate .....	56	Tramal SR 100 .....	101	Dermatological .....	48
Tetrabenazine .....	93	Tramal SR 150 .....	101	Extemporaneous .....	174
Tetracaine [Amethocaine]		Tramal SR 200 .....	101	Urex Forte .....	39
hydrochloride		Trandolapril .....	34	Urokinase .....	30
Nervous .....	97	Tranexamic acid .....	26	Urologicals .....	54
Sensory .....	160	Tranylcypromine sulphate .....	102	Uromitexan .....	126
Tetracosactide		Trastuzumab .....	148	Ursodeoxycholic acid .....	17
[Tetracosactrin] .....	59	Travoprost .....	162	Ursosan .....	17
Tetracosactrin .....	59	Treatments for Dementia .....	116	Utrogestan .....	54
Tetracyclin Wolff .....	65	Treatments for Substance		<b>- V -</b>	
Tetracycline .....	65	Dependence .....	116	Valaciclovir .....	80
Thalidomide .....	122	Tretinoin		Valcyte .....	80
Thalomid .....	122	Dermatological .....	47	Valganciclovir .....	80
Theophylline .....	156	Oncology .....	122	Valtrex .....	80
Thiamine hydrochloride .....	23	Tri-sodium citrate .....	174	Vancomycin .....	67
Thioguanine .....	120	Triamcinolone acetonide		Varenicline .....	117
Thiopental [Thiopentone]		Alimentary .....	22	Varicella zoster vaccine [Chicken	
sodium .....	95	Dermatological .....	49	pox vaccine] .....	192
Thiopentone .....	95	Hormone .....	57	Vasodilators .....	43
Thiotepa .....	118	Triamcinolone acetonide with		Vasopressin .....	60
Thrombin .....	26	gramicidin, neomycin and		Vasopressin Agents .....	60
Thymol glycerin .....	22	nystatin .....	159	Vecuronium bromide .....	90
Thyroid and Antithyroid		Triamcinolone acetonide with		Velcade .....	120
Preparations .....	60	neomycin sulphate, gramicidin		Venlafaxine .....	102
Thyrotropin alfa .....	59	and nystatin .....	50	Venofer .....	21
Tiaprofenic acid .....	92	Triamcinolone hexacetonide .....	57	Ventavis .....	45
Ticagrelor .....	29	Triazolam .....	114	Ventolin .....	154
Ticarcillin with clavulanic acid .....	64	Trichloroacetic acid .....	174	Vepesid .....	121

Veracol .....	62	Voriconazole .....	68	Zidovudine [AZT] .....	75
Verapamil hydrochloride .....	39	Votrient .....	124	Zidovudine [AZT] with lamivudine .....	75
Vergo 16 .....	107	<b>- W -</b>		Zinc	
Verpamil SR .....	39	Warfarin sodium .....	29	Alimentary .....	21
Vesanoid .....	122	Wart Preparations .....	50	Dermatological .....	47
Vesicare .....	55	Water		Zinc and castor oil .....	47
Vfend .....	68	Blood .....	33	Zinc chloride .....	21
Victrelis .....	79	Various .....	170	Zinc oxide .....	174
Vigabatrin .....	106	Wool fat		Zinc sulphate .....	21
Vimpat .....	105	Dermatological .....	48	Zinc with wool fat .....	47
Vinblastine sulphate .....	126	Extemporaneous .....	174	Zincaps .....	21
Vincristine sulphate .....	126	<b>- X -</b>		Zinnat .....	62
Vinorelbine .....	126	Xanthan .....	174	Ziprasidone .....	111
Viral Vaccines .....	191	Xarelto .....	28	Zithromax .....	62
Viramune Suspension .....	73	Xeloda .....	119	Zofran Zydis .....	108
Viread .....	78	Xylocaine .....	96, 97	Zoladex .....	59
Visipaque .....	166	Xylocaine Viscous .....	96	Zoledronic acid	
Vistil .....	163	Xylometazoline		Hormone .....	56
Vistil Forte .....	163	hydrochloride .....	154	Musculoskeletal System .....	86
VitA-POS .....	163	Xyntha .....	26	Zometa .....	56
Vital HN .....	180	<b>- Y -</b>		Zopiclone .....	114
Vitamin A with vitamins D and C .....	23	Yellow jacket wasp venom .....	152	Zostrix .....	92
Vitamin B complex .....	23	<b>- Z -</b>		Zostrix HP .....	98
Vitamins .....	22	Zantac .....	14	Zovirax IV .....	80
Vivonex Paediatric .....	182	Zapril .....	34	Zuclopenthixol acetate .....	111
Vivonex TEN .....	180	Zarator .....	40	Zuclopenthixol decanoate .....	112
Volibris .....	44	Zarzio .....	30	Zuclopenthixol	
Voltaren .....	91	Zavedos .....	119	hydrochloride .....	111
Voltaren Ophtha .....	159	Zeldox .....	111	Zyban .....	116
Volulyte 6% .....	33	Zetlam .....	77	Zyprexa Relprev .....	112
Volumatic .....	195	Zetop .....	152		
Voluven .....	33	Ziagen .....	74		



























