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Editors: Kaye Wilson,

Donna Jennings & Sarah Le Leu

email: 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**

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Programmers

Anrik Drenth & John Geering

email: texschedule@pharmac.govt.nz

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Introducing PHARMAC

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

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

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:
- the singular includes the plural; and
 - 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:

- Medical Devices;
- whole or fractionated blood products;
- diagnostic products which have an ex vivo use, such as pregnancy tests and reagents;
- disinfectants and sterilising products, except those that are to be used in or on a patient;
- foods and probiotics;
- radioactive materials;
- medical gases; and
- 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:

- an Unlisted Pharmaceutical; or
- 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:

- Pharmaceutical Cancer Treatments;
- 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;
- 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.

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

Antacids and Reflux Barrier Agents

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)			

Phosphate Binding Agents

ALUMINIUM HYDROXIDE Tab 600 mg			
CALCIUM CARBONATE – Restricted see terms below Oral liq 250 mg per ml (100 mg elemental per ml)	39.00	500 ml	Roxane
↳ Restricted Only for use in children under 12 years of age for use as a phosphate binding agent			

Antidiarrhoeals and Intestinal Anti-Inflammatory Agents

Antipropulsives

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

Rectal and Colonic Anti-Inflammatories

BUDESONIDE – Restricted see terms on the next page Cap 3 mg			
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	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 ACETATERectal foam 10% (14 applications) – 1% DV Jan-13 to 201525.30 21.1 g **Colifoam****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	Asacol
Suppos 1 g	50.96	28	Pentasa
Enema 1 g per 100 ml – 1% DV Sep-12 to 2015	44.12	7	Pentasa

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	Salazopyrin
Tab EC 500 mg – 1% DV Oct-13 to 2016	12.89	100	Salazopyrin EN

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
Management of Anal Fissures			
GLYCERYL TRINITRATE			
Oint 0.2%	22.00	30 g	Rectogesic
Rectal Sclerosants			
OILY PHENOL			
Inj 5%, 5 ml vial			
Antispasmodics and Other Agents Altering Gut Motility			
GLYCOPYRRONIUM BROMIDE			
Inj 200 mcg 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
Antiulcerants			
Antisecretory and Cytoprotective			
MISOPROSTOL			
Tab 200 mcg			
H2 Antagonists			
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
Proton Pump Inhibitors			
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			
➡ Restricted			
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
PANTOPRAZOLE			
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

BISMUTH TRIOXIDE			
Tab 120 mg	32.50	112	De-Nol
SUCRALFATE			
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

ACARBOSE			
Tab 50 mg – 1% DV Dec-12 to 2015	9.82	90	Accarb
Tab 100 mg – 1% DV Dec-12 to 2015	15.83	90	Accarb

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
INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE			
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
INSULIN NEUTRAL WITH INSULIN ISOPHANE			
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			
Insulin - Long-Acting Preparations			
INSULIN GLARGINE			
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
Insulin - Rapid-Acting Preparations			
INSULIN ASPART			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
INSULIN GLULISINE			
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
INSULIN LISPRO			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
Insulin - Short-Acting Preparations			
INSULIN NEUTRAL			
Inj human 100 u per ml, 10 ml vial			
Inj human 100 u per ml, 3 ml cartridge			
Oral Hypoglycaemic Agents			
GLIBENCLAMIDE			
Tab 5 mg			
GLICLAZIDE			
Tab 80 mg – 1% DV Sep-11 to 2014	17.60	500	Apo-Gliclazide
GLIPIZIDE			
Tab 5 mg – 1% DV Dec-12 to 2015	3.00	100	Minidiab

↑ 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
METFORMIN			
Tab immediate-release 500 mg – 1% DV Oct-12 to 2015.....	12.30	1,000	Apotex
Tab immediate-release 850 mg – 1% DV Oct-12 to 2015.....	10.10	500	Apotex
PIOGLITAZONE			
Tab 15 mg – 1% DV Sep-12 to 2015	1.50	28	Pizaccord
Tab 30 mg – 1% DV Sep-12 to 2015	2.50	28	Pizaccord
Tab 45 mg – 1% DV Sep-12 to 2015	3.50	28	Pizaccord

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
Laxatives			
Bowel-Cleansing Preparations			
CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE			
Powder for oral soln 12 g with magnesium oxide 3.5 g and sodium picosulfate 10 mg per sachet			<i>e.g. PicoPrep</i>
MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE			
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>
MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE AND SODIUM SULPHATE			
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
Bulk-Forming Agents			
ISPAGHULA (PSYLLIUM) HUSK			
Powder for oral soln – 1% DV Sep-13 to 2016	5.51	500 g	Konsyl-D
STERCULIA WITH FRANGULA – Restricted: For continuation only			
➔ Powder for oral soln			
Faecal Softeners			
DOCUSATE SODIUM			
Cap 50 mg – 1% DV Sep-11 to 2014	2.57	100	Laxofast 50
Cap 120 mg – 1% DV Sep-11 to 2014	3.48	100	Laxofast 120
DOCUSATE SODIUM WITH SENNOSIDES			
Tab 50 mg with sennosides 8 mg	6.38	200	Laxsol
PARAFFIN			
Oral liquid 1 mg per ml			
Enema 133 ml			
POLOXAMER			
Oral drops 10% – 1% DV Sep-11 to 2014	3.78	30 ml	Coloxyl
Osmotic Laxatives			
GLYCEROL			
Suppos 1.27 g			
Suppos 2.55 g			
Suppos 3.6 g – 1% DV Jan-13 to 2015	6.50	20	PSM
LACTULOSE			
Oral liq 10 g per 15 ml – 1% DV May-14 to 2014	3.84	500 ml	Laevolac
	7.68	1,000 ml	Laevolac
<i>(Laevolac Oral liq 10 g per 15 ml to be delisted 1 May 2014)</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
MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE – Restricted 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 – 1% DV Nov-13 to 2014	10.00	30	Lax-Sachets

➔ **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
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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 below

⚡ Cap 50 mg
⚡ Cap 100 mg
⚡ Inj 10 mg per ml, 5 ml vial

➔ **Restricted**

Metabolic disorders physician or metabolic disorders dietitian.

HAEM ARGINATE

Inj 25 mg per ml, 10 ml ampoule

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
IMIGLUCERASE – Restricted see terms below			
¶ Inj 40 iu per ml, 5 ml vial			
¶ Inj 40 iu per ml, 10 ml vial			
➔ Restricted			
Only for use in patients with approval by the Gaucher's Treatment Panel			
LEVOCARNITINE – Restricted see terms below			
¶ Cap 500 mg			
¶ Oral soln 500 mg per 15 ml			
¶ Inj 200 mg per ml, 5 ml vial			
➔ Restricted			
Metabolic disorders physician, metabolic disorders dietitian or neurologist			
PYRIDOXAL-5-PHOSPHATE – Restricted see terms below			
¶ Tab 50 mg			
➔ Restricted			
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	Arrow-Calcium
Tab 1.5 g (600 mg elemental)			
Tab eff 1.75 g (1 g elemental) – 1% DV Nov-11 to 2014	6.21	30	Calsource

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%			

Iron

FERROUS FUMARATE			
Tab 200 mg (65 mg elemental)	4.35	100	Ferro-tab

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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	Ferrum H
IRON SUCROSE			
Inj 20 mg per ml, 5 ml ampoule	100.00	5	Venofer

Magnesium

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	Martindale

Zinc

ZINC			
Oral liq 5 mg per 5 drops			
ZINC CHLORIDE			
Inj 5.3 mg per ml (5.1 mg per ml elemental), 2 ml ampoule			
ZINC SULPHATE			
Cap 137.4 mg (50 mg elemental) – 1% DV Nov-11 to 2014.....	11.00	100	Zincaps

Mouth and Throat

Agents Used in Mouth Ulceration

BENZYDAMINE HYDROCHLORIDE			
Soln 0.15%			
Spray 0.15%			
BENZYDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE			
Lozenge 3 mg with cetylpyridinium chloride			
CARBOXYMETHYLCELLULOSE			
Oral spray			
CHLORHEXIDINE GLUCONATE			
Mouthwash 0.2% – 1% DV Dec-12 to 2015.....	2.68	200 ml	healthE

ALIMENTARY TRACT AND METABOLISM

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

⚡ 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

e.g. Paediatric Seravit

➡ **Restricted**

Patient has inborn errors of metabolism.

⬆️ 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
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 **ABM**
Hydroxocobalamin

PYRIDOXINE HYDROCHLORIDE

Tab 25 mg – 1% DV Sep-11 to 2014 2.20 90 **PyridoxADE**
Tab 50 mg – 1% DV Sep-11 to 2014 12.16 500 **Apo-Pyridoxine**
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 **Cvite**
Tab chewable 250 mg

Vitamin D

ALFACALCIDOL

Cap 0.25 mcg 26.32 100 One-Alpha
Cap 1 mcg 87.98 100 One-Alpha
Oral drops 2 mcg per ml

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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		Brand or
(ex man. excl. GST)		Generic
\$	Per	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 \leq 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 \leq 30ml/min; or
 - 2.2 Both:
 - 2.2.1 Patient is diabetic; and
 - 2.2.2 Glomerular filtration rate \leq 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 \leq 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 \leq 30ml/min; or
 - 2.2 Both:
 - 2.2.1 Patient is diabetic; and
 - 2.2.2 Glomerular filtration rate \leq 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
Megaloblastic			
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			
Antifibrinolytics, Haemostatics and Local Sclerosants			
APROTININ – Restricted see terms below			
☒ Inj 10,000 kIU per ml (equivalent to 200 mg per ml), 50 ml vial			
☛ Restricted			
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
Blood Factors			
EPTACOG ALFA [RECOMBINANT FACTOR VIIIA]			
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
OCTOCOG ALFA [RECOMBINANT FACTOR VIII]			
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
DEXTROSE WITH SODIUM CITRATE AND CITRIC ACID [ACID CITRATE DEXTROSE A]			
Inj 24.5 mg with sodium citrate 22 mg and citric acid 7.3 mg per ml, 100 ml bag			
ENOXAPARIN			
Inj 20 mg in 0.2 ml syringe – 1% DV Sep-12 to 2015	37.24	10	Clexane
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	Clexane
Inj 60 mg in 0.6 ml syringe – 1% DV Sep-12 to 2015	74.91	10	Clexane
Inj 80 mg in 0.8 ml syringe – 1% DV Sep-12 to 2015	99.86	10	Clexane
Inj 100 mg in 1 ml syringe – 1% DV Sep-12 to 2015	125.06	10	Clexane
Inj 120 mg in 0.8 ml syringe – 1% DV Sep-12 to 2015	155.40	10	Clexane
Inj 150 mg in 1 ml syringe – 1% DV Sep-12 to 2015	177.60	10	Clexane
FONDAPARINUX SODIUM – Restricted see terms below			
⚡ Inj 2.5 mg in 0.5 ml syringe			
⚡ Inj 7.5 mg in 0.6 ml syringe			
➡ Restricted			
For use in heparin-induced thrombocytopenia, heparin resistance or heparin intolerance			
HEPARIN SODIUM			
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
HEPARINISED SALINE			
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			
PHENINDIONE			
Tab 10 mg			
Tab 25 mg			
Tab 50 mg			
PROTAMINE SULPHATE			
Inj 10 mg per ml, 5 ml ampoule			
RIVAROXABAN – Restricted see terms below			
⚡ Tab 10 mg	153.00	15	Xarelto
➡ Restricted			
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.			
SODIUM CITRATE WITH SODIUM CHLORIDE AND POTASSIUM CHLORIDE			
Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride 74.6 mcg per ml, 5,000 ml bag			
TRISODIUM CITRATE			
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
WARFARIN SODIUM			
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	Arrow - Clopid
	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	Pytazen SR
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

Either:

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

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
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➔Restricted

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

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TICLOPIDINE Tab 250 mg			

Fibrinolytic Agents

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

(Streptase Inj 250,000 iu vial to be delisted 1 December 2013)

(Streptase Inj 1,500,000 iu vial to be delisted 1 December 2013)

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

Colony-Stimulating Factors

Granulocyte Colony-Stimulating Factors

FILGRASTIM – **Restricted** 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

➡ **Restricted**

Oncologist or haematologist

PEGFILGRASTIM – **Restricted** see terms below

⚡ Inj 6 mg per 0.6 ml syringe	1,080.00	1	Neulastim
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➡ **Restricted**

For prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk \geq 20%*).

*Febrile neutropenia risk \geq 20% after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines.

Fluids and Electrolytes

Intravenous Administration

CALCIUM CHLORIDE

Inj 100 mg per ml, 10 ml vial

CALCIUM GLUCONATE

Inj 10%, 10 ml ampoule	21.40	10	Mayne
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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
COMPOUND ELECTROLYTES WITH GLUCOSE			
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
COMPOUND SODIUM LACTATE [HARTMANN'S SOLUTION]			
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
COMPOUND SODIUM LACTATE WITH GLUCOSE			
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
GLUCOSE			
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 – 1% DV Sep-11 to 2014	19.50	5	Biomed
Inj 50%, 90 ml bottle – 1% DV Sep-11 to 2014	11.25	1	Biomed
Inj 70%, 1,000 ml bag			
Inj 70%, 500 ml bag			
GLUCOSE WITH POTASSIUM CHLORIDE			
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			
GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE			
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			
GLUCOSE WITH SODIUM CHLORIDE			
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			
POTASSIUM CHLORIDE			
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
POTASSIUM CHLORIDE WITH SODIUM CHLORIDE			
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			
POTASSIUM DIHYDROGEN PHOSPHATE			
Inj 1 mmol per ml, 10 ml ampoule			
RINGER'S SOLUTION			
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
SODIUM ACETATE			
Inj 4 mmol per ml, 20 ml ampoule			
SODIUM BICARBONATE			
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
SODIUM CHLORIDE			
Inj 0.45%, bag	5.50	500 ml	Baxter
⚡ Inj 0.9%, 3 ml syringe			
➡ Restricted			
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			
➡ Restricted			
For use in flushing of in-situ vascular access devices only.			
⚡ Inj 0.9%, 10 ml syringe			
➡ Restricted			
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 – 1% DV Sep-13 to 2016	31.25	5	Biomed
Inj 1.8%, 500 ml bottle			
SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]			
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
WATER			
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

CALCIUM POLYSTYRENE SULPHONATE			
Powder	169.85	300 g	Calcium Resonium
COMPOUND ELECTROLYTES			
Powder for oral soln			
COMPOUND ELECTROLYTES WITH GLUCOSE			
Soln with electrolytes			
PHOSPHORUS			
Tab eff 500 mg			
POTASSIUM CHLORIDE			
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	Span-K
Oral liq 2 mmol per ml			
SODIUM BICARBONATE			
Cap 840 mg	8.52	100	Sodibic
SODIUM CHLORIDE			
Tab 600 mg			
Oral liq 2 mmol/ml			
SODIUM POLYSTYRENE SULPHONATE			
Powder			

Plasma Volume Expanders

GELATINE, SUCCINYLATED			
Inj 4%, 500 ml bag	92.50	10	Gelafusal
	108.00		Gelofusine
HYDROXYETHYL STARCH 130/0.4 WITH MAGNESIUM CHLORIDE, POTASSIUM CHLORIDE, SODIUM ACETATE AND SODIUM CHLORIDE			
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%
HYDROXYETHYL STARCH 130/0.4 WITH SODIUM CHLORIDE			
Inj 6% with sodium chloride 0.9%, 500 ml bag	198.00	20	Voluven

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Agents Affecting the Renin-Angiotensin System
ACE Inhibitors

CAPTOPRIL			
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

☛ Restricted

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.

CILAZAPRIL			
Tab 0.5 mg – 1% DV Sep-13 to 2016	2.00	90	Zapril
Tab 2.5 mg – 1% DV Sep-13 to 2016	4.31	90	Zapril
Tab 5 mg – 1% DV Sep-13 to 2016	6.98	90	Zapril
ENALAPRIL MALEATE			
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

(m-Enalapril Tab 5 mg to be delisted 1 January 2014)
(m-Enalapril Tab 10 mg to be delisted 1 January 2014)
(m-Enalapril Tab 20 mg to be delisted 1 January 2014)

LISINOPRIL			
Tab 5 mg – 1% DV Jan-13 to 2015	3.58	90	Arrow-Lisinopril
Tab 10 mg – 1% DV Jan-13 to 2015	4.08	90	Arrow-Lisinopril
Tab 20 mg – 1% DV Jan-13 to 2015	4.88	90	Arrow-Lisinopril

PERINDOPRIL			
Tab 2 mg	3.75	30	Apo-Perindopril
Tab 4 mg	4.80	30	Apo-Perindopril

QUINAPRIL			
Tab 5 mg – 1% DV Apr-13 to 2015	3.44	90	Arrow-Quinapril 5
Tab 10 mg – 1% DV Apr-13 to 2015	4.64	90	Arrow-Quinapril 10
Tab 20 mg – 1% DV Apr-13 to 2015	6.34	90	Arrow-Quinapril 20

TRANDOLAPRIL – Restricted: For continuation only

- ☛ Cap 1 mg
- ☛ Cap 2 mg

ACE Inhibitors with Diuretics

CILAZAPRIL WITH HYDROCHLOROTHIAZIDE			
Tab 5 mg with hydrochlorothiazide 12.5 mg	6.30	28	Inhibace Plus
ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE – Restricted: For continuation only			
☛ Tab 20 mg with hydrochlorothiazide 12.5 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
QUINAPRIL WITH HYDROCHLOROTHIAZIDE			
Tab 10 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015	3.37	30	Accuretic 10
Tab 20 mg with hydrochlorothiazide 12.5 mg – 1% DV Aug-12 to 2015	4.57	30	Accuretic 20

Angiotensin II Antagonists

CANDESARTAN CILEXETIL – **Restricted** see terms below

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

➔ **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	Lostaar
Tab 25 mg – 1% DV Dec-11 to 2014	3.20	90	Lostaar
Tab 50 mg – 1% DV Dec-11 to 2014	5.22	90	Lostaar
Tab 100 mg – 1% DV Dec-11 to 2014	8.68	90	Lostaar

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	Arrow-Losartan & Hydrochlorothiazide
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Alpha-Adrenoceptor Blockers

DOXAZOSIN

Tab 2 mg – 1% DV Jun-11 to 2014	8.23	500	Apo-Doxazosin
Tab 4 mg – 1% DV Jun-11 to 2014	12.40	500	Apo-Doxazosin

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	Apo-Prazo
Tab 2 mg	7.00	100	Apo-Prazo
Tab 5 mg	11.70	100	Apo-Prazo

TERAZOSIN

Tab 1 mg – 1% DV Sep-13 to 2016	0.50	28	Arrow
Tab 2 mg – 1% DV Sep-13 to 2016	0.45	28	Arrow
Tab 5 mg – 1% DV Sep-13 to 2016	0.68	28	Arrow

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

Antiarrhythmics

ADENOSINE

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

➡ **Restricted**

For use in cardiac catheterisation, electrophysiology and MRI.

AJMALINE – **Restricted** see terms below

- ⚡ Inj 5 mg per ml, 10 ml ampoule

➡ **Restricted**

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 **Cordarone-X**

ATROPINE SULPHATE

- Inj 600 mcg per ml, 1 ml ampoule – 1% DV Jan-13 to 201571.00

50 **AstraZeneca**

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 mg45.82
- Tab 100 mg80.92
- Cap long-acting 100 mg45.82
- Cap long-acting 200 mg80.92
- Inj 10 mg per ml, 15 ml ampoule52.45

60 Tambocor
60 Tambocor
30 Tambocor CR
30 Tambocor CR
5 Tambocor

MEXILETINE HYDROCHLORIDE

- Cap 150 mg65.00
- Cap 250 mg102.00

100 Mexiletine Hydrochloride
USP
100 Mexiletine Hydrochloride
USP

PROPafenONE HYDROCHLORIDE

- Tab 150 mg

Antihypotensives

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

- ⚡ Tab 2.5 mg
- ⚡ Tab 5 mg

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

CARDIOVASCULAR SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PROPRANOLOL			
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			
SOTALOL			
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	Apo-Amlodipine
Tab 5 mg – 1% DV Oct-11 to 2014	2.65	100	Apo-Amlodipine
Tab 10 mg – 1% DV Oct-11 to 2014	4.15	100	Apo-Amlodipine
FELODIPINE			
Tab long-acting 2.5 mg – 1% DV Sep-12 to 2015	2.90	30	Plendil ER
Tab long-acting 5 mg – 1% DV Nov-12 to 2015	3.10	30	Plendil ER
Tab long-acting 10 mg – 1% DV Nov-12 to 2015	4.60	30	Plendil ER
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
Tab long-acting 60 mg	12.28	30	Arrow-Nifedipine XR
Cap 5 mg			Adefin XL
			Arrow-Nifedipine XR
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	Dilzem
Tab 60 mg – 5% DV Sep-12 to 2015	8.50	100	Dilzem
Cap long-acting 120 mg – 5% DV Feb-13 to 2015	31.83	500	Apo-Diltiazem CD
Cap long-acting 180 mg – 5% DV Feb-13 to 2015	47.67	500	Apo-Diltiazem CD
Cap long-acting 240 mg – 5% DV Feb-13 to 2015	63.58	500	Apo-Diltiazem CD
Inj 5 mg per ml, 5 ml vial			

↑ 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
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.

VERAPAMIL HYDROCHLORIDE

Tab 40 mg – 1% DV Sep-11 to 2014	7.01	100	Isoptin
Tab 80 mg – 1% DV Sep-11 to 2014	11.74	100	Isoptin
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

CLONIDINE

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

CLONIDINE HYDROCHLORIDE

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

METHYLDOPA

Tab 125 mg	14.25	100	Prodopa
Tab 250 mg	15.10	100	Prodopa
Tab 500 mg	23.15	100	Prodopa

Diuretics

Loop Diuretics

BUMETANIDE

Tab 1 mg	16.36	100	Burinex
Inj 500 mcg per ml, 4 ml vial			

FUROSEMIDE (FRUSEMIDE)

Tab 40 mg – 1% DV Sep-12 to 2015	10.25	1,000	Diurin 40
Tab 500 mg – 1% DV Feb-13 to 2015	25.00	50	Urex Forte
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

MANNITOL

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Potassium Sparing Combination Diuretics			
AMILORIDE HYDROCHLORIDE WITH FUROSEMIDE			
Tab 5 mg with furosemide 40 mg			
AMILORIDE HYDROCHLORIDE WITH HYDROCHLOROTHIAZIDE			
Tab 5 mg with hydrochlorothiazide 50 mg			
Potassium Sparing Diuretics			
AMILORIDE HYDROCHLORIDE			
Tab 5 mg	17.50	100	Apo-Amiloride
Oral liq 1 mg per ml	30.00	25 ml	Biomed
SPIRONOLACTONE			
Tab 25 mg – 1% DV Sep-13 to 2016	3.65	100	Spirotone
Tab 100 mg – 1% DV Sep-13 to 2016	11.80	100	Spirotone
Oral liq 5 mg per ml	30.00	25 ml	Biomed
Thiazide and Related Diuretics			
BENDROFLUMETHAZIDE [BENDROFLUAZIDE]			
Tab 2.5 mg – 1% DV Sep-11 to 2014	6.48	500	Arrow-Bendrofluzide
Tab 5 mg – 1% DV Sep-11 to 2014	9.95	500	Arrow-Bendrofluzide
CHLOROTHIAZIDE			
Oral liq 50 mg per ml	26.00	25 ml	Biomed
CHLORTALIDONE [CHLORTHALIDONE]			
Tab 25 mg	8.00	50	Hygroton
INDAPAMIDE			
Tab 2.5 mg – 1% DV Oct-13 to 2016	2.25	90	Dapa-Tabs
METOLAZONE – Restricted see terms below			
⚡ Tab 5 mg			
➡ Restricted			
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			
Lipid-Modifying Agents			
Fibrates			
BEZAFIBRATE			
Tab 200 mg – 1% DV Mar-13 to 2015	9.70	90	Bezalip
Tab long-acting 400 mg – 1% DV Oct-12 to 2015	5.70	30	Bezalip Retard
GEMFIBROZIL			
Tab 600 mg – 1% DV Nov-13 to 2016	17.60	60	Lipazil

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
HMG CoA Reductase Inhibitors (Statins)			
ATORVASTATIN			
Tab 10 mg – 1% DV Oct-12 to 2015	2.52	90	Zarator
Tab 20 mg – 1% DV Oct-12 to 2015	4.17	90	Zarator
Tab 40 mg – 1% DV Oct-12 to 2015	7.32	90	Zarator
Tab 80 mg – 1% DV Oct-12 to 2015	16.23	90	Zarator
PRAVASTATIN			
Tab 10 mg			
Tab 20 mg – 1% DV Nov-11 to 2014	5.44	30	Cholvastin
Tab 40 mg – 1% DV Nov-11 to 2014	9.28	30	Cholvastin
SIMVASTATIN			
Tab 10 mg – 1% DV Sep-11 to 2014	1.40	90	Arrow-Simva
Tab 20 mg – 1% DV Sep-11 to 2014	1.95	90	Arrow-Simva
Tab 40 mg – 1% DV Sep-11 to 2014	3.18	90	Arrow-Simva
Tab 80 mg – 1% DV Sep-11 to 2014	9.31	90	Arrow-Simva

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.

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

Other Lipid-Modifying Agents

ACIPIMOX
Cap 250 mg
NICOTINIC ACID
Tab 50 mg
Tab 500 mg

Nitrates

GLYCERYL TRINITRATE			
Tab 600 mcg – 1% DV Sep-11 to 2014	8.00	100	Lycinate
Inj 1 mg per ml, 5 ml ampoule – 1% DV Dec-12 to 2015	22.70	10	Nitronal
Inj 1 mg per ml, 50 ml vial – 1% DV Dec-12 to 2015	86.60	10	Nitronal
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	Glytrin
Patch 25 mg, 5 mg per day – 1% DV Sep-11 to 2014	16.56	30	Nitroderm TTS 5
Patch 50 mg, 10 mg per day – 1% DV Sep-11 to 2014	19.50	30	Nitroderm TTS 10
ISOSORBIDE MONONITRATE			
Tab 20 mg – 1% DV Jun-11 to 2014	17.10	100	Ismo-20
Tab long-acting 40 mg – 1% DV Jun-11 to 2014	7.50	30	Corangin
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

☞ 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
ISOPRENALINE			
Inj 200 mcg per ml, 1 ml ampoule			
Inj 200 mcg per ml, 5 ml ampoule			
METARAMINOL			
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			
NORADRENALINE			
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
PHENYLEPHRINE HYDROCHLORIDE			
Inj 10 mg per ml, 1 ml vial	115.50	25	Neosynephrine HCL

Vasodilators

ALPROSTADIL HYDROCHLORIDE			
Inj 500 mcg per ml, 1 ml ampoule – 1% DV Oct-12 to 2015.....	1,417.50	5	Prostin VR
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 Apresoline
MILRINONE			
Inj 1 mg per ml, 10 ml ampoule			
MINOXIDIL – Restricted see terms below			
⚡ Tab 10 mg	70.00	100	Loniten
➔ Restricted			
For patients with severe refractory hypertension who have failed to respond to extensive multiple therapies.			
NICORANDIL – Restricted see terms on the next page			
⚡ Tab 10 mg	27.95	60	Ikorel
⚡ Tab 20 mg	33.28	60	Ikorel

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔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.			
PAPAVERINE HYDROCHLORIDE			
Inj 30 mg per ml, 1 ml vial			
Inj 12 mg per ml, 10 ml ampoule	73.12	5	Mayne
PENTOXIFYLLINE [OXPENTIFYLLINE]			
Tab 400 mg			
SODIUM NITROPRUSSIDE			
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	Silagra
☞ Tab 50 mg – 1% DV May-13 to 2014	1.85	4	Silagra
☞ Tab 100 mg – 1% DV May-13 to 2014	7.45	4	Silagra

➔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

continued...

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

- 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).

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
Anti-Infective Preparations			
Antibacterials			
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 – Restricted see terms below			
↓ Powder 50 g sachet			
➔ Restricted			
For the treatment of burns patients.			
MUPIROCIN			
Oint 2%			
SULPHADIAZINE SILVER			
Crm 1%	12.30	50 g	Flamazine
Antifungals			
AMOROLFINE – Restricted : For continuation only			
➔ Nail soln 5%			
CICLOPIROX OLAXMINE			
Nail soln 8%			
➔ Soln 1% – Restricted : For continuation only			
CLOTRIMAZOLE			
Crm 1% – 1% DV Nov-11 to 2014	0.54	20 g	Clomazol
➔ Soln 1% – Restricted : For continuation only			
ECONAZOLE NITRATE			
➔ Crm 1% – Restricted : 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% – Restricted : For continuation only			
Tinc 2%			
NYSTATIN			
Crm 100,000 u per g			
Antiparasitics			
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
MALATHION [MALDISON]			
Lotn 0.5%			
Shampoo 1%			
MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE			
Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%			
Note: Temporary listing to cover out-of-stock.			
PERMETHRIN			
Crm 5% – 1% DV Sep-11 to 2014	4.20	30 g	Lyderm
Lotn 5% – 1% DV Sep-11 to 2014	3.24	30 ml	A-Scabies

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*

DERMATOLOGICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Emollients			
AQUEOUS CREAM			
Crn 100 g – 1% DV Sep-11 to 2014	1.23	100 g	AFT
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	AFT
Note: DV limit applies to the pack sizes of greater than 100 g.			
CETOMACROGOL			
Crn BP, 500 g	3.50	500 g	Pharmacy Health healthE
Crn BP, 100 g	1.65	1	
CETOMACROGOL WITH GLYCEROL			
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	
EMULSIFYING OINTMENT			
Oint BP – 1% DV Nov-11 to 2014	1.95	100 g	Jaychem
Oint BP, 500 g – 1% DV Sep-11 to 2014	3.04	500 g	AFT
Note: DV limit applies to pack sizes of greater than 100 g.			
GLYCEROL WITH PARAFFIN			
Crn glycerol 10% with white soft paraffin 5% and liquid paraffin 10%			<i>e.g. QV cream</i>
OIL IN WATER EMULSION			
Crn – 1% DV Dec-12 to 2015	2.63	500 g	healthE Fatty Cream
Crn, 100 g	1.60	1	healthE Fatty Cream
PARAFFIN			
Oint liquid paraffin 50% with white soft paraffin 50%	3.10	100 g	healthE
White soft – 1% DV Feb-13 to 2015	0.92	10 g	healthE
Note: DV limit applies to pack sizes of 30 g or less, and to both white soft paraffin and yellow soft paraffin.			
Yellow soft			
PARAFFIN WITH WOOL FAT			
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>
UREA			
Crn 10%			
WOOL FAT			
Crn			
Corticosteroids			
BETAMETHASONE DIPROPIONATE			
Crn 0.05%			
Oint 0.05%			

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

Corticosteroids with Anti-Infective Agents

BETAMETHASONE VALERATE WITH CLIOQUINOL – Restricted see terms below

⚡ Crm 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

 Crm 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
HYDROCORTISONE WITH MICONAZOLE			
Crn 1% with miconazole nitrate 2%	2.20	15 g	Micreme H
HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN			
Crn 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
TRIAMCINOLONE ACETONIDE WITH NEOMYCIN SULPHATE, GRAMICIDIN AND NYSTATIN			
Crn 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g			

Psoriasis and Eczema Preparations

ACITRETIN			
Cap 10 mg	35.95	100	Neotigason
	38.66	60	Novatrein
Cap 25 mg	83.11	60	Novatrein
	85.40	100	Neotigason
BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL			
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
CALCIPOTRIOL			
Crn 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
COAL TAR WITH SALICYLIC ACID AND SULPHUR			
Oint 12% with salicylic acid 2% and sulphur 4%			
COAL TAR WITH TRIETHANOLAMINE LARYL SULPHATE AND FLUORESCEIN			
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
METHOXSALEN [8-METHOXYPSORALEN]			
Cap 10 mg			
Lotn 1.2%			
POTASSIUM PERMANGANATE			
Tab 400 mg			

Scalp Preparations

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

Wart Preparations

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

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

GENITO-URINARY SYSTEM

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

LEVONORGESTREL Tab 1.5 mg – 1% DV Jul-13 to 2016	3.50	1	Postinor-1
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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	Depo-Provera
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NORETHISTERONE Tab 350 mcg			
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Obstetric Preparations

Antiprogestogens

MIFEPRISTONE Tab 200 mg			
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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	DBL Ergometrine
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
OXYTOCIN WITH ERGOMETRINE MALEATE			
Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – 1%			
DV Oct-12 to 2015	11.13	5	Syntometrine

Tocolytics

PROGESTERONE – Restricted see terms below

☞ Cap 100 mg16.50 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 ml30.00 200 ml **Biomed**

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **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
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Urinary Antispasmodics

OXYBUTYNIN

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

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
Anabolic Agents			
OXANDROLINE			
☒ Tab 2.5 mg			
☛ Restricted			
For the treatment of burns patients.			
Androgen Agonists and Antagonists			
CYPROTERONE ACETATE			
Tab 50 mg – 1% DV Oct-12 to 2015	18.80	50	Siterone
Tab 100 mg – 1% DV Oct-12 to 2015	34.25	50	Siterone
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	Depo-Testosterone
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	Andriol Testocaps
Inj 250 mg per ml, 4 ml ampoule	86.00	1	Reandron 1000
Calcium Homeostasis			
CALCITONIN			
Inj 100 iu per ml, 1 ml ampoule – 1% DV Sep-11 to 2014	110.00	5	Miacalcic
ZOLEDRONIC ACID			
☒ Inj 0.8 mg per ml, 5 ml vial	550.00	1	Zometa
☛ Restricted			
For hypercalcaemia of malignancy			
Corticosteroids			
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	Douglas
Tab 4 mg – 1% DV Aug-12 to 2015	8.16	100	Douglas
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

HORMONE PREPARATIONS - SYSTEMIC EXCLUDING CONTRACEPTIVE HORMONES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
HYDROCORTISONE			
Tab 5 mg – 1% DV Nov-12 to 2015	8.10	100	Douglas
Tab 20 mg – 1% DV Nov-12 to 2015	20.32	100	Douglas
Inj 100 mg vial – 1% DV Oct-13 to 2016.....	4.99	1	Solu-Cortef
METHYLPREDNISOLONE (AS SODIUM SUCCINATE)			
Tab 4 mg – 1% DV Oct-12 to 2015	60.00	100	Medrol
Tab 100 mg – 1% DV Oct-12 to 2015.....	166.52	20	Medrol
Inj 40 mg vial – 1% DV Oct-12 to 2015.....	7.50	1	Solu-Medrol
Inj 125 mg vial – 1% DV Oct-12 to 2015.....	18.50	1	Solu-Medrol
Inj 500 mg vial – 1% DV Oct-12 to 2015.....	18.00	1	Solu-Medrol
Inj 1 g vial – 1% DV Oct-12 to 2015.....	37.50	1	Solu-Medrol
METHYLPREDNISOLONE ACETATE			
Inj 40 mg per ml, 1 ml vial – 1% DV Oct-12 to 2015.....	6.70	1	Depo-Medrol
METHYLPREDNISOLONE ACETATE WITH LIGNOCAINE			
Inj 40 mg with lignocaine 10 mg per ml, 1 ml vial – 1% DV Oct-12 to 2015	7.50	1	Depo-Medrol with Lidocaine
PREDNISOLONE			
Oral liq 5 mg per ml	10.45	30 ml	Redipred
Enema 200 mcg per ml, 100 ml			
PREDNISONE			
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
TRIAMCINOLONE ACETONIDE			
Inj 10 mg per ml, 1 ml ampoule – 1% DV Jun-12 to 2014.....	21.90	5	Kenacort-A
Inj 40 mg per ml, 1 ml ampoule – 1% DV Jun-12 to 2014.....	53.79	5	Kenacort-A40
TRIAMCINOLONE HEXACETONIDE			
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
Progestogen and Oestrogen Combined Preparations			
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			
Progestogens			
MEDROXYPROGESTERONE ACETATE			
Tab 2.5 mg – 1% DV Sep-13 to 2016	3.09	30	Provera
Tab 5 mg – 1% DV Sep-13 to 2016	13.06	100	Provera
Tab 10 mg – 1% DV Sep-13 to 2016	6.85	30	Provera
Other Endocrine Agents			
CABERGOLINE – Restricted see terms below			
⚡ Tab 0.5 mg – 1% DV Sep-12 to 2015	6.25	2	Dostinex
	25.00	8	Dostinex
↪ Restricted			
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	Serophene
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			
Other Oestrogen Preparations			
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.

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

Pituitary and Hypothalamic Hormones and Analogues

CORTICOTRORELIN (OVINE)

Inj 100 mcg vial

THYROTROPIN ALFA

Inj 900 mcg vial

Adrenocorticotropic Hormones

TETRACOSACTIDE [TETRACOSACTRIN]

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

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 mg35.00 100 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 mcg36.40 30 Minirin
 ⚡ Tab 200 mcg93.60 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 vial450.00 5 Glypressin

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

INFECTIONS - AGENTS FOR SYSTEMIC USE

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

Cephalosporins and Cephamycins - 2nd Generation

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

Cephalosporins and Cephamycins - 3rd Generation

CEFOTAXIME			
Inj 500 mg vial – 1% DV Oct-11 to 2014.....	1.90	1	Cefotaxime Sandoz
Inj 1 g vial – 1% DV Nov-11 to 2014.....	15.58	10	DBL Cefotaxime
CEFTAZADIME – Restricted see terms below			
⚡ Inj 500 mg vial – 1% DV Oct-11 to 2014.....	2.37	1	Fortum
⚡ 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

CEFTRIAXONE			
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 Cephamycins - 4th Generation

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

➡Restricted

Infectious disease physician or clinical microbiologist

Macrolides

AZITHROMYCIN – Restricted see terms below			
⚡ Tab 250 mg	10.00	30	Apo-Azithromycin
⚡ Tab 500 mg – 1% DV Feb-13 to 2015.....	1.25	2	Apo-Azithromycin
⚡ 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
CLARITHROMYCIN – Restricted see terms below			
⚡ Tab 250 mg – 1% DV Jan-12 to 2014	4.19	14	Apo-Clarithromycin
⚡ Tab 500 mg – 1% DV Apr-12 to 2014	10.95	14	Apo-Clarithromycin
⚡ 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	Klacid

➔ **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
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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	Arrow-Roxithromycin
Tab 300 mg – 1% DV Sep-12 to 2015	14.40	50	Arrow-Roxithromycin

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	Ibiamox
Inj 500 mg vial – 1% DV Nov-11 to 2014.....	15.08	10	Ibiamox
Inj 1 g vial – 1% DV Nov-11 to 2014.....	21.94	10	Ibiamox

AMOXYCILLIN WITH CLAVULANIC ACID

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

INFECTIONS - AGENTS FOR SYSTEMIC USE

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **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	Arrow-Norfloxacine
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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	Doxine
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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
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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	Azactam
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➔ **Restricted**

Infectious disease physician or clinical microbiologist

INFECTIONS - AGENTS FOR SYSTEMIC USE

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔Restricted			
Infectious disease physician, clinical microbiologist or maternal-foetal medicine specialist			
TEICOPLANIN – Restricted see terms below			
⚡ Inj 400 mg vial			
➔Restricted			
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 – Restricted see terms below			
⚡ Inj 500 mg vial – 1% DV Sep-11 to 2014	3.58	1	Mylan
➔Restricted			
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
Triazoles			
FLUCONAZOLE – Restricted see terms below			
☞ Cap 50 mg – 1% DV Jan-12 to 2014	4.77	28	Ozole
☞ Cap 150 mg – 1% DV Jan-12 to 2014	0.91	1	Ozole
☞ Cap 200 mg – 1% DV Jan-12 to 2014	13.34	28	Ozole
☞ 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	Fluconazole-Claris
☞ Inj 2 mg per ml, 100 ml vial – 1% DV Oct-13 to 2016	6.47	1	Fluconazole-Claris
➔ Restricted			
Consultant			
ITRACONAZOLE – Restricted see terms below			
☞ Cap 100 mg – 1% DV Oct-13 to 2016	2.99	15	itrazole
☞ Oral liquid 10 mg per ml			
➔ Restricted			
Infectious disease physician, clinical microbiologist, clinical immunologist or dermatologist			
POSACONAZOLE – Restricted see terms below			
☞ Oral liq 40 mg per ml	761.13	105 ml	Noxafil
➔ Restricted			
Infectious disease physician or haematologist			
Initiation			
<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			
Continuation			
<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 – Restricted 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
➔ Restricted			
Infectious disease physician, clinical microbiologist or haematologist			
Proven or probable aspergillus infection			
Both:			
1 Patient is immunocompromised; and			
2 Patient has proven or probable invasive aspergillus infection.			
Possible aspergillus infection			
All of the following:			

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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	Candidas
⚡ Inj 70 mg vial – 1% DV Oct-12 to 2015.....	862.50	1	Candidas

➔**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	Dr Reddy's Terbinafine
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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
ETHAMBUTOL HYDROCHLORIDE – Restricted see terms below			
☒ Tab 100 mg	48.01	56	Myambutol
☒ Tab 400 mg	49.34	56	Myambutol
☛ Restricted			
Infectious disease physician, clinical microbiologist or respiratory physician			
ISONIAZID – Restricted see terms below			
☒ Tab 100 mg – 1% DV Mar-13 to 2015	20.00	100	PSM
☛ Restricted			
Internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician			
ISONIAZID WITH RIFAMPICIN – Restricted see terms below			
☒ Tab 100 mg with rifampicin 150 mg			
☒ Tab 150 mg with rifampicin 300 mg			
☛ Restricted			
Internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician			
PARA-AMINOSALICYLIC ACID – Restricted see terms below			
☒ Grans for oral liq 4 g	280.00	30	Paser
☛ Restricted			
Infectious disease physician, clinical microbiologist or respiratory physician			
PROTIONAMIDE – Restricted see terms below			
☒ Tab 250 mg	305.00	100	Peteha
☛ Restricted			
Infectious disease physician, clinical microbiologist or respiratory physician			
PYRAZINAMIDE – Restricted see terms below			
☒ Tab 500 mg			
☛ Restricted			
Infectious disease physician, clinical microbiologist or respiratory physician			
RIFABUTIN – Restricted see terms below			
☒ Cap 150 mg – 1% DV Sep-13 to 2016	213.19	30	Mycobutin
☛ Restricted			
Infectious disease physician, clinical microbiologist, respiratory physician or gastroenterologist			
RIFAMPICIN – Restricted see terms below			
☒ Tab 600 mg			
☒ Cap 150 mg			
☒ Cap 300 mg			
☒ Oral liq 100 mg per 5 ml			
☒ Inj 600 mg vial			
☛ Restricted			
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
IVERMECTIN – Restricted see terms below			
⚡ Tab 3 mg	17.20	4	Stromectol
➔ Restricted			
Infectious disease physician, clinical microbiologist or dermatologist.			
MEBENDAZOLE			
Tab 100 mg – 1% DV Nov-11 to 2014	24.19	24	De-Worm
Oral liq 100 mg per 5 ml			
PRAZQUANTEL			
Tab 600 mg			
Antiprotozoals			
ARTEMETHER WITH LUMAFANTRINE – Restricted see terms below			
⚡ Tab 20 mg with lumefantrine 120 mg			
➔ Restricted			
Infectious disease physician or clinical microbiologist			
ARTESUNATE – Restricted see terms below			
⚡ Inj 60 mg vial			
➔ Restricted			
Infectious disease physician or clinical microbiologist			
ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE – Restricted see terms below			
⚡ Tab 62.5 mg with proguanil hydrochloride 25 mg			
⚡ Tab 250 mg with proguanil hydrochloride 100 mg			
➔ Restricted			
Infectious disease physician or clinical microbiologist			
CHLOROQUINE PHOSPHATE – Restricted see terms below			
⚡ Tab 250 mg			
➔ Restricted			
Infectious disease physician, clinical microbiologist, dermatologist or rheumatologist			
MEFLOQUINE HYDROCHLORIDE – Restricted see terms below			
⚡ Tab 250 mg			
➔ Restricted			
Infectious disease physician, clinical microbiologist, dermatologist or rheumatologist			
METRONIDAZOLE			
Tab 200 mg	10.45	100	Trichazole
Tab 400 mg	18.15	100	Trichazole
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
NITAZOXANIDE – Restricted see terms below			
⚡ Tab 500 mg	1,680.00	30	Alinia
⚡ Oral liq 100 mg per 5 ml			
➔ Restricted			
Infectious disease physician or clinical microbiologist			
ORNIDAZOLE			
Tab 500 mg	16.50	10	Arrow-Ornidazole
PENTAMIDINE ISETHIONATE – Restricted see terms on the next page			
⚡ Inj 300 mg vial			

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

Antiretrovirals

HIV Fusion Inhibitors

ENFUVRTIDE – Restricted 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
(ex man. excl. GST)
\$ Per Brand or
Generic
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/mm³; or
 - 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
 - 2.3.2.3 Viral load counts > 100000 copies per ml; or
 - 2.4 Both:
 - 2.4.1 Patient aged 6 years and over; and
 - 2.4.2 CD4 counts < 500 cells/mm³

Prevention of maternal transmission

Either:

- 1 Prevention of maternal foetal transmission; or
- 2 Treatment of the newborn for up to eight weeks.

Post-exposure prophylaxis following non-occupational exposure to HIV

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 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
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NEVIRAPINE – **Restricted** see terms above

⬆ Tab 200 mg – 1% DV Jan-13 to 2015	95.94	60	Nevirapine Alphapharm
⬆ 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
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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/mm³; or
 - 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
 - 2.3.2.3 Viral load counts > 100000 copies per ml; or
- 2.4 Both:
 - 2.4.1 Patient aged 6 years and over; and
 - 2.4.2 CD4 counts < 500 cells/mm³

Prevention of maternal transmission

Either:

- 1 Prevention of maternal foetal transmission; or
- 2 Treatment of the newborn for up to eight weeks.

Post-exposure prophylaxis following non-occupational exposure to HIV

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 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	Ziagen
⬆ Oral liq 20 mg per ml – 1% DV Jul-11 to 2014	50.00	240 ml	Ziagen

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

⬆ Tab 600 mg with lamivudine 300 mg	630.00	30	Kivexa
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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
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EMTRICITABINE – **Restricted** see terms on the preceding page

⬆ Cap 200 mg	307.20	30	Emtriva
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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
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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/mm³; or
 - 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
 - 2.3.2.3 Viral load counts > 100000 copies per ml; or
 - 2.4 Both:
 - 2.4.1 Patient aged 6 years and over; and
 - 2.4.2 CD4 counts < 500 cells/mm³

Prevention of maternal transmission

Either:

- 1 Prevention of maternal foetal transmission; or
- 2 Treatment of the newborn for up to eight weeks.

Post-exposure prophylaxis following non-occupational exposure to HIV

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 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
INDINAVIR – Restricted see terms on the preceding page			
† Cap 200 mg			
† Cap 400 mg			
LOPINAVIR WITH RITONAVIR – Restricted 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
RITONAVIR – Restricted see terms on the preceding page			
† Tab 100 mg – 1% DV Oct-12 to 2015	43.31	30	Norvir
† 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/mm³; or
 - 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
 - 2.3.2.3 Viral load counts > 100000 copies per ml; or
 - 2.4 Both:
 - 2.4.1 Patient aged 6 years and over; and
 - 2.4.2 CD4 counts < 500 cells/mm³

Prevention of maternal transmission

Either:

- 1 Prevention of maternal foetal transmission; or
- 2 Treatment of the newborn for up to eight weeks.

Post-exposure prophylaxis following non-occupational exposure to HIV

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 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
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➔ **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 ($> 1 \times \text{ULN}$); 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
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➔ **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 $\geq 2,000$ 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
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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 ($> 1 \times \text{ULN}$); 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 ($> 1 \times \text{ULN}$); 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 mg531.00 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 $> \text{ULN}$.

Pregnant, prevention of vertical transmission

Limited to six months' treatment

Both:

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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/mm³; or
 - 2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
 - 2.3.2.3 Viral load counts > 100000 copies per ml; or
 - 2.4 Both:
 - 2.4.1 Patient aged 6 years and over; and
 - 2.4.2 CD4 counts < 500 cells/mm³

Prevention of maternal transmission

Either:

- 1 Prevention of maternal foetal transmission; or
- 2 Treatment of the newborn for up to eight weeks.

Post-exposure prophylaxis following non-occupational exposure to HIV

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 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
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➡ 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
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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 x10⁹ /l or Albumin <35 g/l.

Herpesviridae

ACICLOVIR

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

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
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➡ **Restricted**

Infectious disease physician or clinical microbiologist

VALACICLOVIR – Restricted see terms below

⚡ Tab 500 mg	102.72	30	Valtrex
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➡ **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
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **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 6 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
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➔ **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 log₁₀ 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
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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 thrombocytopaenia, 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
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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
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➔ **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 $\geq 3\%$, 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
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➔ **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

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MUSCULOSKELETAL SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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 $\geq 3\%$, 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
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continued...

- 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) \geq 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score \leq -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 \geq -3.0 (see Note); or
 - 1.5 A 10-year risk of hip fracture \geq 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 (\geq 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 \geq 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score \leq -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 (\geq 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.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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
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➡ **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 $\geq 3\%$, 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
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TERIPARATIDE – **Restricted** see terms on the next page

⚡ Inj 250 mcg per ml, 2.4 ml cartridge	490.00	1	Forteo
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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **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	Apo-Allopurinol
Tab 300 mg – 1% DV Dec-11 to 2014	16.75	500	Apo-Allopurinol

BENZBROMARONE – **Restricted** see terms below

☞ Tab 100 mg	45.00	100	Benzbromaron AL 100
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➔ **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	Colgout
PROBENECID			
Tab 500 mg			
RASBURICASE – Restricted see terms below			
‡ Inj 1.5 mg vial			
↳ Restricted			
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	Tracrium
Inj 10 mg per ml, 5 ml ampoule – 1% DV Sep-12 to 2015	9.19	5	Tracrium
BACLOFEN			
Tab 10 mg – 1% DV Jun-13 to 2016	3.85	100	Pacifen
Oral liq 1 mg per ml			
Inj 0.05 mg per ml, 1 ml ampoule – 1% DV Oct-12 to 2015	11.55	1	Lioresal Intrathecal
Inj 2 mg per ml, 5 ml ampoule – 1% DV Oct-12 to 2015	209.29	1	Lioresal Intrathecal
CLOSTRIDIUM BOTULINUM TYPE A TOXIN			
Inj 100 u vial	467.50	1	Botox
Inj 500 u vial	1,295.00	2	Dysport
DANTROLENE			
Cap 25 mg	65.00	100	Dantrium
Cap 50 mg	77.00	100	Dantrium
Inj 20 mg vial			<i>e.g. Dantrium IV</i>
MIVACURIUM CHLORIDE			
Inj 2 mg per ml, 5 ml ampoule	33.92	5	Mivacron
Inj 2 mg per ml, 10 ml ampoule	67.17	5	Mivacron
ORPHENADRINE CITRATE			
Tab 100 mg			
PANCURONIUM BROMIDE			
Inj 2 mg per ml, 2 ml ampoule – 1% DV Jan-13 to 2015	260.00	50	AstraZeneca
ROCURONIUM BROMIDE			
Inj 10 mg per ml, 5 ml vial – 1% DV Sep-12 to 2015	38.25	10	DBL Rocuronium Bromide
SUXAMETHONIUM CHLORIDE			
Inj 50 mg per ml, 2 ml ampoule	130.00	50	AstraZeneca
VECURONIUM BROMIDE			
Inj 4 mg ampoule			
Inj 10 mg vial			

Reversers of Neuromuscular Blockade

SUGAMMADEX – Restricted see terms on the next page			
‡ Inj 100 mg per ml, 2 ml vial	1,200.00	10	Bridion
‡ Inj 100 mg per ml, 5 ml vial	3,000.00	10	Bridion

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

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 – Restricted: For continuation only			
➔ Tab 600 mg – Restricted: For continuation only			
Tab long-acting 800 mg – 1% DV Oct-11 to 2014.....	8.12	30	Brufen SR
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
KETOPROFEN			
Cap long-acting 100 mg	21.56	100	Oruvail SR
Cap long-acting 200 mg	43.12	100	Oruvail SR
MEFENAMIC ACID – Restricted: For continuation only			
➔ Cap 250 mg			
MELOXICAM – Restricted see terms below			
⚠ Tab 7.5 mg			
➔ Restricted			
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.			
NAPROXEN			
Tab 250 mg – 1% DV Jan-13 to 2015	21.25	500	Noflam 250
Tab 500 mg – 1% DV Jan-13 to 2015	22.25	250	Noflam 500
Tab long-acting 750 mg			
Tab long-acting 1 g			
PARECOXIB			
Inj 40 mg vial	100.00	10	Dynastat
SULINDAC – Restricted: For continuation only			
➔ Tab 100 mg			
➔ Tab 200 mg			
TENOXICAM			
Tab 20 mg			
Inj 20 mg vial	9.95	1	AFT
TIAPROFENIC ACID			
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
ENTACAPONE			
Tab 200 mg – 1% DV Dec-12 to 2015	47.92	100	Entapone
LEVODOPA WITH BENSERAZIDE			
Tab dispersible 50 mg with benserazide 12.5 mg	10.00	100	Madopar Rapid
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
LEVODOPA WITH CARBIDOPA			
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>
LISURIDE HYDROGEN MALEATE			
Tab 200 mcg	25.00	30	Dopergin
PERGOLIDE			
Tab 0.25 mg – 1% DV Sep-11 to 2014	48.00	100	Permax
Tab 1 mg – 1% DV Sep-11 to 2014	170.00	100	Permax
PRAMIPEXOLE HYDROCHLORIDE			
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
ROPINIROLE HYDROCHLORIDE			
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
SELEGILINE HYDROCHLORIDE			
Tab 5 mg			
TOLCAPONE			
Tab 100 mg – 1% DV Sep-11 to 2014	126.20	100	Tasmar

Anaesthetics

General Anaesthetics

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

↑ 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
KETAMINE HYDROCHLORIDE			
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			
METHOHEXITAL SODIUM			
Inj 10 mg per ml, 50 ml vial			
PROPOFOL			
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
SEVOFLURANE			
Soln for inhalation 100%, 250 ml bottle – 1% DV Dec-12 to 2015	1,230.00	6	Baxter
THIOPENTAL [THIOPENTONE] SODIUM			
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
BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial – 1% DV Nov-11 to 2014	135.00	5	Marcaïn with Adrenaline
Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial – 1% DV Nov-11 to 2014	115.00	5	Marcaïn with Adrenaline
BUPIVACAINE HYDROCHLORIDE WITH FENTANYL			
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	Bupafen
Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag – 1% DV Nov-11 to 2014	210.00	10	Bupafen
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	Biomed
Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe – 1% DV Nov-11 to 2014	92.00	10	Biomed
BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE			
Inj 0.5% with glucose 8%, 4 ml ampoule	38.00	5	Marcaïn Heavy
COCAINE HYDROCHLORIDE			
Paste 5%			
Soln 15%, 2 ml syringe			
Soln 4%, 2 ml syringe	25.46	1	Biomed
COCAINE HYDROCHLORIDE WITH ADRENALINE			
Paste 15% with adrenaline 0.06%			
Paste 25% with adrenaline 0.06%			
ETHYL CHLORIDE			
Spray 100%			
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE			
Gel 2% – 1% DV Oct-12 to 2015	3.40	20 ml	Orion
Soln 4%			
Spray 10% – 1% DV Sep-13 to 2016	75.00	50 ml	Xylocaine
Oral (viscous) soln 2% – 1% DV Sep-11 to 2014	55.00	200 ml	Xylocaine Viscous
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	Lidocaine-Clarís
Inj 1%, 20 ml ampoule – 1% DV Jul-13 to 2015	2.40	1	Lidocaine-Clarís
Inj 2%, 5 ml ampoule – 1% DV Jul-13 to 2015	6.90	25	Lidocaine-Clarís
Inj 2%, 20 ml ampoule – 1% DV Jul-13 to 2015	2.40	1	Lidocaine-Clarís
Gel 2%, 10 ml urethral syringe	43.26	10	Pfizer

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE			
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
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE			
Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe			
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE			
Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe	43.26	10	Pfizer
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE			
Nasal spray 5% with phenylephrine hydrochloride 0.5%			
LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE			
Crn 2.5% with prilocaïne 2.5%	45.00	30 g	EMLA
Patch 25 mcg with prilocaïne 25 mcg	115.00	20	EMLA
Crn 2.5% with prilocaïne 2.5%, 5 g	45.00	5	EMLA
MEPIVACAINE HYDROCHLORIDE			
Inj 3%, 1.8 ml dental cartridge			
Inj 3%, 2.2 ml dental cartridge			
PRILOCAINE HYDROCHLORIDE			
Inj 0.5%, 50 ml vial	100.00	5	Citanest
Inj 2%, 5 ml ampoule	55.00	10	Citanest
PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN			
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			
ROPIVACAINE HYDROCHLORIDE			
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			
ROPIVACAINE HYDROCHLORIDE WITH FENTANYL			
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
TETRACAINE [AMETHOCAINE] HYDROCHLORIDE			
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
FENTANYL			
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	Boucher and Muir
Inj 10 mcg per ml, 50 ml bag – 1% DV Dec-11 to 2014	210.00	10	Biomed
Inj 10 mcg per ml, 50 ml syringe – 1% DV Dec-11 to 2014	165.00	10	Biomed
Inj 50 mcg per ml, 10 ml ampoule – 1% DV Sep-12 to 2015	11.77	10	Boucher and Muir
Inj 10 mcg per ml, 100 ml bag – 1% DV Dec-11 to 2014	210.00	10	Biomed
Inj 20 mcg per ml, 50 ml syringe – 1% DV Dec-11 to 2014	185.00	10	Biomed
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
METHADONE HYDROCHLORIDE			
Tab 5 mg	1.85	10	Methatabs
Oral liq 2 mg per ml – 1% DV Sep-12 to 2015	5.55	200 ml	Biodone
Oral liq 5 mg per ml – 1% DV Sep-12 to 2015	5.55	200 ml	Biodone Forte
Oral liq 10 mg per ml – 1% DV Sep-12 to 2015	6.55	200 ml	Biodone Extra Forte
Inj 10 mg per ml, 1 ml vial	61.00	10	AFT
MORPHINE HYDROCHLORIDE			
Oral liq 1 mg per ml – 1% DV Oct-12 to 2015	8.84	200 ml	RA-Morph
Oral liq 2 mg per ml – 1% DV Oct-12 to 2015	11.62	200 ml	RA-Morph
Oral liq 5 mg per ml – 1% DV Oct-12 to 2015	14.65	200 ml	RA-Morph
Oral liq 10 mg per ml – 1% DV Oct-12 to 2015	21.55	200 ml	RA-Morph

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MORPHINE SULPHATE			
Tab long-acting 10 mg – 1% DV Sep-13 to 2016	1.95	10	Arrow-Morphine LA
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	Arrow-Morphine LA
Tab long-acting 60 mg – 1% DV Sep-13 to 2016	5.75	10	Arrow-Morphine LA
Tab long-acting 100 mg – 1% DV Sep-13 to 2016	6.45	10	Arrow-Morphine LA
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	Biomed
Inj 1 mg per ml, 10 ml syringe – 1% DV Dec-11 to 2014	39.50	10	Biomed
Inj 1 mg per ml, 50 ml syringe – 1% DV Dec-11 to 2014	79.50	10	Biomed
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	Biomed
Inj 5 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014	5.51	5	DBL Morphine Sulphate
Inj 10 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014	4.79	5	DBL Morphine Sulphate
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	DBL Morphine Sulphate
Inj 30 mg per ml, 1 ml ampoule – 1% DV Nov-11 to 2014	5.30	5	DBL Morphine Sulphate
Inj 200 mcg in 0.4 ml syringe			
Inj 300 mcg in 0.3 ml syringe			
MORPHINE TARTRATE			
Inj 80 mg per ml, 1.5 ml ampoule – 1% DV Sep-13 to 2016	35.60	5	Hospira
Inj 80 mg per ml, 5 ml ampoule – 1% DV Sep-13 to 2016	107.67	5	Hospira
OXYCODONE HYDROCHLORIDE			
Tab controlled-release 5 mg	7.51	20	OxyContin
Tab controlled-release 10 mg – 1% DV Oct-13 to 2015	6.75	20	Oxydone BNM
Tab controlled-release 20 mg – 1% DV Oct-13 to 2015	11.50	20	Oxydone BNM
Tab controlled-release 40 mg – 1% DV Oct-13 to 2015	18.50	20	Oxydone BNM
Tab controlled-release 80 mg – 1% DV Oct-13 to 2015	34.00	20	Oxydone BNM
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	Oxycodone Orion
Inj 10 mg per ml, 2 ml ampoule – 1% DV Dec-12 to 2015	19.87	5	Oxycodone Orion
Inj 50 mg per ml, 1 ml ampoule – 1% DV May-13 to 2015	60.00	5	OxyNorm
PARACETAMOL WITH CODEINE			
Tab paracetamol 500 mg with codeine phosphate 8 mg – 1% DV Nov-11 to 2014	2.70	100	Paracetamol + Codeine (Relieve)

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PETHIDINE HYDROCHLORIDE			
Tab 50 mg – 1% DV Mar-13 to 2015	3.95	10	PSM
Tab 100 mg – 1% DV Mar-13 to 2015	5.80	10	PSM
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	DBL Pethidine Hydrochloride
Inj 50 mg per ml, 2 ml ampoule – 1% DV Nov-11 to 2014	5.83	5	DBL Pethidine Hydrochloride
REMIFENTANIL HYDROCHLORIDE			
Inj 1 mg vial – 1% DV Feb-12 to 2014	27.95	5	Remifentanil-AFT
Inj 2 mg vial – 1% DV Feb-12 to 2014	41.80	5	Remifentanil-AFT
TRAMADOL HYDROCHLORIDE			
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	Arrow-Tramadol
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
Antidepressants			
Cyclic and Related Agents			
AMITRIPTYLINE			
Tab 10 mg – 1% DV Jan-13 to 2014	3.32	100	Arrow-Amitriptyline
Tab 25 mg – 1% DV Jun-11 to 2014	1.85	100	Amitrip
Tab 50 mg – 1% DV Jun-11 to 2014	3.60	100	Amitrip
CLOMIPRAMINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Jan-13 to 2015	12.60	100	Apo-Clomipramine
Tab 25 mg – 1% DV Jan-13 to 2015	8.68	100	Apo-Clomipramine
DOTHIEPIN HYDROCHLORIDE			
Tab 75 mg	10.50	100	Dopress
Cap 25 mg	6.17	100	Dopress
DOXEPIN HYDROCHLORIDE			
Cap 10 mg			
Cap 25 mg			
Cap 50 mg			
IMIPRAMINE HYDROCHLORIDE			
Tab 10 mg	5.48	50	Tofranil
	6.58	60	Tofranil
Tab 25 mg	8.80	50	Tofranil
MAPROTILINE HYDROCHLORIDE			
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			
TRANLYCYPROMINE 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 – Restricted 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 – Some items restricted 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
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➔ **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

CITALOPRAM HYDROBROMIDE			
Tab 20 mg – 1% DV Sep-11 to 2014	2.34	84	Arrow-Citalopram
ESCITALOPRAM			
Tab 10 mg	2.65	28	Loxalate
Tab 20 mg	4.20	28	Loxalate
FLUOXETINE HYDROCHLORIDE			
Tab dispersible 20 mg, scored	2.50	30	Fluox
Cap 20 mg	2.70	84	Fluox
PAROXETINE HYDROCHLORIDE			
Tab 20 mg	2.38	30	Loxamine
	4.32	90	Loxamine
<i>(Loxamine Tab 20 mg to be delisted 1 January 2014)</i>			
SERTRALINE			
Tab 50 mg – 1% DV Sep-13 to 2016	3.64	90	Arrow-Sertraline
Tab 100 mg – 1% DV Sep-13 to 2016	6.28	90	Arrow-Sertraline

Antiepilepsy Drugs

Agents for the Control of Status Epilepticus

CLONAZEPAM			
Inj 1 mg per ml, 1 ml ampoule	19.00	5	Rivotril
DIAZEPAM			
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
LORAZEPAM			
Inj 2 mg vial			
Inj 4 mg per ml, 1 ml vial			
PARALDEHYDE			
Inj 5 ml ampoule			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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PHENYTOIN SODIUM
 Inj 50 mg per ml, 2 ml ampoule
 Inj 50 mg per ml, 5 ml ampoule

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
LACOSAMIDE – Restricted see terms below			
⚡ 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			
➔ Restricted			
Initiation			
<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.			
Continuation			
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.			
LAMOTRIGINE			
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
LEVETIRACETAM			
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			
PHENOBARBITONE			
Tab 15 mg – 1% DV Mar-13 to 2015	28.00	500	PSM
Tab 30 mg – 1% DV Mar-13 to 2015	29.00	500	PSM

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PHENYTOIN			
Tab 50 mg			
PHENYTOIN SODIUM			
Cap 30 mg			
Cap 100 mg			
Oral liq 6 mg per ml			
PRIMIDONE			
Tab 250 mg			
SODIUM VALPROATE			
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			
STIRIPENTOL – Restricted see terms below			
☒ Cap 250 mg	509.29	60	Diacomit
☒ Powder for oral liq 250 mg sachet	509.29	60	Diacomit
☛Restricted			
Paediatric neurologist			
Initiation			
<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.			
Continuation			
Patient continues to benefit from treatment as measured by reduced seizure frequency from baseline.			
TOPIRAMATE			
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
VIGABATRIN – Restricted see terms below			
☒ Tab 500 mg			
☛Restricted			
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
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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	Rizamelt
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SUMATRIPTAN

Tab 50 mg – 1% DV Sep-13 to 2016	29.80	100	Arrow-Sumatriptan
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Tab 100 mg – 1% DV Sep-13 to 2016	54.80	100	Arrow-Sumatriptan
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Inj 12 mg per ml, 0.5 ml cartridge – 1% DV Sep-13 to 2016	13.80	2	Arrow-Sumatriptan
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Prophylaxis of Migraine

PIZOTIFEN

Tab 500 mcg – 1% DV Mar-13 to 2015	23.21	100	Sandomigran
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Antinausea and Vertigo Agents

APREPITANT – **Restricted** see terms below

⚡ Cap 2 × 80 mg and 1 × 125 mg	116.00	3	Emend Tri-Pack
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➔ **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	Vergo 16
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CYCLIZINE HYDROCHLORIDE

Tab 50 mg – 1% DV Sep-12 to 2015	0.59	10	Nausicalm
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CYCLIZINE LACTATE

Inj 50 mg per ml, 1 ml ampoule	14.95	5	Nausicalm
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DOMPERIDONE

Tab 10 mg – 1% DV Mar-13 to 2015	3.25	100	Prokinex
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NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DROPERIDOL			
Inj 2.5 mg per ml, 1 ml ampoule			
HYOSCINE HYDROBROMIDE			
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
➡ Restricted			
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.			
METOCLOPRAMIDE HYDROCHLORIDE			
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
ONDANSETRON			
Tab 4 mg – 1% DV Jan-14 to 2016	5.10	30	Dr Reddy's Ondansetron
	5.51	50	Onrex
Tab dispersible 4 mg	1.70	10	Dr Reddy's Ondansetron
	17.18		Zofran Zydis
Tab 8 mg – 1% DV Jan-14 to 2016	1.70	10	Dr Reddy's Ondansetron
	6.19	50	Onrex
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
<i>(Dr Reddy's Ondansetron Tab 4 mg to be delisted 1 January 2014)</i>			
<i>(Dr Reddy's Ondansetron Tab 8 mg to be delisted 1 January 2014)</i>			
PROCHLORPERAZINE			
Tab buccal 3 mg			
Tab 5 mg	16.85	500	Antinaus
Inj 12.5 mg per ml, 1 ml ampoule			
Suppos 25 mg			
PROMETHAZINE THEOCLATE – Restricted: For continuation only			
➡ Tab 25 mg			
TROPISETRON			
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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Antipsychotic Agents			
General			
AMISULPRIDE			
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
ARIPIPRAZOLE – Restricted 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
→ Restricted			
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.			
CHLORPROMAZINE HYDROCHLORIDE			
Tab 10 mg			
Tab 25 mg			
Tab 100 mg			
Oral liq 10 mg per ml			
Inj 25 mg per ml, 2 ml ampoule			
CLOZAPINE			
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
HALOPERIDOL			
Tab 500 mcg – 1% DV Oct-13 to 2016	6.23	100	Serenace
Tab 1.5 mg – 1% DV Oct-13 to 2016	9.43	100	Serenace
Tab 5 mg – 1% DV Oct-13 to 2016	29.72	100	Serenace
Oral liq 2 mg per ml – 1% DV Oct-13 to 2016.....	23.84	100 ml	Serenace
Inj 5 mg per ml, 1ml ampoule – 1% DV Oct-13 to 2016	21.55	10	Serenace

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LEVOMEPRMAZINE			
Tab 25 mg			
Tab 100 mg			
Inj 25 mg per ml, 1 ml ampoule			
LITHIUM CARBONATE			
Tab long-acting 400 mg			
Tab 250 mg – 1% DV Sep-12 to 2015	34.30	500	Lithicarb FC
Tab 400 mg – 1% DV Sep-12 to 2015	12.83	100	Lithicarb FC
Cap 250 mg – 1% DV Nov-11 to 2014.....	9.42	100	Douglas
OLANZAPINE			
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			
PERICYAZINE			
Tab 2.5 mg			
Tab 10 mg			
QUETIAPINE			
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
Tab 200 mg	24.00	60	Quetapel
			Dr Reddy's Quetiapine
			Seroquel
Tab 300 mg	36.00	90	Quetapel
	40.00	60	Dr Reddy's Quetiapine
			Seroquel
	60.00	90	Quetapel

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RISPERIDONE – Some items restricted see terms below			
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	Risperdal Quicklet
Tab 1 mg	6.00	60	Apo-Risperidone Dr Reddy's Risperidone
	16.92		Ridal
⚡ Tab orodispersible 1 mg	42.84	28	Risperdal
Tab 2 mg	11.00	60	Risperdal Quicklet Apo-Risperidone Dr Reddy's Risperidone
			Ridal
⚡ Tab orodispersible 2 mg	85.71	28	Risperdal
Tab 3 mg	15.00	60	Risperdal Quicklet Apo-Risperidone Dr Reddy's Risperidone
			Ridal
Tab 4 mg	20.00	60	Risperdal Apo-Risperidone Dr Reddy's Risperidone
			Ridal
Oral liq 1 mg per ml	18.35	30 ml	Risperdal Apo-Risperidone Risperon
	67.68		Risperdal
	25.26		Risperdal

↔ 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 on the next page

⚡ 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			

NERVOUS SYSTEM

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

OLANZAPINE – Restricted 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

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

ALPRAZOLAM

Tab 1 mg			
Tab 250 mcg			
Tab 500 mcg			

BUSPIRONE HYDROCHLORIDE

Tab 5 mg	28.00	100	Pacific Buspirone
Tab 10 mg	17.00	100	Pacific Buspirone

CLONAZEPAM

Tab 500 mcg	6.68	100	Paxam
Tab 2 mg	12.75	100	Paxam

DIAZEPAM

Tab 2 mg	11.44	500	Arrow-Diazepam
Tab 5 mg	13.71	500	Arrow-Diazepam

LORAZEPAM

Tab 1 mg	16.42	250	Ativan
Tab 2.5 mg	11.17	100	Ativan

OXAZEPAM

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

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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
- ⚡ Tab 1 mg
- ⚡ Tab 2 mg
- ⚡ Tab 3 mg
- ⚡ Cap 2 mg
- ⚡ Cap 3 mg

e.g. Circadin

➡ **Restricted**

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

MIDAZOLAM

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

NITRAZEPAM

- Tab 5 mg

PHENOBARBITONE

- Inj 200 mg per ml, 1 ml ampoule

TEMAZEPAM

Tab 10 mg – 1% DV Nov-11 to 2014	1.27	25	Normison
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TRIAZOLAM – **Restricted**: For continuation only

- ➡ Tab 125 mcg
- ➡ Tab 250 mcg

ZOPICLONE

Tab 7.5 mg – 1% DV Jan-12 to 2014	1.90	30	Apo-Zopiclone
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Price
(ex man. excl. GST)
\$ Per Brand or
Generic
Manufacturer

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 below

⚡ Tab 5 mg – 1% DV Mar-13 to 2015	16.50	100	PSM
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➔ **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

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

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

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	Zyban
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DISULFIRAM

Tab 200 mg	24.30	100	Antabuse
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NALTREXONE HYDROCHLORIDE – **Restricted** see terms below

⚡ Tab 50 mg – 1% DV Sep-13 to 2016	76.00	30	Naltraccord
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➔ **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

NICOTINE – **Some items restricted** see terms on the next page

Gum 2 mg – 5% DV Oct-11 to 2014.....	36.47	384	Habitrol (Classic) Habitrol (Fruit) Habitrol (Mint)
Gum 4 mg – 5% DV Oct-11 to 2014.....	42.04	384	Habitrol (Classic) Habitrol (Fruit) Habitrol (Mint)
Patch 7 mg per 24 hours – 5% DV Jul-11 to 2014	18.13	28	Habitrol
Patch 14 mg per 24 hours – 5% DV Jul-11 to 2014	18.81	28	Habitrol
Patch 21 mg per 24 hours – 5% DV Jul-11 to 2014	19.14	28	Habitrol
Lozenge 1 mg – 5% DV Jul-11 to 2014.....	19.94	216	Habitrol
Lozenge 2 mg – 5% DV Jul-11 to 2014.....	24.27	216	Habitrol

⚡ Soln for inhalation 15 mg cartridge

e.g. Nicorette Inhalator

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Chemotherapeutic Agents			
Alkylating Agents			
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			
Anthracyclines and Other Cytotoxic Antibiotics			
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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
EPIRUBICIN HYDROCHLORIDE			
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	DBL Epirubicin Hydrochloride
Inj 2 mg per ml, 50 ml vial – 1% DV Aug-12 to 2015	58.20	1	DBL Epirubicin Hydrochloride
Inj 2 mg per ml, 100 ml vial – 1% DV Aug-12 to 2015	94.50	1	DBL Epirubicin Hydrochloride
IDARUBICIN HYDROCHLORIDE			
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	Zavedos
Inj 10 mg vial – 1% DV Sep-12 to 2015	200.00	1	Zavedos
MITOMYCIN C			
Inj 5 mg vial – 1% DV Oct-13 to 2016	79.75	1	Arrow
MITOZANTRONE			
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
Antimetabolites			
CAPECITABINE			
Tab 150 mg	115.00	60	Xeloda
Tab 500 mg	705.00	120	Xeloda
CLADRIBINE			
Inj 2 mg per ml, 5 ml vial			
Inj 1 mg per ml, 10 ml vial	5,249.72	7	Leustatin
CYTARABINE			
Inj 20 mg per ml, 5 ml vial – 1% DV Nov-13 to 2016	55.00	5	Pfizer
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	Pfizer
Inj 100 mg per ml, 20 ml vial – 1% DV Nov-13 to 2016	17.65	1	Pfizer
FLUDARABINE PHOSPHATE			
Tab 10 mg – 1% DV Jun-12 to 2015	433.50	20	Fludara Oral
Inj 50 mg vial – 1% DV Sep-11 to 2014	525.00	5	Fludarabine Ebewe
FLUOROURACIL			
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
GEMCITABINE			
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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MERCAPTOPYRINE			
Tab 50 mg – 1% DV Oct-13 to 2016	49.41	25	Puri-nethol
METHOTREXATE			
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 7.5 mg prefilled syringe – 1% DV Jan-14 to 2016.....	17.19	1	Methotrexate Sandoz
Inj 10 mg prefilled syringe – 1% DV Jan-14 to 2016.....	17.25	1	Methotrexate Sandoz
Inj 15 mg prefilled syringe – 1% DV Jan-14 to 2016.....	17.38	1	Methotrexate Sandoz
Inj 20 mg prefilled syringe – 1% DV Jan-14 to 2016.....	17.50	1	Methotrexate Sandoz
Inj 25 mg prefilled syringe – 1% DV Jan-14 to 2016.....	17.63	1	Methotrexate Sandoz
Inj 30 mg prefilled syringe – 1% DV Jan-14 to 2016.....	17.75	1	Methotrexate Sandoz
Inj 25 mg per ml, 2 ml vial – 1% DV Sep-13 to 2016	20.20	5	Hospira
Inj 25 mg per ml, 20 ml vial – 1% DV Sep-13 to 2016	27.78	1	Hospira
Inj 100 mg per ml, 10 ml vial – 1% DV Nov-08 to 2014	25.00	1	Methotrexate Ebewe
Inj 100 mg per ml, 50 ml vial – 1% DV Nov-08 to 2014	125.00	1	Methotrexate Ebewe
THIOGUANINE			
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:

continued...

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
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.			
COLASPASE [L-ASPARAGINASE]			
Inj 10,000 iu vial	102.32	1	Leunase
DACARBAZINE			
Inj 200 mg vial – 1% DV Oct-13 to 2016	51.84	1	Hospira
ETOPOSIDE			
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
ETOPOSIDE (AS PHOSPHATE)			
Inj 100 mg vial – 1% DV Sep-11 to 2014	40.00	1	Etopophos
HYDROXYUREA			
Cap 500 mg	31.76	100	Hydrea
IRINOTECAN HYDROCHLORIDE			
Inj 20 mg per ml, 2 ml vial – 1% DV Nov-12 to 2015	9.34	1	Irinotecan Actavis 40
Inj 20 mg per ml, 5 ml vial – 1% DV Nov-12 to 2015	23.34	1	Irinotecan Actavis 100
PEGASPARGASE – Restricted see terms below			
⚡ Inj 750 iu per ml, 5 ml vial	3,005.00	1	Oncaspar
↪ Restricted			
Newly diagnosed ALL			
<i>Limited to 12 months' treatment</i>			
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			
<i>Limited to 12 months' treatment</i>			
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 on the next page			
⚡ 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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **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/m².

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
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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	Carbaccord
Inj 10 mg per ml, 45 ml vial – 1% DV Jan-13 to 2015	48.50	1	Carbaccord
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	Oxaliplatin Actavis 50
Inj 100 mg vial – 1% DV Aug-12 to 2015	25.01	1	Oxaliplatin Actavis 100

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ERLOTINIB – Restricted see terms below			
☞ Tab 100 mg	3,100.00	30	Tarceva
☞ Tab 150 mg	3,950.00	30	Tarceva

☞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
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☞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
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☞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
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☞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.

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

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 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 on the next page

⚡ 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

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ 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
 - 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 \leq 70; or
 - 5.6 \geq 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 \geq 10% or decrease in tumour density in Hounsfield Units (HU) of \geq 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.

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

Taxanes

DOCETAXEL

Inj 10 mg per ml, 2 ml vial – 1% DV May-13 to 2014	48.75	1	Docetaxel Sandoz
Inj 10 mg per ml, 8 ml vial – 1% DV May-13 to 2014	195.00	1	Docetaxel Sandoz

PACLITAXEL

Inj 6 mg per ml, 5 ml vial – 1% DV Oct-08 to 2014	137.50	5	Paclitaxel Ebewe
Inj 6 mg per ml, 16.7 ml vial – 1% DV Oct-08 to 2014	91.67	1	Paclitaxel Actavis Paclitaxel Ebewe
Inj 6 mg per ml, 25 ml vial – 1% DV Oct-08 to 2014	137.50	1	Anzatax Paclitaxel Actavis Paclitaxel Ebewe
Inj 6 mg per ml, 50 ml vial – 1% DV Oct-08 to 2014	275.00	1	Anzatax Paclitaxel Actavis Paclitaxel Ebewe Paclitaxel Ebewe
Inj 6 mg per ml, 100 ml vial – 1% DV Oct-08 to 2014	550.00	1	Paclitaxel Ebewe Paclitaxel Ebewe

Treatment of Cytotoxic-Induced Side Effects

CALCIUM FOLINATE

Tab 15 mg – 1% DV Nov-11 to 2014	82.45	10	DBL Leucovorin Calcium
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	Calcium Folate Ebewe
Inj 10 mg per ml, 10 ml vial – 1% DV Sep-08 to 2014	9.75	1	Calcium Folate Ebewe
Inj 10 mg per ml, 30 ml vial – 1% DV Sep-08 to 2014	30.00	1	Calcium Folate Ebewe
Inj 10 mg per ml, 100 ml vial – 1% DV Sep-08 to 2014	90.00	1	Calcium Folate Ebewe

MESNA

Tab 400 mg – 1% DV Oct-13 to 2016	227.50	50	Uromitexan
Tab 600 mg – 1% DV Oct-13 to 2016	339.50	50	Uromitexan
Inj 100 mg per ml, 4 ml ampoule – 1% DV Oct-13 to 2016	148.05	15	Uromitexan
Inj 100 mg per ml, 10 ml ampoule – 1% DV Oct-13 to 2016	339.90	15	Uromitexan

Vinca Alkaloids

VINBLASTINE SULPHATE

Inj 1 mg per ml, 10 ml vial	137.50	5	Mayne
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ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
VINCRIStINE SULPHATE			
Inj 1 mg per ml, 1 ml vial – 1% DV Sep-13 to 2016	64.80	5	Hospira
Inj 1 mg per ml, 2 ml vial – 1% DV Sep-13 to 2016	69.60	5	Hospira
VINOReLBINE			
Inj 10 mg per ml, 1 ml vial – 1% DV Sep-12 to 2015	12.85	1	Navelbine
Inj 10 mg per ml, 5 ml vial – 1% DV Sep-12 to 2015	64.25	1	Navelbine

Endocrine Therapy

BICALUTAMIDE – Restricted see terms below

⚡ Tab 50 mg – 1% DV Nov-11 to 2014 10.00 28 **Bicalaccord**

➡ **Restricted**

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 **Apo-Megestrol**

OCTREOTIDE – Some items restricted see terms below

Inj 50 mcg per ml, 1 ml ampoule – 1% DV May-12 to 2014 19.24 5 **Octreotide MaxRx**

Inj 100 mcg per ml, 1 ml ampoule – 1% DV May-12 to 2014 36.38 5 **Octreotide MaxRx**

Inj 500 mcg per ml, 1 ml ampoule – 1% DV May-12 to 2014 131.25 5 **Octreotide MaxRx**

⚡ 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.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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:
 - 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	Genox
	8.75	100	Genox

Aromatase Inhibitors

ANASTROZOLE

Tab 1 mg	26.55	30	Aremed DP-Anastrozole
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EXEMESTANE

Tab 25 mg – 1% DV Jun-11 to 2014	22.57	30	Aromasin
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LETROZOLE

Tab 2.5 mg – 1% DV Oct-12 to 2015	4.85	30	Letraccord
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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	Neoral
Inj 50 mg per ml, 5 ml ampoule – 1% DV Oct-12 to 2015	276.30	10	Sandimmun

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

⚡ 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

↪Restricted

Initiation - juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 4 months

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for adalimumab for juvenile idiopathic arthritis (JIA); 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 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/m² 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

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

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

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
 - 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:

continued...

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

- 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:
 - 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:

continued...

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

- 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

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 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
- 2 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
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↪ **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 on the next page

⚡ 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

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

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➔ **Restricted**

Initiation - juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 4 months

Either:

- 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
 - 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/m² 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) has been completed and is no more than 1 month old at the time of application.

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

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

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

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- 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 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

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

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

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

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- 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

- 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.

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

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 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
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↪ **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
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↪ **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

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

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:

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

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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.

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:

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

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- 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
- 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 on the next page

- ⚡ Inj 10 mg per ml, 0.23 ml vial
- ⚡ Inj 10 mg per ml, 0.3 ml vial

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

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:

continued...

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

- 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.

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 \geq 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).

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

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

- 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
 - 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.

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

‡ Inj 150 mg vial	1,350.00	1	Herceptin
‡ Inj 440 mg vial	3,875.00	1	Herceptin

➔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

continued...

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

- 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.

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 × 10 ⁸ 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
⚡ Cap 250 mg – 1% DV Nov-13 to 2016	25.00	100	CellCept
⚡ 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

↪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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

RESPIRATORY SYSTEM AND ALLERGIES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FEXOFENADINE HYDROCHLORIDE			
Tab 60 mg			
Tab 120 mg			
Tab 180 mg			
LORATADINE			
Tab 10 mg – 1% DV Dec-13 to 2016	1.30	100	Lorafix
	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>			
PROMETHAZINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Sep-12 to 2015	1.99	50	Allersoothe
Tab 25 mg – 1% DV Sep-12 to 2015	2.99	50	Allersoothe
Oral liq 1 mg per ml – 1% DV Feb-13 to 2015	2.79	100 ml	Allersoothe
Inj 25 mg per ml, 2 ml ampoule	11.00	5	Mayne
TRIMEPRAZINE TARTRATE			
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:			
1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and			
2 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			
3 The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is either:			
3.1 Grade 4 (stops for breath after walking about 100 metres or after a few minutes on the level); or			
3.2 Grade 5 (too breathless to leave the house, or breathless when dressing or undressing); and			
4 Actual FEV ₁ as a % of predicted, must be below 60%.			
5 Either:			
5.1 Patient is not a smoker; or			
5.2 Patient is a smoker and has been offered smoking cessation counselling; and			
6 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

↑ 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
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Beta-Adrenoceptor Agonists

SALBUTAMOL			
Oral liq 400 mcg per ml – 1% DV Jan-14 to 2016.....	1.99	150 ml	Salapin
	2.06		Ventolin
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	Asthalin
Nebuliser soln 2 mg per ml, 2.5 ml ampoule – 1% DV Nov-12 to 2015	3.44	20	Asthalin

(Salapin Oral liq 400 mcg per ml to be delisted 1 January 2014)

TERBUTALINE SULPHATE			
Powder for inhalation 250 mcg per dose			
Inj 0.5 mg per ml, 1 ml ampoule			

Cough Suppressants

PHOLCODINE			
Oral liq 1 mg per ml			

Decongestants

OXYMETAZOLINE HYDROCHLORIDE			
Aqueous nasal spray 0.25 mg per ml			
Aqueous nasal spray 0.5 mg per ml			
PSEUDOEPHEDRINE HYDROCHLORIDE			
Tab 60 mg			
SODIUM CHLORIDE			
Aqueous nasal spray 7.4 mg per ml			
SODIUM CHLORIDE WITH SODIUM BICARBONATE			
Soln for nasal irrigation			
XYLOMETAZOLINE HYDROCHLORIDE			
Aqueous nasal spray 0.05%			
Aqueous nasal spray 0.1%			
Nasal drops 0.05%			
Nasal drops 0.1%			

Inhaled Corticosteroids

BECLOMETHASONE DIPROPIONATE			
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
BUDESONIDE			
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>			
FLUTICASONE			
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 trialed 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
SALMETEROL			
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 mcg37.48 120 dose Seretide
- ⬆ Powder for inhalation 100 mcg with salmeterol 50 mcg37.48 60 dose Seretide Accuhaler
- ⬆ Aerosol inhaler 125 mcg with salmeterol 25 mcg49.69 120 dose Seretide
- ⬆ Powder for inhalation 250 mcg with salmeterol 50 mcg49.69 60 dose Seretide Accuhaler

Mast Cell Stabilisers

NEDOCROMIL

Aerosol inhaler 2 mg per dose

SODIUM CROMOGLYCATE

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 ampoule55.75 5 Biomed

THEOPHYLLINE

Tab long-acting 250 mg
Oral liq 80 mg per 15 ml

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

DORNASE ALFA – **Restricted** see terms below

⚡ Nebuliser soln 2.5 mg per 2.5 ml ampoule	250.00	6	Pulmozyme
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➔ 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
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Pulmonary Surfactants

BERACTANT

Soln 200 mg per 8 ml vial	550.00	1	Survanta
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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
Anti-Infective Preparations			
Antibacterials			
CHLORAMPHENICOL			
Eye oint 1% – 1% DV Jan-13 to 2015	2.76	4 g	Chlorsig
Ear drops 0.5%			
Eye drops 0.5% – 1% DV Sep-12 to 2015	1.20	10 ml	Chlorafast
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	Fucithalmic
GENTAMICIN SULPHATE			
Eye drops 0.3%	11.40	5 ml	Genoptic
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	Tobrex
Eye drops 0.3% – 1% DV Sep-11 to 2014	11.48	5 ml	Tobrex
Antifungals			
NATAMYCIN			
Eye drops 5%			
Antivirals			
ACICLOVIR			
Eye oint 3%			
Combination Preparations			
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%			

SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
HYDROCORTISONE WITH CIPROFLOXACIN Ear drops 1% with ciprofloxacin 0.2%			
TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN 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

DEXAMETHASONE Eye oint 0.1% – 1% DV Sep-11 to 2014	5.86	3.5 g	Maxidex
Eye drops 0.1%	4.50	5 ml	Maxidex
FLUOROMETHOLONE Eye drops 0.1% – 1% DV Dec-12 to 2015	3.80	5 ml	Flucon
PREDNISOLONE ACETATE Eye drops 0.12% Eye drops 1%			
PREDNISOLONE SODIUM PHOSPHATE Eye drops 0.5%, single dose			

Non-Steroidal Anti-Inflammatory Drugs

DICLOFENAC SODIUM Eye drops 0.1% – 1% DV Sep-11 to 2014	13.80	5 ml	Voltaren Ophtha
Eye drops 0.1%, single dose			
KETOROLAC TROMETAMOL Eye drops 0.5%			

Decongestants and Antiallergics

Antiallergic Preparations

LEVOCABASTINE Eye drops 0.05%			
LODOXAMIDE Eye drops 0.1%			
OLOPATADINE Eye drops 0.1%			
SODIUM CROMOGLYCATE Eye drops 2%			

Decongestants

NAPHAZOLINE HYDROCHLORIDE Eye drops 0.1% – 1% DV Sep-11 to 2014	4.15	15 ml	Naphcon Forte
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Price (ex man. excl. GST)		Brand or Generic
\$	Per	Manufacturer

Diagnostic and Surgical Preparations

Diagnostic Dyes

FLUORESCHEIN SODIUM

Eye drops 2%, single dose

Inj 10%, 5 ml vial 125.00 12 Fluorescite

Ophthalmic strips 1 mg

FLUORESCHEIN 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%

Irrigation Solutions

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

e.g. Balanced Salt Solution

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

e.g. Balanced Salt Solution

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

e.g. Balanced Salt Solution

Ocular Anaesthetics

OXYBUPROCAINE HYDROCHLORIDE

Eye drops 0.4%, single dose

TETRACAINE [AMETHOCAINE] HYDROCHLORIDE

Eye drops 0.5%, single dose

Eye drops 1%, single dose

Viscoelastic Substances

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**

SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM HYALURONATE WITH CHONDROITIN SULPHATE			
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	Duovisc
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%			

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	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	Hysite
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	Arrow-Brimonidine
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	Mydriacyl
Eye drops 0.5%, single dose			
Eye drops 1% – 1% DV Sep-11 to 2014	8.66	15 ml	Mydriacyl
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

SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
HYPROMELLOSE WITH DEXTRAN			
Eye drops 0.3% with dextran 0.1%	2.30	15 ml	Poly-Tears
Eye drops 0.3% with dextran 0.1%, single dose			
MACROGOL 400 AND PROPYLENE GLYCOL			
Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose	4.30	24	Systane Unit Dose
PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN			
Eye oint 42.5% with soft white paraffin 57.3%			
PARAFFIN LIQUID WITH WOOL FAT			
Eye oint 3% with wool fat 3%			
POLYVINYL ALCOHOL			
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
POLYVINYL ALCOHOL WITH POVIDONE			
Eye drops 1.4% with povidone 0.6%, single dose			
RETINOL PALMITATE			
Oint 138 mcg per g	3.80	5 g	VitA-POS
SODIUM HYALURONATE			
Eye drops 1 mg per ml	22.00	10 ml	Hylo-Fresh

Other Otolgical Preparations

ACETIC ACID WITH PROPYLENE GLYCOL	
Ear drops 2.3% with propylene glycol 2.8%	
DOCUSATE SODIUM	
Ear drops 0.5%	

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Agents Used in the Treatment of Poisonings			
Antidotes			
ACETYLCYSTEINE			
Tab eff 200 mg			
Inj 200 mg per ml, 10 ml ampoule – 1% DV Jul-12 to 2015	178.00	10	Martindale
			Acetylcysteine
Inj 200 mg per ml, 30 ml vial	219.00	4	Acetadote
DIGOXIN IMMUNE FAB			
Inj 38 mg vial			
Inj 40 mg vial			
ETHANOL			
Liq 96%			
ETHANOL WITH GLUCOSE			
Inj 10% with glucose 5%, 500 ml bottle			
ETHANOL, DEHYDRATED			
Inj 100%, 5 ml ampoule			
FLUMAZENIL			
Inj 0.1 mg per ml, 5 ml ampoule	170.10	5	Anexate
HYDROXOCOBALAMIN			
Inj 5 g vial			
Inj 2.5 g vial			
NALOXONE HYDROCHLORIDE			
Inj 400 mcg per ml, 1 ml ampoule	33.00	5	Mayne
PRALIDOXIME IODIDE			
Inj 25 mg per ml, 20 ml ampoule			
SODIUM NITRITE			
Inj 30 mg per ml, 10 ml ampoule			
SODIUM THIOSULFATE			
Inj 500 mg per ml, 20 ml ampoule			
Inj 250 mg per ml, 10 ml vial			
Inj 500 mg per ml, 10 ml vial			
SOYA OIL			
Inj 20%, 500 ml bag			
Inj 20%, 500 ml bottle			
Antitoxins			
BOTULISM ANTITOXIN			
Inj 250 ml vial			
DIPHThERIA ANTITOXIN			
Inj 10,000 iu vial			
Antivenoms			
RED BACK SPIDER ANTIVENOM			
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

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
POVIDONE-IODINE			
☿ Vaginal tab 200 mg			
➔ Restricted			
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%			
POVIDONE-IODINE WITH ETHANOL			
Soln 10% with ethanol 30%	10.00	500 ml	Betadine Skin Prep
Soln 10% with ethanol 70%			
SODIUM HYPOCHLORITE			
Soln			

Contrast Media

Iodinated X-ray Contrast Media

DIATRIZOATE MEGLUMINE WITH DIATRIZOATE SODIUM			
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
DIATRIZOATE SODIUM			
Oral liq 370 mg per ml, 10 ml			
IODISED OIL			
Inj 480 mg per ml, 10 ml ampoule			
IODIXANOL			
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

VARIOUS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
IOHEXOL			
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
IOMEPROL			
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			
IOPROMIDE			
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			
IOTROLAN			
Inj 240 mg per ml, 10 ml vial			

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

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	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			

VARIOUS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
GADOXETATE DISODIUM			
Inj 181 mg per ml, 10 ml syringe			
MEGLUMINE GADOPENTATE			
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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Irrigation Solutions			
CHLORHEXIDINE			
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			
CHLORHEXIDINE WITH CETRIMIDE			
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
GLYCINE			
Irrigation soln 1.5%, bottle	11.38	2,000 ml	Baxter
	14.44	3,000 ml	Baxter
SODIUM CHLORIDE			
Irrigation soln 0.9%, 30 ml ampoule – 1% DV Nov-11 to 2014	19.50	30 ml	Pfizer
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
WATER			
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)		Brand or Generic
\$	Per	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

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

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	ABM
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

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

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

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			

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

⬆ 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
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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			<i>e.g. Promod</i>
⬆ 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			<i>e.g. Protifar</i>

Other Supplements

BREAST MILK FORTIFIER

Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet			<i>e.g. FM 85</i>
Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet			<i>e.g. S26 Human Milk Fortifier</i>
Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet			<i>e.g. Nutricia Breast Milk Fortifier</i>

CARBOHYDRATE AND FAT SUPPLEMENT – Restricted see terms below

⬇ Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can			<i>e.g. Super Soluble Duocal</i>
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➔ 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			<i>e.g. Feed Thickener Kaicare Aptamil</i>
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	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, tyrosinemia 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)
- ⬆ 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*

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Propionic Acidaemia and Methylmalonic Acidaemia Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – **Restricted** see terms on page 178

- † 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 178

- † 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 178

- † 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 178

- † 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 178

- † Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE – **Restricted** see terms on page 178

- † 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...

	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.			
LOW-GI ENTERAL FEED 1 KCAL/ML – Restricted 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>
LOW-GI ORAL FEED 1 KCAL/ML – Restricted 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PEPTIDE-BASED ORAL FEED 1 KCAL/ML – Restricted 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>
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➔ **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
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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
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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>
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Price (ex man. excl. GST)		Brand or Generic
\$	Per	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

⚡ 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

e.g. Nutrison Protein Plus Multi Fibre

➔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

⚡ Liquid 10 g protein, 10.3 g carbohydrate and 2.1 g fat per 100 ml, 200 ml bottle

e.g. Fortimel Regular

➔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

⚡ Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can		<i>e.g. Neocate</i>
⚡ Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can		<i>e.g. Neocate LCP</i>
⚡ Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can53.00	400 g	Neocate Gold (Unflavoured)
⚡ Powder 14 g protein, 50 g carbohydrate and 24.3 g fat per 100 g, 400 g can		<i>e.g. Neocate Advance</i>
⚡ Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can53.00	400 g	Neocate Advance (Vanilla)
⚡ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can53.00	400 g	Elecare LCP (Unflavoured)
⚡ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can53.00	400 g	Elecare (Unflavoured) Elecare (Vanilla)
⚡ Powder 6 g protein, 31.5 g carbohydrate and 5.88 g fat per sachet6.00	48.5 g	Vivonex Paediatric

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **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 malsorption; 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LOW-CALCIUM FORMULA			
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>
PAEDIATRIC ORAL FEED 1 KCAL/ML – Restricted 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. Infatrini</i>
➔Restricted			
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.			
PRETERM FORMULA – Restricted 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>
➔Restricted			
For infants born before 33 weeks' gestation or weighing less than 1.5 kg at birth.			
THICKENED FORMULA			
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

HIGH FAT FORMULA – Restricted 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)
➔Restricted			
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.			

SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PAEDIATRIC ORAL FEED – Restricted 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)
PAEDIATRIC ENTERAL FEED 0.76 KCAL/ML – Restricted 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
PAEDIATRIC ENTERAL FEED 1 KCAL/ML – Restricted 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>
PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – Restricted 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>
PAEDIATRIC ORAL FEED 1 KCAL/ML – Restricted 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)
PAEDIATRIC ORAL FEED 1.5 KCAL/ML – Restricted 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

LOW ELECTROLYTE ENTERAL FEED 2 KCAL/ML – **Restricted** 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
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☛Restricted

For patients with acute or chronic kidney disease

LOW ELECTROLYTE ORAL FEED – **Restricted** 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>
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☛Restricted

For children (up to 18 years) with acute or chronic kidney disease

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LOW ELECTROLYTE ORAL FEED 2 KCAL/ML – Restricted 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 CO2 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.

SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ENTERAL FEED 1.5 KCAL/ML – Restricted 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			e.g. <i>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			e.g. <i>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
ENTERAL FEED 1 KCAL/ML – Restricted 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			e.g. <i>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			e.g. <i>Nutrison Multi Fibre</i>
ENTERAL FEED 1.2 KCAL/ML – Restricted 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			e.g. <i>Jevity Plus RTH</i>
ORAL FEED – Restricted 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)
		850 g	Ensure (Vanilla)
		900 g	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)
<i>(Ensure (Vanilla) Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can to be delisted 1 February 2014)</i>			
ORAL FEED 1 KCAL/ML – Restricted 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			e.g. <i>Resource Fruit Beverage</i>

† Item restricted (see ➡ above); ‡ Item restricted (see ➡ below)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ORAL FEED 1.5 KCAL/ML – Restricted see terms on page 187			
⬆ 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>

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

➔**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 or 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
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HAEMOPHILUS INFLUENZAE TYPE B VACCINE – **Restricted** see terms below

¶ Inj 10 mcg vial with diluent syringe

➔ **Restricted**

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.

MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE – **Restricted** see terms below

¶ Inj 48 mcg in 0.5 ml vial

➔ **Restricted**

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.

MENINGOCOCCAL (A, C, Y AND W-135) POLYSACCHARIDE VACCINE – **Restricted** see terms below

¶ Inj 200 mcg vial with diluent

➔ **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 organisation and community based outbreaks.

MENINGOCOCCAL C CONJUGATE VACCINE – **Restricted** see terms below

¶ Inj 10 mcg in 0.5 ml syringe

➔ **Restricted**

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.

PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – **Restricted** see terms below

¶ Inj 16 mcg in 0.5 ml syringe

➔ **Restricted**

For primary vaccination in children

PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – **Restricted** see terms below

¶ Inj 30.8 mcg in 0.5 ml syringe

➔ **Restricted**

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
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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
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➔ **Restricted**

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:

- asthma not requiring regular preventative therapy; and
- hypertension and/or dyslipidaemia without evidence of end-organ disease.

MEASLES, MUMPS AND RUBELLA VACCINE – **Restricted** see terms below

¶ Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent

➔ **Restricted**

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 – **Restricted** see terms below

¶ Inj 80 D-antigen units in 0.5 ml syringe

➔ **Restricted**

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

¶ Inj 1350 PFU vial with diluent

¶ Inj 2000 PFU vial with diluent

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Optional Pharmaceuticals			
BLOOD GLUCOSE DIAGNOSTIC TEST METER			
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		
BLOOD GLUCOSE DIAGNOSTIC TEST STRIP			
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	
BLOOD KETONE DIAGNOSTIC TEST METER			
Meter	40.00	1	Freestyle Optium
FACTOR EIGHT INHIBITORS BYPASSING AGENT			
Inj 500 U	1,640.00	1	FEIBA
Inj 1,000 U	3,280.00	1	FEIBA
INSULIN PEN NEEDLES			
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
INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE			
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
KETONE BLOOD BETA-KETONE ELECTRODES			
Test strips	15.50	10 strip	Freestyle Optium Ketone
MASK FOR SPACER DEVICE			
Size 2	2.99	1	EZ-fit Paediatric Mask
PEAK FLOW METER			
Low Range	11.44	1	Breath-Alert
Normal Range	11.44	1	Breath-Alert
PREGNANCY TEST - HCG URINE			
Cassette	22.80	40 test	Innovacon hCG One Step Pregnancy Test

OPTIONAL PHARMACEUTICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM NITROPRUSSIDE			
Test strip	6.00	50 strip	Accu-Chek Ketur-Test
SPACER DEVICE			
230 ml (single patient)	4.72	1	Space Chamber Plus
800 ml	8.50	1	Volumatic

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Dapa-Tabs	40	Dexamphetamine sulphate	115	vaccine	190
Dapsone	69	Dexmedetomidine		Diphtheria, tetanus, pertussis	
Daptomycin	66	hydrochloride	94	and polio vaccine	190
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Daunorubicin	119	Dextrose A]	28	haemophilus influenzae type B	
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Fluconazole	68	Fucithalmic	159	Glucose with potassium chloride and sodium chloride	31	
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