# March 2016

**Volume 4 Number 0**

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**Circulation**

Accessible in an electronic format at no cost from the Health Professionals section of the PHARMAC website www.pharmac.govt.nz

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

**Production**

Typeset automatically from XML and TEX. XML version of the Schedule available from www.pharmac.govt.nz/pub/schedule/archive/

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ISSN 1179-3708 pdf
ISSN 1172-9694 print

## Introducing PHARMAC

The Pharmaceutical Management Agency (PHARMAC) makes decisions that help control Government spending on pharmaceuticals. This includes community pharmaceuticals, hospital pharmaceuticals, vaccines and increasingly, hospital medical devices. PHARMAC negotiates prices, sets subsidy levels and conditions, and makes decisions on changes to the subsidised list. The funding for pharmaceuticals comes from District Health Boards.

**PHARMAC's role:**

***"Secure for eligible people in need of pharmaceuticals, the best health outcomes that can reasonably be achieved, and from within the amount of funding provided."***

New Zealand Public Health and Disability Act 2000

To ensure our decisions are as fair and robust as possible we use a decision-making process that incorporates clinical, economic and commercial issues. We also seek the views of users and the wider community through consultation. The processes we generally use are outlined in our Operating Policies and Procedures.
Further information about PHARMAC and the way we make funding decisions can be found on the PHARMAC website at http://www.pharmac.health.nz/about.

# 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/link/nppa or call the Panel Coordinators at 0800 660 050 Option 2.

# 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 Schedule does not show the final cost to Government of subsidising each community pharmaceutical, nor to DHB hospitals in purchasing each hospital pharmaceutical or other pharmaceuticals, including medical devices. The final cost will depend on any rebate and other arrangements PHARMAC has with the supplier or on any logistics arrangements put in place.

# Finding Information in Section H

This book contains Section H of the Pharmaceutical Schedule and lists pharmaceuticals that can be used in DHB hospitals:

- 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 listed by therapeutic group, which is based on the WHO Anatomical Therapeutic Chemical (ATC) system. It also provides information on any national contracts that exist, and indicates which products have Hospital Supply Status (HSS).
- Part III lists optional pharmaceuticals for which national contracts exist, and DHB hospitals may choose to fund. In addition to the products listed in this book, a number of additional Optional Pharmaceuticals are listed in an addendum to Part III available at http://www.pharmac.govt.nz.

The listings are displayed alphabetically under each heading. The index lists both chemical entities and product brand names.

# Glossary

**Units of Measure**

gram ..... g
kilogram ..... kg
international unit ..... iu
microgram ..... mcg
milligram ..... mg
millilitre ..... ml
millimole ..... mmol
unit ..... u

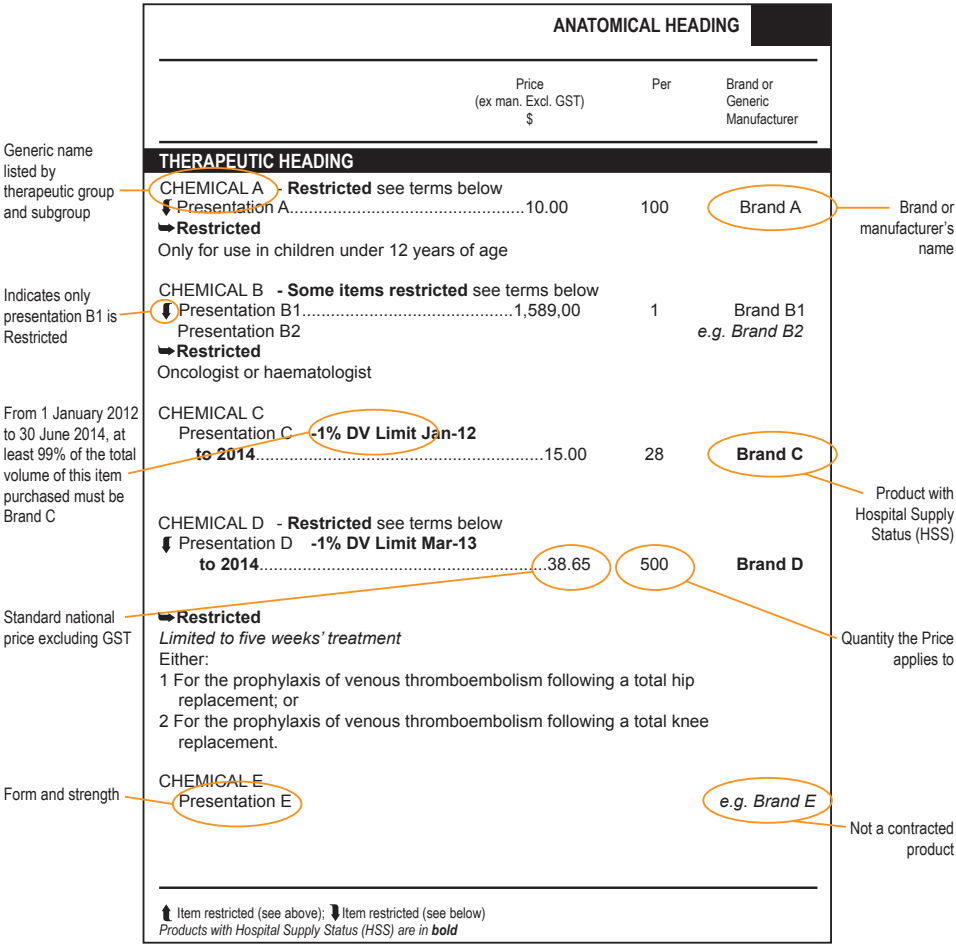
**Abbreviations**

application ..... app
capsule ..... cap
cream ..... crm
dispersible ..... disp
effervescent ..... eff
emulsion ..... emul
enteric coated ..... EC
granules ..... grans
injection ..... inj
liquid ..... liq
lotion ..... lotn
ointment ..... oint
solution ..... soln
suppository ..... suppos
tablet ..... tab
tincture ..... tinc

HSS Hospital Supply Status (Refer to Rule 20)

# Guide to Section H listings

**Example**



## INTRODUCTION

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

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

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

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

## INTERPRETATION AND DEFINITIONS

1 **Interpretation and Definitions**

1.1 In this Schedule, unless the context otherwise requires:

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

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

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

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

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

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

a) a delivery point agreed between a Pharmaceutical supplier and the relevant DHB Hospital, to which delivery point that Pharmaceutical supplier must supply a National Contract Pharmaceutical directly at the Price; and/or

b) any delivery point designated by the relevant DHB Hospital or PHARMAC, such delivery point being within 30 km of the relevant Pharmaceutical supplier's national distribution centre.

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

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

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

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

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

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

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

**"Give",** means to administer, provide or dispense (or, in the case of a Medical Device, use) a Pharmaceutical, or to arrange for the administration, provision or dispensing (or, in the case of a Medical Device, use) of a Pharmaceutical, and "Given" has a corresponding meaning.

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

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

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

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

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

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

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

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

**"National Contract",** means a contractual arrangement between PHARMAC and a Pharmaceutical supplier which sets out the basis on which any Pharmaceutical may be purchased for use in a DHB Hospital, including an agreement as to a national price.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.2 In addition to the above interpretations and definitions, unless the content requires otherwise, a reference in the Schedule to:

a) the singular includes the plural; and

b) any legislation includes a modification and re-enactment of, legislation enacted in substitution for, and a regulation, Order in Council, and other instrument from time to time issued or made under, that legislation.

## HOSPITAL SUPPLY OF PHARMACEUTICALS

2 **Hospital Pharmaceuticals**

2.1 Section H Part II contains the list of Hospital Pharmaceuticals that must be funded by DHB Hospitals. Section H Part II does not currently encompass the following categories of pharmaceuticals except for any items specifically listed in this Section H Part II:

a) Medical Devices;

b) whole or fractionated blood products;

c) diagnostic products which have an ex vivo use, such as pregnancy tests and reagents;

d) disinfectants and sterilising products, except those that are to be used in or on a patient;

e) foods and probiotics;

f) radioactive materials;

g) medical gases; and

h) parenteral nutrition.

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

2.2 Section H Part III lists Optional Pharmaceuticals that PHARMAC and the relevant Pharmaceutical supplier have entered into contractual arrangements for the purchase of, including an agreement on a national price and other obligations such as HSS. DHB Hospitals may choose whether or not to fund the Optional Pharmaceuticals listed in Part III of Section H, but if they do, they must comply with any National Contract requirements.

2.3 Section H Part II does not encompass the provision of pharmaceutical treatments for DHB Hospital staff as part of an occupational health and safety programme. DHB Hospitals may choose whether or not to fund pharmaceutical treatments for such use, but if they do, they must comply with any National Contract requirements.

3 **DHB Supply Obligations**

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

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

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

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

a) an Unlisted Pharmaceutical; or

b) a Hospital Pharmaceutical outside of any relevant Restrictions.

4 **Funding**

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

a) Pharmaceutical Cancer Treatments;

b) Community Pharmaceuticals that have been brought to the DHB hospital by the patient who is being treated by outpatient Services or who is admitted as an inpatient;

c) Community Pharmaceuticals that have been dispensed to a mental health day clinic under a Practitioner's

Supply Order; and

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

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

## LIMITS ON SUPPLY

5 **Prescriber Restrictions**

5.1 A DHB Hospital may only Give a Hospital Pharmaceutical that has a Prescriber Restriction if it is prescribed:

a) 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;

b) in accordance with a protocol or guideline that has been endorsed by the DHB Hospital; or

c) 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:

a) the prescriber must consult with a clinician of the type specified in the restriction for that Pharmaceutical; and

b) the consultation must relate to the patient for whom the prescription is written; and

c) the consultation may be in person, by telephone, letter, facsimile or email; and

d) 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:

a) the patient has been treated with the Pharmaceutical in the Community; or

b) 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:

a) 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;

b) 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:

a) the quantity does not exceed that sufficient for up to 30 days' treatment, unless:

i) it would be inappropriate to provide less than the amount in an original pack; or

ii) the relevant DHB Hospital has a Dispensing for Discharge Policy and the quantity dispensed is in accordance with that policy; and

b) 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:

a) 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 |
|---|---|---|---|
| **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 | | | *e.g. Mylanta* |
| Oral liq 200 mg with magnesium hydroxide 200 mg and simethicone 20 mg per 5 ml | | | *e.g. Mylanta* |
| Oral liq 400 mg with magnesium hydroxide 400 mg and simethicone 30 mg per 5 ml | | | *e.g. Mylanta Double Strength* |
| 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 | | | *e.g. Gaviscon Infant* |
| SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE | | | |
| Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg | | | *e.g. Gaviscon Double Strength* |
| Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 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** | | | |
| **Initiation** | | | |
| 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 – **1% DV Jul-14 to 2016** | 7.84 | 400 | **Diamide Relief** |
| **Rectal and Colonic Anti-Inflammatories** | | | |
| BUDESONIDE – **Restricted** see terms on the next page | | | |
| ⬇ Cap 3 mg | | | |

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

➥**Restricted**

**Initiation — 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).

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

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

**Initiation — Gut Graft versus Host disease**

Patient has gut Graft versus Host disease following allogenic bone marrow transplantation.

| | | | |
|---|---|---|---|
| HYDROCORTISONE ACETATE | | | |
| Rectal foam 10%, CFC free (14 applications) – **1% DV Oct-15 to 2018** | 26.55 | 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 |
| Tab 800 mg | 85.55 | 90 | Asacol |
| Modified release granules 1 g | 141.72 | 120 g | Pentasa |
| Suppos 500 mg | 22.80 | 20 | Asacol |
| Suppos 1 g – **1% DV Jun-15 to 2018** | 54.60 | 30 | **Pentasa** |
| Enema 1 g per 100 ml – **1% DV Sep-15 to 2018** | 41.30 | 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 [PHENOL OILY] | | | |
| 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** | 17.14 | 10 | **Max Health** |
| Max Health brand - HSS with 1% DV will apply 1 July 2016 to 30 June 2019. | | | |
| HYOSCINE BUTYLBROMIDE | | | |
| Tab 10 mg | 2.18 | 20 | Gastrosoothe |
| Inj 20 mg, 1 ml ampoule | 9.57 | 5 | Buscopan |
| MEBEVERINE HYDROCHLORIDE | | | |
| Tab 135 mg – **1% DV Sep-14 to 2017** | 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 Nov-14 to 2017** | 10.30 | 500 | **Ranitidine Relief** |
| Tab 300 mg – **1% DV Nov-14 to 2017** | 14.73 | 500 | **Ranitidine Relief** |
| Oral liq 150 mg per 10 ml – **1% DV Sep-14 to 2017** | 4.92 | 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-16 to 2018** | 5.08 | 100 | **Lanzol Relief** |
| Cap 30 mg – **1% DV Jan-16 to 2018** | 5.93 | 100 | **Lanzol Relief** |
| OMEPRAZOLE | | | |
| ⬇ Tab dispersible 20 mg | | | |
| ➥**Restricted** | | | |
| **Initiation** | | | |
| Only for use in tube-fed patients. | | | |
| Cap 10 mg – **1% DV Jan-15 to 2017** | 2.23 | 90 | **Omezol Relief** |
| Cap 20 mg – **1% DV Jan-15 to 2017** | 2.91 | 90 | **Omezol Relief** |
| Cap 40 mg – **1% DV Jan-15 to 2017** | 4.42 | 90 | **Omezol Relief** |
| Powder for oral liq | 42.50 | 5 g | Midwest |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| Inj 40 mg ampoule | 19.00 | 5 | Dr Reddy's Omeprazole |
| Inj 40 mg ampoule with diluent | 28.65 | 5 | Dr Reddy's Omeprazole |
| PANTOPRAZOLE | | | |
| Tab EC 20 mg – **1% DV May-14 to 2016** | 2.68 | 100 | **Pantoprazole Actavis 20** |
| Tab EC 40 mg – **1% DV May-14 to 2016** | 3.54 | 100 | **Pantoprazole Actavis 40** |
| 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**

**Initiation**

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

RIFAXIMIN – **Restricted** see terms below

⬇ Tab 550 mg – **1% DV Oct-14 to 2017** 625.00 56 **Xifaxan**

➥**Restricted**

**Initiation**

For patients with hepatic encephalopathy despite an adequate trial of maximum tolerated doses of lactulose.

## Diabetes

### Alpha Glucosidase Inhibitors

| | | | |
|---|---|---|---|
| ACARBOSE | | | |
| Tab 50 mg – **1% DV Oct-15 to 2018** | 4.28 | 90 | **Glucobay** |
| Tab 100 mg – **1% DV Oct-15 to 2018** | 7.78 | 90 | **Glucobay** |

### Hyperglycaemic Agents

DIAZOXIDE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Cap 25 mg | 110.00 | 100 | Proglicem |
| ⬇ Cap 100 mg | 280.00 | 100 | Proglicem |
| ⬇ Oral liq 50 mg per ml | 620.00 | 30 ml | Proglycem |

➥**Restricted**

**Initiation**

For patients with confirmed hypoglycaemia caused by hyperinsulinism.

| | | | |
|---|---|---|---|
| GLUCAGON HYDROCHLORIDE | | | |
| Inj 1 mg syringe kit | 32.00 | 1 | Glucagen Hypokit |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| GLUCOSE [DEXTROSE] | | | |
| Tab 1.5 g | | | |
| Tab 3.1 g | | | |
| Tab 4 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 | | | |
| 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 | | | |
| Inj 100 u per ml, 3 ml syringe | 51.19 | 5 | NovoRapid FlexPen |
| 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 | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **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 Nov-14 to 2017** | 11.50 | 500 | **Glizide** |
| GLIPIZIDE | | | |
| Tab 5 mg – **1% DV Sep-15 to 2018** | 2.85 | 100 | **Minidiab** |
| METFORMIN HYDROCHLORIDE | | | |
| Tab immediate-release 500 mg – **1% DV Nov-15 to 2018** | 9.59 | 1,000 | **Metchek** |
| Tab immediate-release 850 mg – **1% DV Dec-15 to 2018** | 7.82 | 500 | **Metformin Mylan** |
| PIOGLITAZONE | | | |
| Tab 15 mg – **1% DV Dec-15 to 2018** | 3.47 | 90 | **Vexazone** |
| Tab 30 mg – **1% DV Dec-15 to 2018** | 5.06 | 90 | **Vexazone** |
| Tab 45 mg – **1% DV Dec-15 to 2018** | 7.10 | 90 | **Vexazone** |
| **Digestives Including Enzymes** | | | |
| PANCREATIC ENZYME | | | |
| Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease – **1% DV Oct-15 to 2018** | 34.93 | 100 | **Creon 10000** |
| Cap EC 25,000 BP u lipase, 18,000 BP u amylase and 1,000 BP u protease – **1% DV Oct-15 to 2018** | 94.38 | 100 | **Creon 25000** |
| 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 Sep-14 to 2017** | 53.40 | 100 | **Ursosan** |

➥**Restricted**

**Initiation — Alagille syndrome or progressive familial intrahepatic cholestasis**

Either:

1 Patient has been diagnosed with Alagille syndrome; or
2 Patient has progressive familial intrahepatic cholestasis.

**Initiation — 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.

**Initiation — Cirrhosis**

Both:

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

continued...

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

continued...

2 Patient not requiring a liver transplant (bilirubin > 100 μmol/l; decompensated cirrhosis.

**Initiation — Pregnancy**

Patient diagnosed with cholestasis of pregnancy.

**Initiation — 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.

**Initiation — 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.

## 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 — *e.g. PicoPrep*

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 — *e.g. Glycoprep-C*

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 — *e.g. Glycoprep-C*

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

| | | | |
|---|---|---|---|
| Tab 50 mg – **1% DV Jan-15 to 2017** | 2.31 | 100 | **Coloxyl** |
| Tab 120 mg – **1% DV Jan-15 to 2017** | 3.13 | 100 | **Coloxyl** |

DOCUSATE SODIUM WITH SENNOSIDES

| | | | |
|---|---|---|---|
| Tab 50 mg with sennosides 8 mg | 4.40 | 200 | Laxsol |

PARAFFIN

Oral liquid 1 mg per ml
Enema 133 ml

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| POLOXAMER | | | |
| Oral drops 10% – **1% DV Sep-14 to 2017** | 3.78 | 30 ml | **Coloxyl** |

## Osmotic Laxatives

| | | | |
|---|---|---|---|
| GLYCEROL | | | |
| Suppos 1.27 g | | | |
| Suppos 2.55 g | | | |
| Suppos 3.6 g – **1% DV Sep-15 to 2018** | 6.50 | 20 | **PSM** |
| LACTULOSE | | | |
| Oral liq 10 g per 15 ml – **1% DV May-14 to 2016** | 3.84 | 500 ml | **Laevolac** |

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 Oct-14 to 2017** | 7.65 | 30 | **Lax-Sachets** |

➥**Restricted**

**Initiation**

Either:

1 Both:
- 1.1 The patient has problematic constipation despite an adequate trial of other oral pharmacotherapies including lactulose where lactulose is not contraindicated; and
- 1.2 The patient would otherwise require a per rectal preparation; or

2 For short-term use for faecal disimpaction.

| | | | |
|---|---|---|---|
| SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE | | | |
| Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml – **1% DV Sep-13 to 2016** | 19.95 | 50 | **Micolette** |
| SODIUM PHOSPHATE WITH PHOSPHORIC ACID | | | |
| Oral liq 16.4% with phosphoric acid 25.14% | | | |
| Enema 10% with phosphoric acid 6.58% | 2.50 | 1 | Fleet Phosphate Enema |

## Stimulant Laxatives

| | | | |
|---|---|---|---|
| BISACODYL | | | |
| Tab 5 mg – **1% DV Oct-15 to 2018** | 5.99 | 200 | **Lax-Tabs** |
| Suppos 10 mg – **1% DV Jan-16 to 2018** | 3.78 | 10 | **Lax-Suppositories** |
| 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 physician or metabolic disorders dietitian

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

BIOTIN – **Restricted** see terms below
- Cap 50 mg
- Cap 100 mg
- Inj 10 mg per ml, 5 ml vial

➥**Restricted**
Metabolic physician or metabolic disorders dietitian

HAEM ARGINATE
Inj 25 mg per ml, 10 ml ampoule

IMIGLUCERASE – **Restricted** see terms below
- Inj 40 iu per ml, 5 ml vial
- Inj 40 iu per ml, 10 ml vial

➥**Restricted**
**Initiation**
Only for use in patients with approval by the Gaucher's Treatment Panel.

LEVOCARNITINE – **Restricted** see terms below
- Cap 500 mg
- Oral soln 1,100 mg per 15 ml
- Inj 200 mg per ml, 5 ml vial

➥**Restricted**
Neurologist, metabolic physician or metabolic disorders dietitian

PYRIDOXAL-5-PHOSPHATE – **Restricted** see terms below
- Tab 50 mg

➥**Restricted**
Neurologist, metabolic physician or metabolic disorders dietitian

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 Sep-14 to 2017** | 5.38 | 250 | **Arrow-Calcium** |
| Tab eff 1.75 g (1 g elemental) | 6.21 | 30 | Calsource |

### Fluoride

SODIUM FLUORIDE
Tab 1.1 mg (0.5 mg elemental)

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Iodine** | | | |
| POTASSIUM IODATE | | | |
| Tab 253 mcg (150 mcg elemental iodine) – **1% DV Dec-14 to 2017** | 3.65 | 90 | **NeuroTabs** |
| POTASSIUM IODATE WITH IODINE | | | |
| Oral liq 10% with iodine 5% | | | |
| **Iron** | | | |
| FERRIC CARBOXYMALTOSE – **Restricted** see terms below | | | |
| ⬇ Inj 50 mg per ml, 10 ml vial | 150.00 | 1 | Ferinject |
| ➥**Restricted** | | | |
| **Initiation** | | | |
| Treatment with oral iron has proven ineffective or is clinically inappropriate. | | | |
| FERROUS FUMARATE | | | |
| Tab 200 mg (65 mg elemental) – **1% DV Jun-15 to 2018** | 2.89 | 100 | **Ferro-tab** |
| FERROUS FUMARATE WITH FOLIC ACID | | | |
| Tab 310 mg (100 mg elemental) with folic acid 350 mcg | 4.75 | 60 | Ferro-F-Tabs |
| FERROUS GLUCONATE WITH ASCORBIC ACID | | | |
| Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg | | | |
| FERROUS SULPHATE | | | |
| Tab long-acting 325 mg (105 mg elemental) | 2.06 | 30 | Ferrograd |
| Oral liq 30 mg (6 mg elemental) per ml – **1% DV Apr-14 to 2016** | 10.28 | 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 Sep-14 to 2017** | 15.22 | 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 Oct-14 to 2017** | 12.65 | 10 | **DBL** |
| **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 | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ZINC SULPHATE | | | |
| Cap 137.4 mg (50 mg elemental) – **1% DV Mar-15 to 2017** | 11.00 | 100 | **Zincaps** |

## Mouth and Throat

### Agents Used in Mouth Ulceration

BENZYDAMINE HYDROCHLORIDE
- Soln 0.15%
- Spray 0.15%
- Spray 0.3%

BENZYDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE
- Lozenge 3 mg with cetylpyridinium chloride

CARBOXYMETHYLCELLULOSE
- Oral spray

CHLORHEXIDINE GLUCONATE
- Mouthwash 0.2% – **1% DV Sep-15 to 2018** — 2.57 — 200 ml — **healthE**

CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE
- Adhesive gel 8.7% with cetalkonium chloride 0.01%

DICHLOROBENZYL ALCOHOL WITH AMYLMETACRESOL
- Lozenge 1.2 mg with amylmetacresol 0.6 mg

SODIUM CARBOXYMETHYLCELLULOSE WITH PECTIN AND GELATINE
- Paste
- Powder

TRIAMCINOLONE ACETONIDE
- Paste 0.1% – **1% DV Apr-15 to 2017** — 5.33 — 5 g — **Kenalog in Orabase**

### Oropharyngeal Anti-Infectives

AMPHOTERICIN B
- Lozenge 10 mg — 5.86 — 20 — Fungilin

MICONAZOLE
- Oral gel 20 mg per g – **1% DV Sep-15 to 2018** — 4.79 — 40 g — **Decozol**

NYSTATIN
- Oral liquid 100,000 u per ml – **1% DV Feb-16 to 2017** — 2.55 — 24 ml — **m-Nystatin**

### Other Oral Agents

SODIUM HYALURONATE [HYALURONIC ACID] – **Restricted** see terms below
- ⬇ Inj 20 mg per ml, 1 ml syringe

➥**Restricted**
Otolaryngologist

THYMOL GLYCERIN
- Compound, BPC

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

## Vitamins

### Multivitamin Preparations

MULTIVITAMIN AND MINERAL SUPPLEMENT – **Restricted** see terms below

⬇ Cap ..... 23.35 180 Clinicians Multivit & Mineral Boost

➥**Restricted**

**Initiation**

*Limited to 3 months* treatment

Both:

1 Patient was admitted to hospital with burns; and
2 Any of the following:
  2.1 Burn size is greater than 15% of total body surface area (BSA) for all types of burns; or
  2.2 Burn size is greater than 10% of BSA for mid-dermal or deep dermal burns; or
  2.3 Nutritional status prior to admission or dietary intake is poor.

MULTIVITAMIN RENAL – **Restricted** see terms below

⬇ Cap ..... 8.39 30 Clinicians Renal Vit

➥**Restricted**

**Initiation**

Either:

1 The patient has chronic kidney disease and is receiving either peritoneal dialysis or haemodialysis; or
2 The patient has chronic kidney disease grade 5, defined as patient with an estimated glomerular filtration rate of < 15 ml/min/1.73m$^2$ body surface area (BSA).

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**

**Initiation**

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**

**Initiation**

Patient has inborn errors of metabolism.

Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg and glucose 1000 mg, 5 ml ampoule (1) *e.g. Pabrinex IV*

| | 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, 2 ml ampoule (1) | | | *e.g. Pabrinex IM* |
| 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) | | | *e.g. Pabrinex IV* |
| VITAMIN A WITH VITAMINS D AND C | | | |
| Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops | | | *e.g. Vitadol C* |

## Vitamin A

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

## Vitamin B

| | | | |
|---|---|---|---|
| HYDROXOCOBALAMIN | | | |
| Inj 1 mg per ml, 1 ml ampoule – **1% DV Sep-15 to 2018** | 2.31 | 3 | **Neo-B12** |
| PYRIDOXINE HYDROCHLORIDE | | | |
| Tab 25 mg – **1% DV Apr-15 to 2017** | 2.15 | 90 | **Vitamin B6 25** |
| Tab 50 mg – **1% DV Oct-14 to 2017** | 11.55 | 500 | **Apo-Pyridoxine** |
| Inj 100 mg per ml, 1 ml ampoule | | | |
| THIAMINE HYDROCHLORIDE | | | |
| Tab 50 mg | | | |
| Tab 100 mg | | | |
| Inj 100 mg per ml, 1 ml vial | | | *e.g. Benerva* |
| 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 | | | |
| Cap 1.25 mg (50,000 iu) | 3.85 | 12 | Vit.D3 |

## Vitamin E

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

⬇ Cap 100 u

⬇ Cap 500 u

⬇ Oral liq 156 u per ml

➥**Restricted**

**Initiation — 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.

**Initiation — Osteoradionecrosis**

For the treatment of osteoradionecrosis.

**Initiation — Other indications**

All of the following:

1 Infant or child with liver disease or short gut syndrome; and

2 Requires vitamin supplementation; and

3 Either:

3.1 Patient has tried and failed the other available funded fat soluble vitamin A,D,E,K supplements (Vitabdeck); or

3.2 The other available funded fat soluble vitamin A,D,E,K supplement (Vitabdeck) is contraindicated or clinically inappropriate for patient.

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

## Antianaemics

### Hypoplastic and Haemolytic

EPOETIN ALFA [ERYTHROPOIETIN ALFA] – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 1,000 iu in 0.5 ml syringe – **5% DV Mar-15 to 28 Feb 2018** | 48.68 | 6 | **Eprex** |
| ⬇ Inj 2,000 iu in 0.5 ml syringe – **5% DV Mar-15 to 28 Feb 2018** | 120.18 | 6 | **Eprex** |
| ⬇ Inj 3,000 iu in 0.3 ml syringe – **5% DV Mar-15 to 28 Feb 2018** | 166.87 | 6 | **Eprex** |
| ⬇ Inj 4,000 iu in 0.4 ml syringe – **5% DV Mar-15 to 28 Feb 2018** | 193.13 | 6 | **Eprex** |
| ⬇ Inj 5,000 iu in 0.5 ml syringe – **5% DV Mar-15 to 28 Feb 2018** | 243.26 | 6 | **Eprex** |
| ⬇ Inj 6,000 iu in 0.6 ml syringe – **5% DV Mar-15 to 28 Feb 2018** | 291.92 | 6 | **Eprex** |
| ⬇ Inj 8,000 iu in 0.8 ml syringe – **5% DV May-15 to 28 Feb 2018** | 352.69 | 6 | **Eprex** |
| ⬇ Inj 10,000 iu in 1 ml syringe – **5% DV Mar-15 to 28 Feb 2018** | 395.18 | 6 | **Eprex** |
| ⬇ Inj 40,000 iu in 1 ml syringe – **5% DV May-15 to 28 Feb 2018** | 263.45 | 1 | **Eprex** |

➥**Restricted**

**Initiation — chronic renal failure**

All of the following:

1 Patient in chronic renal failure; and
2 Haemoglobin ≤ 100g/L; and
3 Either:
  3.1 Both:
    3.1.1 Patient does not have diabetes mellitus; and
    3.1.2 Glomerular filtration rate ≤ 30ml/min; or
  3.2 Both:
    3.2.1 Patient has diabetes mellitus; and
    3.2.2 Glomerular filtration rate ≤ 45ml/min; and
4 Patient is on haemodialysis or peritoneal dialysis.

**Initiation — myelodysplasia***

*Re-assessment required after 2 months*

All of the following:

1 Patient has a confirmed diagnosis of myelodysplasia (MDS); and
2 Has had symptomatic anaemia with haemoglobin < 100g/L and is red cell transfusion-dependent; and
3 Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and
4 Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5 Patient has a serum erythropoietin level of < 500 IU/L; and
6 The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

**Continuation — myelodysplasia***

*Re-assessment required after 12 months*

All of the following:

1 The patient's transfusion requirement continues to be reduced with erythropoietin treatment; and
2 Transformation to acute myeloid leukaemia has not occurred; and
3 The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

**Initiation — all other indications**

Haematologist

For use in patients where blood transfusion is not a viable treatment alternative.

Note: Indications marked with * are Unapproved Indications

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

## Megaloblastic

FOLIC ACID

| | | | |
|---|---|---|---|
| Tab 0.8 mg – **1% DV Oct-15 to 2018** | 20.60 | 1,000 | **Apo-Folic Acid** |
| Tab 5 mg – **1% DV Oct-15 to 2018** | 10.92 | 500 | **Apo-Folic Acid** |
| Oral liq 50 mcg per ml | 24.00 | 25 ml | Biomed |
| Inj 5 mg per ml, 10 ml vial | | | |

## Antifibrinolytics, Haemostatics and Local Sclerosants

ALUMINIUM CHLORIDE – **Restricted** see terms below

⬇ Topical soln 20% w/v *e.g. Driclor*

➥**Restricted**

**Initiation**

For use as a haemostatis agent.

APROTININ – **Restricted** see terms below

⬇ Inj 10,000 kIU per ml (equivalent to 200 mg per ml), 50 ml vial

➥**Restricted**

**Initiation**

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.

ELTROMBOPAG – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 25 mg | 1,771.00 | 28 | Revolade |
| ⬇ Tab 50 mg | 3,542.00 | 28 | Revolade |

➥**Restricted**

**Initiation — idiopathic thrombocytopenic purpura - post-splenectomy**

Haematologist

*Limited to 6 weeks* treatment

All of the following:

1 Patient has had a splenectomy; and
2 Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab); and
3 Any of the following:
  3.1 Patient has a platelet count of 20,000 to 30,000 platelets per microlitre and has evidence of significant mucocutaneous bleeding; or
  3.2 Patient has a platelet count of ≤ 20,000 platelets per microlitre and has evidence of active bleeding; or
  3.3 Patient has a platelet count of ≤ 10,000 platelets per microlitre.

**Initiation — (idiopathic thrombocytopenic purpura - preparation for splenectomy)**

Haematologist

*Limited to 6 weeks* treatment

The patient requires eltrombopag treatment as preparation for splenectomy.

**Continuation — (idiopathic thrombocytopenic purpura - post-splenectomy)**

Haematologist

*Re-assessment required after 12 months*

The patient has obtained a response (see Note) from treatment during the initial approval or subsequent renewal periods and further treatment is required.

Note: Response to treatment is defined as a platelet count of > 30,000 platelets per microlitre

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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 – **1% DV Oct-14 to 2016** | 23.00 | 100 | **Cyklokapron** |
| Inj 100 mg per ml, 5 ml ampoule – **1% DV Sep-15 to 2018** | 55.00 | 10 | **Cyklokapron** |

## Blood Factors

EPTACOG ALFA [RECOMBINANT FACTOR VIIA] – **Restricted** see terms on the next page

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 1 mg syringe | 1,163.75 | 1 | NovoSeven RT |
| ⬇ | Inj 2 mg syringe | 2,327.50 | 1 | NovoSeven RT |
| ⬇ | Inj 5 mg syringe | 5,818.75 | 1 | NovoSeven RT |
| ⬇ | Inj 8 mg syringe | 9,310.00 | 1 | NovoSeven RT |

➥**Restricted**

**Initiation**

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

FACTOR EIGHT INHIBITOR BYPASSING FRACTION – **Restricted** see terms on the next page

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 500 U | 1,450.00 | 1 | FEIBA NF |
| ⬇ | Inj 1,000 U | 2,900.00 | 1 | FEIBA NF |
| ⬇ | Inj 2,500 U | 7,250.00 | 1 | FEIBA NF |

➥**Restricted**

**Initiation**

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

MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 250 iu prefilled syringe | 210.00 | 1 | Xyntha |
| ⬇ | Inj 500 iu prefilled syringe | 420.00 | 1 | Xyntha |
| ⬇ | Inj 1,000 iu prefilled syringe | 840.00 | 1 | Xyntha |
| ⬇ | Inj 2,000 iu prefilled syringe | 1,680.00 | 1 | Xyntha |
| ⬇ | Inj 3,000 iu prefilled syringe | 2,520.00 | 1 | Xyntha |

➥**Restricted**

**Initiation**

Note: Preferred Brand of recombinant factor VIII from 1 March 2016 until 28 February 2019. When used in the treatment of haemophilia, funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

NONACOG ALFA [RECOMBINANT FACTOR IX] – **Restricted** see terms on the next page

| | | | | |
|---|---|---|---|---|
| ⬇ | 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 |
| ⬇ | Inj 3,000 iu vial | 3,720.00 | 1 | BeneFIX |

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

➥**Restricted**

**Initiation**

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

NONACOG GAMMA, [RECOMBINANT FACTOR IX] – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 250 iu vial | 287.50 | 1 | RIXUBIS |
| ⬇ Inj 500 iu vial | 575.00 | 1 | RIXUBIS |
| ⬇ Inj 1,000 iu vial | 1,150.00 | 1 | RIXUBIS |
| ⬇ Inj 2,000 iu vial | 2,300.00 | 1 | RIXUBIS |
| ⬇ Inj 3,000 iu vial | 3,450.00 | 1 | RIXUBIS |

➥**Restricted**

**Initiation**

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

OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (ADVATE) – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 250 iu vial | 287.50 | 1 | Advate |
| ⬇ Inj 500 iu vial | 575.00 | 1 | Advate |
| ⬇ Inj 1,000 iu vial | 1,150.00 | 1 | Advate |
| ⬇ Inj 1,500 iu vial | 1,725.00 | 1 | Advate |
| ⬇ Inj 2,000 iu vial | 2,300.00 | 1 | Advate |
| ⬇ Inj 3,000 iu vial | 3,450.00 | 1 | Advate |

➥**Restricted**

**Initiation**

Notes: Rare Clinical Circumstances Brand of recombinant factor VIII from 1 March 2016 until 28 February 2019. When used in the treatment of haemophilia, access to funded treatment by application to the Haemophilia Treatments Panel. Application details may be obtained from PHARMAC.s website http://www.pharmac.govt.nz or:

| | |
|---|---|
| The Co-ordinator, Haemophilia Treatments Panel | Phone: 0800 023 588 Option 2 |
| PHARMAC PO Box 10 254 | Facsimile: (04) 974 4881 |
| Wellington | Email: haemophilia@pharmac.govt.nz |

OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (KOGENATE FS) – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 250 iu vial | 237.50 | 1 | Kogenate FS |
| ⬇ Inj 500 iu vial | 475.00 | 1 | Kogenate FS |
| ⬇ Inj 1,000 iu vial | 950.00 | 1 | Kogenate FS |
| ⬇ Inj 2,000 iu vial | 1,900.00 | 1 | Kogenate FS |
| ⬇ Inj 3,000 iu vial | 2,850.00 | 1 | Kogenate FS |

➥**Restricted**

**Initiation**

Notes: Second Brand of recombinant factor VIII from 1 March 2016 until 28 February 2019. When used in the treatment of haemophilia, access to funded treatment by application to the Haemophilia Treatments Panel. Application details may be obtained from PHARMAC.s website http://www.pharmac.govt.nz or:

| | |
|---|---|
| The Co-ordinator, Haemophilia Treatments Panel | Phone: 0800 023 588 Option 2 |
| PHARMAC PO Box 10 254 | Facsimile: (04) 974 4881 |
| Wellington | Email: haemophilia@pharmac.govt.nz |

## Vitamin K

PHYTOMENADIONE

| | | | |
|---|---|---|---|
| Inj 2 mg in 0.2 ml ampoule | 8.00 | 5 | Konakion MM |
| Inj 10 mg per ml, 1 ml ampoule | 9.21 | 5 | Konakion MM |

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

## Antithrombotics

### Anticoagulants

BIVALIRUDIN – **Restricted** see terms below

⬇ Inj 250 mg vial

➥**Restricted**

**Initiation**

Either:

1 For use in heparin-induced thrombocytopaenia, 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**

**Initiation**

For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance.

DEFIBROTIDE – **Restricted** see terms below

⬇ Inj 80 mg per ml, 2.5 ml ampoule

➥**Restricted**

**Initiation**

Haematologist

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

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 | 37.24 | 10 | Clexane |
| Inj 40 mg in 0.4 ml ampoule | | | |
| Inj 40 mg in 0.4 ml syringe | 49.69 | 10 | Clexane |
| Inj 60 mg in 0.6 ml syringe | 74.91 | 10 | Clexane |
| Inj 80 mg in 0.8 ml syringe | 99.86 | 10 | Clexane |
| Inj 100 mg in 1 ml syringe | 125.06 | 10 | Clexane |
| Inj 120 mg in 0.8 ml syringe | 155.40 | 10 | Clexane |
| Inj 150 mg in 1 ml syringe | 177.60 | 10 | Clexane |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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**
**Initiation**
For use in heparin-induced thrombocytopaenia, 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 | Hospira |
| Inj 1,000 iu per ml, 35 ml vial | | | |
| Inj 1,000 iu per ml, 5 ml ampoule | 61.04 | 50 | Pfizer |
| Inj 5,000 iu in 0.2 ml ampoule | | | |
| Inj 5,000 iu per ml, 1 ml ampoule | 14.20 | 5 | Hospira |
| Inj 5,000 iu per ml, 5 ml ampoule | 236.60 | 50 | Pfizer |
| HEPARINISED SALINE | | | |
| Inj 10 iu per ml, 5 ml ampoule | 39.00 | 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**
**Initiation — total hip replacement**
*Limited to 5 weeks* treatment
For the prophylaxis of venous thromboembolism.
**Initiation — total knee replacement**
*Limited to 2 weeks* treatment
For the prophylaxis of venous thromboembolism.

| | | | |
|---|---|---|---|
| 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%, 3 ml syringe | | | |
| Inj 46.7%, 5 ml ampoule | | | |
| 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 |

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

## Antiplatelets

ASPIRIN

Tab 100 mg – **1% DV Mar-14 to 2016** ..... 1.60 90 **Ethics Aspirin EC**

10.50 990 **Ethics Aspirin EC**

Suppos 300 mg

CLOPIDOGREL

Tab 75 mg – **1% DV Dec-13 to 2016** ..... 5.48 84 **Arrow - Clopid**

DIPYRIDAMOLE

Tab 25 mg

Tab long-acting 150 mg ..... 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**

**Initiation**

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**

**Initiation — Bare metal stents**

*Limited to 6 months* treatment

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

**Initiation — 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.

**Initiation — Stent thrombosis**

Patient has experienced cardiac stent thrombosis whilst on clopidogrel.

**Initiation — Myocardial infarction**

*Limited to 1 week* treatment

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

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

TICAGRELOR – **Restricted** see terms below

⬇ Tab 90 mg ..... 90.00 56 Brilinta

➥**Restricted**

**Initiation**

Restricted to treatment of acute coronary syndromes specifically for patients who have recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome, and in whom fibrinolytic therapy has not been given in the last 24 hours and is not planned.

TICLOPIDINE

Tab 250 mg

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

## Fibrinolytic Agents

ALTEPLASE
- Inj 2 mg vial
- Inj 10 mg vial
- Inj 50 mg vial

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 prefilled syringe | 270.00 | 5 | Zarzio |
| ⬇ | Inj 300 mcg in 1 ml vial | 650.00 | 5 | Neupogen |
| ⬇ | Inj 480 mcg in 0.5 ml prefilled syringe | 432.00 | 5 | Zarzio |

➥**Restricted**

Haematologist or oncologist

PEGFILGRASTIM – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 6 mg per 0.6 ml syringe | 1,080.00 | 1 | Neulastim |

➥**Restricted**

**Initiation**

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

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

# Fluids and Electrolytes

## Intravenous Administration

CALCIUM CHLORIDE
- Inj 100 mg per ml, 10 ml vial

CALCIUM GLUCONATE

| | | | | |
|---|---|---|---|---|
| | Inj 10%, 10 ml ampoule | 34.24 | 10 | Hospira |

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 | 3.10 | 1,000 ml | Baxter |
| | | 5.00 | 500 ml | Baxter |

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 |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| COMPOUND SODIUM LACTATE [HARTMANN'S SOLUTION] | | | |
| Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 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, bicarbonate 29 mmol/l, chloride 111 mmol/l and glucose 5%, bag | 5.38 | 1,000 ml | Baxter |
| GLUCOSE [DEXTROSE] | | | |
| Inj 5%, bag | 1.77 | 500 ml | Baxter |
| | 1.80 | 1,000 ml | Baxter |
| | 2.84 | 100 ml | Baxter |
| | 2.87 | 50 ml | Baxter |
| | 3.87 | 250 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 Oct-14 to 2017** | 27.50 | 5 | **Biomed** |
| Inj 50%, 90 ml bottle – **1% DV Oct-14 to 2017** | 14.50 | 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 | 5.80 | 1,000 ml | Baxter |
| | 9.87 | 500 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 | | | |

| | 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 potassium chloride with 0.9% sodium chloride, 100 ml bag | | | |
| POTASSIUM DIHYDROGEN PHOSPHATE | | | |
| Inj 1 mmol per ml, 10 ml ampoule – **1% DV Oct-15 to 2018** | 151.80 | 10 | **Hospira** |
| 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%, bag | 1.77 | 500 ml | Baxter |
| | 1.80 | 1,000 ml | Baxter |
| | 2.28 | 100 ml | Baxter |
| | 3.01 | 50 ml | Baxter |
| | 3.60 | 250 ml | Baxter |
| | 1.70 | 500 ml | Freeflex |
| | 1.71 | 1,000 ml | Freeflex |
| 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%, 3 ml syringe, non-sterile pack – **1% DV Jun-15 to 2018** | 10.65 | 30 | **BD PosiFlush** |
| **➥Restricted** | | | |
| **Initiation** | | | |
| For use in flushing of in-situ vascular access devices only. | | | |
| ⬇ Inj 0.9%, 5 ml syringe, non-sterile pack – **1% DV Jun-15 to 2018** | 10.80 | 30 | **BD PosiFlush** |
| **➥Restricted** | | | |
| **Initiation** | | | |
| For use in flushing of in-situ vascular access devices only. | | | |
| ⬇ Inj 0.9%, 10 ml syringe, non-sterile pack – **1% DV Jun-15 to 2018** | 11.25 | 30 | **BD PosiFlush** |
| **➥Restricted** | | | |
| **Initiation** | | | |
| For use in flushing of in-situ vascular access devices only. | | | |
| 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 – **1% DV Oct-15 to 2018** | 47.50 | 5 | **Biomed** |

| | 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 (16 mmol) | | | |
| POTASSIUM CHLORIDE | | | |
| Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol) | | | |
| Tab long-acting 600 mg (8 mmol) – **1% DV Sep-15 to 2018** | 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 – **1% DV Sep-15 to 2018** | 84.65 | 454 g | **Resonium A** |

## Plasma Volume Expanders

| | | | |
|---|---|---|---|
| GELATINE, SUCCINYLATED | | | |
| Inj 4%, 500 ml bag | 108.00 | 10 | 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 |
|---|---|---|---|

## Agents Affecting the Renin-Angiotensin System

### ACE Inhibitors

CAPTOPRIL

| | | | |
|---|---|---|---|
| ⬇ Oral liq 5 mg per ml | 94.99 | 95 ml | Capoten |

➥**Restricted**

**Initiation**

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% DV Sep-15 to 2018** | 0.96 | 100 | **Ethics Enalapril** |
| Tab 10 mg – **1% DV Sep-15 to 2018** | 1.24 | 100 | **Ethics Enalapril** |
| Tab 20 mg – **1% DV Sep-15 to 2018** | 1.78 | 100 | **Ethics Enalapril** |

LISINOPRIL

| | | | |
|---|---|---|---|
| Tab 5 mg – **1% DV Jan-16 to 2018** | 1.80 | 90 | **Ethics Lisinopril** |
| Tab 10 mg – **1% DV Jan-16 to 2018** | 2.05 | 90 | **Ethics Lisinopril** |
| Tab 20 mg – **1% DV Jan-16 to 2018** | 2.76 | 90 | **Ethics Lisinopril** |

PERINDOPRIL

| | | | |
|---|---|---|---|
| Tab 2 mg – **1% DV Oct-14 to 2017** | 3.75 | 30 | **Apo-Perindopril** |
| Tab 4 mg – **1% DV Oct-14 to 2017** | 4.80 | 30 | **Apo-Perindopril** |

QUINAPRIL

| | | | |
|---|---|---|---|
| Tab 5 mg – **1% DV Sep-15 to 2018** | 4.31 | 90 | **Arrow-Quinapril 5** |
| Tab 10 mg – **1% DV Sep-15 to 2018** | 3.15 | 90 | **Arrow-Quinapril 10** |
| Tab 20 mg – **1% DV Sep-15 to 2018** | 5.97 | 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 – **1% DV Mar-14 to 2016** | 10.72 | 100 | **Apo-Cilazapril/ Hydrochlorothiazide** |

ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE – **Restricted:** For continuation only

➡ Tab 20 mg with hydrochlorothiazide 12.5 mg

QUINAPRIL WITH HYDROCHLOROTHIAZIDE

| | | | |
|---|---|---|---|
| Tab 10 mg with hydrochlorothiazide 12.5 mg – **1% DV Oct-15 to 2018** | 3.65 | 30 | **Accuretic 10** |
| Tab 20 mg with hydrochlorothiazide 12.5 mg – **1% DV Oct-15 to 2018** | 4.78 | 30 | **Accuretic 20** |

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

## Angiotensin II Antagonists

CANDESARTAN CILEXETIL – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 4 mg – **1% DV Sep-15 to 2018** | 2.50 | 90 | **Candestar** |
| ⬇ Tab 8 mg – **1% DV Sep-15 to 2018** | 3.68 | 90 | **Candestar** |
| ⬇ Tab 16 mg – **1% DV Sep-15 to 2018** | 6.12 | 90 | **Candestar** |
| ⬇ Tab 32 mg – **1% DV Sep-15 to 2018** | 10.66 | 90 | **Candestar** |

➥**Restricted**

**Initiation — 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.

**Initiation — 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 Jan-15 to 2017** | 1.55 | 84 | **Losartan Actavis** |
| Tab 25 mg – **1% DV Jan-15 to 2017** | 1.90 | 84 | **Losartan Actavis** |
| Tab 50 mg – **1% DV Jan-15 to 2017** | 2.25 | 84 | **Losartan Actavis** |
| Tab 100 mg – **1% DV Jan-15 to 2017** | 2.60 | 84 | **Losartan Actavis** |

## Angiotensin II Antagonists with Diuretics

LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE

| | | | |
|---|---|---|---|
| Tab 50 mg with hydrochlorothiazide 12.5 mg – **1% DV Oct-14 to 2017** | 2.18 | 30 | **Arrow-Losartan & Hydrochlorothiazide** |

## Alpha-Adrenoceptor Blockers

DOXAZOSIN

| | | | |
|---|---|---|---|
| Tab 2 mg – **1% DV Sep-14 to 2017** | 6.75 | 500 | **Apo-Doxazosin** |
| Tab 4 mg – **1% DV Sep-14 to 2017** | 9.67 | 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-Prazosin |
| Tab 2 mg | 7.00 | 100 | Apo-Prazosin |
| Tab 5 mg | 11.70 | 100 | Apo-Prazosin |

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** |

## Antiarrhythmics

ADENOSINE

Inj 3 mg per ml, 2 ml vial

⬇ Inj 3 mg per ml, 10 ml vial

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ➥**Restricted** | | | |
| **Initiation** | | | |
| 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 | 71.00 | 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 mg | 38.95 | 60 | Tambocor |
| Cap long-acting 100 mg | 38.95 | 30 | Tambocor CR |
| Cap long-acting 200 mg | 68.78 | 30 | Tambocor CR |
| Inj 10 mg per ml, 15 ml ampoule | 52.45 | 5 | Tambocor |
| MEXILETINE HYDROCHLORIDE | | | |
| Cap 150 mg | 162.00 | 100 | Mexiletine Hydrochloride USP |
| Cap 250 mg | 202.00 | 100 | Mexiletine Hydrochloride USP |
| PROPAFENONE HYDROCHLORIDE | | | |
| Tab 150 mg | | | |

## Antihypotensives

| | | | |
|---|---|---|---|
| MIDODRINE – **Restricted** see terms below | | | |
| ⬇ Tab 2.5 mg | | | |
| ⬇ Tab 5 mg | | | |
| ➥**Restricted** | | | |
| **Initiation** | | | |
| Patient has disabling orthostatic hypotension not due to drugs. | | | |

## Beta-Adrenoceptor Blockers

| | | | |
|---|---|---|---|
| ATENOLOL | | | |
| Tab 50 mg – **1% DV Sep-15 to 2018** | 4.61 | 500 | **Mylan Atenolol** |
| Tab 100 mg – **1% DV Sep-15 to 2018** | 7.67 | 500 | **Mylan Atenolol** |
| Oral liq 5 mg per ml | 21.25 | 300 ml | Atenolol-AFT |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| BISOPROLOL FUMARATE | | | |
| Tab 2.5 mg – **1% DV Mar-15 to 2017** | 2.40 | 30 | **Bosvate** |
| Tab 5 mg – **1% DV Mar-15 to 2017** | 3.50 | 30 | **Bosvate** |
| Tab 10 mg – **1% DV Mar-15 to 2017** | 6.40 | 30 | **Bosvate** |
| CARVEDILOL | | | |
| Tab 6.25 mg – **1% DV Jun-15 to 2017** | 3.90 | 60 | **Dicarz** |
| Tab 12.5 mg – **1% DV Jun-15 to 2017** | 5.10 | 60 | **Dicarz** |
| Tab 25 mg – **1% DV Jun-15 to 2017** | 6.30 | 60 | **Dicarz** |
| CELIPROLOL | | | |
| Tab 200 mg | 21.40 | 180 | Celol |
| ESMOLOL HYDROCHLORIDE | | | |
| Inj 10 mg per ml, 10 ml vial | | | |
| LABETALOL | | | |
| 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 Jun-16 to 2018** | 2.39 | 90 | **Metoprolol - AFT CR** |
| Tab long-acting 47.5 mg – **1% DV Jun-16 to 2018** | 3.48 | 90 | **Metoprolol - AFT CR** |
| Tab long-acting 95 mg – **1% DV Jun-16 to 2018** | 5.73 | 90 | **Metoprolol - AFT CR** |
| Tab long-acting 190 mg | 4.66 | 30 | Metoprolol - AFT CR |
| METOPROLOL TARTRATE | | | |
| Tab 50 mg | 16.00 | 100 | Lopresor |
| Tab 100 mg | 21.00 | 60 | Lopresor |
| Tab long-acting 200 mg | 18.00 | 28 | Slow-Lopresor |
| Inj 1 mg per ml, 5 ml vial | 24.00 | 5 | Lopresor |
| NADOLOL | | | |
| Tab 40 mg – **1% DV Oct-15 to 2018** | 16.05 | 100 | **Apo-Nadolol** |
| Tab 80 mg – **1% DV Oct-15 to 2018** | 24.70 | 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** |
| PROPRANOLOL | | | |
| Tab 10 mg | 3.65 | 100 | Apo-Propranolol |
| Tab 40 mg | 4.65 | 100 | Apo-Propranolol |
| Cap long-acting 160 mg | 18.17 | 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 | | | |

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

## Calcium Channel Blockers

### Dihydropyridine Calcium Channel Blockers

AMLODIPINE

| | | | |
|---|---|---|---|
| Tab 2.5 mg – **1% DV Feb-15 to 2017** | 2.21 | 100 | **Apo-Amlodipine** |
| Tab 5 mg – **1% DV May-15 to 2017** | 5.04 | 250 | **Apo-Amlodipine** |
| Tab 10 mg – **1% DV May-15 to 2017** | 7.21 | 250 | **Apo-Amlodipine** |

FELODIPINE

| | | | |
|---|---|---|---|
| Tab long-acting 2.5 mg – **1% DV Sep-15 to 2018** | 1.45 | 30 | **Plendil ER** |
| Tab long-acting 5 mg – **1% DV Sep-15 to 2018** | 1.55 | 30 | **Plendil ER** |
| Tab long-acting 10 mg – **1% DV Sep-15 to 2018** | 2.30 | 30 | **Plendil ER** |

ISRADIPINE

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

NICARDIPINE HYDROCHLORIDE – **Restricted** see terms below

⬇ Inj 2.5 mg per ml, 10 ml vial

➥**Restricted**

**Initiation**

Anaesthetist, intensivist or paediatric cardiologist

Both:

1 Patient is a Paediatric Patient; and
2 Any of the following:
  2.1 Patient has hypertension requiring urgent treatment with an intravenous agent; or
  2.2 Patient has excessive ventricular afterload; or
  2.3 Patient is awaiting or undergoing cardiac surgery using cardiopulmonary bypass.

NIFEDIPINE

| | | | |
|---|---|---|---|
| Tab long-acting 10 mg | | | |
| Tab long-acting 20 mg | 9.59 | 100 | Nyefax Retard |
| Tab long-acting 30 mg – **1% DV Sep-14 to 2017** | 3.75 | 30 | **Adefin XL** |
| Tab long-acting 60 mg – **1% DV Sep-14 to 2017** | 5.75 | 30 | **Adefin XL** |
| Cap 5 mg | | | |

NIMODIPINE

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

### Other Calcium Channel Blockers

DILTIAZEM HYDROCHLORIDE

| | | | |
|---|---|---|---|
| Tab 30 mg | 4.60 | 100 | Dilzem |
| Tab 60 mg | 8.50 | 100 | Dilzem |
| Cap long-acting 120 mg | 31.83 | 500 | Apo-Diltiazem CD |
| | 1.91 | 30 | Cardizem CD |
| Cap long-acting 180 mg | 47.67 | 500 | Apo-Diltiazem CD |
| | 7.56 | 30 | Cardizem CD |
| Cap long-acting 240 mg | 63.58 | 500 | Apo-Diltiazem CD |
| | 10.22 | 30 | Cardizem CD |
| Inj 5 mg per ml, 5 ml vial | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PERHEXILINE MALEATE | | | |
| Tab 100 mg | 62.90 | 100 | Pexsig |
| VERAPAMIL HYDROCHLORIDE | | | |
| Tab 40 mg | 7.01 | 100 | Isoptin |
| Tab 80 mg – **1% DV Sep-14 to 2017** | 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 – **1% DV Jul-14 to 2017** | 12.80 | 4 | **Catapres-TTS-1** |
| Patch 5 mg, 200 mcg per day – **1% DV Jul-14 to 2017** | 18.04 | 4 | **Catapres-TTS-2** |
| Patch 7.5 mg, 300 mcg per day – **1% DV Jul-14 to 2017** | 22.68 | 4 | **Catapres-TTS-3** |
| CLONIDINE HYDROCHLORIDE | | | |
| Tab 25 mcg – **1% DV Sep-15 to 2018** | 10.53 | 112 | **Clonidine BNM** |
| Tab 150 mcg | 34.32 | 100 | Catapres |
| Inj 150 mcg per ml, 1 ml ampoule | 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-15 to 2018** | 8.00 | 1,000 | **Diurin 40** |
| Tab 500 mg – **1% DV Sep-15 to 2018** | 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 |

### 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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **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 | **Spiractin** |
| Tab 100 mg – **1% DV Sep-13 to 2016** | 11.80 | 100 | **Spiractin** |
| Oral liq 5 mg per ml | 30.00 | 25 ml | Biomed |
| **Thiazide and Related Diuretics** | | | |
| BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] | | | |
| Tab 2.5 mg – **1% DV Sep-14 to 2017** | 5.48 | 500 | **Arrow-Bendrofluazide** |
| Tab 5 mg – **1% DV Sep-14 to 2017** | 8.95 | 500 | **Arrow-Bendrofluazide** |
| 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**

**Initiation**

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 Oct-15 to 2018** | 9.05 | 90 | **Bezalip** |
| Tab long-acting 400 mg – **1% DV Oct-15 to 2018** | 6.78 | 30 | **Bezalip Retard** |
| GEMFIBROZIL | | | |
| Tab 600 mg – **1% DV Nov-13 to 2016** | 17.60 | 60 | **Lipazil** |

### HMG CoA Reductase Inhibitors (Statins)

| | | | |
|---|---|---|---|
| ATORVASTATIN | | | |
| Tab 10 mg | 2.52 | 90 | Zarator |
| Tab 20 mg | 4.17 | 90 | Zarator |
| Tab 40 mg | 7.32 | 90 | Zarator |
| Tab 80 mg | 16.23 | 90 | Zarator |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PRAVASTATIN | | | |
| Tab 10 mg | | | |
| Tab 20 mg – **1% DV Oct-14 to 2017** | 3.45 | 30 | **Cholvastin** |
| Tab 40 mg – **1% DV Oct-14 to 2017** | 6.36 | 30 | **Cholvastin** |
| SIMVASTATIN | | | |
| Tab 10 mg – **1% DV Sep-14 to 2017** | 0.95 | 90 | **Arrow-Simva** |
| Tab 20 mg – **1% DV Sep-14 to 2017** | 1.61 | 90 | **Arrow-Simva** |
| Tab 40 mg – **1% DV Sep-14 to 2017** | 2.83 | 90 | **Arrow-Simva** |
| Tab 80 mg – **1% DV Sep-14 to 2017** | 7.91 | 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 – **1% DV Aug-15 to 2017** | 3.35 | 30 | **Ezemibe** |

➥**Restricted**
**Initiation**
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 – **1% DV Aug-15 to 2017** | 5.15 | 30 | **Zimybe** |
| ⬇ | Tab 10 mg with simvastatin 20 mg – **1% DV Aug-15 to 2017** | 6.15 | 30 | **Zimybe** |
| ⬇ | Tab 10 mg with simvastatin 40 mg – **1% DV Aug-15 to 2017** | 7.15 | 30 | **Zimybe** |
| ⬇ | Tab 10 mg with simvastatin 80 mg – **1% DV Aug-15 to 2017** | 8.15 | 30 | **Zimybe** |

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

## Other Lipid-Modifying Agents

ACIPIMOX
Cap 250 mg

NICOTINIC ACID

| | | | |
|---|---|---|---|
| Tab 50 mg – **1% DV Oct-14 to 2017** | 3.96 | 100 | **Apo-Nicotinic Acid** |
| Tab 500 mg – **1% DV Oct-14 to 2017** | 17.37 | 100 | **Apo-Nicotinic Acid** |

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

## Nitrates

GLYCERYL TRINITRATE

| | | | |
|---|---|---|---|
| Tab 600 mcg | 8.00 | 100 | Lycinate |
| Inj 1 mg per ml, 5 ml ampoule | 22.70 | 10 | Nitronal |
| Inj 1 mg per ml, 50 ml vial | 86.60 | 10 | Nitronal |
| Inj 5 mg per ml, 10 ml ampoule | 100.00 | 5 | Hospira |
| Oral pump spray, 400 mcg per dose | 4.45 | 250 dose | Nitrolingual Pump Spray |
| Oral spray, 400 mcg per dose | 4.45 | 250 dose | Glytrin |
| Patch 25 mg, 5 mg per day – **1% DV Sep-14 to 2017** | 15.73 | 30 | **Nitroderm TTS 5** |
| Patch 50 mg, 10 mg per day – **1% DV Sep-14 to 2017** | 18.62 | 30 | **Nitroderm TTS 10** |

ISOSORBIDE MONONITRATE

| | | | |
|---|---|---|---|
| Tab 20 mg – **1% DV Sep-14 to 2017** | 17.10 | 100 | **Ismo-20** |
| Tab long-acting 40 mg | 7.50 | 30 | Ismo 40 Retard |
| 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**

**Initiation — 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.

**Initiation — 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 | | Hospira |
| Inj 1 in 1,000, 30 ml vial | | | |
| Inj 1 in 10,000, 10 ml ampoule | 49.00 | 10 | Aspen Adrenaline |
| | 27.00 | 5 | Hospira |
| Inj 1 in 10,000, 10 ml syringe | | | |

DOBUTAMINE HYDROCHLORIDE

| | | | |
|---|---|---|---|
| Inj 12.5 mg per ml, 20 ml ampoule – **1% DV Jan-16 to 2018** | 24.45 | 5 | **Dobutamine-Claris** |

DOPAMINE HYDROCHLORIDE

| | | | |
|---|---|---|---|
| Inj 40 mg per ml, 5 ml ampoule – **1% DV Sep-15 to 2018** | 16.89 | 5 | **DBL Sterile Dopamine Concentrate** |

EPHEDRINE

| | | | |
|---|---|---|---|
| Inj 3 mg per ml, 10 ml syringe | | | |
| Inj 30 mg per ml, 1 ml ampoule – **1% DV Mar-15 to 2017** | 51.48 | 10 | **Max Health** |

ISOPRENALINE

Inj 200 mcg per ml, 1 ml ampoule

Inj 200 mcg per ml, 5 ml ampoule

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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, 4 ml ampoule | | | |
| 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-15 to 2018** | 1,650.00 | 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** | | | |
| **Initiation** | | | |
| 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 |
| MILRINONE | | | |
| Inj 1 mg per ml, 10 ml ampoule | | | |
| MINOXIDIL – **Restricted** see terms below | | | |
| ⬇ Tab 10 mg | 70.00 | 100 | Loniten |
| ➥**Restricted** | | | |
| **Initiation** | | | |
| For patients with severe refractory hypertension who have failed to respond to extensive multiple therapies. | | | |
| NICORANDIL | | | |
| Tab 10 mg | 27.95 | 60 | Ikorel |
| Tab 20 mg | 33.28 | 60 | Ikorel |
| PAPAVERINE HYDROCHLORIDE | | | |
| Inj 30 mg per ml, 1 ml vial | | | |
| Inj 12 mg per ml, 10 ml ampoule | 217.90 | 5 | Hospira |

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

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**
**Initiation**
Either:
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 – **1% DV Jan-16 to 2018** | 375.00 | 56 | **Mylan-Bosentan** |
| ⬇ | Tab 125 mg – **1% DV Jan-16 to 2018** | 375.00 | 56 | **Mylan-Bosentan** |

➥**Restricted**
**Initiation**
Either:
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 Sep-15 to 2018** | 0.75 | 4 | **Vedafil** |
| ⬇ | Tab 50 mg – **1% DV Sep-15 to 2018** | 0.75 | 4 | **Vedafil** |
| ⬇ | Tab 100 mg – **1% DV Sep-15 to 2018** | 2.75 | 4 | **Vedafil** |

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

## Prostacyclin Analogues

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

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 0.5 mg vial | 36.61 | 1 | Veletri |
| ⬇ | Inj 1.5 mg vial | 73.21 | 1 | Veletri |

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

➥**Restricted**

**Initiation**

For use as a bridge to transplant for patients with Pulmonary Arterial Hypertension who are on the active waiting list for lung transplantation.

ILOPROST

| | | | |
|---|---|---|---|
| | Inj 50 mcg in 0.5 ml ampoule – **1% DV Sep-15 to 2016** ..... 89.50 | 1 | **Arrow-Iloprost** |
| ⬇ | Nebuliser soln 10 mcg per ml, 2 ml ..... 1,185.00 | 30 | Ventavis |

➥**Restricted**

**Initiation**

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 hopsital stabilisation in emergency situations.

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

## Anti-Infective Preparations

### Antibacterials

FUSIDIC ACID
- Crm 2% – **1% DV Jan-15 to 2016** — 2.52 — 15 g — **DP Fusidic Acid Cream**
- 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) – **1% DV Nov-15 to 2018** — 1.40 — 100 ml — **Pharmacy Health**

MAFENIDE ACETATE – **Restricted** see terms below
- ⬇ Powder 50 g sachet

➥**Restricted**

**Initiation**

For the treatment of burns patients.

MUPIROCIN
- Oint 2%

SULPHADIAZINE SILVER
- Crm 1% — 12.30 — 50 g — Flamazine

### Antifungals

AMOROLFINE
- Nail soln 5% – **1% DV Jan-15 to 2017** — 19.95 — 5 ml — **MycoNail**

CICLOPIROX OLAMINE
- Nail soln 8% – **1% DV Sep-15 to 2018** — 6.50 — 7 ml — **Apo-Ciclopirox**
- ➡ Soln 1% – **Restricted:** For continuation only

CLOTRIMAZOLE
- Crm 1% – **1% DV Sep-14 to 2017** — 0.52 — 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 Dec-14 to 2017** — 2.99 — 100 ml — **Sebizole**

METRONIDAZOLE
- Gel 0.75%

MICONAZOLE NITRATE
- Crm 2% – **1% DV Mar-15 to 2017** — 0.55 — 15 g — **Multichem**
- ➡ Lotn 2% – **Restricted:** For continuation only
- Tinc 2%

NYSTATIN
- Crm 100,000 u per g

### Antiparasitics

MALATHION [MALDISON]
- Lotn 0.5%
- Shampoo 1%

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE | | | |
| Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2% | | | |
| PERMETHRIN | | | |
| Crm 5% – **1% DV Apr-15 to 2017** | 4.20 | 30 g | **Lyderm** |
| Lotn 5% – **1% DV Sep-14 to 2017** | 3.19 | 30 ml | **A-Scabies** |

## Antiacne Preparations

| | | | |
|---|---|---|---|
| ADAPALENE | | | |
| Crm 0.1% | | | |
| Gel 0.1% | | | |
| BENZOYL PEROXIDE | | | |
| Soln 5% | | | |
| ISOTRETINOIN | | | |
| Cap 10 mg | 12.47 | 100 | Isotane 10 |
| | 14.96 | 120 | Oratane |
| Cap 20 mg | 19.27 | 100 | Isotane 20 |
| | 23.12 | 120 | Oratane |
| TRETINOIN | | | |
| Crm 0.05% | | | |

## Antipruritic Preparations

| | | | |
|---|---|---|---|
| CALAMINE | | | |
| Crm, aqueous, BP – **1% DV Dec-15 to 2018** | 1.49 | 100 g | **Pharmacy Health** |
| Lotn, BP – **1% DV Dec-15 to 2018** | 12.94 | 2,000 ml | **PSM** |
| CROTAMITON | | | |
| Crm 10% – **1% DV Sep-15 to 2018** | 3.37 | 20 g | **Itch-Soothe** |

## Barrier Creams and Emollients

### Barrier Creams

| | | | |
|---|---|---|---|
| DIMETHICONE | | | |
| Crm 5% tube – **1% DV Apr-14 to 2016** | 1.65 | 100 g | **healthE Dimethicone 5%** |
| Crm 5% pump bottle – **1% DV Apr-14 to 2016** | 4.73 | 500 ml | **healthE Dimethicone 5%** |
| Crm 10% pump bottle – **1% DV Nov-15 to 2018** | 4.90 | 500 ml | **healthE Dimethicone 10%** |
| ZINC | | | |
| Crm | | | *e.g. Zinc Cream (Orion);Zinc Cream (PSM)* |
| Oint | | | *e.g. Zinc oxide (PSM)* |
| Paste | | | |
| ZINC AND CASTOR OIL | | | |
| Crm | 1.63 | 20 g | Orion |
| Oint, BP – **1% DV Jul-15 to 2017** | 1.39 | 20 g | **healthE** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ZINC WITH WOOL FAT | | | |
| Crm zinc 15.25% with wool fat 4% | | | *e.g. Sudocrem* |

## Emollients

| | | | |
|---|---|---|---|
| AQUEOUS CREAM | | | |
| Crm 100 g – **1% DV Jan-16 to 2018** | 1.00 | 100 g | **Pharmacy Health SLS-free** |
| Note: DV limit applies to the pack sizes of 100 g or less. | | | |
| Crm 500 g – **1% DV Mar-16 to 2018** | 1.99 | 500 g | **AFT SLS-free** |
| Note: DV limit applies to the pack sizes of greater than 100 g. | | | |
| CETOMACROGOL | | | |
| Crm BP, 500 g – **1% DV Nov-15 to 2018** | 2.74 | 500 g | **healthE** |
| Crm BP, 100 g – **1% DV Jan-16 to 2018** | 1.47 | 1 | **healthE** |
| CETOMACROGOL WITH GLYCEROL | | | |
| Crm 90% with glycerol 10%, | 2.00 | 100 g | Pharmacy Health |
| | 2.10 | | Pharmacy Health |
| | 3.20 | | healthE |
| Crm 90% with glycerol 10% | 4.50 | 500 ml | Pharmacy Health Sorbolene with Glycerin |
| | 6.50 | 1,000 ml | Pharmacy Health Sorbolene with Glycerin |
| Crm 90% with glycerol 10%, 500 ml, 1 bottle | 5.46 | 1 | healthE |
| EMULSIFYING OINTMENT | | | |
| Oint BP – **1% DV Apr-15 to 2017** | 1.84 | 100 g | **Jaychem** |
| Note: DV limit applies to pack sizes of less than 200 g. | | | |
| Oint BP, 500 g – **1% DV Jul-15 to 2017** | 2.73 | 500 g | **AFT** |
| Note: DV limit applies to pack sizes of greater than 200 g. | | | |
| GLYCEROL WITH PARAFFIN | | | |
| Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10% | | | *e.g. QV cream* |
| OIL IN WATER EMULSION | | | |
| Crm | 2.63 | 500 g | healthE Fatty Cream |
| Crm, 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 Sep-15 to 2018** | 0.85 | 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% | | | *e.g. AlphaKeri;BK ;DP; Hydroderm Lotn* |
| Lotn liquid paraffin 91.7% with wool fat 3% | | | *e.g. Alpha Keri Bath Oil* |
| UREA | | | |
| Crm 10% | | | |
| WOOL FAT | | | |
| Crm | | | |

## Corticosteroids

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **BETAMETHASONE DIPROPIONATE** | | | |
| Crm 0.05% | | | |
| Oint 0.05% | | | |
| **BETAMETHASONE VALERATE** | | | |
| Crm 0.1% – **1% DV Jun-15 to 2018** | 3.15 | 50 g | **Beta Cream** |
| Oint 0.1% – **1% DV Jun-15 to 2018** | 3.15 | 50 g | **Beta Ointment** |
| Lotn 0.1% | | | |
| **CLOBETASOL PROPIONATE** | | | |
| Crm 0.05% – **1% DV Jul-15 to 2016** | 3.20 | 30 g | **Clobetasol BNM** |
| Oint 0.05% – **1% DV Jul-15 to 2016** | 3.20 | 30 g | **Clobetasol BNM** |
| **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 | 14.00 | 500 g | Pharmacy Health |
| **HYDROCORTISONE ACETATE** | | | |
| Crm 1% | 2.48 | 14.2 g | AFT |
| **HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN** | | | |
| Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – **1% DV Dec-14 to 2017** | 10.57 | 250 ml | **DP Lotn HC** |
| **HYDROCORTISONE BUTYRATE** | | | |
| Crm 0.1% | 2.30 | 30 g | Locoid Lipocream |
| | 6.85 | 100 g | Locoid Lipocream |
| Oint 0.1% | 6.85 | 100 g | Locoid |
| Milky emul 0.1% | 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 Nov-15 to 2018** | 1.51 | 15 g | **Elocon Alcohol Free** |
| | 2.90 | 50 g | **Elocon Alcohol Free** |
| Oint 0.1% – **1% DV Nov-15 to 2018** | 1.51 | 15 g | **Elocon** |
| | 2.90 | 50 g | **Elocon** |
| Lotn 0.1% – **1% DV Sep-15 to 2018** | 7.35 | 30 ml | **Elocon** |
| **TRIAMCINOLONE ACETONIDE** | | | |
| Crm 0.02% – **1% DV Apr-15 to 2017** | 6.30 | 100 g | **Aristocort** |
| Oint 0.02% – **1% DV Apr-15 to 2017** | 6.35 | 100 g | **Aristocort** |

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

## Corticosteroids with Anti-Infective Agents

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

⬇ Crm 0.1% with clioquiniol 3%

➥**Restricted**
**Initiation**
Either:
1 For the treatment of intertrigo; or
2 For continuation use.

BETAMETHASONE VALERATE WITH FUSIDIC ACID

Crm 0.1% with fusidic acid 2%

HYDROCORTISONE WITH MICONAZOLE

| | | | |
|---|---|---|---|
| Crm 1% with miconazole nitrate 2% – **1% DV Sep-15 to 2018** | 2.00 | 15 g | **Micreme H** |

HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN

| | | | |
|---|---|---|---|
| Crm 1% with natamycin 1% and neomycin sulphate 0.5% | 2.79 | 15 g | Pimafucort |
| Oint 1% with natamycin 1% and neomycin sulphate 0.5% | 2.79 | 15 g | Pimafucort |

TRIAMCINOLONE ACETONIDE WITH NEOMYCIN SULPHATE, GRAMICIDIN AND NYSTATIN

Crm 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 – **1% DV Nov-14 to 2017** | 17.86 | 60 | **Novatretin** |
| Cap 25 mg – **1% DV Nov-14 to 2017** | 41.36 | 60 | **Novatretin** |

BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL

| | | | |
|---|---|---|---|
| Gel 500 mcg with calcipotriol 50 mcg per g – **1% DV Sep-15 to 2018** | 26.12 | 30 g | **Daivobet** |
| Oint 500 mcg with calcipotriol 50 mcg per g – **1% DV Sep-15 to 2018** | 26.12 | 30 g | **Daivobet** |

CALCIPOTRIOL

| | | | |
|---|---|---|---|
| Crm 50 mcg per g | 45.00 | 100 g | Daivonex |
| Oint 50 mcg per g | 45.00 | 100 g | Daivonex |
| Soln 50 mcg per ml | 16.00 | 30 ml | Daivonex |

COAL TAR WITH SALICYLIC ACID AND SULPHUR

Oint 12% with salicylic acid 2% and sulphur 4%

METHOXSALEN [8-METHOXYPSORALEN]

Tab 10 mg
Lotn 1.2%

PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCEIN

| | | | |
|---|---|---|---|
| Soln 2.3% with trolamine laurilsulfate and fluorescein sodium | 3.36 | 500 ml | Pinetarsol |
| | 5.82 | 1,000 ml | Pinetarsol |

POTASSIUM PERMANGANATE

Tab 400 mg
Crystals

## Scalp Preparations

BETAMETHASONE VALERATE

| | | | |
|---|---|---|---|
| Scalp app 0.1% | 7.75 | 100 ml | Beta Scalp |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| CLOBETASOL PROPIONATE | | | |
| Scalp app 0.05% | 6.96 | 30 ml | Dermol |
| HYDROCORTISONE BUTYRATE | | | |
| Scalp lotn 0.1% | 3.65 | 100 ml | Locoid |

## Wart Preparations

| | | | |
|---|---|---|---|
| IMIQUIMOD | | | |
| Crm 5%, 250 mg sachet – **1% DV Feb-15 to 2017** | 17.98 | 12 | **Apo-Imiquimod Cream 5%** |
| 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 | 3.30 | 100 g | Marine Blue Lotion SPF 50+ |
| | 5.10 | 200 g | Marine Blue Lotion SPF 50+ |

## Antineoplastics

| | | | |
|---|---|---|---|
| FLUOROURACIL SODIUM | | | |
| Crm 5% – **1% DV Sep-15 to 2018** | 8.95 | 20 g | **Efudix** |
| METHYL AMINOLEVULINATE HYDROCHLORIDE – **Restricted** see terms below | | | |
| ⬇ Crm 16% | | | |

➥**Restricted**
Dermatologist or plastic surgeon

## Wound Management Products

| | | | |
|---|---|---|---|
| CALCIUM GLUCONATE | | | |
| Gel 2.5% | 21.00 | 1 | healthE |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Anti-Infective Agents** | | | |
| ACETIC ACID | | | |
| Soln 3% | | | |
| Soln 5% | | | |
| ACETIC ACID WITH HYDROXYQUINOLINE, GLYCEROL AND RICINOLEIC ACID | | | |
| Jelly 0.94% with hydroxyquinoline sulphate 0.025%, glycerol 5% and ricinoleic acid 0.75% with applicator | | | |
| CHLORHEXIDINE GLUCONATE | | | |
| Crm 1% – **1% DV Sep-15 to 2018** | 1.21 | 50 g | **healthE** |
| Lotn 1%, 200 ml – **1% DV Sep-15 to 2018** | 2.98 | 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 – **1% DV Oct-14 to 2017** | 3.95 | 40 g | **Micreme** |
| 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 and 7 inert tablets – **1% DV Dec-14 to 2017** | 5.36 | 168 | **Ginet** |
| **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 and 7 inert tablets | 2.65 | 84 | Ava 20 ED |
| Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets | 2.30 | 84 | Ava 30 ED |
| 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 29.1 mm length × 23.2 mm width | 31.60 | 1 | Choice TT380 Short |
| IUD 33.6 mm length × 29.9 mm width | 31.60 | 1 | Choice TT380 Standard |

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

## Emergency Contraception

LEVONORGESTREL
Tab 1.5 mg – **1% DV Jul-13 to 2016** ..... 3.50 1 **Postinor-1**

## Progestogen-Only Contraceptives

LEVONORGESTREL
Tab 30 mcg
Subdermal implant (2 × 75 mg rods) – **5% DV Oct-14 to 31 Dec 2017** ..... 133.65 1 **Jadelle**
⬇ Intra-uterine system, 20 mcg per day *e.g. Mirena*
➥**Restricted**
**Initiation — heavy menstrual bleeding**
Obstetrician or gynaecologist
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 Any of the following:
3.1 Serum ferritin level < 16 mcg/l (within the last 12 months); or
3.2 Haemoglobin level < 120 g/l; or
3.3 The patient has had a uterine ultrasound and either a hysteroscopy or endometrial biopsy.
**Continuation — heavy menstrual bleeding**
Obstetrician or gynaecologist
Either:
1 Patient demonstrated clinical improvement of heavy menstrual bleeding; or
2 Previous insertion was removed or expelled within 3 months of insertion.
**Initiation — endometriosis**
Obstetrician or gynaecologist
The patient has a clinical diagnosis of endometriosis confirmed by laparoscopy.
**Continuation — endometriosis**
Obstetrician or gynaecologist
Either:
1 Patient demonstrated satisfactory management of endometriosis; or
2 Previous insertion was removed or expelled within 3 months of insertion.
Note: endometriosis is an unregistered indication.

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

NORETHISTERONE
Tab 350 mcg – **1% DV Oct-15 to 2018** ..... 6.25 84 **Noriday 28**

# Obstetric Preparations

## Antiprogestogens

MIFEPRISTONE
Tab 200 mg

## Oxytocics

CARBOPROST TROMETAMOL
Inj 250 mcg per ml, 1 ml ampoule

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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 Oct-14 to 2017** | 94.70 | 5 | **DBL Ergometrine** |
| OXYTOCIN | | | |
| Inj 5 iu per ml, 1 ml ampoule – **1% DV Nov-15 to 2018** | 4.03 | 5 | **Oxytocin BNM** |
| Inj 10 iu per ml, 1 ml ampoule – **1% DV Nov-15 to 2018** | 5.03 | 5 | **Oxytocin BNM** |
| OXYTOCIN WITH ERGOMETRINE MALEATE | | | |
| Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – **1% DV Sep-15 to 2018** | 11.13 | 5 | **Syntometrine** |

## Tocolytics

PROGESTERONE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Cap 100 mg | 16.50 | 30 | Utrogestan |

➥**Restricted**

**Initiation**

Gynaecologist or obstetrician

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

Crm 1 mg per g with applicator

Pessaries 500 mcg

## Urologicals

## 5-Alpha Reductase Inhibitors

FINASTERIDE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 5 mg – **1% DV Dec-14 to 2017** | 2.08 | 30 | **Finpro** |

➥**Restricted**

**Initiation**

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.

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

## Alpha-1A Adrenoceptor Blockers

TAMSULOSIN – **Restricted** see terms below

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

➥**Restricted**
**Initiation**
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 below

| | | | |
|---|---|---|---|
| ⬇ Oral liq 3 mmol per ml | 30.00 | 200 ml | Biomed |

➥**Restricted**
**Initiation**
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 – **1% DV Feb-15 to 2017** | 2.93 | 28 | **Ural** |

## 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 | 37.50 | 30 | Vesicare |
| ⬇ Tab 10 mg | 37.50 | 30 | Vesicare |

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

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

## Anabolic Agents

OXANDROLONE

⬇ Tab 2.5 mg

➥**Restricted**

**Initiation**

For the treatment of burns patients.

## Androgen Agonists and Antagonists

CYPROTERONE ACETATE

| | | | |
|---|---|---|---|
| Tab 50 mg – **1% DV Oct-15 to 2018** | 15.87 | 50 | **Procur** |
| Tab 100 mg – **1% DV Oct-15 to 2018** | 30.40 | 50 | **Procur** |

TESTOSTERONE

| | | | |
|---|---|---|---|
| Patch 2.5 mg per day | 80.00 | 60 | Androderm |

TESTOSTERONE CYPIONATE

| | | | |
|---|---|---|---|
| Inj 100 mg per ml, 10 ml vial – **1% DV Sep-14 to 2017** | 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 Sep-15 to 2018** | 16.80 | 60 | **Andriol Testocaps** |
| Inj 250 mg per ml, 4 ml vial | 86.00 | 1 | Reandron 1000 |

## Calcium Homeostasis

CALCITONIN

| | | | |
|---|---|---|---|
| Inj 100 iu per ml, 1 ml ampoule – **1% DV Oct-14 to 2017** | 121.00 | 5 | **Miacalcic** |

ZOLEDRONIC ACID

| | | | |
|---|---|---|---|
| ⬇ Inj 4 mg per 5 ml, vial | 550.00 | 1 | Zometa |

➥**Restricted**

**Initiation**

Oncologist, haematologist or palliative care specialist

Any of the following:

1 Patient has hypercalcaemia of malignancy; or

2 Both:

2.1 Patient has bone metastases or involvement; and

2.2 Patient has severe bone pain resistant to standard first-line treatments; or

3 Both:

3.1 Patient has bone metastases or involvement; and

3.2 Patient is at risk of skeletal-related events (pathological fracture, spinal cord compression, radiation to bone or surgery to bone).

## 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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| DEXAMETHASONE | | | |
| Tab 0.5 mg – **1% DV Jan-16 to 2018** | 0.88 | 30 | **Dexmethsone** |
| Tab 4 mg – **1% DV Jan-16 to 2018** | 1.84 | 30 | **Dexmethsone** |
| Oral liq 1 mg per ml | 45.00 | 25 ml | Biomed |
| DEXAMETHASONE PHOSPHATE | | | |
| Inj 4 mg per ml, 1 ml ampoule – **1% DV Apr-14 to 2016** | 14.19 | 10 | **Max Health** |
| Max Health brand - HSS with 1% DV will apply 1 July 2016 to 30 June 2019. | | | |
| Inj 4 mg per ml, 2 ml ampoule – **1% DV Apr-14 to 2016** | 12.59 | 5 | **Max Health** |
| Max Health brand - HSS with 1% DV will apply 1 July 2016 to 30 June 2019. | | | |
| FLUDROCORTISONE ACETATE | | | |
| Tab 100 mcg | 14.32 | 100 | Florinef |
| HYDROCORTISONE | | | |
| Tab 5 mg – **1% DV Sep-15 to 2018** | 8.10 | 100 | **Douglas** |
| Tab 20 mg – **1% DV Sep-15 to 2018** | 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-15 to 2018** | 80.00 | 100 | **Medrol** |
| Tab 100 mg – **1% DV Oct-15 to 2018** | 180.00 | 20 | **Medrol** |
| Inj 40 mg vial – **1% DV Oct-15 to 2018** | 10.50 | 1 | **Solu-Medrol** |
| Inj 125 mg vial – **1% DV Oct-15 to 2018** | 22.25 | 1 | **Solu-Medrol** |
| Inj 500 mg vial – **1% DV Oct-15 to 2018** | 9.00 | 1 | **Solu-Medrol** |
| Inj 1 g vial – **1% DV Oct-15 to 2018** | 16.00 | 1 | **Solu-Medrol** |
| METHYLPREDNISOLONE ACETATE | | | |
| Inj 40 mg per ml, 1 ml vial – **1% DV Oct-15 to 2018** | 40.00 | 5 | **Depo-Medrol** |
| METHYLPREDNISOLONE ACETATE WITH LIDOCAINE [LIGNOCAINE] | | | |
| Inj 40 mg with lidocaine [lignocaine], 1 ml vial – **1% DV Oct-15 to 2018** | 9.25 | 1 | **Depo-Medrol with Lidocaine** |
| PREDNISOLONE | | | |
| Oral liq 5 mg per ml | 7.50 | 30 ml | Redipred |
| Enema 200 mcg per ml, 100 ml | | | |
| PREDNISONE | | | |
| Tab 1 mg | 10.68 | 500 | Apo-Prednisone |
| | 2.13 | 100 | Apo-Prednisone S29 |
| 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 Apr-15 to 2017** | 20.80 | 5 | **Kenacort-A 10** |
| Inj 40 mg per ml, 1 ml ampoule – **1% DV Apr-15 to 2017** | 51.70 | 5 | **Kenacort-A 40** |
| TRIAMCINOLONE HEXACETONIDE | | | |
| Inj 20 mg per ml, 1 ml vial | | | |

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

## 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 – **1% DV Jun-15 to 2018** | 12.36 | 84 | **Progynova** |
| Tab 2 mg – **1% DV Jun-15 to 2018** | 12.36 | 84 | **Progynova** |

OESTROGENS (CONJUGATED EQUINE)
- Tab 300 mcg
- Tab 625 mcg

### 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-15 to 2018** | 4.75 | 2 | **Dostinex** |
| | 19.00 | 8 | **Dostinex** |

**➥Restricted**
**Initiation**
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** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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 – **1% DV Sep-15 to 2018** | 17.60 | 100 | **NZ Medical & Scientific** |
| OESTRADIOL | | | |
| Implant 50 mg | | | |
| OESTRIOL | | | |
| Tab 2 mg | | | |

## Other Progestogen Preparations

| | | | |
|---|---|---|---|
| MEDROXYPROGESTERONE | | | |
| Tab 100 mg – **1% DV Sep-13 to 2016** | 96.50 | 100 | **Provera** |
| NORETHISTERONE | | | |
| Tab 5 mg – **1% DV Jun-15 to 2018** | 18.29 | 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 | 17.71 | 1 | Synacthen |
| Inj 1 mg per ml, 1 ml ampoule | 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 |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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 5 mg cartridge – **1% DV Jan-15 to 31 Dec 2017** | 109.50 | 1 | **Omnitrope** |
| ⬇ | Inj 10 mg cartridge – **1% DV Jan-15 to 31 Dec 2017** | 219.00 | 1 | **Omnitrope** |
| ⬇ | Inj 15 mg cartridge – **1% DV Jan-15 to 31 Dec 2017** | 328.50 | 1 | **Omnitrope** |

➥**Restricted**

**Initiation — growth hormone deficiency in children**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

Either:

1 Growth hormone deficiency causing symptomatic hypoglycaemia, or with other significant growth hormone deficient sequelae (e.g. cardiomyopathy, hepatic dysfunction) and diagnosed with GH < 5 mcg/l on at least two random blood samples in the first 2 weeks of life, or from samples during established hypoglycaemia (whole blood glucose < 2 mmol/l using a laboratory device); or

2 All of the following:

2.1 Height velocity < 25th percentile for age; and adjusted for bone age/pubertal status if appropriate over 6 or 12 months using the standards of Tanner and Davies (1985); and

2.2 A current bone age is < 14 years (female patients) or < 16 years (male patients); and

2.3 Peak growth hormone value of < 5.0 mcg per litre in response to two different growth hormone stimulation tests. In children who are 5 years or older, GH testing with sex steroid priming is required; and

2.4 If the patient has been treated for a malignancy, they should be disease free for at least one year based upon follow-up laboratory and radiological imaging appropriate for the malignancy, unless there are strong medical reasons why this is either not necessary or appropriate; and

2.5 Appropriate imaging of the pituitary gland has been obtained.

**Continuation — growth hormone deficiency in children**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

1 A current bone age is ≤ 14 years (female patients) or ≤ 16 years (male patients); and

2 Height velocity is ≥ 25th percentile for age (adjusted for bone age/pubertal status if appropriate) while on growth hormone treatment, as calculated over six months using the standards of Tanner and Davis (1985); and

3 Height velocity is ≥ 2.0 cm per year, as calculated over 6 months; and

4 No serious adverse effect that the patients specialist considers is likely to be attributable to growth hormone treatment has occurred; and

5 No malignancy has developed since starting growth hormone.

continued...

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

continued...

**Initiation — Turner syndrome**
Endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*
All of the following:
1 The patient has a post-natal genotype confirming Turner Syndrome; and
2 Height velocity is < 25th percentile over 6-12 months using the standards of Tanner and Davies (1985); and
3 A current bone age is < 14 years.

**Continuation — Turner syndrome**
Endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*
All of the following:
1 Height velocity ≥ 50th percentile for age (while on growth hormone calculated over 6 to 12 months using the Ranke's Turner Syndrome growth velocity charts); and
2 Height velocity is ≥ 2 cm per year, calculated over six months; and
3 A current bone age is ≤ 14 years; and
4 No serious adverse effect that the specialist considers is likely to be attributable to growth hormone treatment has occurred; and
5 No malignancy has developed since starting growth hormone.

**Initiation — short stature without growth hormone deficiency**
Endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*
All of the following:
1 The patient's height is more than 3 standard deviations below the mean for age or for bone age if there is marked growth acceleration or delay; and
2 Height velocity is < 25th percentile for age (adjusted for bone age/pubertal status if appropriate), as calculated over 6 to 12 months using the standards of Tanner and Davies(1985); and
3 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
4 The patient does not have severe chronic disease (including malignancy or recognized severe skeletal dysplasia) and is not receiving medications known to impair height velocity.

**Continuation — short stature without growth hormone deficiency**
Endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*
All of the following:
1 Height velocity is ≥ 50th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
2 Height velocity is ≥ 2 cm per year as calculated over six months; and
3 Current bone age is ≤ 14 years (female patients) or ≤ 16 years (male patients); and
4 No serious adverse effect that the patient's specialist considers is likely to be attributable to growth hormone treatment has occurred.

**Initiation — short stature due to chronic renal insufficiency**
Endocrinologist, paediatric endocrinologist or renal physician on the recommendation of a endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*
All of the following:
1 The patient's height is more than 2 standard deviations below the mean; and
2 Height velocity is < 25th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
3 A current bone age is ≤ to 14 years (female patients) or ≤ to 16 years (male patients); and

continued...

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

continued...

4 The patient is metabolically stable, has no evidence of metabolic bone disease and absence of any other severe chronic disease; and
5 The patient is under the supervision of a specialist with expertise in renal medicine; and
6 Either:
  6.1 The patient has a GFR $\leq$ 30 ml/min/1.73 $m^2$ as measured by the Schwartz method (Height(cm)/plasma creatinine (umol/l $\times$ 40 = corrected GFR (ml/min/1.73 $m^2$ ) in a child who may or may not be receiving dialysis; or
  6.2 The patient has received a renal transplant and has received < 5mg/ $m^2$ /day of prednisone or equivalent for at least 6 months.

**Continuation — short stature due to chronic renal insufficiency**
Endocrinologist, paediatric endocrinologist or renal physician on the recommendation of a endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*
All of the following:
1 Height velocity is $\geq$ 50th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
2 Height velocity is $\geq$ 2 cm per year as calculated over six months; and
3 A current bone age is $\leq$ 14 years (female patients) or $\leq$ 16 years (male patients); and
4 No serious adverse effect that the patients specialist considers is likely to be attributable to growth hormone has occurred; and
5 No malignancy has developed after growth hormone therapy was commenced; and
6 The patient has not experienced significant biochemical or metabolic deterioration confirmed by diagnostic results; and
7 The patient has not received renal transplantation since starting growth hormone treatment; and
8 If the patient requires transplantation, growth hormone prescription should cease before transplantation and a new application should be made after transplantation based on the above criteria.

**Initiation — Prader-Willi syndrome**
Endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*
All of the following:
1 The patient has a diagnosis of Prader-Willi syndrome that has been confirmed by genetic testing or clinical scoring criteria; and
2 The patient's height velocity is < 25th percentile for bone age adjusted for bone age/pubertal status if appropriate as calculated over 6 to 12 months using the standards of Tanner and Davies (1985) or pubertal status over 6 to 12 months; and
3 Either:
  3.1 The patient is under two years of age and height velocity has been assessed over a minimum six month period from the age of 12 months, with at least three supine length measurements over this period demonstrating clear and consistent evidence of linear growth failure (with height velocity < 25th percentile); or
  3.2 The patient is aged two years or older; and
4 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
5 Sleep studies or overnight oximetry have been performed and there is no obstructive sleep disorder requiring treatment, or if an obstructive sleep disorder is found, it has been adequately treated under the care of a paediatric respiratory physician and/or ENT surgeon; and
6 There is no evidence of type II diabetes or uncontrolled obesity defined by BMI that has increased by $\geq$ 0.5 standard deviations in the preceding 12 months.

**Continuation — Prader-Willi syndrome**
Endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*
All of the following:

continued...

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

continued...

1 Height velocity is ≥ 50th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
2 Height velocity is ≥ 2 cm per year as calculated over six months; and
3 A current bone age is ≤ 14 years (female patients) or ≤ 16 years (male patients); and
4 No serious adverse effect that the patient's specialist con siders is likely to be attributable to growth hormone treatment has occurred; and
5 No malignancy has developed after growth hormone therapy was commenced; and
6 The patient has not developed type II diabetes or uncontrolled obesity as defined by BMI that has increased by ≥ 0.5 standard deviations in the preceding 12 months.

**Initiation — adults and adolescents**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

1 The patient has a medical condition that is known to cause growth hormone deficiency (e.g. surgical removal of the pituitary for treatment of a pituitary tumour); and
2 The patient has undergone appropriate treatment of other hormonal deficiencies and psychological illnesses; and
3 The patient has severe growth hormone deficiency (see notes); and
4 The patient's serum IGF-I is more than 1 standard deviation below the mean for age and sex; and
5 The patient has poor quality of life, as defined by a score of 16 or more using the disease-specific quality of life questionnaire for adult growth hormone deficiency (QoL-AGHDA®).

Notes: For the purposes of adults and adolescents, severe growth hormone deficiency is defined as a peak serum growth hormone level of ≤ 3 mcg per litre during an adequately performed insulin tolerance test (ITT) or glucagon stimulation test.

Patients with one or more additional anterior pituitary hormone deficiencies and a known structural pituitary lesion only require one test. Patients with isolated growth hormone deficiency require two growth hormone stimulation tests, of which, one should be ITT unless otherwise contraindicated. Where an additional test is required, an arginine provocation test can be used with a peak serum growth hormone level of ≤ 0.4 mcg per litre.

The dose of somatropin should be started at 0.2 mg daily and be titrated by 0.1 mg monthly until it is within 1 standard deviation of the mean normal value for age and sex; and

The dose of somatropin not to exceed 0.7 mg per day for male patients, or 1 mg per day for female patients.

At the commencement of treatment for hypopituitarism, patients must be monitored for any required adjustment in replacement doses of corticosteroid and levothyroxine.

**Continuation — adults and adolescents**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

Either:

1 All of the following:
  1.1 The patient has been treated with somatropin for < 12 months; and
  1.2 There has been an improvement in the Quality of Life Assessment defined as a reduction of at least 8 points on the Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA®) score from baseline; and
  1.3 Serum IGF-I levels have increased to within ±1SD of the mean of the normal range for age and sex; and
  1.4 The dose of somatropin does not exceed 0.7 mg per day for male patients, or 1 mg per day for female patients; or
2 All of the following:
  2.1 The patient has been treated with somatropin for more than 12 months; and
  2.2 The patient has not had a deterioration in Quality of Life defined as a 6 point or greater increase from their lowest QoL-AGHDA® score on treatment (other than due to obvious external factors such as external stressors); and
  2.3 Serum IGF-I levels have continued to be maintained within ±1SD of the mean of the normal range for age and sex (other than for obvious external factors); and
  2.4 The dose of somatropin has not exceeded 0.7 mg per day for male patients or 1 mg per day for female patients.

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

POTASSIUM IODATE
Tab 170 mg

POTASSIUM PERCHLORATE
Cap 200 mg

PROPYLTHIOURACIL – **Restricted** see terms below
⬇ Tab 50 mg ..... 35.00 100 PTU
➥**Restricted**
**Initiation**
Both:
1 The patient has hyperthyroidism; and
2 The patient is intolerant of carbimazole or carbimazole is contraindicated.
Note: Propylthiouracil is not recommended for patients under the age of 18 years unless the patient is pregnant and other treatments are contraindicated.

PROTIRELIN
Inj 100 mcg per ml, 2 ml ampoule

## Vasopressin Agents

ARGIPRESSIN [VASOPRESSIN]
Inj 20 u per ml, 1 ml ampoule

DESMOPRESSIN ACETATE – **Some items restricted** see terms below
⬇ Tab 100 mcg ..... 36.40 30 Minirin
⬇ Tab 200 mcg ..... 93.60 30 Minirin
Nasal spray 10 mcg per dose – **1% DV Sep-14 to 2017** ..... 22.95 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**
**Initiation — Nocturnal enuresis**
Either:
1 The nasal forms of desmopressin are contraindicated; or
2 An enuresis alarm is contraindicated.
Note: Cranial diabetes insipidus and the nasal forms of desmopressin are contraindicated.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| TERLIPRESSIN | | | |
| Inj 0.1 mg per ml, 8.5 ml ampoule | 450.00 | 5 | Glypressin |
| Inj 1 mg per 8.5 ml ampoule – **1% DV Jun-15 to 2018** | 215.00 | 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 ..... 176.00 — 10 — Biomed

⬇ Inj 15 mg per ml, 5 ml syringe

⬇ Inj 250 mg per ml, 2 ml vial – **1% DV Oct-14 to 2017** ..... 431.20 — 5 — **DBL Amikacin**

➥**Restricted**

Clinical microbiologist, infectious disease specialist or respiratory specialist

GENTAMICIN SULPHATE

Inj 10 mg per ml, 1 ml ampoule ..... 8.56 — 5 — Hospira

Inj 10 mg per ml, 2 ml ampoule ..... 175.10 — 25 — APP Pharmaceuticals

Inj 40 mg per ml, 2 ml ampoule – **1% DV Sep-15 to 2018** ..... 6.00 — 10 — **Pfizer**

PAROMOMYCIN – **Restricted** see terms below

⬇ Cap 250 mg ..... 126.00 — 16 — Humatin

➥**Restricted**

Clinical microbiologist or infectious disease specialist

STREPTOMYCIN SULPHATE – **Restricted** see terms below

⬇ Inj 400 mg per ml, 2.5 ml ampoule

➥**Restricted**

Clinical microbiologist, infectious disease specialist or respiratory specialist

TOBRAMYCIN

⬇ Powder

➥**Restricted**

**Initiation**

For addition to orthopaedic bone cement.

⬇ Inj 40 mg per ml, 2 ml vial ..... 38.00 — 5 — DBL Tobramycin

➥**Restricted**

Clinical microbiologist, infectious disease specialist or respiratory specialist

⬇ Inj 100 mg per ml, 5 ml vial

➥**Restricted**

Clinical microbiologist, infectious disease specialist or respiratory specialist

⬇ Solution for inhalation 60 mg per ml, 5 ml ..... 2,200.00 — 56 dose — TOBI

➥**Restricted**

**Initiation**

Patient has cystic fibrosis.

### Carbapenems

ERTAPENEM – **Restricted** see terms below

⬇ Inj 1 g vial ..... 73.50 — 1 — Invanz

➥**Restricted**

Clinical microbiologist or infectious disease specialist

IMIPENEM WITH CILASTATIN – **Restricted** see terms below

⬇ Inj 500 mg with 500 mg cilastatin vial – **1% DV Jun-15 to 2017** ..... 13.79 — 1 — **Imipenem+Cilastatin RBX**

➥**Restricted**

Clinical microbiologist or infectious disease specialist

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| MEROPENEM – **Restricted** see terms below | | | |
| ⬇ Inj 500 mg vial – **1% DV Oct-14 to 2017** | 35.22 | 10 | **DBL Meropenem** |
| ⬇ Inj 1 g vial – **1% DV Oct-14 to 2017** | 65.21 | 10 | **DBL Meropenem** |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| **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 Sep-15 to 2018** | 8.00 | 100 ml | **Cefalexin Sandoz** |
| Grans for oral liq 50 mg per ml – **1% DV Sep-15 to 2018** | 11.00 | 100 ml | **Cefalexin Sandoz** |
| CEFAZOLIN | | | |
| Inj 500 mg vial – **1% DV Sep-14 to 2017** | 3.99 | 5 | **AFT** |
| Inj 1 g vial – **1% DV Sep-14 to 2017** | 3.38 | 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 – **1% DV Jan-16 to 2018** | 58.00 | 10 | **Cefoxitin Actavis** |
| CEFUROXIME | | | |
| Tab 250 mg | 29.40 | 50 | Zinnat |
| Inj 750 mg vial | 3.70 | 5 | Zinacef |
| Inj 1.5 g vial | 1.30 | 1 | Zinacef |
| **Cephalosporins and Cephamycins - 3rd Generation** | | | |
| CEFOTAXIME | | | |
| Inj 500 mg vial | 1.90 | 1 | Cefotaxime Sandoz |
| Inj 1 g vial – **1% DV Oct-14 to 2017** | 17.10 | 10 | **DBL Cefotaxime** |
| CEFTAZIDIME – **Restricted** see terms below | | | |
| ⬇ Inj 500 mg vial – **1% DV Jan-15 to 2017** | 5.30 | 1 | **Fortum** |
| ⬇ Inj 1 g vial – **1% DV Jan-15 to 2017** | 1.55 | 1 | **Fortum** |
| ⬇ Inj 2 g vial – **1% DV Jan-15 to 2017** | 3.34 | 1 | **Fortum** |
| ➥**Restricted** | | | |
| Clinical microbiologist, infectious disease specialist or respiratory specialist | | | |
| CEFTRIAXONE | | | |
| Inj 500 mg vial – **1% DV Mar-14 to 2016** | 1.50 | 1 | **Ceftriaxone-AFT** |
| Inj 1 g vial – **1% DV Mar-14 to 2016** | 5.22 | 5 | **Ceftriaxone-AFT** |
| Inj 2 g vial – **1% DV Mar-14 to 2016** | 2.75 | 1 | **Ceftriaxone-AFT** |
| **Cephalosporins and Cephamycins - 4th Generation** | | | |
| CEFEPIME – **Restricted** see terms below | | | |
| ⬇ Inj 1 g vial – **1% DV Oct-15 to 2018** | 3.95 | 1 | **Cefepime-AFT** |
| ⬇ Inj 2 g vial – **1% DV Oct-15 to 2018** | 6.92 | 1 | **Cefepime-AFT** |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |

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

## Cephalosporins and Cephamycins - 5th Generation

CEFTAROLINE FOSAMIL – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 600 mg vial | 1,450.00 | 10 | Zinforo |

➥**Restricted**

**Initiation — multi-resistant organisn salvage therapy**

Clinical microbiologist or infectious disease specialist

Either:

1 for patients where alternative therapies have failed; or
2 for patients who have a contraindication or hypersensitivity to standard current therapies.

## Macrolides

AZITHROMYCIN – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 250 mg – **1% DV Sep-15 to 2018** | 9.00 | 30 | **Apo-Azithromycin** |
| ⬇ Tab 500 mg – **1% DV Sep-15 to 2018** | 1.05 | 2 | **Apo-Azithromycin** |
| ⬇ Grans for oral liq 200 mg per 5 ml (40 mg per ml) – **1% DV Oct-15 to 2018** | 12.50 | 15 ml | **Zithromax** |

➥**Restricted**

**Initiation**

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.

CLARITHROMYCIN – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 250 mg – **1% DV Sep-14 to 2017** | 3.98 | 14 | **Apo-Clarithromycin** |
| ⬇ Tab 500 mg – **1% DV Sep-14 to 2017** | 10.40 | 14 | **Apo-Clarithromycin** |
| ⬇ Grans for oral liq 25 mg per ml | 23.12 | 70 ml | Klacid |
| ⬇ Inj 500 mg vial – **1% DV Mar-15 to 2017** | 20.40 | 1 | **Martindale** |

➥**Restricted**

**Initiation — Tab 250 mg and oral liquid**

Both:

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

**Initiation — Tab 500 mg**

Helicobacter pylori eradication.

**Initiation — Infusion**

Any of the following:

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.

ERYTHROMYCIN (AS ETHYLSUCCINATE)

| | | | |
|---|---|---|---|
| Tab 400 mg | 16.95 | 100 | E-Mycin |
| Grans for oral liq 200 mg per 5 ml | 5.00 | 100 ml | E-Mycin |
| Grans for oral liq 400 mg per 5 ml | 6.77 | 100 ml | E-Mycin |

ERYTHROMYCIN (AS LACTOBIONATE)

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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ERYTHROMYCIN (AS STEARATE) – **Restricted:** For continuation only | | | |
| ➡ Tab 250 mg | | | |
| ➡ Tab 500 mg | | | |
| ROXITHROMYCIN | | | |
| Tab 150 mg | 7.48 | 50 | Arrow-Roxithromycin |
| Tab 300 mg | 14.40 | 50 | Arrow-Roxithromycin |

## Penicillins

| | | | |
|---|---|---|---|
| AMOXICILLIN | | | |
| Cap 250 mg – **1% DV Mar-14 to 2016** | 16.18 | 500 | **Apo-Amoxi** |
| Cap 500 mg – **1% DV Jul-14 to 2016** | 20.94 | 500 | **Apo-Amoxi** |
| Grans for oral liq 125 mg per 5 ml | 0.88 | 100 ml | Amoxicillin Actavis |
| | 2.00 | | Ospamox |
| Grans for oral liq 250 mg per 5 ml | 0.97 | 100 ml | Amoxicillin Actavis |
| | 2.00 | | Ospamox |
| Inj 250 mg vial – **1% DV Oct-14 to 2017** | 10.67 | 10 | **Ibiamox** |
| Inj 500 mg vial – **1% DV Oct-14 to 2017** | 12.41 | 10 | **Ibiamox** |
| Inj 1 g vial – **1% DV Oct-14 to 2017** | 17.29 | 10 | **Ibiamox** |
| AMOXICILLIN WITH CLAVULANIC ACID | | | |
| Tab 500 mg with clavulanic acid 125 mg | 1.95 | 20 | Augmentin |
| | 9.75 | 100 | Curam Duo |
| Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml | 3.83 | 100 ml | Augmentin |
| Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml | 4.97 | 100 ml | Augmentin |
| Inj 500 mg with clavulanic acid 100 mg vial – **1% DV Sep-15 to 2018** | 10.14 | 10 | **m-Amoxiclav** |
| Inj 1,000 mg with clavulanic acid 200 mg vial – **1% DV Sep-15 to 2018** | 12.80 | 10 | **m-Amoxiclav** |
| BENZATHINE BENZYLPENICILLIN | | | |
| Inj 900 mg (1.2 million units) in 2.3 ml syringe – **1% DV Sep-15 to 2018** | 315.00 | 10 | **Bicillin LA** |
| BENZYLPENICILLIN SODIUM [PENICILLIN G] | | | |
| Inj 600 mg (1 million units) vial – **1% DV Sep-14 to 2017** | 10.35 | 10 | **Sandoz** |
| FLUCLOXACILLIN | | | |
| Cap 250 mg – **1% DV Sep-15 to 2018** | 18.70 | 250 | **Staphlex** |
| Cap 500 mg – **1% DV Sep-15 to 2018** | 62.90 | 500 | **Staphlex** |
| Grans for oral liq 25 mg per ml – **1% DV Sep-15 to 2018** | 2.29 | 100 ml | **AFT** |
| Grans for oral liq 50 mg per ml – **1% DV Sep-15 to 2018** | 3.08 | 100 ml | **AFT** |
| Inj 250 mg vial – **1% DV Sep-14 to 2017** | 8.80 | 10 | **Flucloxin** |
| Inj 500 mg vial – **1% DV Sep-14 to 2017** | 9.20 | 10 | **Flucloxin** |
| Inj 1 g vial – **1% DV Jan-16 to 2017** | 11.60 | 10 | **Flucloxin** |
| PHENOXYMETHYLPENICILLIN [PENICILLIN V] | | | |
| Cap 250 mg – **1% DV Jun-15 to 2018** | 2.88 | 50 | **Cilicaine VK** |
| Cap 500 mg – **1% DV Jun-15 to 2018** | 4.73 | 50 | **Cilicaine VK** |
| Grans for oral liq 125 mg per 5 ml – **1% DV Apr-14 to 2016** | 1.64 | 100 ml | **AFT** |
| Grans for oral liq 250 mg per 5 ml – **1% DV Apr-14 to 2016** | 1.74 | 100 ml | **AFT** |
| PIPERACILLIN WITH TAZOBACTAM – **Restricted** see terms below | | | |
| ⬇ Inj 4 g with tazobactam 0.5 g vial | 5.84 | 1 | Hospira |
| ➥**Restricted** | | | |
| Clinical microbiologist, infectious disease specialist or respiratory specialist | | | |
| PROCAINE PENICILLIN | | | |
| Inj 1.5 g in 3.4 ml syringe – **1% DV Sep-14 to 2017** | 123.50 | 5 | **Cilicaine** |

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

TICARCILLIN WITH CLAVULANIC ACID – **Restricted** see terms below

⬇ Inj 3 g with clavulanic acid 0.1 mg vial

➥**Restricted**

Clinical microbiologist, infectious disease specialist or respiratory specialist

## Quinolones

CIPROFLOXACIN – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 250 mg – **1% DV Sep-14 to 2017** | 1.75 | 28 | **Cipflox** |
| ⬇ Tab 500 mg – **1% DV Sep-14 to 2017** | 2.00 | 28 | **Cipflox** |
| ⬇ Tab 750 mg – **1% DV Sep-14 to 2017** | 3.75 | 28 | **Cipflox** |
| ⬇ Oral liq 50 mg per ml | | | |
| ⬇ Oral liq 100 mg per ml | | | |
| ⬇ Inj 2 mg per ml, 100 ml bag – **1% DV Mar-16 to 2018** | 30.58 | 10 | **Cipflox** |

➥**Restricted**

Clinical microbiologist or infectious disease specialist

MOXIFLOXACIN – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 400 mg | 52.00 | 5 | Avelox |
| ⬇ Inj 1.6 mg per ml, 250 ml bag | 70.00 | 1 | Avelox IV 400 |
| ⬇ Inj 1.6 mg per ml, 250 ml bottle | 70.00 | 1 | Avelox IV 400 |

*(Avelox IV 400 Inj 1.6 mg per ml, 250 ml bag to be delisted 1 April 2016)*

➥**Restricted**

**Initiation — Mycobacterium infection**

Infectious disease specialist, clinical microbiologist or respiratory specialist

Either:

1 Both:
  - 1.1 Active tuberculosis; and
  - 1.2 Any of the following:
    - 1.2.1 Documented resistance to one or more first-line medications; or
    - 1.2.2 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
    - 1.2.3 Impaired visual acuity (considered to preclude ethambutol use); or
    - 1.2.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or
    - 1.2.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications; or

2 Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated.

**Initiation — Pneumonia**

Infectious disease specialist or clinical microbiologist

Either:

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.

**Initiation — Penetrating eye injury**

Ophthalmologist

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

**Initiation — 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-14 to 2017** | 13.50 | 100 | **Arrow-Norfloxacin** |

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

## Tetracyclines

DEMECLOCYCLINE HYDROCHLORIDE
- Tab 150 mg
- Cap 150 mg
- Cap 300 mg

DOXYCYCLINE
- ➡ Tab 50 mg – **Restricted:** For continuation only
- Tab 100 mg – **1% DV Sep-14 to 2017** ..... 6.75 — 250 — **Doxine**
- Inj 5 mg per ml, 20 ml vial

MINOCYCLINE
- Tab 50 mg
- ➡ Cap 100 mg – **Restricted:** For continuation only

TETRACYCLINE
- Tab 250 mg
- Cap 500 mg ..... 46.00 — 30 — Tetracyclin Wolff

TIGECYCLINE – **Restricted** see terms below
- ⬇ Inj 50 mg vial

➥**Restricted**
Clinical microbiologist or infectious disease specialist

## Other Antibacterials

AZTREONAM – **Restricted** see terms below
- ⬇ Inj 1 g vial ..... 131.00 — 5 — Azactam

➥**Restricted**
Clinical microbiologist or infectious disease specialist

CHLORAMPHENICOL – **Restricted** see terms below
- ⬇ Inj 1 g vial

➥**Restricted**
Clinical microbiologist or infectious disease specialist

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**
Clinical microbiologist or infectious disease specialist

COLISTIN SULPHOMETHATE [COLESTIMETHATE] – **Restricted** see terms below
- ⬇ Inj 150 mg per ml, 1 ml vial ..... 65.00 — 1 — Colistin-Link

➥**Restricted**
Clinical microbiologist, infectious disease specialist or respiratory specialist

DAPTOMYCIN – **Restricted** see terms below
- ⬇ Inj 350 mg vial – **1% DV Sep-15 to 2018** ..... 175.16 — 1 — **Cubicin**
- ⬇ Inj 500 mg vial – **1% DV Sep-15 to 2018** ..... 243.52 — 1 — **Cubicin**

➥**Restricted**
Clinical microbiologist or infectious disease specialist

FOSFOMYCIN – **Restricted** see terms on the next page
- ⬇ Powder for oral solution, 3 g sachet

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| FUSIDIC ACID – **Restricted** see terms below | | | |
| ⬇ Tab 250 mg | 34.50 | 12 | Fucidin |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| HEXAMINE HIPPURATE | | | |
| Tab 1 g | | | |
| LINCOMYCIN – **Restricted** see terms below | | | |
| ⬇ Inj 300 mg per ml, 2 ml vial | | | |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| LINEZOLID – **Restricted** see terms below | | | |
| ⬇ Tab 600 mg – **1% DV Sep-15 to 2018** | 800.00 | 10 | **Zyvox** |
| ⬇ Oral liq 20 mg per ml – **1% DV Sep-15 to 2018** | 775.00 | 150 ml | **Zyvox** |
| ⬇ Inj 2 mg per ml, 300 ml bag – **1% DV Sep-15 to 2018** | 1,650.00 | 10 | **Zyvox** |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| NITROFURANTOIN | | | |
| Tab 50 mg | | | |
| Tab 100 mg | | | |
| PIVMECILLINAM – **Restricted** see terms below | | | |
| ⬇ Tab 200 mg | | | |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| SULPHADIAZINE – **Restricted** see terms below | | | |
| ⬇ Tab 500 mg | | | |
| ➥**Restricted** | | | |
| Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist | | | |
| TEICOPLANIN – **Restricted** see terms below | | | |
| ⬇ Inj 400 mg vial | | | |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| TRIMETHOPRIM | | | |
| Tab 100 mg | | | |
| Tab 300 mg – **1% DV Oct-15 to 2018** | 15.00 | 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 Oct-14 to 2017** | 2.64 | 1 | **Mylan** |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |

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

# Antifungals

## Imidazoles

KETOCONAZOLE
⬇ Tab 200 mg

➥**Restricted**
Oncologist

## Polyene Antimycotics

AMPHOTERICIN B
⬇ Inj (liposomal) 50 mg vial – **1% DV Sep-15 to 2018** ..... 3,450.00 — 10 — **AmBisome**

➥**Restricted**
**Initiation**
Clinical microbiologist, haematologist, infectious disease specialist, oncologist, respiratory specialist or transplant specialist
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**
Clinical microbiologist, haematologist, infectious disease specialist, oncologist, respiratory specialist or transplant specialist

NYSTATIN
Tab 500,000 u ..... 17.09 — 50 — Nilstat
Cap 500,000 u ..... 15.47 — 50 — Nilstat

## Triazoles

FLUCONAZOLE – **Restricted** see terms below
⬇ Cap 50 mg – **1% DV Nov-14 to 2017** ..... 3.49 — 28 — **Ozole**
⬇ Cap 150 mg – **1% DV Nov-14 to 2017** ..... 0.71 — 1 — **Ozole**
⬇ Cap 200 mg – **1% DV Nov-14 to 2017** ..... 9.69 — 28 — **Ozole**
⬇ Oral liquid 50 mg per 5 ml ..... 98.50 — 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**
Clinical immunologist, clinical microbiologist, dermatologist or infectious disease specialist

POSACONAZOLE – **Restricted** see terms on the next page
⬇ Oral liq 40 mg per ml ..... 761.13 — 105 ml — Noxafil

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

➥**Restricted**

**Initiation**

Haematologist or infectious disease specialist

*Re-assessment required after 6 weeks*

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**

Haematologist or infectious disease specialist

*Re-assessment required after 6 weeks*

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 – **1% DV Jan-16 to 2018** | 130.00 | 56 | **Vttack** |
| ⬇ | Tab 200 mg – **1% DV Jan-16 to 2018** | 500.00 | 56 | **Vttack** |
| ⬇ | Oral liq 40 mg per ml | 730.00 | 70 ml | Vfend |
| ⬇ | Inj 200 mg vial | 185.00 | 1 | Vfend |

➥**Restricted**

**Initiation — Proven or probable aspergillus infection**

Clinical microbiologist, haematologist or infectious disease specialist

Both:

1 Patient is immunocompromised; and

2 Patient has proven or probable invasive aspergillus infection.

**Initiation — Possible aspergillus infection**

Clinical microbiologist, haematologist or infectious disease specialist

All of the following:

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.

**Initiation — Resistant candidiasis infections and other moulds**

Clinical microbiologist, haematologist or infectious disease specialist

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 on the next page

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 50 mg vial | 667.50 | 1 | Cancidas |
| ⬇ | Inj 70 mg vial | 862.50 | 1 | Cancidas |

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

➥**Restricted**
**Initiation**
Clinical microbiologist, haematologist, infectious disease specialist, oncologist, respiratory specialist or transplant specialist
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**
Clinical microbiologist or infectious disease specialist

TERBINAFINE
Tab 250 mg – **1% DV Sep-14 to 2017** ..... 1.50 14 **Dr Reddy's Terbinafine**

## Antimycobacterials

### Antileprotics

CLOFAZIMINE – **Restricted** see terms below
⬇ Cap 50 mg
➥**Restricted**
Clinical microbiologist, dermatologist or infectious disease specialist

DAPSONE – **Restricted** see terms below
⬇ Tab 25 mg – **1% DV Sep-14 to 2017** ..... 95.00 100 **Dapsone**
⬇ Tab 100 mg – **1% DV Sep-14 to 2017** ..... 110.00 100 **Dapsone**
➥**Restricted**
Clinical microbiologist, dermatologist or infectious disease specialist

### Antituberculotics

CYCLOSERINE – **Restricted** see terms below
⬇ Cap 250 mg
➥**Restricted**
Clinical microbiologist, infectious disease specialist or respiratory specialist

ETHAMBUTOL HYDROCHLORIDE – **Restricted** see terms below
⬇ Tab 100 mg ..... 48.01 56 Myambutol
⬇ Tab 400 mg ..... 49.34 56 Myambutol
➥**Restricted**
Clinical microbiologist, infectious disease specialist or respiratory specialist

ISONIAZID – **Restricted** see terms below
⬇ Tab 100 mg – **1% DV Sep-15 to 2018** ..... 20.00 100 **PSM**
➥**Restricted**
Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician

ISONIAZID WITH RIFAMPICIN – **Restricted** see terms below
⬇ Tab 100 mg with rifampicin 150 mg – **1% DV Sep-15 to 2018** ..... 85.54 100 **Rifinah**
⬇ Tab 150 mg with rifampicin 300 mg – **1% DV Sep-15 to 2018** ..... 170.60 100 **Rifinah**
➥**Restricted**
Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PARA-AMINOSALICYLIC ACID – **Restricted** see terms below | | | |
| ⬇ Grans for oral liq 4 g | 280.00 | 30 | Paser |
| ➥**Restricted** | | | |
| Clinical microbiologist, infectious disease specialist or respiratory specialist | | | |
| PROTIONAMIDE – **Restricted** see terms below | | | |
| ⬇ Tab 250 mg | 305.00 | 100 | Peteha |
| ➥**Restricted** | | | |
| Clinical microbiologist, infectious disease specialist or respiratory specialist | | | |
| PYRAZINAMIDE – **Restricted** see terms below | | | |
| ⬇ Tab 500 mg | | | |
| ➥**Restricted** | | | |
| Clinical microbiologist, infectious disease specialist or respiratory specialist | | | |
| RIFABUTIN – **Restricted** see terms below | | | |
| ⬇ Cap 150 mg – **1% DV Sep-13 to 2016** | 213.19 | 30 | **Mycobutin** |
| ➥**Restricted** | | | |
| Clinical microbiologist, gastroenterologist, infectious disease specialist or respiratory specialist | | | |
| RIFAMPICIN – **Restricted** see terms below | | | |
| ⬇ Cap 150 mg – **1% DV Nov-14 to 2017** | 55.75 | 100 | **Rifadin** |
| ⬇ Cap 300 mg – **1% DV Nov-14 to 2017** | 116.25 | 100 | **Rifadin** |
| ⬇ Oral liq 100 mg per 5 ml – **1% DV Nov-14 to 2017** | 12.00 | 60 ml | **Rifadin** |
| ⬇ Inj 600 mg vial – **1% DV Nov-14 to 2017** | 128.85 | 1 | **Rifadin** |
| ➥**Restricted** | | | |
| Clinical microbiologist, dermatologist, internal medicine physician, paediatrician or public health physician | | | |

## Antiparasitics

### Anthelmintics

| | | | |
|---|---|---|---|
| ALBENDAZOLE – **Restricted** see terms below | | | |
| ⬇ Tab 200 mg | | | |
| ⬇ Tab 400 mg | | | |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| IVERMECTIN – **Restricted** see terms below | | | |
| ⬇ Tab 3 mg | 17.20 | 4 | Stromectol |
| ➥**Restricted** | | | |
| Clinical microbiologist, dermatologist or infectious disease specialist | | | |
| MEBENDAZOLE | | | |
| Tab 100 mg | 24.19 | 24 | De-Worm |
| Oral liq 100 mg per 5 ml | | | |
| PRAZIQUANTEL | | | |
| Tab 600 mg | | | |

### Antiprotozoals

| | | | |
|---|---|---|---|
| ARTEMETHER WITH LUMEFANTRINE – **Restricted** see terms below | | | |
| ⬇ Tab 20 mg with lumefantrine 120 mg | | | |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ARTESUNATE – **Restricted** see terms below | | | |
| ⬇ Inj 60 mg vial | | | |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE – **Restricted** see terms below | | | |
| ⬇ Tab 62.5 mg with proguanil hydrochloride 25 mg – **1% DV Nov-14 to 2017** | 25.00 | 12 | **Malarone Junior** |
| ⬇ Tab 250 mg with proguanil hydrochloride 100 mg – **1% DV Nov-14 to 2017** | 64.00 | 12 | **Malarone** |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| CHLOROQUINE PHOSPHATE – **Restricted** see terms below | | | |
| ⬇ Tab 250 mg | | | |
| ➥**Restricted** | | | |
| Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist | | | |
| MEFLOQUINE – **Restricted** see terms below | | | |
| ⬇ Tab 250 mg – **1% DV Dec-14 to 2017** | 33.48 | 8 | **Lariam** |
| ➥**Restricted** | | | |
| Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist | | | |
| METRONIDAZOLE | | | |
| Tab 200 mg | 10.45 | 100 | Trichozole |
| Tab 400 mg | 18.15 | 100 | Trichozole |
| Oral liq benzoate 200 mg per 5 ml | 25.00 | 100 ml | Flagyl-S |
| Inj 5 mg per ml, 100 ml bag – **1% DV Apr-15 to 2017** | 6.94 | 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** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| ORNIDAZOLE | | | |
| Tab 500 mg | 16.50 | 10 | Arrow-Ornidazole |
| PENTAMIDINE ISETHIONATE – **Restricted** see terms below | | | |
| ⬇ Inj 300 mg vial – **1% DV Mar-15 to 2017** | 180.00 | 5 | **Pentacarinat** |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| PRIMAQUINE PHOSPHATE – **Restricted** see terms below | | | |
| ⬇ Tab 7.5 mg | | | |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| PYRIMETHAMINE – **Restricted** see terms below | | | |
| ⬇ Tab 25 mg | | | |
| ➥**Restricted** | | | |
| Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist | | | |
| QUININE DIHYDROCHLORIDE – **Restricted** see terms on the next page | | | |
| ⬇ Inj 60 mg per ml, 10 ml ampoule | | | |
| ⬇ Inj 300 mg per ml, 2 ml vial | | | |

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

➥**Restricted**
Clinical microbiologist or infectious disease specialist

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**
Clinical microbiologist or infectious disease specialist

SPIRAMYCIN – **Restricted** see terms below
⬇ Tab 500 mg
➥**Restricted**
Maternal-foetal medicine specialist

## Antiretrovirals

### HIV Fusion Inhibitors

ENFUVIRTIDE – **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.

### Non-Nucleoside Reverse Transcriptase Inhibitors

➦**Restricted**
**Initiation — Confirmed HIV**
Both:
1 Confirmed HIV infection; and
2 Any of the following:
2.1 Symptomatic patient; or
2.2 Patient aged 12 months and under; or
2.3 Both:
2.3.1 Patient aged 1 to 5 years; and
2.3.2 Any of the following:
2.3.2.1 CD4 counts < 1000 cells/$mm^3$; or
2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or

continued. . .

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

continued...

2.3.2.3 Viral load counts > 100000 copies per ml; or

2.4 Both:

2.4.1 Patient aged 6 years and over; and

2.4.2 CD4 counts < 500 cells/mm$^3$.

**Initiation — Prevention of maternal transmission**

Either:

1 Prevention of maternal foetal transmission; or

2 Treatment of the newborn for up to eight weeks.

**Initiation — 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.

**Initiation — Percutaneous exposure**

Patient has percutaneous exposure to blood known to be HIV positive.

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

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 50 mg – **1% DV Sep-15 to 2018** | 63.38 | 30 | **Stocrin** |
| ⬆ | Tab 200 mg – **1% DV Sep-15 to 2018** | 190.15 | 90 | **Stocrin** |
| ⬆ | Tab 600 mg – **1% DV Sep-15 to 2018** | 63.38 | 30 | **Stocrin** |
| ⬆ | Oral liq 30 mg per ml | | | |

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

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

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

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 200 mg – **1% DV Nov-15 to 2018** | 65.00 | 60 | **Nevirapine Alphapharm** |
| ⬆ | Oral suspension 10 mg per ml | 134.55 | 240 ml | Viramune Suspension |

## Nucleoside Reverse Transcriptase Inhibitors

➡**Restricted**

**Initiation — Confirmed HIV**

Both:

1 Confirmed HIV infection; and

2 Any of the following:

2.1 Symptomatic patient; or

2.2 Patient aged 12 months and under; or

2.3 Both:

2.3.1 Patient aged 1 to 5 years; and

2.3.2 Any of the following:

2.3.2.1 CD4 counts < 1000 cells/mm$^3$; or

2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or

2.3.2.3 Viral load counts > 100000 copies per ml; or

2.4 Both:

2.4.1 Patient aged 6 years and over; and

2.4.2 CD4 counts < 500 cells/mm$^3$.

**Initiation — Prevention of maternal transmission**

Either:

continued...

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

continued...

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

**Initiation — 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.

**Initiation — 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 Oct-14 to 2017** | 229.00 | 60 | **Ziagen** |
| ⬆ | Oral liq 20 mg per ml – **1% DV Oct-14 to 2017** | 256.31 | 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 |

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

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

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

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

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

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

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

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

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

| | | | | |
|---|---|---|---|---|
| ⬆ | Oral liq 10 mg per ml | | | |

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

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

ZIDOVUDINE [AZT] – **Restricted** see terms on the preceding page

| | | | | |
|---|---|---|---|---|
| ⬆ | 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 – **1% DV Oct-14 to 2017** | 750.00 | 5 | **Retrovir IV** |

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

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 300 mg with lamivudine 150 mg – **1% DV Sep-14 to 2017** | 44.00 | 60 | **Alphapharm** |

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

## Protease Inhibitors

➦**Restricted**

**Initiation — Confirmed HIV**

Both:

1 Confirmed HIV infection; and
2 Any of the following:
  2.1 Symptomatic patient; or
  2.2 Patient aged 12 months and under; or
  2.3 Both:
    2.3.1 Patient aged 1 to 5 years; and
    2.3.2 Any of the following:
      2.3.2.1 CD4 counts < 1000 cells/$mm^3$; or
      2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
      2.3.2.3 Viral load counts > 100000 copies per ml; or
  2.4 Both:
    2.4.1 Patient aged 6 years and over; and
    2.4.2 CD4 counts < 500 cells/$mm^3$.

**Initiation — Prevention of maternal transmission**

Either:

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

**Initiation — 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.

**Initiation — 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 |

INDINAVIR – **Restricted** see terms above

⬆ Cap 200 mg
⬆ Cap 400 mg

LOPINAVIR WITH RITONAVIR – **Restricted** see terms above

| | | | |
|---|---|---|---|
| ⬆ 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 above

| | | | |
|---|---|---|---|
| ⬆ Tab 100 mg | 43.31 | 30 | Norvir |
| ⬆ Oral liq 80 mg per ml | | | |

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

## Strand Transfer Inhibitors

➦**Restricted**

**Initiation — Confirmed HIV**

Both:

1 Confirmed HIV infection; and
2 Any of the following:
  2.1 Symptomatic patient; or
  2.2 Patient aged 12 months and under; or
  2.3 Both:
    2.3.1 Patient aged 1 to 5 years; and
    2.3.2 Any of the following:
      2.3.2.1 CD4 counts < 1000 cells/$mm^3$; or
      2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
      2.3.2.3 Viral load counts > 100000 copies per ml; or
  2.4 Both:
    2.4.1 Patient aged 6 years and over; and
    2.4.2 CD4 counts < 500 cells/$mm^3$.

**Initiation — Prevention of maternal transmission**

Either:

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

**Initiation — 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.

**Initiation — Percutaneous exposure**

Patient has percutaneous exposure to blood known to be HIV positive.

RALTEGRAVIR POTASSIUM – **Restricted** see terms above

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 400 mg | 1,090.00 | 60 | Isentress |

# Antivirals

## Hepatitis B

ADEFOVIR DIPIVOXIL – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 10 mg | 670.00 | 30 | Hepsera |

➥**Restricted**

**Initiation**

Gastroenterologist or infectious disease specialist

All of the following:

1 Patient has confirmed Hepatitis B infection (HBsAg+); and
  Documented resistance to lamivudine defined as:
2 Patient has raised serum ALT (> 1 × ULN); and
3 Patient has HBV DNA greater than 100,000 copies per mL, or viral load ≥ 10-fold over nadir; and
4 Detection of M204I or M204V mutation; and
5 Either:

continued...

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

continued...

5.1 Both:
5.1.1 Patient is cirrhotic; and
5.1.2 Adefovir dipivoxil to be used in combination with lamivudine; or
5.2 Both:
5.2.1 Patient is not cirrhotic; and
5.2.2 Adefovir dipivoxil to be used as monotherapy.

ENTECAVIR – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 0.5 mg | 400.00 | 30 | Baraclude |

➥**Restricted**
**Initiation**
Gastroenterologist or infectious disease specialist
All of the following:
1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
2 Patient is Hepatitis B nucleoside analogue treatment-naive; and
3 Entecavir dose 0.5 mg/day; and
4 Either:
4.1 ALT greater than upper limit of normal; or
4.2 Bridging fibrosis or cirrhosis (Metavir stage 3 or greater or moderate fibrosis) on liver histology; and
5 Either:
5.1 HBeAg positive; or
5.2 Patient has ≥ 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and
6 No continuing alcohol abuse or intravenous drug use; and
7 Not co-infected with HCV, HIV or HDV; and
8 Neither ALT nor AST greater than 10 times upper limit of normal; and
9 No history of hypersensitivity to entecavir; and
10 No previous documented lamivudine resistance (either clinical or genotypic).

LAMIVUDINE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 100 mg – **1% DV Nov-14 to 2017** | 6.00 | 28 | **Zeffix** |
| ⬇ Oral liq 5 mg per ml – **1% DV Nov-14 to 2017** | 270.00 | 240 ml | **Zeffix** |

➥**Restricted**
**Initiation**
Gastroenterologist, infectious disease specialist, paediatrician or general physician
*Limited to 12 months* treatment
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; or
5 Hepatitis B surface antigen positive patient who is receiving anti tumour necrosis factor treatment; or
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**
Gastroenterologist, infectious disease specialist, paediatrician or general physician
*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

continued...

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

continued...

3 HBV DNA <100,000 copies per ml by quantitative PCR at a reference laboratory.

**Continuation — when given in combination with adefovir dipivoxil for patients with cirrhosis and resistance to lamivudine**

Gastroenterologist, infectious disease specialist, paediatrician or general physician

*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:

3 All of the following:

3.1 Patient has raised serum ALT (> 1 × ULN); and

3.2 Patient has HBV DNA greater than 100,000 copies per mL, or viral load ≥ 10-fold over nadir; and

3.3 Detection of M204I or M204V mutation.

**Continuation — when given in combination with adefovir dipivoxil for patients with resistance to adefovir dipivoxil**

Gastroenterologist, infectious disease specialist, paediatrician or general physician

*Re-assessment required after 2 years*

Both:

1 Lamivudine to be used in combination with adefovir dipivoxil; and

Documented resistance to lamivudine defined as:

2 All of the following:

2.1 Patient has raised serum ALT (> 1 × ULN); and

2.2 Patient has HBV DNA greater than 100,000 copies per mL, or viral load ≥ 10-fold over nadir; and

2.3 Detection of N236T or A181T/V mutation.

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

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 300 mg | 531.00 | 30 | Viread |

➥**Restricted**

**Initiation — Confirmed hepatitis B**

Any of the following:

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.

**Initiation — Pregnant or Breastfeeding, Active hepatitis B**

*Limited to 12 months* treatment

Both:

1 Patient is HBsAg positive and pregnant; and

2 HBV DNA > 20,000 IU/mL and ALT > ULN.

**Initiation — Pregnant, prevention of vertical transmission**

*Limited to 6 months* treatment

Both:

1 Patient is HBsAg positive and pregnant; and

2 HBV DNA > 20 million IU/mL and ALT normal.

continued...

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

continued...

**Initiation — Confirmed HIV**

Both:

1 Confirmed HIV infection; and
2 Any of the following:
  2.1 Symptomatic patient; or
  2.2 Patient aged 12 months and under; or
  2.3 Both:
    2.3.1 Patient aged 1 to 5 years; and
    2.3.2 Any of the following:
      2.3.2.1 CD4 counts < 1000 cells/$mm^3$; or
      2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or
      2.3.2.3 Viral load counts > 100000 copies per ml; or
  2.4 Both:
    2.4.1 Patient aged 6 years and over; and
    2.4.2 CD4 counts < 500 cells/$mm^3$.

**Initiation — Prevention of maternal transmission**

Either:

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

**Initiation — 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.

**Initiation — Percutaneous exposure**

Patient has percutaneous exposure to blood known to be HIV positive.

## Hepatitis C

BOCEPREVIR – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Cap 200 mg | 5,015.00 | 336 | Victrelis |

➥**Restricted**

**Initiation — Chronic hepatitis C - genotype 1, first-line**

Gastroenterologist, infectious disease specialist 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.

**Initiation — Chronic hepatitis C - genotype 1, second-line**

Gastroenterologist, infectious disease specialist or general physician

All of the following:

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

continued...

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

continued...

3 Any of the following:
- 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 x$10^9$/l or Albumin <5 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 Jan-16 to 2018** | 10.10 | 5 | **Aciclovir-Claris** |
| CIDOFOVIR – **Restricted** see terms below | | | |
| ⬇ Inj 75 mg per ml, 5 ml vial | | | |
| ➥**Restricted** | | | |
| Clinical microbiologist, infectious disease specialist, otolaryngologist or oral surgeon | | | |
| FOSCARNET SODIUM – **Restricted** see terms below | | | |
| ⬇ Inj 24 mg per ml, 250 ml bottle | | | |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| GANCICLOVIR – **Restricted** see terms below | | | |
| ⬇ Inj 500 mg vial | 380.00 | 5 | Cymevene |
| ➥**Restricted** | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| VALACICLOVIR | | | |
| Tab 500 mg – **1% DV Mar-16 to 2018** | 6.42 | 30 | **Vaclovir** |
| Tab 1,000 mg – **1% DV Mar-16 to 2018** | 12.75 | 30 | **Vaclovir** |
| VALGANCICLOVIR – **Restricted** see terms on the next page | | | |
| ⬇ Tab 450 mg – **1% DV Jun-15 to 2018** | 1,050.00 | 60 | **Valcyte** |

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

➥**Restricted**
**Initiation — Transplant cytomegalovirus prophylaxis**
*Limited to 3 months* treatment
Patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis.
**Initiation — Lung transplant cytomegalovirus prophylaxis**
*Limited to 6 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.
**Initiation — 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**
**Initiation**
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.

ZANAMIVIR
⬇ Powder for inhalation 5 mg ..... 37.38 20 dose Relenza Rotadisk
➥**Restricted**
**Initiation**
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**
**Initiation**
Patient has chronic granulomatous disease and requires interferon gamma.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PEGYLATED INTERFERON ALFA-2A – **Restricted** see terms below | | | |
| ⬇ 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 | Pegasys RBV Combination Pack |
| ⬇ Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (168) | 1,290.00 | 1 | Pegasys RBV Combination Pack |

**➥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**

*Limited to 48 weeks* treatment

Any of the following:

1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
2 Patient has chronic hepatitis C and is co-infected with HIV; or
3 Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant.

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 specialist or general physician

*Re-assessment required after 48 weeks*

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.

**Initiation — Chronic Hepatitis C - genotype 1 infection treatment more than 4 years prior**

Gastroenterologist, infectious disease specialist or general physician

*Limited to 48 weeks* treatment

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.

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

*Limited to 6 months* treatment

Patient has chronic hepatitis C, genotype 2 or 3 infection.

**Initiation — Hepatitis B**

Gastroenterologist, infectious disease specialist or general physician

*Limited to 48 weeks* treatment

All of the following:

continued...

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

continued...

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
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.

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.

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

## Anticholinesterases

EDROPHONIUM CHLORIDE – **Restricted** see terms below

⬇ Inj 10 mg per ml, 15 ml vial

⬇ Inj 10 mg per ml, 1 ml ampoule

➥**Restricted**

**Initiation**

For the diagnosis of myasthenia gravis.

NEOSTIGMINE METILSULFATE

Inj 2.5 mg per ml, 1 ml ampoule – **1% DV Sep-14 to 2017** ..... 98.00 | 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** ..... 20.90 | 10 | **Max Health**

Max Health brand - HSS with 1% DV will apply 1 July 2016 to 30 June 2019.

PYRIDOSTIGMINE BROMIDE

Tab 60 mg ..... 38.90 | 100 | Mestinon

## Antirheumatoid Agents

AURANOFIN

Tab 3 mg

HYDROXYCHLOROQUINE

Tab 200 mg – **1% DV Sep-15 to 2018** ..... 10.50 | 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-Penamine

Tab 250 mg ..... 98.98 | 100 | D-Penamine

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

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

➥**Restricted**

**Initiation — Paget's disease**

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 ..... 12.90 4 Fosamax

➥**Restricted**

**Initiation — Osteoporosis**

Any of the following:

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

Notes:

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.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ALENDRONATE SODIUM WITH CHOLECALCIFEROL – **Restricted** see terms below | | | |
| ⬇ Tab 70 mg with cholecalciferol 5,600 iu | 12.90 | 4 | Fosamax Plus |

**➥Restricted**

**Initiation — Osteoporosis**

Any of the following:

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

Notes:

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-15 to 2018** | 13.50 | 100 | **Arrow-Etidronate** |
| PAMIDRONATE DISODIUM | | | |
| Inj 3 mg per ml, 10 ml vial | 6.80 | 1 | Pamisol |
| Inj 6 mg per ml, 10 ml vial | 13.20 | 1 | Pamisol |
| Inj 9 mg per ml, 10 ml vial | 19.20 | 1 | Pamisol |
| RISEDRONATE SODIUM | | | |
| Tab 35 mg | 4.00 | 4 | Risedronate Sandoz |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ZOLEDRONIC ACID | | | |
| ⬇ Inj 5 mg per 100 ml, vial | 600.00 | 100 ml | Aclasta |

➥**Restricted**

**Initiation — Inherited bone fragility disorders**

Any specialist

Patient has been diagnosed with an inherited bone fragility disorder (e.g. osteogenesis imperfecta).

**Initiation — Osteoporosis**

Any specialist

*Therapy limited to 3 doses*

Both:

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

2 The patient will not be prescribed more than 5 mg of zoledronic acid in a 12-month period.

**Initiation — glucocorticosteroid therapy**

Any specialist

*Re-assessment required after 12 months*

All of the following:

1 The patient is receiving systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and

2 Any of the following:
- 2.1 The patient has documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (see Note); or
- 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
- 2.3 The patient has had a Special Authority approval for alendronate (Underlying cause - glucocorticosteroid therapy) or raloxifene; and; and

3 The patient will not be prescribed more than 5 mg of zoledronic acid in the 12-month approval period.

**Continuation — glucocorticosteroid therapy**

Any specialist

*Re-assessment required after 12 months*

Both:

1 The patient is continuing systemic glucocorticosteriod therapy (≥ 5 mg per day prednisone equivalents); and

2 The patient will not be prescribed more than 5 mg of zoledronic acid in the 12-month approval period.

**Initiation — Paget's disease**

Any specialist

*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

continued...

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

continued...

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 5 mg of zoledronic acid in the 12-month approval period.

**Continuation — Paget's disease**

Any specialist

*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 5 mg of zoledronic acid in the 12-month approval period.

Notes:

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

## Other Drugs Affecting Bone Metabolism

RALOXIFENE – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 60 mg | 53.76 | 28 | Evista |

**➥Restricted**

**Initiation**

Any of the following:

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

Notes:

continued...

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

continued...

1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score $\leq$ -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.

TERIPARATIDE – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 250 mcg per ml, 2.4 ml cartridge | 490.00 | 1 | Forteo |

➥**Restricted**

**Initiation**

*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).

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 restriction 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 Mar-15 to 2017** | 15.11 | 1,000 | **Apo-Allopurinol** |
| | Tab 300 mg – **1% DV Mar-15 to 2017** | 15.91 | 500 | **Apo-Allopurinol** |

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

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 100 mg | 45.00 | 100 | Benzbromaron AL 100 |

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

➥**Restricted**
**Initiation**
Any specialist
All of the following:
1 Patient has been diagnosed with gout; and
2 Any of the following:
2.1 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 addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
2.2 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 use of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
2.3 Both:
2.3.1 The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); and
2.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or
2.4 All of the following:
2.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and
2.4.2 Allopurinol is contraindicated; and
2.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and
3 The patient is receiving monthly liver function tests.

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity. In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.
The New Zealand Rheumatology Association has developed information for prescribers which can be accessed from its website at www.rheumatology.org.nz/downloads/Benzbromarone-prescriber-information-NZRA-V2.pdf

COLCHICINE
Tab 500 mcg – **1% DV Oct-13 to 2016** ..... 10.08 100 **Colgout**

FEBUXOSTAT – **Restricted** see terms below
⬇ Tab 80 mg ..... 39.50 28 Adenuric
⬇ Tab 120 mg ..... 39.50 28 Adenuric

➥**Restricted**
**Initiation**
Any specialist
Both:
1 Patient has been diagnosed with gout; and
2 Any of the following:
2.1 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 addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
2.2 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 use of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
2.3 The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note).

Note: In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. The efficacy and safety of febuxostat have not been fully evaluated in patients with severe renal impairment (creatinine clearance less than 30 ml/minute). No dosage adjustment of febuxostat is necessary in patients with mild or moderate renal impairment. 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.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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 Jan-16 to 2018** | 10.00 | 5 | **Tracrium** |
| Inj 10 mg per ml, 5 ml ampoule – **1% DV Jan-16 to 2018** | 12.50 | 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 Sep-15 to 2018** | 11.55 | 1 | **Lioresal Intrathecal** |
| Inj 2 mg per ml, 5 ml ampoule | 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 | 800.00 | 6 | Dantrium IV |
| 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 | 260.00 | 50 | AstraZeneca |
| ROCURONIUM BROMIDE | | | |
| Inj 10 mg per ml, 5 ml vial | 38.25 | 10 | DBL Rocuronium Bromide |
| SUXAMETHONIUM CHLORIDE | | | |
| Inj 50 mg per ml, 2 ml ampoule – **1% DV Jun-14 to 2017** | 78.00 | 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) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|

➥**Restricted**

**Initiation**

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 Severe neuromuscular degenerative disease where the use of neuromuscular blockade is required; or
3 Patient has an unexpectedly difficult airway that cannot be intubated and requires a rapid reversal of anaesthesia and neuromuscular blockade; or
4 The duration of the patient's surgery is unexpectedly short; or
5 Neostigmine or a neostigmine/anticholinergic combination is contraindicated (for example the patient has ischaemic heart disease, morbid obesity or COPD); or
6 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**

**Initiation**

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

DICLOFENAC SODIUM

| | | | |
|---|---|---|---|
| Tab EC 25 mg – **1% DV Dec-15 to 2018** | 1.30 | 50 | **Diclofenac Sandoz** |
| Tab 50 mg dispersible | 1.50 | 20 | Voltaren D |
| Tab EC 50 mg – **1% DV Dec-15 to 2018** | 1.00 | 50 | **Diclofenac Sandoz** |
| Tab long-acting 75 mg – **1% DV Dec-15 to 2018** | 15.20 | 500 | **Apo-Diclo SR** |
| Tab long-acting 100 mg – **1% DV Dec-15 to 2018** | 26.20 | 500 | **Apo-Diclo SR** |
| Inj 25 mg per ml, 3 ml ampoule – **1% DV Oct-14 to 2017** | 13.20 | 5 | **Voltaren** |
| Suppos 12.5 mg – **1% DV Oct-14 to 2017** | 2.04 | 10 | **Voltaren** |
| Suppos 25 mg – **1% DV Oct-14 to 2017** | 2.44 | 10 | **Voltaren** |
| Suppos 50 mg – **1% DV Oct-14 to 2017** | 4.22 | 10 | **Voltaren** |
| Suppos 100 mg – **1% DV Oct-14 to 2017** | 7.00 | 10 | **Voltaren** |

ETORICOXIB – **Restricted** see terms below

⬇ Tab 30 mg
⬇ Tab 60 mg
⬇ Tab 90 mg
⬇ Tab 120 mg

➥**Restricted**

**Initiation**

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 Jul-15 to 2018** | 7.99 | 30 | **Brufen SR** |
| Oral liq 20 mg per ml – **1% DV Mar-14 to 2016** | 1.89 | 200 ml | **Fenpaed** |
| Inj 5 mg per ml, 2 ml ampoule | | | |
| Inj 10 mg per ml, 2 ml vial | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| INDOMETHACIN | | | |
| Cap 25 mg | | | |
| Cap 50 mg | | | |
| Cap long-acting 75 mg | | | |
| Inj 1 mg vial | | | |
| Suppos 100 mg | | | |
| KETOPROFEN | | | |
| Cap long-acting 200 mg | 12.07 | 28 | Oruvail SR |

MEFENAMIC ACID – **Restricted:** For continuation only

➡ Cap 250 mg

MELOXICAM – **Restricted** see terms below

⬇ Tab 7.5 mg

➥**Restricted**

**Initiation**

Either:

1 All of the following:
- 1.1 Haemophilic arthropathy; and
- 1.2 The patient has moderate to severe haemophilia with less than or equal to 5% of normal circulating functional clotting factor; and
- 1.3 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 Sep-15 to 2018** | 18.06 | 500 | **Noflam 250** |
| Tab 500 mg – **1% DV Sep-15 to 2018** | 18.91 | 250 | **Noflam 500** |
| Tab long-acting 750 mg – **1% DV Jun-15 to 2018** | 18.00 | 90 | **Naprosyn SR 750** |
| Tab long-acting 1 g – **1% DV Jun-15 to 2018** | 21.00 | 90 | **Naprosyn SR 1000** |
| PARECOXIB | | | |
| Inj 40 mg vial | 100.00 | 10 | Dynastat |
| SULINDAC | | | |
| Tab 100 mg | | | |
| Tab 200 mg | | | |
| TENOXICAM | | | |
| Tab 20 mg – **1% DV Jan-15 to 2016** | 3.05 | 20 | **Reutenox** |
| Inj 20 mg vial | 9.95 | 1 | AFT |

## Topical Products for Joint and Muscular Pain

CAPSAICIN – **Restricted** see terms below

⬇ Crm 0.025% ..... 9.95 45 g Zostrix

➥**Restricted**

**Initiation**

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 limbs; 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

PROCYCLIDINE HYDROCHLORIDE

Tab 5 mg

### Dopamine Agonists and Related Agents

AMANTADINE HYDROCHLORIDE

Cap 100 mg – **1% DV Oct-14 to 2017** ..... 38.24 | 60 | **Symmetrel**

APOMORPHINE HYDROCHLORIDE

Inj 10 mg per ml, 1 ml ampoule
Inj 10 mg per ml, 2 ml ampoule ..... 119.00 | 5 | Apomine

BROMOCRIPTINE

Tab 2.5 mg
Cap 5 mg

ENTACAPONE

Tab 200 mg – **1% DV Sep-15 to 2018** ..... 28.00 | 100 | **Entapone**

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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 *e.g. Kinson* |
| 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 *e.g. Sindopa* |
| LISURIDE HYDROGEN MALEATE | | | |
| Tab 200 mcg | 25.00 | 30 | Dopergin |
| PRAMIPEXOLE HYDROCHLORIDE | | | |
| Tab 0.25 mg – **1% DV Oct-14 to 2016** | 7.20 | 100 | **Ramipex** |
| Tab 1 mg – **1% DV Oct-14 to 2016** | 24.39 | 100 | **Ramipex** |
| ROPINIROLE HYDROCHLORIDE | | | |
| Tab 0.25 mg – **1% DV Mar-14 to 2016** | 2.36 | 100 | **Apo-Ropinirole** |
| Tab 1 mg – **1% DV Mar-14 to 2016** | 5.32 | 100 | **Apo-Ropinirole** |
| Tab 2 mg – **1% DV Mar-14 to 2016** | 7.72 | 100 | **Apo-Ropinirole** |
| Tab 5 mg – **1% DV Mar-14 to 2016** | 14.48 | 100 | **Apo-Ropinirole** |
| SELEGILINE HYDROCHLORIDE | | | |
| Tab 5 mg | | | |
| TOLCAPONE | | | |
| Tab 100 mg | 126.20 | 100 | Tasmar |

## Anaesthetics

### General Anaesthetics

| | | | |
|---|---|---|---|
| DESFLURANE | | | |
| Soln for inhalation 100%, 240 ml bottle | 1,414.50 | 6 | Suprane |
| DEXMEDETOMIDINE | | | |
| Inj 100 mcg per ml, 2 ml vial – **1% DV Oct-14 to 2017** | 479.85 | 5 | **Precedex** |
| ETOMIDATE | | | |
| Inj 2 mg per ml, 10 ml ampoule | | | |
| ISOFLURANE | | | |
| Soln for inhalation 100%, 250 ml bottle | 1,173.00 | 6 | Aerrane |
| KETAMINE | | | |
| Inj 1 mg per ml, 100 ml bag – **1% DV Sep-14 to 2017** | 27.00 | 1 | **Biomed** |
| Inj 4 mg per ml, 50 ml syringe – **1% DV Sep-14 to 2017** | 25.00 | 1 | **Biomed** |
| Inj 10 mg per ml, 10 ml syringe – **1% DV Sep-14 to 2017** | 14.00 | 1 | **Biomed** |
| Inj 100 mg per ml, 2 ml ampoule – **1% DV May-16 to 2018** | 47.05 | 5 | **Ketamine-Claris** |
| METHOHEXITAL SODIUM | | | |
| Inj 10 mg per ml, 50 ml vial | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PROPOFOL | | | |
| Inj 10 mg per ml, 20 ml ampoule | 7.60 | 5 | Fresofol 1% |
| Inj 10 mg per ml, 20 ml vial | 42.00 | 5 | Diprivan |
| | 7.60 | | Provive MCT-LCT 1% |
| Inj 10 mg per ml, 50 ml syringe | 47.00 | 1 | Diprivan |
| Inj 10 mg per ml, 50 ml vial | 25.00 | 1 | Diprivan |
| | 4.00 | | Fresofol 1% |
| | | | Provive MCT-LCT 1% |
| Inj 10 mg per ml, 100 ml vial | 7.60 | 1 | Fresofol 1% |
| | | | Provive MCT-LCT 1% |
| SEVOFLURANE | | | |
| Soln for inhalation 100%, 250 ml bottle | 1,365.00 | 6 | Baxter |
| THIOPENTAL [THIOPENTONE] SODIUM | | | |
| Inj 500 mg ampoule | | | |

## Local Anaesthetics

| | | | |
|---|---|---|---|
| ARTICAINE HYDROCHLORIDE | | | |
| Inj 1% | | | |
| 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 – **1% DV Jul-14 to 2017** | 50.00 | 5 | **Marcain Isobaric** |
| Inj 2.5 mg per ml, 20 ml ampoule | | | |
| Inj 2.5 mg per ml, 20 ml ampoule sterile pack – **1% DV Sep-15 to 2018** | 29.20 | 5 | **Marcain** |
| Inj 5 mg per ml, 10 ml ampoule sterile pack – **1% DV Sep-15 to 2018** | 20.25 | 5 | **Marcain** |
| Inj 5 mg per ml, 20 ml ampoule | | | |
| Inj 5 mg per ml, 20 ml ampoule sterile pack – **1% DV Sep-15 to 2018** | 20.70 | 5 | **Marcain** |
| 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 – **1% DV Jul-14 to 2017** | 150.00 | 5 | **Marcain** |
| Inj 2.5 mg per ml, 200 ml bag | | | |
| Inj 1.25 mg per ml, 500 ml bag | | | |
| BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE | | | |
| Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial – **1% DV Sep-14 to 2017** | 135.00 | 5 | **Marcain with Adrenaline** |
| Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial – **1% DV Sep-14 to 2017** | 115.00 | 5 | **Marcain with Adrenaline** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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 | 210.00 | 10 | Bupafen |
| Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag | 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 | 72.00 | 10 | Biomed |
| Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe | 92.00 | 10 | Biomed |
| BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE | | | |
| Inj 0.5% with glucose 8%, 4 ml ampoule | 38.00 | 5 | Marcain 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 Sep-15 to 2018** | 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-14 to 2017** | 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 | 8.75 | 25 | Lidocaine-Claris |
| Inj 1%, 20 ml ampoule | 2.40 | 1 | Lidocaine-Claris |
| Inj 2%, 5 ml ampoule | 6.90 | 25 | Lidocaine-Claris |
| Inj 2%, 20 ml ampoule | 2.40 | 1 | Lidocaine-Claris |
| Gel 2%, 10 ml urethral syringe | 43.26 | 10 | Pfizer |
| 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 – **1% DV Oct-14 to 2017** | 17.50 | 1 | **Topicaine** |
| 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% | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE | | | |
| Crm 2.5% with prilocaine 2.5% | 45.00 | 30 g | EMLA |
| Patch 25 mcg with prilocaine 25 mcg | 115.00 | 20 | EMLA |
| Crm 2.5% with prilocaine 2.5%, 5 g | 45.00 | 5 | EMLA |
| LIDOCAINE [LIGNOCAINE] | | | |
| Crm 4% | 27.00 | 30 g | LMX4 |
| Crm 4% (5 g tubes) | 27.00 | 5 | LMX4 |
| MEPIVACAINE HYDROCHLORIDE | | | |
| Inj 3%, 1.8 ml dental cartridge – **1% DV Oct-14 to 2017** | 43.60 | 50 | **Scandonest 3%** |
| Inj 3%, 2.2 ml dental cartridge – **1% DV Oct-14 to 2017** | 43.60 | 50 | **Scandonest 3%** |
| 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 – **1% DV Aug-15 to 2017** | 9.05 | 5 | **Ropivacaine Kabi** |
| Inj 2 mg per ml, 20 ml ampoule – **1% DV Aug-15 to 2017** | 9.50 | 5 | **Ropivacaine Kabi** |
| Inj 2 mg per ml, 100 ml bag – **1% DV Jul-15 to 2017** | 60.00 | 5 | **Naropin** |
| Inj 2 mg per ml, 200 ml bag – **1% DV Jul-15 to 2017** | 79.50 | 5 | **Naropin** |
| Inj 7.5 mg per ml, 10 ml ampoule – **1% DV Aug-15 to 2017** | 10.20 | 5 | **Ropivacaine Kabi** |
| Inj 7.5 mg per ml, 20 ml ampoule – **1% DV Aug-15 to 2017** | 12.50 | 5 | **Ropivacaine Kabi** |
| Inj 10 mg per ml, 10 ml ampoule – **1% DV Aug-15 to 2017** | 10.90 | 5 | **Ropivacaine Kabi** |
| Inj 10 mg per ml, 20 ml ampoule – **1% DV Aug-15 to 2017** | 16.30 | 5 | **Ropivacaine Kabi** |
| 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% | | | |

## Analgesics

### Non-Opioid Analgesics

ASPIRIN

Tab dispersible 300 mg

CAPSAICIN – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Crm 0.075% | 12.50 | 45 g | Zostrix HP |

➥**Restricted**

**Initiation**

For post-herpetic neuralgia or diabetic peripheral neuropathy.

METHOXYFLURANE – **Restricted** see terms below

⬇ Soln for inhalation 99.9%, 3 ml bottle

➥**Restricted**

**Initiation**

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.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| NEFOPAM HYDROCHLORIDE | | | |
| Tab 30 mg | | | |
| PARACETAMOL – **Some items restricted** see terms below | | | |
| Tab soluble 500 mg – **1% DV Oct-15 to 2017** | 1.60 | 20 | **Paragesic Soluble** |
| Tab 500 mg | | | |
| Oral liq 120 mg per 5 ml – **20% DV Oct-14 to 2017** | 4.15 | 1,000 ml | **Paracare** |
| Oral liq 250 mg per 5 ml – **20% DV Sep-14 to 2017** | 4.35 | 1,000 ml | **Paracare Double Strength** |
| ⬇ Inj 10 mg per ml, 50 ml vial – **1% DV Sep-14 to 2017** | 12.90 | 12 | **Perfalgan** |
| ⬇ Inj 10 mg per ml, 100 ml vial – **1% DV Sep-14 to 2017** | 12.90 | 12 | **Perfalgan** |
| Suppos 25 mg | 56.35 | 20 | Biomed |
| Suppos 50 mg | 56.35 | 20 | Biomed |
| Suppos 125 mg – **1% DV Dec-15 to 2018** | 3.69 | 10 | **Gacet** |
| Suppos 250 mg – **1% DV Dec-15 to 2018** | 3.79 | 10 | **Gacet** |
| Suppos 500 mg – **1% DV Nov-15 to 2018** | 12.60 | 50 | **Paracare** |

➥**Restricted**

**Initiation**

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 | | | |
| Inj 0.5 mg per ml, 2 ml ampoule – **1% DV Jan-15 to 2017** | 39.07 | 10 | **Hameln** |
| 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** |
| FENTANYL | | | |
| Inj 10 mcg per ml, 10 ml syringe | | | |
| Inj 50 mcg per ml, 2 ml ampoule – **1% DV Sep-15 to 2018** | 3.95 | 10 | **Boucher and Muir** |
| Inj 10 mcg per ml, 50 ml bag | 210.00 | 10 | Biomed |
| Inj 10 mcg per ml, 50 ml syringe | 165.00 | 10 | Biomed |
| Inj 50 mcg per ml, 10 ml ampoule – **1% DV Sep-15 to 2018** | 10.45 | 10 | **Boucher and Muir** |
| Inj 10 mcg per ml, 100 ml bag | 210.00 | 10 | Biomed |
| Inj 20 mcg per ml, 50 ml syringe | 185.00 | 10 | Biomed |
| Inj 20 mcg per ml, 100 ml bag | | | |
| Patch 12.5 mcg per hour – **1% DV Aug-15 to 2016** | 2.92 | 5 | **Fentanyl Sandoz** |
| Patch 25 mcg per hour – **1% DV Aug-15 to 2016** | 3.66 | 5 | **Fentanyl Sandoz** |
| Patch 50 mcg per hour – **1% DV Aug-15 to 2016** | 6.64 | 5 | **Fentanyl Sandoz** |
| Patch 75 mcg per hour – **1% DV Aug-15 to 2016** | 9.18 | 5 | **Fentanyl Sandoz** |
| Patch 100 mcg per hour – **1% DV Aug-15 to 2016** | 11.29 | 5 | **Fentanyl Sandoz** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| METHADONE HYDROCHLORIDE | | | |
| Tab 5 mg – **1% DV Sep-15 to 2018** | 1.85 | 10 | **Methatabs** |
| Oral liq 2 mg per ml – **1% DV Sep-15 to 2018** | 5.55 | 200 ml | **Biodone** |
| Oral liq 5 mg per ml – **1% DV Sep-15 to 2018** | 5.00 | 200 ml | **Biodone Forte** |
| Oral liq 10 mg per ml – **1% DV Sep-15 to 2018** | 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-15 to 2018** | 8.84 | 200 ml | **RA-Morph** |
| Oral liq 2 mg per ml – **1% DV Oct-15 to 2018** | 14.00 | 200 ml | **RA-Morph** |
| Oral liq 5 mg per ml – **1% DV Oct-15 to 2018** | 18.00 | 200 ml | **RA-Morph** |
| Oral liq 10 mg per ml – **1% DV Oct-15 to 2018** | 26.00 | 200 ml | **RA-Morph** |
| MORPHINE SULPHATE | | | |
| Tab long-acting 10 mg – **1% DV Sep-13 to 2016** | 1.95 | 10 | **Arrow-Morphine LA** |
| Tab immediate-release 10 mg – **1% DV Apr-15 to 2017** | 2.80 | 10 | **Sevredol** |
| Tab immediate-release 20 mg – **1% DV Apr-15 to 2017** | 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 – **1% DV Feb-14 to 2016** | 1.70 | 10 | **m-Eslon** |
| Cap long-acting 30 mg – **1% DV Feb-14 to 2016** | 2.50 | 10 | **m-Eslon** |
| Cap long-acting 60 mg – **1% DV Feb-14 to 2016** | 5.40 | 10 | **m-Eslon** |
| Cap long-acting 100 mg – **1% DV Feb-14 to 2016** | 6.38 | 10 | **m-Eslon** |
| Inj 1 mg per ml, 100 ml bag – **1% DV Oct-14 to 2017** | 185.00 | 10 | **Biomed** |
| Inj 1 mg per ml, 10 ml syringe – **1% DV Oct-14 to 2017** | 45.00 | 10 | **Biomed** |
| Inj 1 mg per ml, 50 ml syringe – **1% DV Oct-14 to 2017** | 87.50 | 10 | **Biomed** |
| Inj 1 mg per ml, 2 ml syringe | | | |
| Inj 2 mg per ml, 30 ml syringe | 135.00 | 10 | Biomed |
| Inj 5 mg per ml, 1 ml ampoule – **1% DV Oct-14 to 2017** | 12.48 | 5 | **DBL Morphine Sulphate** |
| Inj 10 mg per ml, 1 ml ampoule – **1% DV Oct-14 to 2017** | 9.09 | 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 Oct-14 to 2017** | 9.77 | 5 | **DBL Morphine Sulphate** |
| Inj 30 mg per ml, 1 ml ampoule – **1% DV Oct-14 to 2017** | 12.43 | 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** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| OXYCODONE HYDROCHLORIDE | | | |
| Tab controlled-release 5 mg | 7.51 | 20 | OxyContin |
| Tab controlled-release 10 mg | 6.75 | 20 | Oxycodone ControlledRelease Tablets(BNM) |
| Tab controlled-release 20 mg | 11.50 | 20 | Oxycodone ControlledRelease Tablets(BNM) |
| Tab controlled-release 40 mg | 18.50 | 20 | Oxycodone ControlledRelease Tablets(BNM) |
| Tab controlled-release 80 mg | 34.00 | 20 | Oxycodone ControlledRelease Tablets(BNM) |
| Cap immediate-release 5 mg – **1% DV Oct-15 to 2018** | 1.98 | 20 | **OxyNorm** |
| Cap immediate-release 10 mg – **1% DV Oct-15 to 2018** | 3.91 | 20 | **OxyNorm** |
| Cap immediate-release 20 mg – **1% DV Oct-15 to 2018** | 6.84 | 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 Feb-16 to 2018** | 8.57 | 5 | **OxyNorm** |
| Inj 10 mg per ml, 2 ml ampoule – **1% DV Feb-16 to 2018** | 16.89 | 5 | **OxyNorm** |
| Inj 50 mg per ml, 1 ml ampoule – **1% DV Dec-15 to 2018** | 51.00 | 5 | **OxyNorm** |
| PARACETAMOL WITH CODEINE | | | |
| Tab paracetamol 500 mg with codeine phosphate 8 mg | 2.11 | 100 | Paracetamol + Codeine (Relieve) |
| PETHIDINE HYDROCHLORIDE | | | |
| Tab 50 mg – **1% DV Nov-15 to 2018** | 4.46 | 10 | **PSM** |
| Tab 100 mg – **1% DV Nov-15 to 2018** | 6.25 | 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 Sep-14 to 2017** | 5.51 | 5 | **DBL Pethidine Hydrochloride** |
| Inj 50 mg per ml, 2 ml ampoule – **1% DV Sep-14 to 2017** | 5.83 | 5 | **DBL Pethidine Hydrochloride** |
| REMIFENTANIL HYDROCHLORIDE | | | |
| Inj 1 mg vial – **1% DV Nov-14 to 2017** | 10.00 | 5 | **Ultiva** |
| Inj 2 mg vial – **1% DV Nov-14 to 2017** | 18.00 | 5 | **Ultiva** |
| TRAMADOL HYDROCHLORIDE | | | |
| Tab sustained-release 100 mg – **1% DV Oct-14 to 2017** | 2.00 | 20 | **Tramal SR 100** |
| Tab sustained-release 150 mg – **1% DV Oct-14 to 2017** | 3.00 | 20 | **Tramal SR 150** |
| Tab sustained-release 200 mg – **1% DV Oct-14 to 2017** | 4.00 | 20 | **Tramal SR 200** |
| Cap 50 mg – **1% DV Oct-14 to 2017** | 2.50 | 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 – **1% DV Oct-14 to 2017** | 4.50 | 5 | **Tramal 50** |
| Inj 50 mg per ml, 2 ml ampoule – **1% DV Oct-14 to 2017** | 4.50 | 5 | **Tramal 100** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Antidepressants** | | | |
| **Cyclic and Related Agents** | | | |
| AMITRIPTYLINE | | | |
| Tab 10 mg – **1% DV Sep-14 to 2017** | 1.68 | 100 | **Arrow-Amitriptyline** |
| Tab 25 mg – **1% DV Jan-15 to 2017** | 1.68 | 100 | **Arrow-Amitriptyline** |
| Tab 50 mg – **1% DV Jan-15 to 2017** | 2.82 | 100 | **Arrow-Amitriptyline** |
| CLOMIPRAMINE HYDROCHLORIDE | | | |
| Tab 10 mg – **1% DV Sep-15 to 2018** | 12.60 | 100 | **Apo-Clomipramine** |
| Tab 25 mg – **1% DV Sep-15 to 2018** | 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 | | | |
| MIANSERIN HYDROCHLORIDE – **Restricted:** For continuation only | | | |
| ➡ Tab 30 mg | | | |
| NORTRIPTYLINE HYDROCHLORIDE | | | |
| Tab 10 mg – **1% DV Jun-13 to 2016** | 4.00 | 100 | **Norpress** |
| Tab 25 mg – **1% DV Jun-13 to 2016** | 9.00 | 180 | **Norpress** |
| **Monoamine-Oxidase Inhibitors - Non-Selective** | | | |
| PHENELZINE SULPHATE | | | |
| Tab 15 mg | | | |
| TRANYLCYPROMINE SULPHATE | | | |
| Tab 10 mg | | | |
| **Monoamine-Oxidase Type A Inhibitors** | | | |
| MOCLOBEMIDE | | | |
| Tab 150 mg – **1% DV Oct-15 to 2018** | 85.10 | 500 | **Apo-Moclobemide** |
| Tab 300 mg – **1% DV Oct-15 to 2018** | 30.70 | 100 | **Apo-Moclobemide** |
| **Other Antidepressants** | | | |
| MIRTAZAPINE | | | |
| Tab 30 mg – **1% DV Nov-15 to 2018** | 2.55 | 30 | **Apo-Mirtazapine** |
| Tab 45 mg – **1% DV Nov-15 to 2018** | 3.25 | 30 | **Apo-Mirtazapine** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| VENLAFAXINE – **Some items restricted** see terms below | | | |
| 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 | 5.69 | 28 | Efexor XR |
| ⬇ Cap modified release 75 mg | 11.40 | 28 | Efexor XR |
| ⬇ Cap modified release 150 mg | 13.98 | 28 | Efexor XR |

➥**Restricted**
**Initiation**
*Re-assessment required after 2 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 2 years*
The patient has a high risk of relapse (prescriber determined).

## Selective Serotonin Reuptake Inhibitors

| | | | |
|---|---|---|---|
| CITALOPRAM HYDROBROMIDE | | | |
| Tab 20 mg – **1% DV Jan-16 to 2018** | 1.79 | 84 | **PSM Citalopram** |
| ESCITALOPRAM | | | |
| Tab 10 mg – **1% DV Jul-15 to 2016** | 1.40 | 28 | **Air Flow Products** |
| Tab 20 mg – **1% DV Jul-15 to 2016** | 2.40 | 28 | **Air Flow Products** |
| FLUOXETINE HYDROCHLORIDE | | | |
| Tab dispersible 20 mg, scored – **1% DV Apr-14 to 2016** | 2.50 | 30 | **Arrow-Fluoxetine** |
| Cap 20 mg – **1% DV Apr-14 to 2016** | 1.74 | 90 | **Arrow-Fluoxetine** |
| PAROXETINE HYDROCHLORIDE | | | |
| Tab 20 mg | 4.32 | 90 | Loxamine |
| SERTRALINE | | | |
| Tab 50 mg | 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 | 11.83 | 5 | Hospira |
| Rectal tubes 5 mg | 25.05 | 5 | Stesolid |
| Rectal tubes 10 mg | 30.50 | 5 | Stesolid |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| LORAZEPAM | | | |
| Inj 2 mg vial | | | |
| Inj 4 mg per ml, 1 ml vial | | | |
| PARALDEHYDE | | | |
| Inj 5 ml ampoule | | | |
| PHENYTOIN SODIUM | | | |
| Inj 50 mg per ml, 2 ml ampoule – **1% DV Oct-15 to 2018** | 88.63 | 5 | **Hospira** |
| Inj 50 mg per ml, 5 ml ampoule – **1% DV Oct-15 to 2018** | 133.92 | 5 | **Hospira** |

## Control of Epilepsy

| | | | |
|---|---|---|---|
| CARBAMAZEPINE | | | |
| Tab 200 mg | 14.53 | 100 | Tegretol |
| Tab long-acting 200 mg | 16.98 | 100 | Tegretol CR |
| Tab 400 mg | 34.58 | 100 | Tegretol |
| Tab long-acting 400 mg | 39.17 | 100 | Tegretol CR |
| Oral liq 20 mg per ml | 26.37 | 250 ml | Tegretol |
| 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 | | | |
| ⬇ Cap 100 mg | 7.16 | 100 | Arrow-Gabapentin<br>Neurontin<br>Nupentin |
| ⬇ Cap 300 mg | 11.00 | 100 | Arrow-Gabapentin<br>Neurontin<br>Nupentin |
| ⬇ Cap 400 mg | 13.75 | 100 | Arrow-Gabapentin<br>Neurontin<br>Nupentin |

**➥Restricted**
**Initiation — preoperative and/or postoperative use**
*Limited to 8 days* treatment
**Initiation — pain management of burns patients**
*Re-assessment required after 1 month*
**Continuation — pain management of burns patients**
*Re-assessment required after 1 month*
The treatment remains appropriate and the patient is benefiting from treatment.
**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.

continued. . .

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

continued...

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 or Chronic Kidney Disease-associated pruritus**

*Re-assessment required after 3 months*

Either:

1 The patient has been diagnosed with neuropathic pain; or
2 Both:
  2.1 The patient has Chronic Kidney Disease Stage 5-associated pruritus* where no other cause for pruritus can be identified (e.g. scabies, allergy); and
  2.2 The patient has persistent pruritus not relieved with a trial of emollient/moisturising creams alone.

**Continuation — Neuropathic pain or Chronic Kidney Disease-associated pruritus**

Either:

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

Note: Indications marked with * are Unapproved Indications. Dosage adjustment of gabapentin is recommended for patients with renal impairment.

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**

*Re-assessment required after 15 months*

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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| LAMOTRIGINE | | | |
| Tab dispersible 2 mg | 6.74 | 30 | Lamictal |
| Tab dispersible 5 mg | 15.00 | 56 | Arrow-Lamotrigine |
| | 9.64 | 30 | Lamictal |
| Tab dispersible 25 mg | 20.40 | 56 | Arrow-Lamotrigine |
| | 29.09 | | Lamictal |
| | 19.38 | | Logem |
| Tab dispersible 50 mg | 34.70 | 56 | Arrow-Lamotrigine |
| | 47.89 | | Lamictal |
| | 32.97 | | Logem |
| Tab dispersible 100 mg | 59.90 | 56 | Arrow-Lamotrigine |
| | 79.16 | | Lamictal |
| | 56.91 | | Logem |
| LEVETIRACETAM | | | |
| Tab 250 mg | 24.03 | 60 | Everet |
| | | | Levetiracetam-Rex |
| Tab 500 mg | 28.71 | 60 | Everet |
| | | | Levetiracetam-Rex |
| Tab 750 mg | 45.23 | 60 | Everet |
| | | | Levetiracetam-Rex |
| Tab 1,000 mg | 59.12 | 60 | Everet |
| Inj 100 mg per ml, 5 ml vial | | | |
| *(Levetiracetam-Rex Tab 250 mg to be delisted 1 August 2016)* | | | |
| *(Levetiracetam-Rex Tab 500 mg to be delisted 1 August 2016)* | | | |
| *(Levetiracetam-Rex Tab 750 mg to be delisted 1 August 2016)* | | | |
| PHENOBARBITONE | | | |
| Tab 15 mg – **1% DV Dec-15 to 2018** | 30.00 | 500 | **PSM** |
| Tab 30 mg – **1% DV Dec-15 to 2018** | 31.00 | 500 | **PSM** |
| 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 – **1% DV Sep-15 to 2018** | 16.60 | 1 | **Epilim IV** |
| STIRIPENTOL – **Restricted** see terms on the next page | | | |
| ⬇ Cap 250 mg | 509.29 | 60 | Diacomit |
| ⬇ Powder for oral liq 250 mg sachet | 509.29 | 60 | Diacomit |

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

➥**Restricted**
**Initiation**
Paediatric neurologist
*Re-assessment required after 6 months*
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**
Paediatric neurologist
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 |
| | 11.07 | | Topiramate Actavis |
| Tab 50 mg | 18.81 | 60 | Arrow-Topiramate |
| | 44.26 | | Topamax |
| | 18.81 | | Topiramate Actavis |
| Tab 100 mg | 31.99 | 60 | Arrow-Topiramate |
| | 75.25 | | Topamax |
| | 31.99 | | Topiramate Actavis |
| Tab 200 mg | 55.19 | 60 | Arrow-Topiramate |
| | 129.85 | | Topamax |
| | 55.19 | | Topiramate Actavis |
| 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**
**Initiation**
*Re-assessment required after 15 months*
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
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.
**Continuation**
Both:

continued...

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

continued...

1 The patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life; and
2 Either:
  2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for duration of treatment with vigabatrin; or
  2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: 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.
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

| | | | |
|---|---|---|---|
| Tab orodispersible 10 mg – **1% DV Sep-14 to 2017** | 3.24 | 12 | **Rizamelt** |
| | 8.10 | 30 | **Rizamelt** |

SUMATRIPTAN

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

### Prophylaxis of Migraine

PIZOTIFEN

| | | | |
|---|---|---|---|
| Tab 500 mcg – **1% DV Sep-15 to 2018** | 23.21 | 100 | **Sandomigran** |

## Antinausea and Vertigo Agents

APREPITANT – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Cap 2 × 80 mg and 1 × 125 mg – **1% DV Sep-14 to 2017** | 100.00 | 3 | **Emend Tri-Pack** |

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

BETAHISTINE DIHYDROCHLORIDE

| | | | |
|---|---|---|---|
| Tab 16 mg – **1% DV Jun-14 to 2017** | 4.95 | 84 | **Vergo 16** |

CYCLIZINE HYDROCHLORIDE

| | | | |
|---|---|---|---|
| Tab 50 mg – **1% DV Jan-16 to 2018** | 0.59 | 20 | **Nauzene** |

CYCLIZINE LACTATE

| | | | |
|---|---|---|---|
| Inj 50 mg per ml, 1 ml ampoule | 14.95 | 5 | Nausicalm |

DOMPERIDONE

| | | | |
|---|---|---|---|
| Tab 10 mg – **1% DV Dec-15 to 2018** | 3.20 | 100 | **Prokinex** |

DROPERIDOL
Inj 2.5 mg per ml, 1 ml ampoule

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| GRANISETRON | | | |
| Tab 1 mg – **1% DV Jan-15 to 2017** | 5.98 | 50 | **Granirex** |
| HYOSCINE HYDROBROMIDE | | | |
| Inj 400 mcg per ml, 1 ml ampoule | 46.50 | 5 | Hospira |
| ⬇ Patch 1.5 mg – **1% DV Dec-13 to 2016** | 11.95 | 2 | **Scopoderm TTS** |

➥**Restricted**
**Initiation**
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 Sep-14 to 2017** | 1.82 | 100 | **Metamide** |
| Oral liq 5 mg per 5 ml | | | |
| Inj 5 mg per ml, 2 ml ampoule – **1% DV Sep-14 to 2017** | 4.50 | 10 | **Pfizer** |
| ONDANSETRON | | | |
| Tab 4 mg – **1% DV Jan-14 to 2016** | 5.51 | 50 | **Onrex** |
| Tab dispersible 4 mg – **1% DV Oct-14 to 2017** | 1.00 | 10 | **Dr Reddy's Ondansetron** |
| Tab 8 mg – **1% DV Jan-14 to 2016** | 6.19 | 50 | **Onrex** |
| Tab dispersible 8 mg – **1% DV Oct-14 to 2017** | 1.50 | 10 | **Ondansetron ODT-DRLA** |
| 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** |
| PROCHLORPERAZINE | | | |
| Tab buccal 3 mg | | | |
| Tab 5 mg – **1% DV Jun-14 to 2017** | 9.75 | 500 | **Antinaus** |
| Inj 12.5 mg per ml, 1 ml ampoule | | | |
| Suppos 25 mg | | | |
| PROMETHAZINE THEOCLATE – **Restricted:** For continuation only | | | |
| ➡ Tab 25 mg | | | |
| TROPISETRON | | | |
| Inj 1 mg per ml, 2 ml ampoule – **1% DV Sep-15 to 2018** | 8.95 | 1 | **Tropisetron-AFT** |
| Inj 1 mg per ml, 5 ml ampoule – **1% DV Sep-15 to 2018** | 13.95 | 1 | **Tropisetron-AFT** |

## 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** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ARIPIPRAZOLE – **Restricted** see terms below | | | |
| ⬇ Tab 5 mg | 123.54 | 30 | Abilify |
| ⬇ 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**

**Initiation — schizophrenia or related psychoses**

Any specialist

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 effect; 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.

**Initiation — Autism spectrum disorder***

Psychiatrist or paediatrician

All of the following:

1 The patient has been diagnosed with an autism spectrum disorder* and has symptoms of severe irritability; and

2 An effective dose of risperidone has been trialled and has been discontinued because of unacceptable side effects or inadequate response; and

3 The patient is aged less than 18 years.

Note: Indications marked with * are Unapproved Indications

| | | | |
|---|---|---|---|
| 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 | 6.69 | 50 | Clopine |
| | 13.37 | 100 | Clopine |
| | 5.69 | 50 | Clozaril |
| | 11.36 | 100 | Clozaril |
| Tab 50 mg | 8.67 | 50 | Clopine |
| | 17.33 | 100 | Clopine |
| Tab 100 mg | 17.33 | 50 | Clopine |
| | 34.65 | 100 | Clopine |
| | 14.73 | 50 | Clozaril |
| | 29.45 | 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** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| LEVOMEPROMAZINE | | | |
| 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-15 to 2018** | 34.30 | 500 | **Lithicarb FC** |
| Tab 400 mg – **1% DV Sep-15 to 2018** | 12.83 | 100 | **Lithicarb FC** |
| Cap 250 mg – **1% DV Sep-14 to 2017** | 9.42 | 100 | **Douglas** |
| OLANZAPINE | | | |
| Tab 2.5 mg – **1% DV Sep-14 to 2017** | 0.75 | 28 | **Zypine** |
| Tab 5 mg – **1% DV Sep-14 to 2017** | 1.65 | 28 | **Zypine** |
| Tab orodispersible 5 mg – **1% DV Sep-14 to 2017** | 1.75 | 28 | **Zypine ODT** |
| Tab 10 mg – **1% DV Sep-14 to 2017** | 2.55 | 28 | **Zypine** |
| Tab orodispersible 10 mg – **1% DV Sep-14 to 2017** | 3.05 | 28 | **Zypine ODT** |
| Inj 10 mg vial | | | |
| PERICYAZINE | | | |
| Tab 2.5 mg | | | |
| Tab 10 mg | | | |
| QUETIAPINE | | | |
| Tab 25 mg – **1% DV Sep-14 to 2017** | 2.10 | 90 | **Quetapel** |
| Tab 100 mg – **1% DV Sep-14 to 2017** | 4.20 | 90 | **Quetapel** |
| Tab 200 mg – **1% DV Sep-14 to 2017** | 7.20 | 90 | **Quetapel** |
| Tab 300 mg – **1% DV Sep-14 to 2017** | 12.00 | 90 | **Quetapel** |
| RISPERIDONE – **Some items restricted** see terms below | | | |
| Tab 0.5 mg – **1% DV Feb-15 to 2017** | 1.90 | 60 | **Actavis** |
| ⬇ Tab orodispersible 0.5 mg | 21.42 | 28 | Risperdal Quicklet |
| Tab 1 mg – **1% DV Feb-15 to 30 Sep 2017** | 2.10 | 60 | **Actavis** |
| ⬇ Tab orodispersible 1 mg | 42.84 | 28 | Risperdal Quicklet |
| Tab 2 mg – **1% DV Feb-15 to 2017** | 2.34 | 60 | **Actavis** |
| ⬇ Tab orodispersible 2 mg | 85.71 | 28 | Risperdal Quicklet |
| Tab 3 mg – **1% DV Feb-15 to 2017** | 2.55 | 60 | **Actavis** |
| Tab 4 mg – **1% DV Feb-15 to 2017** | 3.50 | 60 | **Actavis** |
| Oral liq 1 mg per ml – **1% DV Sep-14 to 2017** | 9.75 | 30 ml | **Risperon** |

➥**Restricted**

**Initiation — 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.

**Initiation — Chronic situations**

Both:

1 The patient is unable to take standard risperidone tablets or oral liquid, or once stabilised 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 | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ZIPRASIDONE | | | |
| Cap 20 mg – **1% DV Jan-16 to 2018** | 14.56 | 60 | **Zusdone** |
| Cap 40 mg – **1% DV Jan-16 to 2018** | 24.75 | 60 | **Zusdone** |
| Cap 60 mg – **1% DV Jan-16 to 2018** | 33.87 | 60 | **Zusdone** |
| Cap 80 mg – **1% DV Jan-16 to 2018** | 39.74 | 60 | **Zusdone** |
| ZUCLOPENTHIXOL ACETATE | | | |
| Inj 50 mg per ml, 1 ml ampoule | | | |
| Inj 50 mg per ml, 2 ml ampoule | | | |
| ZUCLOPENTHIXOL HYDROCHLORIDE | | | |
| Tab 10 mg | 31.45 | 100 | Clopixol |

## Depot Injections

| | | | |
|---|---|---|---|
| FLUPENTHIXOL DECANOATE | | | |
| Inj 20 mg per ml, 1 ml ampoule | 13.14 | 5 | Fluanxol |
| Inj 20 mg per ml, 2 ml ampoule | 20.90 | 5 | Fluanxol |
| Inj 100 mg per ml, 1 ml ampoule | 40.87 | 5 | Fluanxol |
| FLUPHENAZINE DECANOATE | | | |
| Inj 12.5 mg per 0.5 ml ampoule | 17.60 | 5 | Modecate |
| Inj 25 mg per ml, 1 ml ampoule | 27.90 | 5 | Modecate |
| Inj 100 mg per ml, 1 ml ampoule | 154.50 | 5 | Modecate |
| HALOPERIDOL DECANOATE | | | |
| Inj 50 mg per ml, 1 ml ampoule | 28.39 | 5 | Haldol |
| Inj 100 mg per ml, 1 ml ampoule | 55.90 | 5 | Haldol Concentrate |
| OLANZAPINE – **Restricted** see terms below | | | |
| ⬇ Inj 210 mg vial | 280.00 | 1 | Zyprexa Relprevv |
| ⬇ Inj 300 mg vial | 460.00 | 1 | Zyprexa Relprevv |
| ⬇ Inj 405 mg vial | 560.00 | 1 | Zyprexa Relprevv |

➥**Restricted**

**Initiation**

*Re-assessment required after 12 months*

Either:

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

**Continuation**

*Re-assessment required after 12 months*

The initiation of olanzapine depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.

| | | | |
|---|---|---|---|
| PALIPERIDONE – **Restricted** see terms on the next page | | | |
| ⬇ Inj 25 mg syringe | 194.25 | 1 | Invega Sustenna |
| ⬇ Inj 50 mg syringe | 271.95 | 1 | Invega Sustenna |
| ⬇ Inj 75 mg syringe | 357.42 | 1 | Invega Sustenna |
| ⬇ Inj 100 mg syringe | 435.12 | 1 | Invega Sustenna |
| ⬇ Inj 150 mg syringe | 435.12 | 1 | Invega Sustenna |

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

➥**Restricted**

**Initiation**

*Re-assessment required after 12 months*

Either:

1 The patient has had an initial Special Authority approval for risperidone depot injection or olanzapine depot injection; or

2 All of the following:

2.1 The patient has schizophrenia or other psychotic disorder; and

2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and

2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

**Continuation**

*Re-assessment required after 12 months*

The initiation of paliperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.

PIPOTHIAZINE PALMITATE – **Restricted:** For continuation only

➡ Inj 50 mg per ml, 1 ml ampoule

➡ Inj 50 mg per ml, 2 ml ampoule

RISPERIDONE – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 25 mg vial | 135.98 | 1 | Risperdal Consta |
| ⬇ | Inj 37.5 mg vial | 178.71 | 1 | Risperdal Consta |
| ⬇ | Inj 50 mg vial | 217.56 | 1 | Risperdal Consta |

➥**Restricted**

**Initiation**

*Re-assessment required after 12 months*

Either:

1 The patient has had an initial Special Authority approval for paliperidone depot injection or olanzapine depot injection; or

2 All of the following:

2.1 The patient has schizophrenia or other psychotic disorder; and

2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and

2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

**Continuation**

*Re-assessment required after 12 months*

The initiation of risperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.

ZUCLOPENTHIXOL DECANOATE

| | | | |
|---|---|---|---|
| Inj 200 mg per ml, 1 ml ampoule | 19.80 | 5 | Clopixol |
| Inj 500 mg per ml, 1 ml ampoule | | | *e.g. Clopixol Conc* |

## 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 | 7.53 | 100 | Paxam |
| Tab 2 mg | 14.37 | 100 | Paxam |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| DIAZEPAM | | | |
| Tab 2 mg | 11.44 | 500 | Arrow-Diazepam |
| Tab 5 mg | 13.71 | 500 | Arrow-Diazepam |
| LORAZEPAM | | | |
| Tab 1 mg – **1% DV Jun-15 to 2018** | 10.79 | 250 | **Ativan** |
| Tab 2.5 mg – **1% DV Jun-15 to 2018** | 13.88 | 100 | **Ativan** |
| OXAZEPAM | | | |
| Tab 10 mg – **1% DV Dec-14 to 2017** | 6.17 | 100 | **Ox-Pam** |
| Tab 15 mg – **1% DV Dec-14 to 2017** | 8.53 | 100 | **Ox-Pam** |

## Multiple Sclerosis Treatments

DIMETHYL FUMARATE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Cap 120 mg | 520.00 | 14 | Tecfidera |
| ⬇ Cap 240 mg | 2,000.00 | 56 | Tecfidera |

➥**Restricted**

**Initiation**

Only for use in patients with approval by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (set out in Section B of the Pharmaceutical Schedule).

FINGOLIMOD – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Cap 0.5 mg | 2,650.00 | 28 | Gilenya |

➥**Restricted**

**Initiation**

Only for use in patients with approval by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (set out in Section B of the Pharmaceutical Schedule).

NATALIZUMAB – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 20 mg per ml, 15 ml vial | 1,750.00 | 1 | Tysabri |

➥**Restricted**

**Initiation**

Only for use in patients with approval by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (set out in Section B of the Pharmaceutical Schedule).

TERIFLUNOMIDE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 14 mg | 1,582.62 | 28 | Aubagio |

➥**Restricted**

**Initiation**

Only for use in patients with approval by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (set out in Section B of the Pharmaceutical Schedule).

## Other Multiple Sclerosis Treatments

➦**Restricted**

**Initiation**

Only for use in patients with approval by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (set out in Section B of the Pharmaceutical Schedule).

GLATIRAMER ACETATE – **Restricted** see terms above

| | | | |
|---|---|---|---|
| ⬆ Inj 20 mg per ml, 1 ml syringe | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| INTERFERON BETA-1-ALPHA – **Restricted** see terms on the preceding page | | | |
| ⬆ Inj 6 million iu in 0.5 ml pen injector | 1,170.00 | 4 | Avonex Pen |
| ⬆ Inj 6 million iu in 0.5 ml syringe | 1,170.00 | 4 | Avonex |
| ⬆ Inj 6 million iu vial | 1,170.00 | 4 | Avonex |
| INTERFERON BETA-1-BETA – **Restricted** see terms on the preceding page | | | |
| ⬆ Inj 8 million iu per ml, 1 ml vial | | | |

## Sedatives and Hypnotics

CHLORAL HYDRATE

Oral liq 100 mg per ml

Oral liq 200 mg per ml

LORMETAZEPAM – **Restricted:** For continuation only

➡ Tab 1 mg

MELATONIN – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab modified-release 2 mg | | | *e.g. Circadin* |
| ⬇ Tab 1 mg | | | |
| ⬇ Tab 2 mg | | | |
| ⬇ Tab 3 mg | | | |
| ⬇ Cap 2 mg | | | |
| ⬇ Cap 3 mg | | | |

➥**Restricted**

**Initiation**

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 | 10.75 | 10 | Hypnovel |
| | 10.00 | | Pfizer |
| Inj 5 mg per ml, 3 ml ampoule | 11.90 | 5 | Hypnovel |
| | | | Pfizer |
| NITRAZEPAM | | | |
| Tab 5 mg – **1% DV Dec-14 to 2017** | 5.22 | 100 | **Nitrados** |
| PHENOBARBITONE | | | |
| Inj 200 mg per ml, 1 ml ampoule | | | |
| TEMAZEPAM | | | |
| Tab 10 mg – **1% DV Sep-14 to 2017** | 1.27 | 25 | **Normison** |
| TRIAZOLAM – **Restricted:** For continuation only | | | |
| ➡ Tab 125 mcg | | | |
| ➡ Tab 250 mcg | | | |
| ZOPICLONE | | | |
| Tab 7.5 mg – **1% DV Dec-15 to 2018** | 0.98 | 30 | **Zopiclone Actavis** |
| | 8.99 | 500 | **Zopiclone Actavis** |

## Stimulants / ADHD Treatments

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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**
**Initiation**
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; or
3.4 Treatment with a subsidised formulation of a stimulant is considered inappropriate because the patient has a history of psychoses or has a first-degree relative with schizophrenia; 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

DEXAMFETAMINE SULFATE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 5 mg – **1% DV Dec-15 to 2018** | 17.00 | 100 | **PSM** |

➥**Restricted**
**Initiation — ADHD**
Paediatrician or psychiatrist
Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria.
**Initiation — Narcolepsy**
Neurologist or respiratory specialist
*Re-assessment required after 24 months*
Patient suffers from narcolepsy.
**Continuation — Narcolepsy**
Neurologist or respiratory specialist
*Re-assessment required after 24 months*
The treatment remains appropriate and the patient is benefiting from treatment.

| | 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 | 50.00 | 100 | Ritalin SR |
| | 10.95 | 30 | Rubifen SR |
| ⬇ Cap modified-release 10 mg | 15.60 | 30 | Ritalin LA |
| ⬇ Cap modified-release 20 mg | 20.40 | 30 | Ritalin LA |
| ⬇ Cap modified-release 30 mg | 25.52 | 30 | Ritalin LA |
| ⬇ Cap modified-release 40 mg | 30.60 | 30 | Ritalin LA |

➥**Restricted**
**Initiation — 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.
**Initiation — Narcolepsy (immediate-release and sustained-release formulations)**
Neurologist or respiratory specialist
*Re-assessment required after 24 months*
Patient suffers from narcolepsy.
**Continuation — Narcolepsy (immediate-release and sustained-release formulations)**
Neurologist or respiratory specialist
*Re-assessment required after 24 months*
The treatment remains appropriate and the patient is benefiting from treatment.
**Initiation — 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**
**Initiation — Narcolepsy**
Neurologist or respiratory specialist
*Re-assessment required after 24 months*
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

continued. . .

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

continued...

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.

**Continuation — Narcolepsy**

Neurologist or respiratory specialist

*Re-assessment required after 24 months*

The treatment remains appropriate and the patient is benefiting from treatment.

## Treatments for Dementia

DONEPEZIL HYDROCHLORIDE

| | | | |
|---|---|---|---|
| Tab 5 mg – **1% DV Feb-15 to 2017** | 5.48 | 90 | **Donepezil-Rex** |
| Tab 10 mg – **1% DV Feb-15 to 2017** | 10.51 | 90 | **Donepezil-Rex** |

RIVASTIGMINE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Patch 4.6 mg per 24 hour | 90.00 | 30 | Exelon |
| ⬇ Patch 9.5 mg per 24 hour | 90.00 | 30 | Exelon |

➥**Restricted**

**Initiation**

*Re-assessment required after 6 months*

Both:
1 The patient has been diagnosed with dementia; and
2 The patient has experienced intolerable nausea and/or vomiting from donepezil tablets.

**Continuation**

*Re-assessment required after 12 months*

Both:
1 The treatment remains appropriate; and
2 The patient has demonstrated a significant and sustained benefit from treatment.

## 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**

**Initiation — 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.

**Initiation — 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** |

DISULFIRAM

| | | | |
|---|---|---|---|
| Tab 200 mg | 24.30 | 100 | Antabuse |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| NALTREXONE HYDROCHLORIDE – **Restricted** see terms below | | | |
| ⬇ Tab 50 mg – **1% DV Sep-13 to 2016** | 76.00 | 30 | **Naltraccord** |

➥**Restricted**
**Initiation — 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.

**Initiation — Constipation**
For the treatment of opioid-induced constipation.

| | | | |
|---|---|---|---|
| NICOTINE – **Some items restricted** see terms below | | | |
| Patch 7 mg per 24 hours – **1% DV Apr-14 to 2017** | 10.57 | 28 | **Habitrol** |
| Patch 14 mg per 24 hours – **1% DV Apr-14 to 2017** | 11.31 | 28 | **Habitrol** |
| Patch 21 mg per 24 hours – **1% DV Apr-14 to 2017** | 11.95 | 28 | **Habitrol** |
| ⬇ Oral spray 1 mg per dose | | | *e.g. Nicorette QuickMist Mouth Spray* |
| Lozenge 1 mg – **1% DV Apr-14 to 2017** | 12.91 | 216 | **Habitrol** |
| Lozenge 2 mg – **1% DV Apr-14 to 2017** | 14.14 | 216 | **Habitrol** |
| ⬇ Soln for inhalation 15 mg cartridge | | | *e.g. Nicorette Inhalator* |
| Gum 2 mg – **1% DV Apr-14 to 2017** | 22.26 | 384 | **Habitrol (Classic)**<br>**Habitrol (Fruit)**<br>**Habitrol (Mint)** |
| Gum 4 mg – **1% DV Apr-14 to 2017** | 25.67 | 384 | **Habitrol (Classic)**<br>**Habitrol (Fruit)**<br>**Habitrol (Mint)** |

➥**Restricted**
**Initiation**
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**
**Initiation**
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

continued. . .

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

continued...

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 12 weeks' 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 | 89.25 | 100 | Myleran |
| Inj 6 mg per ml, 10 ml ampoule | | | |
| CARMUSTINE | | | |
| Inj 100 mg vial – **1% DV Sep-15 to 2018** | 532.00 | 1 | **BiCNU** |
| CHLORAMBUCIL | | | |
| Tab 2 mg | | | |
| CYCLOPHOSPHAMIDE | | | |
| Tab 50 mg | 79.00 | 50 | Endoxan |
| | 158.00 | 100 | Procytox |
| Inj 1 g vial – **1% DV Oct-15 to 2018** | 35.03 | 1 | **Endoxan** |
| Inj 2 g vial – **1% DV Oct-15 to 2018** | 70.06 | 1 | **Endoxan** |
| IFOSFAMIDE | | | |
| Inj 1 g vial | 96.00 | 1 | Holoxan |
| Inj 2 g vial | 180.00 | 1 | Holoxan |
| LOMUSTINE | | | |
| Cap 10 mg | 132.59 | 20 | Ceenu |
| Cap 40 mg | 399.15 | 20 | Ceenu |
| MELPHALAN | | | |
| Tab 2 mg | | | |
| Inj 50 mg vial | | | |
| THIOTEPA | | | |
| Inj 15 mg vial | | | |
| Inj 100 mg vial | | | |
| **Anthracyclines and Other Cytotoxic Antibiotics** | | | |
| BLEOMYCIN SULPHATE | | | |
| Inj 15,000 iu vial – **1% DV Oct-15 to 2018** | 150.48 | 1 | **DBL Bleomycin Sulfate** |
| DACTINOMYCIN [ACTINOMYCIN D] | | | |
| Inj 0.5 mg vial | 145.00 | 1 | Cosmegen |
| DAUNORUBICIN | | | |
| Inj 2 mg per ml, 10 ml vial – **1% DV Aug-13 to 2016** | 118.72 | 1 | **Pfizer** |
| DOXORUBICIN HYDROCHLORIDE | | | |
| Inj 2 mg per ml, 5 ml vial | | | |
| Inj 2 mg per ml, 25 ml vial – **1% DV Feb-16 to 2018** | 11.50 | 1 | **Doxorubicin Ebewe** |
| Note: DV limit applies to all 50 mg presentations of doxorubicin hydrochloride. | | | |
| Inj 50 mg vial | | | |
| Inj 2 mg per ml, 50 ml vial – **1% DV Feb-16 to 2018** | 23.00 | 1 | **Doxorubicin Ebewe** |
| Inj 2 mg per ml, 100 ml vial – **1% DV Feb-16 to 2018** | 46.00 | 1 | **Doxorubicin Ebewe** |

| | 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 Nov-15 to 2018** | 30.00 | 1 | **Epirubicin Ebewe** |
| Inj 2 mg per ml, 50 ml vial – **1% DV Nov-15 to 2018** | 32.50 | 1 | **Epirubicin Ebewe** |
| Inj 2 mg per ml, 100 ml vial – **1% DV Nov-15 to 2018** | 65.00 | 1 | **Epirubicin Ebewe** |
| IDARUBICIN HYDROCHLORIDE | | | |
| Inj 5 mg vial – **1% DV Nov-15 to 2018** | 125.00 | 1 | **Zavedos** |
| Inj 10 mg vial – **1% DV Nov-15 to 2018** | 250.00 | 1 | **Zavedos** |
| MITOMYCIN C | | | |
| Inj 5 mg vial – **1% DV Oct-13 to 2016** | 79.75 | 1 | **Arrow** |
| MITOZANTRONE | | | |
| Inj 2 mg per ml, 10 ml vial – **1% DV Sep-15 to 2018** | 97.50 | 1 | **Mitozantrone Ebewe** |

## Antimetabolites

AZACITIDINE – **Restricted** see terms below

⬇ Inj 100 mg vial — 605.00 — 1 — Vidaza

➥**Restricted**

**Initiation**

Haematologist

*Re-assessment required after 12 months*

All of the following:

1 Any of the following:
   - 1.1 The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or
   - 1.2 The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or
   - 1.3 The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and
2 The patient has performance status (WHO/ECOG) grade 0-2; and
3 The patient does not have secondary myelodysplastic syndrome resulting from chemical injury or prior treatment with chemotherapy and/or radiation for other diseases; and
4 The patient has an estimated life expectancy of at least 3 months.

**Continuation**

Haematologist

*Re-assessment required after 12 months*

Both:

1 No evidence of disease progression, and; and
2 The treatment remains appropriate and patient is benefitting from treatment.

| | | | |
|---|---|---|---|
| CAPECITABINE | | | |
| Tab 150 mg – **1% DV Sep-14 to 2016** | 30.00 | 60 | **Capecitabine Winthrop** |
| Tab 500 mg – **1% DV Sep-14 to 2016** | 120.00 | 120 | **Capecitabine Winthrop** |
| 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** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| FLUDARABINE PHOSPHATE | | | |
| Tab 10 mg – **1% DV Sep-15 to 2018** | 412.00 | 20 | **Fludara Oral** |
| Inj 50 mg vial | 525.00 | 5 | Fludarabine Ebewe |
| FLUOROURACIL | | | |
| Inj 50 mg per ml, 20 ml vial – **1% DV Oct-15 to 2018** | 10.00 | 1 | **Fluorouracil Ebewe** |
| Inj 50 mg per ml, 50 ml vial – **1% DV Oct-15 to 2018** | 17.00 | 1 | **Fluorouracil Ebewe** |
| Inj 50 mg per ml, 100 ml vial – **1% DV Oct-15 to 2018** | 30.00 | 1 | **Fluorouracil Ebewe** |
| GEMCITABINE | | | |
| Inj 10 mg per ml, 20 ml vial – **1% DV Oct-14 to 2017** | 8.36 | 1 | **Gemcitabine Ebewe** |
| Inj 10 mg per ml, 100 ml vial – **1% DV Oct-14 to 2017** | 15.89 | 1 | **Gemcitabine Ebewe** |
| MERCAPTOPURINE | | | |
| Tab 50 mg – **1% DV Oct-13 to 2016** | 49.41 | 25 | **Puri-nethol** |
| METHOTREXATE | | | |
| Tab 2.5 mg – **1% DV Sep-15 to 2018** | 3.18 | 30 | **Trexate** |
| Tab 10 mg – **1% DV Sep-15 to 2018** | 21.00 | 50 | **Trexate** |
| 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 | 25.00 | 1 | Methotrexate Ebewe |
| Inj 100 mg per ml, 50 ml vial – **1% DV Oct-14 to 2017** | 99.99 | 1 | **Methotrexate Ebewe** |
| THIOGUANINE | | | |
| Tab 40 mg | | | |

## Other Cytotoxic Agents

| | | | |
|---|---|---|---|
| AMSACRINE | | | |
| Inj 50 mg per ml, 1.5 ml ampoule | | | |
| Inj 75 mg | | | |
| 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 on the next page | | | |
| ⬇ Inj 1 mg vial | 540.70 | 1 | Velcade |
| ⬇ Inj 3.5 mg vial | 1,892.50 | 1 | Velcade |

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

➥**Restricted**

**Initiation — treatment naive multiple myeloma/amyloidosis**

*Limited to 15 months* treatment

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.

**Initiation — relapsed/refractory multiple myeloma/amyloidosis**

*Re-assessment required after 8 months*

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.

**Continuation — relapsed/refractory multiple myeloma/amyloidosis**

*Re-assessment required after 8 months*

Both:

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

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

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

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

| | | | |
|---|---|---|---|
| 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 – **1% DV Apr-16 to 2018** | 25.00 | 1 | Hospira |
| | 7.90 | | **Rex Medical** |
| *(Hospira Inj 20 mg per ml, 5 ml vial to be delisted 1 April 2016)* | | | |
| ETOPOSIDE (AS PHOSPHATE) | | | |
| Inj 100 mg vial | 40.00 | 1 | Etopophos |
| HYDROXYUREA | | | |
| Cap 500 mg | 31.76 | 100 | Hydrea |
| IRINOTECAN HYDROCHLORIDE | | | |
| Inj 20 mg per ml, 2 ml vial – **1% DV Sep-15 to 2018** | 11.50 | 1 | **Irinotecan Actavis 40** |
| Inj 20 mg per ml, 5 ml vial – **1% DV Sep-15 to 2018** | 17.80 | 1 | **Irinotecan Actavis 100** |
| LENALIDOMIDE – **Restricted** see terms on the next page | | | |
| ⬇ Cap 10 mg | 6,207.00 | 21 | Revlimid |
| ⬇ Cap 25 mg | 7,627.00 | 21 | Revlimid |

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

➥**Restricted**
**Initiation**
Haematologist
*Re-assessment required after 6 months*
All of the following:
1 Patient has relapsed or refractory multiple myeloma with progressive disease; and
2 Either:
2.1 Lenalidomide to be used as third line* treatment for multiple myeloma; or
2.2 Both:
2.2.1 Lenalidomide to be used as second line treatment for multiple myeloma; and
2.2.2 The patient has experienced severe (grade ≥ 3), dose limiting, peripheral neuropathy with either bortezomib or thalidomide that precludes further treatment with either of these treatments; and
3 Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.
**Continuation**
Haematologist
*Re-assessment required after 6 months*
Both:
1 No evidence of disease progression; and
2 The treatment remains appropriate and patient is benefitting from treatment.
Note: Indication marked with * is an Unapproved Indication (refer to Interpretations and Definitions). A line of treatment is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Prescriptions must be written by a registered prescriber in the lenalidomide risk management programme operated by the supplier.

PEGASPARGASE – **Restricted** see terms below
⬇ Inj 750 iu per ml, 5 ml vial ..... 3,005.00 1 Oncaspar
➥**Restricted**
**Initiation — Newly diagnosed ALL**
*Limited to 12 months* treatment
All of the following:
1 The patient has newly diagnosed acute lymphoblastic leukaemia; and
2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
3 Treatment is with curative intent.
**Initiation — Relapsed ALL**
*Limited to 12 months* treatment
All of the following:
1 The patient has relapsed acute lymphoblastic leukaemia; and
2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
3 Treatment is with curative intent.

PENTOSTATIN [DEOXYCOFORMYCIN]
Inj 10 mg vial

PROCARBAZINE HYDROCHLORIDE
Cap 50 mg ..... 498.00 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**

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

➥**Restricted**

**Initiation**

All of the following:

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

Note: Indication marked with a * is an Unapproved Indication. Temozolomide is not funded for the treatment of relapsed glioblastoma multiforme. Reapplications will not be approved. 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 | 378.00 | 28 | Thalomid |
| ⬇ | Cap 100 mg | 756.00 | 28 | Thalomid |

➥**Restricted**

**Initiation**

*Re-assessment required after 12 months*

Any of the following:

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 | 479.50 | 100 | Vesanoid |

## Platinum Compounds

CARBOPLATIN

| | | | |
|---|---|---|---|
| Inj 10 mg per ml, 5 ml vial – **1% DV Sep-15 to 2018** | 15.07 | 1 | **DBL Carboplatin** |
| Inj 10 mg per ml, 15 ml vial – **1% DV Sep-15 to 2018** | 14.05 | 1 | **DBL Carboplatin** |
| Inj 10 mg per ml, 45 ml vial – **1% DV Sep-15 to 2018** | 32.59 | 1 | **DBL Carboplatin** |

CISPLATIN

| | | | |
|---|---|---|---|
| Inj 1 mg per ml, 50 ml vial – **1% DV Nov-15 to 2018** | 12.29 | 1 | **DBL Cisplatin** |
| Inj 1 mg per ml, 100 ml vial – **1% DV Nov-15 to 2018** | 22.46 | 1 | **DBL Cisplatin** |

OXALIPLATIN

| | | | |
|---|---|---|---|
| Inj 5 mg per ml, 10 ml vial – **1% DV Mar-16 to 2018** | 13.32 | 1 | **Oxaliccord** |
| Inj 5 mg per ml, 20 ml vial – **1% DV Mar-16 to 2018** | 16.00 | 1 | **Oxaliccord** |

## Protein-Tyrosine Kinase Inhibitors

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

| | | | | |
|---|---|---|---|---|
| ⬇ | 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 |

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

➥**Restricted**

**Initiation**

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

ERLOTINIB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 100 mg – **1% DV Jun-15 to 2018** | 1,000.00 | 30 | **Tarceva** |
| ⬇ | Tab 150 mg – **1% DV Jun-15 to 2018** | 1,500.00 | 30 | **Tarceva** |

➥**Restricted**

**Initiation**

*Re-assessment required after 4 months*

All of the following:

1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and
3 Any of the following:
  3.1 Patient is treatment naive; or
  3.2 Both:
    3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and
    3.2.2 Patient has not received prior treatment with gefitinib; or
  3.3 Both:
    3.3.1 The patient has discontinued getitinib within 12 weeks of starting treatment due to intolerance; and
    3.3.2 The cancer did not progress while on gefitinib; and
4 Erlotinib is to be given for a maximum of 3 months.

**Continuation**

*Re-assessment required after 6 months*

Both:

1 Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed; and
2 Erlotinib is to be given for a maximum of 3 months.

GEFITINIB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 250 mg | 1,700.00 | 30 | Iressa |

➥**Restricted**

**Initiation**

*Re-assessment required after 4 months*

All of the following:

1 Patient has locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
2 Either:
  2.1 Patient is treatment naive; or
  2.2 Both:
    2.2.1 The patient has discontinued erlotinib within 12 weeks of starting treatment due to intolerance; and
    2.2.2 The cancer did not progress whilst on erlotinib; and
3 There is documentation confirming that disease expresses activating mutations of EGFR tyrosine kinase; and
4 Gefitinib is to be given for a maximum of 3 months.

**Continuation**

*Re-assessment required after 6 months*

Both:

1 Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed; and
2 Gefitinib is to be given for a maximum of 3 months.

IMATINIB MESILATE

Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 100 mg | 2,400.00 | 60 | Glivec |

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

➥**Restricted**

**Initiation**

*Re-assessment required after 12 months*

Both:

1 Patient has diagnosis (confirmed by an oncologist) of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST); and
2 Maximum dose of 400 mg/day.

**Continuation**

*Re-assessment required after 12 months*

Adequate clinical response to treatment with imatinib (prescriber determined).

Note: The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule.

| | | | |
|---|---|---|---|
| Cap 100 mg – **1% DV Jul-14 to 2017** | 298.90 | 60 | **Imatinib-AFT** |
| Cap 400 mg | 597.80 | 30 | Imatinib-AFT |

Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule

LAPATINIB – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 250 mg | 1,899.00 | 70 | Tykerb |

➥**Restricted**

**Initiation**

*Re-assessment required after 12 months*

Either:

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

**Continuation**

*Re-assessment required after 12 months*

All of the following:

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.

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

| | | | |
|---|---|---|---|
| ⬇ Cap 150 mg | 4,680.00 | 120 | Tasigna |
| ⬇ Cap 200 mg | 6,532.00 | 120 | Tasigna |

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

➥**Restricted**

**Initiation**

Haematologist

*Re-assessment required after 6 months*

All of the following:

1 Patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis, accelerated phase, or in chronic phase; and
2 Either:
  2.1 Patient has documented CML treatment failure* with imatinib; or
  2.2 Patient has experienced treatment limiting toxicity with imatinib precluding further treatment with imatinib; and
3 Maximum nilotinib dose of 800 mg/day; and
4 Subsidised for use as monotherapy only.

Note: *treatment failure as defined by Leukaemia Net Guidelines.

**Continuation**

Haematologist

*Re-assessment required after 6 months*

All of the following:

1 Lack of treatment failure while on nilotinib as defined by Leukaemia Net Guidelines; and
2 Nilotinib treatment remains appropriate and the patient is benefiting from treatment; and
3 Maximum nilotinib dose of 800 mg/day; and
4 Subsidised for use as monotherapy only.

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 All of the following:
  5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; and
  5.2 Haemoglobin level < lower limit of normal; and
  5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); and
  5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; and
  5.5 Karnofsky performance score of $\leq$ 70; and
  5.6 $\geq$ 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.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| SUNITINIB – **Restricted** see terms below | | | |
| ⬇ Cap 12.5 mg | 2,315.38 | 28 | Sutent |
| ⬇ Cap 25 mg | 4,630.77 | 28 | Sutent |
| ⬇ Cap 50 mg | 9,261.54 | 28 | Sutent |

**➥Restricted**

**Initiation — RCC**

*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 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 All of the following:
  5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; and
  5.2 Haemoglobin level < lower limit of normal; and
  5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); and
  5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; and
  5.5 Karnofsky performance score of $\leq$ 70; and
  5.6 $\geq$ 2 sites of organ metastasis; and
6 Sunitinib to be used for a maximum of 2 cycles.

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.

**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

continued...

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

continued...

1.2 The patient has had a partial response (a decrease in size of ≥ 10% or decrease in tumour density in Hounsfield Units (HU) of ≥ 15% on CT and no new lesions and no obvious progression of non-measurable disease); or

1.3 The patient has stable disease (does not meet criteria the two above) and does not have progressive disease and no symptomatic deterioration attributed to tumour progression; and

2 The treatment remains appropriate and the patient is benefiting from treatment.

Note: 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 Dec-14 to 2017** | 13.70 | 1 | **DBL Docetaxel** |
| Inj 10 mg per ml, 8 ml vial – **1% DV Dec-14 to 2017** | 29.99 | 1 | **DBL Docetaxel** |
| PACLITAXEL | | | |
| Inj 6 mg per ml, 5 ml vial – **1% DV Sep-14 to 2017** | 45.00 | 5 | **Paclitaxel Ebewe** |
| Inj 6 mg per ml, 16.7 ml vial – **1% DV Sep-14 to 2017** | 19.02 | 1 | **Paclitaxel Ebewe** |
| Inj 6 mg per ml, 25 ml vial – **1% DV Sep-14 to 2017** | 26.69 | 1 | **Paclitaxel Ebewe** |
| Inj 6 mg per ml, 50 ml vial – **1% DV Sep-14 to 2017** | 36.53 | 1 | **Paclitaxel Ebewe** |
| Inj 6 mg per ml, 100 ml vial – **1% DV Sep-14 to 2017** | 73.06 | 1 | **Paclitaxel Ebewe** |

## Treatment of Cytotoxic-Induced Side Effects

| | | | |
|---|---|---|---|
| CALCIUM FOLINATE | | | |
| Tab 15 mg | 104.26 | 10 | DBL Leucovorin Calcium |
| Inj 3 mg per ml, 1 ml ampoule | | | |
| Inj 10 mg per ml, 5 ml ampoule – **1% DV Oct-14 to 2017** | 18.25 | 5 | **Calcium Folinate Ebewe** |
| Inj 10 mg per ml, 10 ml vial – **1% DV Oct-14 to 2017** | 7.33 | 1 | **Calcium Folinate Ebewe** |
| Inj 10 mg per ml, 30 ml vial – **1% DV Oct-14 to 2017** | 22.51 | 1 | **Calcium Folinate Ebewe** |
| Inj 10 mg per ml, 100 ml vial – **1% DV Oct-14 to 2017** | 67.51 | 1 | **Calcium Folinate 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 | 186.46 | 5 | Hospira |
| 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-15 to 2018** | 8.00 | 1 | **Navelbine** |
| Inj 10 mg per ml, 5 ml vial – **1% DV Sep-15 to 2018** | 40.00 | 1 | **Navelbine** |

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

## Endocrine Therapy

ABIRATERONE ACETATE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 250 mg | 4,276.19 | 120 | Zytiga |

➥**Restricted**

**Initiation**

Medical oncologist, radiation oncologist or urologist

*Re-assessment required after 5 months*

All of the following:

1 Patient has prostate cancer; and
2 Patient has metastases; and
3 Patient's disease is castration resistant; and
4 Either:
  4.1 All of the following:
    4.1.1 Patient is symptomatic; and
    4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and
    4.1.3 Patient has ECOG performance score of 0-1; and
    4.1.4 Patient has not had prior treatment with taxane chemotherapy; or
  4.2 All of the following:
    4.2.1 Patient.s disease has progressed following prior chemotherapy containing a taxane; and
    4.2.2 Patient has ECOG performance score of 0-2; and
    4.2.3 Patient has not had prior treatment with abiraterone.

**Continuation**

Medical oncologist, radiation oncologist or urologist

*Re-assessment required after 5 months*

All of the following:

1 Significant decrease in serum PSA from baseline; and
2 No evidence of clinical disease progression; and
3 No initiation of taxane chemotherapy with abiraterone; and
4 The treatment remains appropriate and the patient is benefiting from treatment.

BICALUTAMIDE

| | | | |
|---|---|---|---|
| Tab 50 mg – **1% DV Sep-14 to 2017** | 4.90 | 28 | **Bicalaccord** |

FLUTAMIDE

| | | | |
|---|---|---|---|
| Tab 250 mg | 55.00 | 100 | Flutamin |

MEGESTROL ACETATE

| | | | |
|---|---|---|---|
| Tab 160 mg – **1% DV Oct-15 to 2018** | 54.30 | 30 | **Apo-Megestrol** |

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

| | | | |
|---|---|---|---|
| Inj 50 mcg per ml, 1 ml ampoule – **1% DV Sep-14 to 2017** | 13.50 | 5 | **DBL** |
| Inj 100 mcg per ml, 1 ml ampoule – **1% DV Sep-14 to 2017** | 22.40 | 5 | **DBL** |
| Inj 500 mcg per ml, 1 ml ampoule – **1% DV Sep-14 to 2017** | 89.40 | 5 | **DBL** |
| ⬇ 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 |

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

➥**Restricted**

**Initiation — Malignant bowel obstruction**

All of the following:

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

Note: Indications marked with * are Unapproved Indications

**Initiation — acromegaly**

*Re-assessment required after 3 months*

Both:

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

**Continuation — acromegaly**

Both:

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

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

**Initiation — 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.

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

TAMOXIFEN CITRATE

| | | | |
|---|---|---|---|
| Tab 10 mg | 17.50 | 100 | Genox |
| Tab 20 mg | 2.63 | 30 | Genox |
| | 8.75 | 100 | Genox |

## Aromatase Inhibitors

ANASTROZOLE

| | | | |
|---|---|---|---|
| Tab 1 mg | 26.55 | 30 | Aremed<br>DP-Anastrozole |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| EXEMESTANE | | | |
| Tab 25 mg – **1% DV Sep-14 to 2017** | 14.50 | 30 | **Aromasin** |
| LETROZOLE | | | |
| Tab 2.5 mg – **1% DV Jan-16 to 2018** | 2.95 | 30 | **Letrole** |

## 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 | 198.13 | 50 ml | Neoral |
| Inj 50 mg per ml, 5 ml ampoule – **1% DV Sep-15 to 2018** | 276.30 | 10 | **Sandimmun** |
| TACROLIMUS – **Restricted** see terms below | | | |
| ⬇ Cap 0.5 mg – **1% DV Nov-14 to 31 Oct 2018** | 85.60 | 100 | **Tacrolimus Sandoz** |
| ⬇ Cap 1 mg – **1% DV Nov-14 to 31 Oct 2018** | 171.20 | 100 | **Tacrolimus Sandoz** |
| ⬇ Cap 5 mg – **1% DV Nov-14 to 31 Oct 2018** | 428.00 | 50 | **Tacrolimus Sandoz** |
| ⬇ Inj 5 mg per ml, 1 ml ampoule | | | |

➥**Restricted**

**Initiation — organ transplant recipients**

Any specialist

For use in organ transplant recipients.

**Initiation — Steroid-resistant nephrotic syndrome***

Any specialist

Either:

1 The patient is a child with steroid-resistant nephrotic syndrome* (SRNS) where ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; or

2 All of the following:

2.1 The patient is an adult with SRNS; and

2.2 Ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; and

2.3 Cyclophosphamide or mycophenolate have been trialled and discontinued because of unacceptable side effects or inadequate clinical response, or these treatments are contraindicated.

Note: Indications marked with * are Unapproved Indications

### Fusion Proteins

| | | | |
|---|---|---|---|
| ETANERCEPT – **Restricted** see terms below | | | |
| ⬇ Inj 25 mg vial | 799.96 | 4 | Enbrel |
| ⬇ Inj 50 mg autoinjector | 1,599.96 | 4 | Enbrel |
| ⬇ Inj 50 mg syringe | 1,599.96 | 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

continued. . .

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

continued...

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

**Initiation — rheumatoid arthritis**
Rheumatologist
*Re-assessment required after 6 months*
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab; or
1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for rheumatoid arthritis; or

2 All of the following:
2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and
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:

continued...

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

continued...

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 ciclosporin; or
2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
2.6 Either:
2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
2.7 Either:
2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

**Continuation — rheumatoid arthritis**
Rheumatologist
*Re-assessment required after 6 months*
All of the following:
1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2 Either:
2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

**Initiation — ankylosing spondylitis**
Rheumatologist
*Re-assessment required after 6 months*
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab; or
1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for ankylosing spondylitis; or
2 All of the following:
2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
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:

continued...

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

continued...

2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or

2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender (see Notes); and

2.6 Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

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

Average normal chest expansion corrected for age and gender:

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

**Continuation — ankylosing spondylitis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

1 Following 12 weeks of etanercept treatment, BASDAI has improved by 4 or more points from pre-treatment baseline on a 10 point scale, or by 50%, whichever is less; and

2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and

3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

**Initiation — psoriatic arthritis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for psoriatic arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for psoriatic arthritis; or

2 All of the following:

2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and

2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and

2.4 Either:

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:

continued...

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

continued...

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 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
*Limited to 4 months* treatment
All of the following:
1 The patient has had an initial Special Authority approval for adalimumab for severe chronic plaque psoriasis; and
2 Either:
2.1 The patient has experienced intolerable side effects from adalimumab; or
2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe chronic plaque psoriasis; and
3 Patient must be reassessed for continuation after 3 doses.

**Initiation — plaque psoriasis, treatment-naive**
Dermatologist
*Limited to 4 months* treatment
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, ciclosporin, or acitretin; and
3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

continued...

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

continued...

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 15, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

**Continuation — plaque psoriasis**

Dermatologist

*Re-assessment required after 6 months*

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.

**Initiation — pyoderma gangrenosum**

Dermatologist

All of the following:

1 Patient has pyoderma gangrenosum*; and
2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and
3 A maximum of 4 doses.

Note: Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part V (Miscellaneous Provisions) rule 5.5).

**Continuation — pyoderma gangrenosum**

Dermatologist

All of the following:

1 Patient has shown clinical improvement; and
2 Patient continues to require treatment; and
3 A maximum of 4 doses.

**Initiation — adult-onset Still's disease**

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 Both:
  - 1.1 Either:
    - 1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still's disease (AOSD); or

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the Section H rules; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or

1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or

2 All of the following:

2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and

2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and

2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

**Continuation — adult-onset Still's disease**

Rheumatologist

*Re-assessment required after 6 months*

The patient has a sustained improvement in inflammatory markers and functional status.

## Monoclonal Antibodies

ABCIXIMAB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 2 mg per ml, 5 ml vial | 579.53 | 1 | ReoPro |

➥**Restricted**

**Initiation**

Either:

1 For use in patients with acute coronary syndromes undergoing percutaneous coronary intervention; or

2 For use in patients undergoing intra-cranial intervention.

ADALIMUMAB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 10 mg per 0.2 ml prefilled syringe | 1,599.96 | 2 | Humira |
| ⬇ | Inj 20 mg per 0.4 ml syringe | 1,599.96 | 2 | Humira |
| ⬇ | Inj 40 mg per 0.8 ml pen | 1,599.96 | 2 | HumiraPen |
| ⬇ | Inj 40 mg per 0.8 ml syringe | 1,599.96 | 2 | Humira |

➥**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

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2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m$^2$ 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*
Both:
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.

**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

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2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and

3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and

4 Surgery (or further surgery) is considered to be clinically inappropriate.

**Continuation — Crohn's disease**

Gastroenterologist

*Re-assessment required after 3 months*

Both:

1 Either:

1.1 Either:

1.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or

1.1.2 CDAI score is 150 or less; or

1.2 Both:

1.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and

1.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and

2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Initiation — rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or

2 All of the following:

2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and

2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and

2.5 Any of the following:

2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; 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:

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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 40 mg every 14 days.

**Initiation — ankylosing spondylitis**
Rheumatologist
*Re-assessment required after 6 months*
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for ankylosing spondylitis; or
2 All of the following:
2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of an exercise regime supervised by a physiotherapist; and
2.5 Either:
2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or
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.

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Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure must be no more than 1 month old at the time of starting treatment.
Average normal chest expansion corrected for age and gender:

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

**Continuation — ankylosing spondylitis**
Rheumatologist
*Re-assessment required after 6 months*
All of the following:
1 Following 12 weeks of adalimumab treatment, BASDAI has improved by 4 or more points from pre-treatment baseline on a 10 point scale, or by 50%, whichever is less; and
2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Initiation — psoriatic arthritis**
Rheumatologist
*Re-assessment required after 6 months*
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for psoriatic arthritis; or
2 All of the following:
2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
2.4 Either:
2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
2.5 Any of the following:
2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
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.

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**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
*Limited to 4 months* treatment
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.

**Initiation — plaque psoriasis, treatment-naive**
Dermatologist
*Limited to 4 months* treatment
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, ciclosporin, 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

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

**Initiation — pyoderma gangrenosum**

Dermatologist

All of the following:

1 Patient has pyoderma gangrenosum*; and

2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and

3 A maximum of 4 doses.

Note: Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part V (Miscellaneous Provisions) rule 5.5).

**Continuation — pyoderma gangrenosum**

Dermatologist

All of the following:

1 Patient has shown clinical improvement; and

2 Patient continues to require treatment; and

3 A maximum of 4 doses.

**Initiation — adult-onset Still's disease**

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 Both:

1.1 Either:

1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still's disease (AOSD); or

1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the Section H rules; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or

1.2.2 The patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or

2 All of the following:

2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and

2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and

2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

**Continuation — adult-onset Still's disease**

Rheumatologist

*Re-assessment required after 6 months*

The patient has a sustained improvement in inflammatory markers and functional status.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| BASILIXIMAB – **Restricted** see terms below | | | |
| ⬇ Inj 20 mg vial | 3,200.00 | 1 | Simulect |

**➥Restricted**
**Initiation**
For use in solid organ transplants.

| | | | |
|---|---|---|---|
| BEVACIZUMAB – **Restricted** see terms below | | | |
| ⬇ Inj 25 mg per ml, 4 ml vial | | | |
| ⬇ Inj 25 mg per ml, 16 ml vial | | | |

**➥Restricted**
**Initiation**
Either:
1 Ocular neovascularisation; or
2 Exudative ocular angiopathy.

| | | | |
|---|---|---|---|
| INFLIXIMAB – **Restricted** see terms below | | | |
| ⬇ Inj 100 mg – **10% DV Mar-15 to 29 Feb 2020** | 806.00 | 1 | **Remicade** |

**➥Restricted**
**Initiation — Graft vs host disease**
Patient has steroid-refractory acute graft vs. host disease of the gut.
**Initiation — rheumatoid arthritis**
Rheumatologist
*Re-assessment required after 4 months*
All of the following:
1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
2 Either:
  2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
  2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept; and
3 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance.

**Continuation — rheumatoid arthritis**
Rheumatologist
*Re-assessment required after 6 months*
All of the following:
1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2 Either:
  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

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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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 4 months*
Both:
1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for psoriatic arthritis; and
2 Either:
2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
2.2 Following 3-4 months' initial treatment with adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for psoriatic arthritis. .

**Continuation — psoriatic arthritis**
Rheumatologist
*Re-assessment required after 6 months*
Both:
1 Either:
1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior infliximab treatment in the opinion of the treating physician; and
2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

**Initiation — severe ocular inflammation**
*Therapy limited to 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**
*Therapy limited to 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.

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**Initiation — Pulmonary sarcoidosis**
Both:
1 Patient has life-threatening pulmonary sarcoidosis that is refractory to other treatments; and
2 Treatment is to be prescribed by, or has been recommended by, a physician with expertise in the treatment of pulmonary sarcoidosis.

**Initiation — Crohn's disease (adults)**
Gastroenterologist
*Re-assessment required after 3 months*
All of the following:
1 Patient has severe active Crohn's disease; and
2 Any of the following:
2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or
2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate; and
5 Patient must be reassessed for continuation after 3 months of therapy.

**Continuation — Crohn's disease (adults)**
Gastroenterologist
*Re-assessment required after 6 months*
Both:
1 Any of the following:
1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on infliximab; 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.

**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 Either:
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*
Both:
1 Any of the following:

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

**Initiation — fistulising Crohn's disease**
Gastroenterologist
*Re-assessment required after 4 months*
Both:
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).

**Continuation — fistulising Crohn's disease**
Gastroenterologist
*Re-assessment required after 6 months*
Both:
1 Either:
1.1 The number of open draining fistulae have decreased from baseline by at least 50%; or
1.2 There has been a marked reduction in drainage of all fistula(e) from baseline (in the case of adult patients, as demonstrated by a reduction in the Fistula Assessment score), together with less induration and patient reported pain; and
2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

**Initiation — acute severe fulminant ulcerative colitis**
Gastroenterologist
*Limited to 6 weeks* treatment
Both:
1 Patient has acute, severe fulminant ulcerative colitis; and
2 Treatment with intravenous or high dose oral corticosteroids has not been successful.

**Continuation — severe fulminant ulcerative colitis**
Gastroenterologist
*Re-assessment required after 6 months*
Both:
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.

**Initiation — severe ulcerative colitis**
Gastroenterologist
*Re-assessment required after 3 months*
All of the following:
1 Patient has histologically confirmed ulcerative colitis; and
2 Either:
2.1 Patient is 18 years or older and the Simple Clinical Colitis Activity Index (SCCAI) is $\geq$ 4; or

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2.2 Patient is under 18 years and the Paediatric Ulcerative Colitis Activity Index (PUCAI) score is ≥ 65; 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 for an adequate duration (unless contraindicated) and corticosteroids; and

4 Surgery (or further surgery) is considered to be clinically inappropriate.

**Continuation — severe ulcerative colitis**

Gastroenterologist

*Re-assessment required after 6 months*

All of the following:

1 Patient is continuing to maintain remission and the benefit of continuing infliximab outweighs the risks; and

2 Either:

2.1 Patient is 18 years or older and the SCCAI score has reduced by ≥ 2 points from the SCCAI score when the patient was initiated on infliximab; or

2.2 Patient is under 18 years and the PUCAI score has reduced by ≥ 30 points from the PUCAI 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**

Dermatologist

*Re-assessment required after 3 doses*

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab or etanercept for severe chronic plaque psoriasis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or

1.2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis; or

2 All of the following:

2.1 Either:

2.1.1 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

2.1.2 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

2.2 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

2.3 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

2.4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

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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 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.

OMALIZUMAB – **Restricted** see terms below

| | | | | |
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| ⬇ | Inj 150 mg vial | 500.00 | 1 | Xolair |

**➥Restricted**

**Initiation**

Respiratory specialist

*Re-assessment required after 6 months*

All of the following:

1 Patient is over the age of 6; and
2 Patient has a diagnosis of severe, life threatening asthma; and
3 Past or current evidence of atopy, documented by skin prick testing or RAST; and
4 Total serum human immunoglobulin E (IgE) between 76 IU/mL and 1300 IU/ml at baseline; and
5 Proven compliance with optimal inhaled therapy including high dose inhaled corticosteroid (budesonide 1600 micrograms per day or fluticasone propionate 1000 micrograms per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 micrograms bd or eformoterol 12 micrograms bd) for at least 12 months, unless contraindicated or not tolerated; and
6 Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; and
7 At least four admissions to hospital for a severe asthma exacerbation over the previous 24 months with at least one of those being in the previous 12 months; and
8 An Asthma Control Questionnaire (ACQ-5) score of at least 3.0 as assessed in the previous month.

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**Continuation**

Respiratory specialist

*Re-assessment required after 6 months*

All of the following:

1 Hospital admissions have been reduced as a result of treatment; and
2 A reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 1.0 from baseline; and
3 A reduction in the maintenance oral corticosteroid dose of at least 50% from baseline.

RANIBIZUMAB – **Restricted** see terms below

⬇ Inj 10 mg per ml, 0.23 ml vial
⬇ Inj 10 mg per ml, 0.3 ml vial

➥**Restricted**

**Initiation**

*Re-assessment required after 3 doses*

Both:

1 Either:
  1.1 Age-related macular degeneration; or
  1.2 Chorodial 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.

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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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
2 Both:
  2.1 The patient has indolent, low grade lymphoma requiring first-line systemic chemotherapy; and
  2.2 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.

**Initiation — 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

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

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

*Limited to 4 months* treatment

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

*Limited to 4 months* treatment

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

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

7 Either:

7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and

8 Either:

8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or

8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

9 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

**Continuation — rheumatoid arthritis - re-treatment in 'partial responders' to rituximab**

Rheumatologist

*Re-assessment required after 4 months*

All of the following:

1 Any of the following:

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 4 months*

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.

**Initiation — severe cold haemagglutinin disease (CHAD)**

Haematologist

*Re-assessment required after 4 weeks*

Both:

1 Patient has cold haemagglutinin disease*; and

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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2 Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms.

Note: Indications marked with * are Unapproved Indications.

**Continuation — severe cold haemagglutinin disease (CHAD)**

Haematologist

*Re-assessment required after 4 weeks*

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m$^2$ weekly for 4 weeks) is now planned; or

2 All of the following:

2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease*; and

2.2 An initial response lasting at least 12 months was demonstrated; and

2.3 Patient now requires repeat treatment.

Note: Indications marked with * are Unapproved Indications.

**Initiation — warm autoimmune haemolytic anaemia (warm AIHA)**

Haematologist

*Re-assessment required after 4 weeks*

Both:

1 Patient has warm autoimmune haemolytic anaemia*; and

2 One of the following treatments has been ineffective: steroids (including if patient requires ongoing steroids at doses equivalent to >5 mg prednisone daily), cytotoxic agents (e.g. cyclophosphamide monotherapy or in combination), intravenous immunoglobulin.

Note: Indications marked with * are Unapproved Indications.

**Continuation — warm autoimmune haemolytic anaemia (warm AIHA)**

Haematologist

*Re-assessment required after 4 weeks*

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m$^2$ weekly for 4 weeks) is now planned; or

2 All of the following:

2.1 Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*; and

2.2 An initial response lasting at least 12 months was demonstrated; and

2.3 Patient now requires repeat treatment.

Note: Indications marked with * are Unapproved Indications.

**Initiation — immune thrombocytopenic purpura (ITP)**

Haematologist

*Re-assessment required after 4 weeks*

Both:

1 Either:

1.1 Patient has immune thrombocytopenic purpura* with a platelet count of $\leq$ 20,000 platelets per microlitre; or

1.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and

2 Any of the following:

2.1 Treatment with steroids and splenectomy have been ineffective; or

2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or

2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy).

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Note: Indications marked with * are Unapproved Indications.

**Continuation — immune thrombocytopenic purpura (ITP)**

Haematologist

*Re-assessment required after 4 weeks*

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m$^2$ weekly for 4 weeks) is now planned; or
2 All of the following:
  2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and
  2.2 An initial response lasting at least 12 months was demonstrated; and
  2.3 Patient now requires repeat treatment.

Note: Indications marked with * are Unapproved Indications.

**Initiation — thrombotic thrombocytopenic purpura (TTP)**

Haematologist

*Re-assessment required after 4 weeks*

Either:

1 Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or
2 Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology.

Note: Indications marked with * are Unapproved Indications.

**Continuation — thrombotic thrombocytopenic purpura (TTP)**

Haematologist

*Re-assessment required after 4 weeks*

All of the following:

1 Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and
2 An initial response lasting at least 12 months was demonstrated; and
3 Patient now requires repeat treatment.

Note: Indications marked with * are Unapproved Indications.

**Initiation — pure red cell aplasia (PRCA)**

Haematologist

*Re-assessment required after 6 weeks*

Patient has autoimmune pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder.

Note: Indications marked with * are Unapproved Indications.

**Continuation — pure red cell aplasia (PRCA)**

Haematologist

*Re-assessment required after 6 weeks*

Patient was previously treated with rituximab for pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder and demonstrated an initial response lasting at least 12 months.

Note: Indications marked with * are Unapproved Indications.

**Initiation — ANCA associated vasculitis**

*Re-assessment required after 4 weeks*

All of the following:

1 Patient has been diagnosed with ANCA associated vasculitis*; and
2 Either:
  2.1 Patient does not have MPO-ANCA positive vasculitis*; or
  2.2 Mycophenolate mofetil has not been effective in those patients who have MPO-ANCA positive vasculitis*; and
3 The total rituximab dose would not exceed the equivalent of 375 mg/m$^2$ of body-surface area per week for a total of 4 weeks; and
4 Any of the following:

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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4.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve complete absence of disease after at least 3 months; or
4.2 Patient has previously had a cumulative dose of cyclophosphamide >15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose >15 g; or
4.3 Cyclophosphamide and methotrexate are contraindicated; or
4.4 Patient is a female of child-bearing potential; or
4.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.

Note: Indications marked with * are Unapproved Indications.

**Continuation — ANCA associated vasculitis**

*Re-assessment required after 4 weeks*

All of the following:
1 Patient has been diagnosed with ANCA associated vasculitis*; and
2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
3 The total rituximab dose would not exceed the equivalent of 375 mg/m$^2$ of body-surface area per week for a total of 4 weeks.

Note: Indications marked with * are Unapproved Indications.

**Initiation — treatment refractory systemic lupus erythematosus (SLE)**

Rheumatologist or nephrologist

All of the following:
1 The patient has severe, immediately life- or organ-threatening SLE*; and
2 The disease has proved refractory to treatment with steroids at a dose of at least 1 mg/kg; and
3 The disease has relapsed following prior treatment for at least 6 months with maximal tolerated doses of azathioprine, mycophenolate mofetil and high dose cyclophosphamide, or cyclophosphamide is contraindicated; and
4 Maximum of four 1000 mg infusions of rituximab.

Note: Indications marked with * are Unapproved Indications.

**Continuation — treatment refractory systemic lupus erythematosus (SLE)**

Rheumatologist or nephrologist

All of the following:
1 Patient's SLE* achieved at least a partial response to the previous round of prior rituximab treatment; and
2 The disease has subsequently relapsed; and
3 Maximum of two 1000 mg infusions of rituximab.

Note: Indications marked with * are Unapproved Indications.

**Initiation — Antibody-mediated renal transplant rejection**

Nephrologist

Patient has been diagnosed with antibody-mediated renal transplant rejection*.

Note: Indications marked with * are Unapproved Indications.

**Initiation — ABO-incompatible renal transplant**

Nephrologist

Patient is to undergo an ABO-incompatible renal transplant*.

Note: Indications marked with * are Unapproved Indications.

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

| | | | | |
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| ⬇ | 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 |

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

➥**Restricted**
**Initiation — Rheumatoid Arthritis**
Rheumatologist
*Re-assessment required after 6 months*
Either:
1 All of the following:
1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and
1.3 The patient has been started on rituximab for rheumatoid arthritis in a DHB hospital in accordance with the Section H rules; and
1.4 Either:
1.4.1 The patient has experienced intolerable side effects from rituximab; or
1.4.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria 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 Tocilizumab is to be used as monotherapy; and
2.3 Either:
2.3.1 Treatment with methotrexate is contraindicated; or
2.3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and
2.4 Either:
2.4.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporin alone or in combination with another agent; or
2.4.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and
2.5 Either:
2.5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
2.5.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
2.6 Either:
2.6.1 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
2.6.2 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*
Either:
1 Following 6 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 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.

continued...

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

continued...

**Initiation — systemic juvenile idiopathic arthritis**
Rheumatologist
*Re-assessment required after 6 months*
Both:
1 Patient diagnosed with systemic juvenile idiopathic arthritis; and
2 Patient has tried and not responded to a reasonable trial of all of the following, either alone or in combination: oral or parenteral methotrexate; non-steroidal anti-inflammatory drugs (NSAIDs); and systemic corticosteroids.

**Continuation — systemic juvenile idiopathic arthritis**
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.

**Initiation — adult-onset Still's disease**
Rheumatologist
*Re-assessment required after 6 months*
Either:
1 Both:
1.1 Either:
1.1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for adult-onset Still's disease (AOSD); or
1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the HML rules; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for AOSD; or
2 All of the following:
2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and
2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

**Continuation — adult-onset Still's disease**
Rheumatologist
*Re-assessment required after 6 months*
The patient has a sustained improvement in inflammatory markers and functional status.

TRASTUZUMAB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 150 mg vial | 1,350.00 | 1 | Herceptin |
| ⬇ | Inj 440 mg vial | 3,875.00 | 1 | Herceptin |

➥**Restricted**
**Initiation — 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

continued...

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

continued...

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 12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned; or
3.5 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

**Initiation — metastatic breast cancer (trastuzumab-naive patients)**

*Limited to 12 months* treatment

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)**

*Limited to 12 months* treatment

All of the following:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
3 Any of the following:
3.1 All of the following:
3.1.1 The patient has not previously received lapatinib treatment for metastatic breast cancer; and
3.1.2 Trastuzumab not to be given in combination with lapatinib; and
3.1.3 Trastuzumab to be discontinued at disease progression; or
3.2 All of the following:
3.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
3.2.2 The cancer did not progress whilst on lapatinib; and
3.2.3 Trastuzumab not to be given in combination with lapatinib; and
3.2.4 Trastuzumab to be discontinued at disease progression; or
3.3 All of the following:
3.3.1 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
3.3.2 Trastuzumab not to be given in combination with lapatinib; and
3.3.3 Trastuzumab to be discontinued at disease progression.

**Continuation — metastatic breast cancer**

*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 trastuzumab; and
3 Trastuzumab not to be given in combination with lapatinib; and
4 Trastuzumab to be discontinued at disease progression.

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

## Other Immunosuppressants

ANTITHYMOCYTE GLOBULIN (EQUINE)

| | | | |
|---|---|---|---|
| Inj 50 mg per ml, 5 ml ampoule | 2,351.25 | 5 | ATGAM |

ANTITHYMOCYTE GLOBULIN (RABBIT)

| | | | |
|---|---|---|---|
| Inj 25 mg vial | | | |

AZATHIOPRINE

| | | | |
|---|---|---|---|
| Tab 25 mg | 8.28 | 60 | Azamun |
| Tab 50 mg – **1% DV Jun-14 to 2016** | 13.22 | 100 | **Azamun** |
| Inj 50 mg vial | 126.00 | 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** |
| ⬇ Inj 40 mg per ml, vial | 149.37 | 3 | SII-Onco-BCG |

➥**Restricted**

**Initiation**

For use in bladder cancer.

EVEROLIMUS – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 5 mg | 4,555.76 | 30 | Afinitor |
| ⬇ Tab 10 mg | 6,512.29 | 30 | Afinitor |

➥**Restricted**

**Initiation**

Neurologist or oncologist

*Re-assessment required after 3 months*

Both:

1 Patient has tuberous sclerosis; and
2 Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment.

**Continuation**

Neurologist or oncologist

*Re-assessment required after 12 months*

All of the following:

1 Documented evidence of SEGA reduction or stabilisation by MRI within the last 3 months; and
2 The treatment remains appropriate and the patient is benefiting from treatment; and
3 Everolimus to be discontinued at progression of SEGAs.

Note: MRI should be performed at minimum once every 12 months, more frequent scanning should be performed with new onset of symptoms such as headaches, visual complaints, nausea or vomiting, or increase in seizure activity.

MYCOPHENOLATE MOFETIL

| | | | |
|---|---|---|---|
| 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** |

PICIBANIL

| | | | |
|---|---|---|---|
| Inj 100 mg vial | | | |

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

| | | | |
|---|---|---|---|
| ⬇ 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 |

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

➥**Restricted**

**Initiation**

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
- Leukoencepthalopathy; or
- Significant malignant disease

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

# Antiallergy Preparations

## Allergic Emergencies

ICATIBANT – **Restricted** see terms below
⬇ Inj 10 mg per ml, 3 ml prefilled syringe ..... 2,668.00 — 1 — Firazyr
➥**Restricted**
**Initiation**
Clinical immunologist or relevant specialist
*Re-assessment required after 12 months*
Both:
1 Supply for anticipated emergency treatment of laryngeal/oro-pharyngeal or severe abdominal attacks of acute hereditary angioedema (HAE) for patients with confirmed diagnosis of C1-esterase inhibitor deficiency; and
2 The patient has undergone product training and has agreed upon an action plan for self-administration.
**Continuation**
*Re-assessment required after 12 months*
The treatment remains appropriate and the patient is benefiting from treatment.

## Allergy Desensitisation

BEE VENOM – **Restricted** see terms below
⬇ Inj 550 mcg vial with diluent
➥**Restricted**
**Initiation**
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**
**Initiation**
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**
**Initiation**
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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| FLUTICASONE PROPIONATE | | | |
| Nasal spray 50 mcg per dose – **1% DV Sep-15 to 2018** | 2.18 | 120 dose | **Flixonase Hayfever & Allergy** |
| IPRATROPIUM BROMIDE | | | |
| Aqueous nasal spray 0.03% – **1% DV Jan-15 to 2017** | 3.95 | 15 ml | **Univent** |
| SODIUM CROMOGLYCATE | | | |
| Nasal spray 4% | | | |

## Antihistamines

| | | | |
|---|---|---|---|
| CETIRIZINE HYDROCHLORIDE | | | |
| Tab 10 mg | 1.59 | 100 | Zetop |
| Oral liq 1 mg per ml – **1% DV Feb-15 to 2017** | 2.99 | 200 ml | **Histaclear** |
| CHLORPHENIRAMINE MALEATE | | | |
| Oral liq 0.4 mg per ml | | | |
| Inj 10 mg per ml, 1 ml ampoule | | | |
| CYPROHEPTADINE HYDROCHLORIDE | | | |
| Tab 4 mg | | | |
| 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** |
| Oral liq 1 mg per ml – **1% DV Nov-14 to 2016** | 4.25 | 200 ml | **LoraPaed** |
| PROMETHAZINE HYDROCHLORIDE | | | |
| Tab 10 mg – **1% DV Sep-15 to 2018** | 1.78 | 50 | **Allersoothe** |
| Tab 25 mg – **1% DV Sep-15 to 2018** | 1.99 | 50 | **Allersoothe** |
| Oral liq 1 mg per ml – **1% DV Sep-15 to 2018** | 2.59 | 100 ml | **Allersoothe** |
| Inj 25 mg per ml, 2 ml ampoule | 11.99 | 5 | Hospira |
| 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** |

## 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 Sep-15 to 2018** | 3.59 | 20 | **Duolin** |

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

## Long-Acting Muscarinic Agents

GLYCOPYRRONIUM

Note: inhaled glycopyrronium treatment must not be used if the patient is also receiving treatment with subsidised tiotropium or umeclidinium.

Powder for inhalation 50 mcg per dose ..... 61.00 30 dose Seebri Breezhaler

Note: inhaled glycopyrronium treatment must not be used if the patient is also receiving treatment with subsidised tiotropium or umeclidinium.

TIOTROPIUM BROMIDE – **Restricted** see terms below

Note: tiotropium treatment must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.

⬇ Soln for inhalation 2.5 mcg per dose ..... 70.00 60 dose Spiriva Respimat

⬇ Powder for inhalation 18 mcg per dose ..... 70.00 30 dose Spiriva

➥**Restricted**

**Initiation**

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 dose of at least 40 $\mu$g ipratropium q.i.d for one month; and
3 Either:
the patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is:
3.1 Grade 4 (stops for breath after walking about 100 meters 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%; and
5 Either:
5.1 Patient is not a smoker (for reporting purposes only); or
5.2 Patient is a smoker and has been offered smoking cessation counselling; and
6 The patient has been offered annual influenza immunization.

Note: tiotropium treatment must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.

UMECLIDINIUM

Note: Umeclidinium must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or tiotropium bromide.

Powder for inhalation 62.5 mcg per dose ..... 61.50 30 dose Incruse Ellipta

Note: Umeclidinium must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or tiotropium bromide.

## Long-Acting Muscarinic Antagonists with Long-Acting Beta-Adrenoceptor Agonists

➦**Restricted**

**Initiation**

*Re-assessment required after 2 years*

Both:

1 Patient has been stabilised on a long acting muscarinic antagonist; and
2 The prescriber considers that the patient would receive additional benefit from switching to a combination product.

**Continuation**

*Re-assessment required after 2 years*

Both:

1 Patient is compliant with the medication; and
2 Patient has experienced improved COPD symptom control (prescriber determined).

Note: Combination long acting muscarinic antagonist and long acting beta-2 agonist must not be used if the patient is also receiving treatment with a combination inhaled corticosteroid and long acting beta-2 agonist.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| GLYCOPYRRONIUM WITH INDACATEROL – **Restricted** see terms on the preceding page | | | |
| ⬆ Powder for Inhalation 50 mcg with indacaterol 110 mcg | 81.00 | 30 dose | Ultibro Breezhaler |
| TIOTROPIUM BROMIDE WITH OLODATEROL – **Restricted** see terms on the preceding page | | | |
| ⬆ Soln for inhalation 2.5 mcg with olodaterol 2.5 mcg | 81.00 | 60 dose | Spiolto Respimat |
| UMECLIDINIUM WITH VILANTEROL – **Restricted** see terms on the preceding page | | | |
| ⬆ Powder for inhalation 62.5 mcg with vilanterol 25 mcg | 77.00 | 30 dose | Anoro Ellipta |

## Beta-Adrenoceptor Agonists

| | | | |
|---|---|---|---|
| SALBUTAMOL | | | |
| Oral liq 400 mcg per ml – **1% DV Jan-14 to 2016** | 2.06 | 150 ml | **Ventolin** |
| Inj 500 mcg per ml, 1 ml ampoule | | | |
| Inj 1 mg per ml, 5 ml ampoule | | | |
| Aerosol inhaler, 100 mcg per dose | 3.80 | 200 dose | SalAir |
| | 4.00 | | Salamol |
| | 6.00 | | Ventolin |
| Nebuliser soln 1 mg per ml, 2.5 ml ampoule – **1% DV Sep-15 to 2018** | 3.19 | 20 | **Asthalin** |
| Nebuliser soln 2 mg per ml, 2.5 ml ampoule – **1% DV Sep-15 to 2018** | 3.29 | 20 | **Asthalin** |
| 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 isotonic | | | |
| 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 |
| | 9.30 | | Qvar |
| Aerosol inhaler 100 mcg per dose | 12.50 | 200 dose | Beclazone 100 |
| | 15.50 | | Qvar |
| 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 | | | |
| Powder for inhalation 400 mcg per dose | | | |
| FLUTICASONE | | | |
| Aerosol inhaler 50 mcg per dose | 7.50 | 120 dose | Flixotide<br>Floair |
| 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<br>Floair |
| Aerosol inhaler 250 mcg per dose | 27.20 | 120 dose | Flixotide<br>Floair |
| 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**

**Initiation — Pre-school wheeze**

Both:

1 To be used for the treatment of intermittent severe wheezing (possibly viral) in children under 5 years; and
2 The patient has had at least three episodes in the previous 12 months of acute wheeze severe enough to seek medical attention.

**Initiation — Exercise-induced asthma**

All of the following:

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

**Initiation — 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 | | | |
| INDACATEROL | | | |
| Powder for inhalation 150 mcg per dose | 61.00 | 30 dose | Onbrez Breezhaler |
| Powder for inhalation 300 mcg per dose | 61.00 | 30 dose | Onbrez Breezhaler |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| SALMETEROL | | | |
| Aerosol inhaler 25 mcg per dose | 26.46 | 120 dose | Meterol |
| | 25.00 | | Serevent |
| Powder for inhalation 50 mcg per dose | 25.00 | 60 dose | Serevent Accuhaler |

## Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists

BUDESONIDE WITH EFORMOTEROL
- 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 FUROATE WITH VILANTEROL

| | | | |
|---|---|---|---|
| Powder for inhalation 100 mcg with vilanterol 25 mcg | 44.08 | 30 dose | Breo Ellipta |

FLUTICASONE WITH SALMETEROL

| | | | |
|---|---|---|---|
| Aerosol inhaler 50 mcg with salmeterol 25 mcg | 37.48 | 120 dose | RexAir |
| | 33.74 | | Seretide |
| Powder for inhalation 100 mcg with salmeterol 50 mcg | 33.74 | 60 dose | Seretide Accuhaler |
| Aerosol inhaler 125 mcg with salmeterol 25 mcg | 49.69 | 120 dose | RexAir |
| | 44.08 | | Seretide |
| Powder for inhalation 250 mcg with salmeterol 50 mcg | 44.08 | 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 Oct-14 to 2017** | 118.25 | 5 | **DBL Aminophylline** |

CAFFEINE CITRATE

| | | | |
|---|---|---|---|
| Oral liq 20 mg per ml (caffeine 10 mg per ml) | 14.85 | 25 ml | Biomed |
| Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule | 55.75 | 5 | Biomed |

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

## Mucolytics and Expectorants

DORNASE ALFA – **Restricted** see terms on the next page

| | | | |
|---|---|---|---|
| ⬇ Nebuliser soln 2.5 mg per 2.5 ml ampoule | 250.00 | 6 | Pulmozyme |

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

➥**Restricted**

**Initiation — cystic fibrosis**

The patient has cystic fibrosis and has been approved by the Cystic Fibrosis Panel.

**Initiation — significant mucus production**

*Limited to 4 weeks* treatment

Both:

1 Patient is an in-patient; and
2 The mucus production cannot be cleared by first line chest techniques.

**Initiation — pleural emphyema**

*Limited to 3 days* treatment

Both:

1 Patient is an in-patient; and
2 Patient diagnoses with pleural emphyema.

| | | | |
|---|---|---|---|
| SODIUM CHLORIDE | | | |
| Nebuliser soln 7%, 90 ml bottle | 23.50 | 90 ml | Biomed |

## Pulmonary Surfactants

| | | | |
|---|---|---|---|
| BERACTANT | | | |
| Soln 200 mg per 8 ml vial | 550.00 | 1 | Survanta |
| PORACTANT ALFA | | | |
| Soln 120 mg per 1.5 ml vial | 425.00 | 1 | Curosurf |
| Soln 240 mg per 3 ml vial | 695.00 | 1 | Curosurf |

## Respiratory Stimulants

DOXAPRAM

Inj 20 mg per ml, 5 ml vial

## Sclerosing Agents

TALC

Powder

Soln (slurry) 100 mg per ml, 50 ml

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

## Anti-Infective Preparations

### Antibacterials

CHLORAMPHENICOL
- Eye oint 1% ..... 3.19 — 4 g — Chlorsig
- Ear drops 0.5%
- Eye drops 0.5% – **1% DV Sep-15 to 2018** ..... 0.98 — 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-14 to 2017** ..... 10.45 — 3.5 g — **Tobrex**
- Eye drops 0.3% – **1% DV Sep-14 to 2017** ..... 11.48 — 5 ml — **Tobrex**

### Antifungals

NATAMYCIN
- Eye drops 5%

### Antivirals

ACICLOVIR
- Eye oint 3%

GANCICLOVIR
- Eye gel 0.15% — *e.g. Virgan*

### Combination Preparations

CIPROFLOXACIN WITH HYDROCORTISONE
- Ear drops ciprofloxacin 0.2% with 1% hydrocortisone – **1% DV Mar-15 to 2017** ..... 16.30 — 10 ml — **Ciproxin HC Otic**

DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN
- Ear/eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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 – **1% DV Sep-14 to 2017** | 5.39 | 3.5 g | **Maxitrol** |
| Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per ml – **1% DV Sep-14 to 2017** | 4.50 | 5 ml | **Maxitrol** |
| DEXAMETHASONE WITH TOBRAMYCIN | | | |
| Eye drops 0.1% with tobramycin 0.3% – **1% DV Mar-15 to 2017** | 12.64 | 5 ml | **Tobradex** |
| FLUMETASONE PIVALATE WITH CLIOQUINOL | | | |
| Ear drops 0.02% with clioquinol 1% | | | |
| 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 Oct-14 to 2017** | 5.86 | 3.5 g | **Maxidex** |
| Eye drops 0.1% – **1% DV Oct-14 to 2017** | 4.50 | 5 ml | **Maxidex** |
| FLUOROMETHOLONE | | | |
| Eye drops 0.1% – **1% DV Sep-15 to 2018** | 3.09 | 5 ml | **FML** |
| PREDNISOLONE ACETATE | | | |
| Eye drops 0.12% | | | |
| Eye drops 1% | | | |
| PREDNISOLONE SODIUM PHOSPHATE | | | |
| Eye drops 0.5%, single dose (preservative free) | 38.50 | 20 dose | Minims Prednisolone |

### Non-Steroidal Anti-Inflammatory Drugs

| | | | |
|---|---|---|---|
| DICLOFENAC SODIUM | | | |
| Eye drops 0.1% – **1% DV Sep-14 to 2017** | 13.80 | 5 ml | **Voltaren Ophtha** |
| KETOROLAC TROMETAMOL | | | |
| Eye drops 0.5% | | | |

## Decongestants and Antiallergics

### Antiallergic Preparations

| | | | |
|---|---|---|---|
| LEVOCABASTINE | | | |
| Eye drops 0.05% | | | |
| LODOXAMIDE | | | |
| Eye drops 0.1% – **1% DV Sep-14 to 2017** | 8.71 | 10 ml | **Lomide** |
| OLOPATADINE | | | |
| Eye drops 0.1% | | | |
| SODIUM CROMOGLYCATE | | | |
| Eye drops 2% | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Decongestants** | | | |
| NAPHAZOLINE HYDROCHLORIDE | | | |
| Eye drops 0.1% – **1% DV Sep-14 to 2017** | 4.15 | 15 ml | **Naphcon Forte** |
| **Diagnostic and Surgical Preparations** | | | |
| **Diagnostic Dyes** | | | |
| FLUORESCEIN SODIUM | | | |
| Eye drops 2%, single dose | | | |
| Inj 10%, 5 ml vial | 125.00 | 12 | Fluorescite |
| Ophthalmic strips 1 mg | | | |
| FLUORESCEIN SODIUM WITH LIGNOCAINE HYDROCHLORIDE | | | |
| Eye drops 0.25% with lignocaine hydrochloride 4%, single dose | | | |
| LISSAMINE GREEN | | | |
| Ophthalmic strips 1.5 mg | | | |
| ROSE BENGAL SODIUM | | | |
| Ophthalmic strips 1% | | | |
| **Irrigation Solutions** | | | |
| MIXED SALT SOLUTION FOR EYE IRRIGATION | | | |
| Eye irrigation solution calcium chloride 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 dropper bottle – **1% DV Jan-16 to 2018** | 5.00 | 15 ml | **Balanced Salt Solution** |
| Eye irrigation solution calcium chloride 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 irrigation solution calcium chloride 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 bottle – **1% DV Jan-16 to 2018** | 10.50 | 500 ml | **Balanced Salt Solution** |
| **Ocular Anaesthetics** | | | |
| OXYBUPROCAINE HYDROCHLORIDE | | | |
| Eye drops 0.4%, single dose | | | |
| PROXYMETACAINE HYDROCHLORIDE | | | |
| Eye drops 0.5% | | | |
| 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 | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| SODIUM HYALURONATE [HYALURONIC ACID] | | | |
| Inj 14 mg per ml, 0.85 ml syringe | 50.00 | 1 | Healon GV |
| Inj 14 mg per ml, 0.55 ml syringe | 50.00 | 1 | Healon GV |
| Inj 23 mg per ml, 0.6 ml syringe | | | |
| Inj 10 mg per ml, 0.85 ml syringe | 30.00 | 1 | Provisc |
| SODIUM HYALURONATE [HYALURONIC ACID] 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 [hyaluronic acid] 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 [hyaluronic acid] per ml, 0.55 ml syringe | 74.00 | 1 | Duovisc |
| Inj 30 mg with chondroitin sulphate 40 mg per ml, 0.75 ml syringe | | | |

## Other

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

RIBOFLAVIN 5-PHOSPHATE
- Soln trans epithelial riboflavin
- Inj 0.1%
- Inj 0.1% plus 20% dextran T500

# Glaucoma Preparations

## Beta Blockers

| | | | |
|---|---|---|---|
| BETAXOLOL | | | |
| Eye drops 0.25% – **1% DV Sep-14 to 2017** | 11.80 | 5 ml | **Betoptic S** |
| Eye drops 0.5% – **1% DV Sep-14 to 2017** | 7.50 | 5 ml | **Betoptic** |
| LEVOBUNOLOL HYDROCHLORIDE | | | |
| Eye drops 0.5% | 7.00 | 5 ml | Betagan |
| TIMOLOL | | | |
| Eye drops 0.25% – **1% DV Sep-14 to 2017** | 1.45 | 5 ml | **Arrow-Timolol** |
| Eye drops 0.25%, gel forming – **1% DV Mar-14 to 2016** | 3.30 | 2.5 ml | **Timoptol XE** |
| Eye drops 0.5% – **1% DV Sep-14 to 2017** | 1.45 | 5 ml | **Arrow-Timolol** |
| Eye drops 0.5%, gel forming – **1% DV Mar-14 to 2016** | 3.78 | 2.5 ml | **Timoptol XE** |

## Carbonic Anhydrase Inhibitors

| | | | |
|---|---|---|---|
| ACETAZOLAMIDE | | | |
| Tab 250 mg – **1% DV Sep-14 to 2017** | 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% – **1% DV Dec-15 to 2018** | 3.45 | 5 ml | **Arrow-Dortim** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Miotics** | | | |
| ACETYLCHOLINE CHLORIDE | | | |
| Inj 20 mg vial with diluent | | | |
| PILOCARPINE HYDROCHLORIDE | | | |
| Eye drops 1% – **1% DV Sep-14 to 2017** | 4.26 | 15 ml | **Isopto Carpine** |
| Eye drops 2% – **1% DV Sep-14 to 2017** | 5.35 | 15 ml | **Isopto Carpine** |
| Eye drops 2%, single dose | | | |
| Eye drops 4% – **1% DV Sep-14 to 2017** | 7.99 | 15 ml | **Isopto Carpine** |
| **Prostaglandin Analogues** | | | |
| BIMATOPROST | | | |
| Eye drops 0.03% | | | |
| LATANOPROST | | | |
| Eye drops 0.005% – **1% DV Sep-15 to 2018** | 1.50 | 2.5 ml | **Hysite** |
| TRAVOPROST | | | |
| Eye drops 0.004% | | | |
| **Sympathomimetics** | | | |
| APRACLONIDINE | | | |
| Eye drops 0.5% – **1% DV Mar-15 to 2017** | 19.77 | 5 ml | **Iopidine** |
| BRIMONIDINE TARTRATE | | | |
| Eye drops 0.2% – **1% DV Sep-14 to 2017** | 4.32 | 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% – **1% DV Jul-14 to 2017** | 17.36 | 15 ml | **Atropt** |
| CYCLOPENTOLATE HYDROCHLORIDE | | | |
| Eye drops 0.5%, single dose | | | |
| Eye drops 1% – **1% DV Sep-14 to 2017** | 8.76 | 15 ml | **Cyclogyl** |
| Eye drops 1%, single dose | | | |
| TROPICAMIDE | | | |
| Eye drops 0.5% – **1% DV Oct-14 to 2017** | 7.15 | 15 ml | **Mydriacyl** |
| Eye drops 0.5%, single dose | | | |
| Eye drops 1% – **1% DV Oct-14 to 2017** | 8.66 | 15 ml | **Mydriacyl** |
| Eye drops 1%, single dose | | | |
| **Sympathomimetics** | | | |
| PHENYLEPHRINE HYDROCHLORIDE | | | |
| Eye drops 2.5%, single dose | | | |
| Eye drops 10%, single dose | | | |

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

## 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

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% – **1% DV Jul-14 to 2017** ..... 3.63 — 3.5 g — **Poly-Visc**

POLYVINYL ALCOHOL
- Eye drops 1.4% ..... 3.62 — 15 ml — Liquifilm Tears
  2.95 — Vistil
- Eye drops 3% ..... 3.88 — 15 ml — Liquifilm Forte
  3.80 — Vistil 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 [HYALURONIC ACID]
- Eye drops 1 mg per ml ..... 22.00 — 10 ml — Hylo-Fresh

## Other Otological Preparations

ACETIC ACID WITH PROPYLENE GLYCOL
- Ear drops 2.3% with propylene glycol 2.8%

DOCUSATE SODIUM
- Ear drops 0.5%

| | Price (ex man. excl. GST) $ | 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 Sep-15 to 2018** ..... 78.34 — 10 — **DBL Acetylcysteine**

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
Inj 96%

FLUMAZENIL
Inj 0.1 mg per ml, 5 ml ampoule – **1% DV Sep-15 to 2018** ..... 85.05 — 5 — **Anexate**

HYDROXOCOBALAMIN
Inj 5 g vial
Inj 2.5 g vial

NALOXONE HYDROCHLORIDE
Inj 400 mcg per ml, 1 ml ampoule ..... 48.84 — 5 — Hospira

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

DEFERASIROX – **Restricted** see terms below
⬇ Tab 125 mg dispersible ..... 276.00 28 Exjade
⬇ Tab 250 mg dispersible ..... 552.00 28 Exjade
⬇ Tab 500 mg dispersible ..... 1,105.00 28 Exjade

➥**Restricted**
**Initiation**
Haematologist
*Re-assessment required after 2 years*
All of the following:
1 The patient has been diagnosed with chronic iron overload due to congenital inherited anaemia; and
2 Deferasirox is to be given at a daily dose not exceeding 40 mg/kg/day; and
3 Any of the following:
3.1 Treatment with maximum tolerated doses of deferiprone monotherapy or deferiprone and desferrioxamine combination therapy have proven ineffective as measured by serum ferritin levels, liver or cardiac MRI T2*; or
3.2 Treatment with deferiprone has resulted in severe persistent vomiting or diarrhoea; or
3.3 Treatment with deferiprone has resulted in arthritis; or
3.4 Treatment with deferiprone is contraindicated due to a history of agranulocytosis (defined as an absolute neutrophil count (ANC) of < 0.5 cells per $\mu$L) or recurrent episodes (greater than 2 episodes) of moderate neutropenia (ANC 0.5 - 1.0 cells per $\mu$L).

**Continuation**
Haematologist
*Re-assessment required after 2 years*
Either:
1 For the first renewal following 2 years of therapy, the treatment has been tolerated and has resulted in clinical improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels; or
2 For subsequent renewals, the treatment has been tolerated and has resulted in clinical stability or continued improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels. .

DEFERIPRONE – **Restricted** see terms below
⬇ Tab 500 mg ..... 533.17 100 Ferriprox
⬇ Oral liq 100 mg per ml ..... 266.59 250 ml Ferriprox

➥**Restricted**
**Initiation**
Patient has been diagnosed with chronic iron overload due to congenital inherited anaemia or acquired red cell aplasia.

DESFERRIOXAMINE MESILATE
Inj 500 mg vial – **1% DV Feb-16 to 2018** ..... 51.52 10 **Desferal**

DICOBALT EDETATE
Inj 15 mg per ml, 20 ml ampoule

DIMERCAPROL
Inj 50 mg per ml, 2 ml ampoule

DIMERCAPTOSUCCINIC ACID
Cap 100 mg

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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 0.1% 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 |
| POVIDONE-IODINE | | | |
| ⬇ Vaginal tab 200 mg | | | |
| ➥**Restricted** | | | |
| **Initiation** | | | |
| Rectal administration pre-prostate biopsy. | | | |
| Oint 10% | 3.27 | 25 g | Betadine |
| Soln 10% | 6.20 | 500 ml | Betadine |
| | 2.95 | 100 ml | Riodine |
| | 6.20 | 500 ml | Riodine |
| 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 | | | |

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

## Contrast Media

### Iodinated X-ray Contrast Media

DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE

| | | | |
|---|---|---|---|
| Oral liq 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle | 22.50 | 100 ml | Gastrografin |
| Inj 260 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle | 80.00 | 1 | Urografin |

DIATRIZOATE SODIUM

| | | | |
|---|---|---|---|
| Oral liq 370 mg per ml, 10 ml sachet | 156.12 | 50 | Ioscan |

IODISED OIL

| | | | |
|---|---|---|---|
| Inj 38% w/w (480 mg per ml), 10 ml ampoule | 143.00 | 1 | Lipiodol Ultra Fluid |

IODIXANOL

| | | | |
|---|---|---|---|
| Inj 270 mg per ml (iodine equivalent), 50 ml bottle – **5% DV Sep-14 to 2017** | 220.00 | 10 | **Visipaque** |
| Inj 270 mg per ml (iodine equivalent), 100 ml bottle – **5% DV Sep-14 to 2017** | 430.00 | 10 | **Visipaque** |
| Inj 320 mg per ml (iodine equivalent), 50 ml bottle – **5% DV Sep-14 to 2017** | 220.00 | 10 | **Visipaque** |
| Inj 320 mg per ml (iodine equivalent), 100 ml bottle – **5% DV Sep-14 to 2017** | 430.00 | 10 | **Visipaque** |
| Inj 320 mg per ml (iodine equivalent), 200 ml bottle – **5% DV Sep-14 to 2017** | 850.00 | 10 | **Visipaque** |

IOHEXOL

| | | | |
|---|---|---|---|
| Inj 240 mg per ml (iodine equivalent), 50 ml bottle – **5% DV Sep-14 to 2017** | 75.00 | 10 | **Omnipaque** |
| Inj 300 mg per ml (iodine equivalent), 20 ml bottle – **5% DV Sep-14 to 2017** | 57.00 | 10 | **Omnipaque** |
| Inj 300 mg per ml (iodine equivalent), 50 ml bottle – **5% DV Sep-14 to 2017** | 75.00 | 10 | **Omnipaque** |
| Inj 300 mg per ml (iodine equivalent), 100 ml bottle – **5% DV Sep-14 to 2017** | 150.00 | 10 | **Omnipaque** |
| Inj 350 mg per ml (iodine equivalent), 20 ml bottle – **5% DV Sep-14 to 2017** | 59.00 | 10 | **Omnipaque** |
| Inj 350 mg per ml (iodine equivalent), 50 ml bottle – **5% DV Sep-14 to 2017** | 75.00 | 10 | **Omnipaque** |
| Inj 350 mg per ml (iodine equivalent), 75 ml bottle – **5% DV Sep-14 to 2017** | 114.00 | 10 | **Omnipaque** |
| Inj 350 mg per ml (iodine equivalent), 100 ml bottle – **5% DV Sep-14 to 2017** | 150.00 | 10 | **Omnipaque** |
| Inj 350 mg per ml (iodine equivalent), 200 ml bottle – **5% DV Sep-14 to 2017** | 290.00 | 10 | **Omnipaque** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Non-iodinated X-ray Contrast Media** | | | |
| BARIUM SULPHATE | | | |
| Powder for oral liq 20 mg per g (2% w/w), 22.1 g sachet | 507.50 | 50 | E-Z-Cat Dry |
| Oral liq 400 mg per ml (40% w/v, 30% w/w), bottle | 17.39 | 148 g | Varibar - Thin Liquid |
| Oral liq 600 mg per g (60% w/w), tube | 36.51 | 454 g | E-Z-Paste |
| Oral liq 400 mg per ml (40% w/v), bottle | 155.35 | 250 ml | Varibar - Honey |
| | 38.40 | 240 ml | Varibar - Nectar |
| | 145.04 | 230 ml | Varibar - Pudding |
| Enema 1,250 mg per ml (125% w/v), 500 ml bag | 282.30 | 12 | Liquibar |
| Oral liq 22 mg per g (2.2% w/w), 250 ml bottle | 175.00 | 24 | CT Plus+ |
| Oral liq 22 mg per g (2.2% w/w), 450 ml bottle | 220.00 | 24 | CT Plus+ |
| Oral liq 1 mg per ml (0.1% w/v, 0.1% w/w), 450 ml bottle | 441.12 | 24 | VoLumen |
| Oral liq 20.9 mg per ml (2.1% w/v, 2% w/w), 250 ml bottle | 140.94 | 24 | Readi-CAT 2 |
| Powder for oral soln 97.65% w/w, 300 g bottle | 237.76 | 24 | X-Opaque-HD |
| Oral liq 400 mg per ml (40% w/v, 30% w/w), 20 ml bottle | 52.35 | 3 | Tagitol V |
| Oral liq 1,250 mg per ml (125% w/v), 2,000 ml bottle | 91.77 | 1 | Liquibar |
| BARIUM SULPHATE WITH SODIUM BICARBONATE | | | |
| Grans eff 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet | 102.93 | 50 | E-Z-Gas II |
| CITRIC ACID WITH SODIUM BICARBONATE | | | |
| Powder 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet | | | *e.g. E-Z-GAS II* |
| **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 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe | 180.00 | 5 | Gadovist |
| Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe | 700.00 | 10 | Gadovist |
| GADODIAMIDE | | | |
| Inj 287 mg per ml, 10 ml prefilled syringe | 200.00 | 10 | Omniscan |
| Inj 287 mg per ml, 10 ml vial | 170.00 | 10 | Omniscan |
| Inj 287 mg per ml, 5 ml vial | 120.00 | 10 | Omniscan |
| Inj 287 mg per ml, 15 ml prefilled syringe | 320.00 | 10 | Omniscan |
| GADOTERIC ACID | | | |
| Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml prefilled syringe | 24.50 | 1 | Dotarem |
| Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml bottle | 34.50 | 1 | Dotarem |
| Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml prefilled syringe | 41.00 | 1 | Dotarem |
| Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml prefilled syringe | 55.00 | 1 | Dotarem |
| Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml bottle | 23.20 | 1 | Dotarem |
| Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml bottle | 46.30 | 1 | Dotarem |
| Inj 279.32 mg per ml (0.5 mmol per ml), 5 ml bottle | 12.30 | 1 | Dotarem |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| GADOXETATE DISODIUM | | | |
| Inj 181.43 mg per ml (equivalent to 0.25 mmol per ml), 10 ml prefilled syringe | 300.00 | 1 | Primovist |
| MEGLUMINE GADOPENTETATE | | | |
| Inj 469 mg per ml, 10 ml prefilled syringe | 95.00 | 5 | Magnevist |
| Inj 469 mg per ml, 10 ml vial | 185.00 | 10 | Magnevist |
| MEGLUMINE IOTROXATE | | | |
| Inj 105 mg per ml, 100 ml bottle | 150.00 | 100 ml | Biliscopin |

## Ultrasound Contrast Media

| | | | |
|---|---|---|---|
| PERFLUTREN | | | |
| Inj 1.1 mg per ml, 1.5 ml vial – **5% DV Sep-14 to 2017** | 180.00 | 1 | **Definity** |
| | 720.00 | 4 | **Definity** |

## 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

MANNITOL
- Powder for inhalation — *e.g. Aridol*

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

METHYLTHIONINIUM 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 | 440.00 | 5 | Obex Medical |

| | 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 | 3.87 | 500 ml | Baxter |
| | 4.20 | 100 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 | 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 | 2.61 | 500 ml | Baxter |
| | 2.68 | 100 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% | | | |
| Soln 99% | | | |
| PHENOL | | | |
| Inj 6%, 10 ml ampoule | | | |
| PHENOL WITH IOXAGLIC ACID | | | |
| Inj 12%, 10 ml ampoule | | | |
| TROMETAMOL | | | |
| Inj 36 mg per ml, 500 ml bottle | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Cardioplegia Solutions** | | | |
| ELECTROLYTES | | | |
| Inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag | | | *e.g. Custodiol-HTK* |
| 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 |
|---|---|---|---|

## 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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| GLUCOSE [DEXTROSE] | | | |
| Powder | | | |
| GLYCERIN WITH SODIUM SACCHARIN | | | |
| Suspension | 32.50 | 473 ml | Ora-Sweet SF |
| GLYCERIN WITH SUCROSE | | | |
| Suspension | 32.50 | 473 ml | Ora-Sweet |
| GLYCEROL | | | |
| Liq | 19.80 | 2,000 ml | ABM |
| HYDROCORTISONE | | | |
| Powder – **1% DV Dec-14 to 2017** | 59.50 | 25 g | **ABM** |
| LACTOSE | | | |
| Powder | | | |
| MAGNESIUM HYDROXIDE | | | |
| Paste | | | |
| MENTHOL | | | |
| Crystals | | | |
| METHADONE HYDROCHLORIDE | | | |
| Powder | | | |
| METHYL HYDROXYBENZOATE | | | |
| Powder | | | |
| METHYLCELLULOSE | | | |
| Powder | | | |
| Suspension | 32.50 | 473 ml | Ora-Plus |
| METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN | | | |
| Suspension | 32.50 | 473 ml | Ora-Blend SF |
| METHYLCELLULOSE WITH GLYCERIN AND SUCROSE | | | |
| Suspension | 32.50 | 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 |

| | 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 |
| THEOBROMA OIL | | | |
| Oint | | | |
| 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) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|

# Food Modules

## Carbohydrate

➦**Restricted**

**Initiation — 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.

**Initiation — Use as a module**

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

CARBOHYDRATE SUPPLEMENT – **Restricted** see terms above

- Powder 95 g carbohydrate per 100 g, 368 g can
- Powder 96 g carbohydrate per 100 g, 400 g can *e.g. Polycal*

## Fat

➦**Restricted**

**Initiation — 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.

**Initiation — Use as a module**

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk. .

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the 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 |
|---|---|---|---|

## Protein

➦**Restricted**

**Initiation — Use as an additive**

Either:

1 Protein losing enteropathy; or
2 High protein needs.

**Initiation — Use as a module**

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk. .

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

PROTEIN SUPPLEMENT – **Restricted** see terms above

| | | | | |
|---|---|---|---|---|
| ⬆ | Powder 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g, 275 g can | | | *e.g. Promod* |
| ⬆ | Powder 6 g protein per 7 g, can | 8.95 | 227 g | Resource Beneprotein |
| ⬆ | Powder 89 g protein, <1.5 g carbohydrate and 2 g fat per 100 g, 225 g can | | | *e.g. Protifar* |

## Other Supplements

BREAST MILK FORTIFIER

| | |
|---|---|
| Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet | *e.g. FM 85* |
| Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet | *e.g. S26 Human Milk Fortifier* |
| Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet | *e.g. Nutricia Breast Milk Fortifer* |

CARBOHYDRATE AND FAT SUPPLEMENT – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can | | | *e.g. Super Soluble Duocal* |

➥**Restricted**

**Initiation**

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.

**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.

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

## Food/Fluid Thickeners

CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN
- Powder — *e.g. Feed Thickener Karicare Aptamil*

GUAR GUM
- Powder — *e.g. Guarcol*

MAIZE STARCH
- Powder — *e.g. Resource Thicken Up; Nutilis*

MALTODEXTRIN WITH XANTHAN GUM
- Powder — *e.g. Instant Thick*

MALTODEXTRIN WITH XANTHAN GUM AND ASCORBIC ACID
- Powder — *e.g. Easy Thick*

## Metabolic Products

➡**Restricted**
**Initiation**
Any of the following:
1 For the dietary management of homocystinuria, maple syrup urine disease, phenylketonuria (PKU), glutaric aciduria, isovaleric acidaemia, propionic acidaemia, methylmalonic acidaemia, tyrosinaemia or urea cycle disorders; or
2 Patient has adrenoleukodystrophy; or
3 For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

### Glutaric Aciduria Type 1 Products

AMINO ACID FORMULA (WITHOUT LYSINE AND LOW TRYPTOPHAN) – **Restricted** see terms above
- ⬆ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can — *e.g. GA1 Anamix Infant*
- ⬆ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can — *e.g. XLYS Low TRY Maxamaid*

### Homocystinuria Products

AMINO ACID FORMULA (WITHOUT METHIONINE) – **Restricted** see terms above
- ⬆ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can — *e.g. HCU Anamix Infant*
- ⬆ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can — *e.g. XMET Maxamaid*
- ⬆ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can — *e.g. XMET Maxamum*
- ⬆ Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle — *e.g. HCU Anamix Junior LQ*

### Isovaleric Acidaemia 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 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet — *e.g. PKU Anamix Junior*
- ⬆ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can — *e.g. PKU Anamix Infant*
- ⬆ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can — *e.g. XP Maxamaid*
- ⬆ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can — *e.g. XP Maxamum*
- ⬆ Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet — *e.g. Phlexy-10*
- ⬆ Liquid 10 g protein, 4.4 g carbohydrate and 0.25 g fibre per 100 ml, 62.5 ml bottle — *e.g. PKU Lophlex LQ 10*
- ⬆ Liquid 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle — *e.g. PKU Lophlex LQ 20*
- ⬆ Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, bottle ..... 13.10 — 125 ml — PKU Anamix Junior LQ (Berry); PKU Anamix Junior LQ (Orange); PKU Anamix Junior LQ (Unflavoured)
- ⬆ Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 125 ml bottle — *e.g. PKU Lophlex LQ 20*
- ⬆ Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 62.5 ml bottle — *e.g. PKU Lophlex LQ 10*
- ⬆ Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 125 ml bottle — *e.g. PKU Lophlex LQ 20*
- ⬆ Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 62.5 ml bottle — *e.g. PKU Lophlex LQ 10*
- ⬆ Liquid 6.7 g protein, 5.1 g carbohydrate and 2 g fat per 100 ml, 250 ml carton — *e.g. Easiphen*

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

## Propionic Acidaemia and Methylmalonic Acidaemia Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – **Restricted** see terms on page 201

- 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 201

- 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 201

- Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet — *e.g. TYR 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. TYR Anamix Infant*
- Powder 25 g protein and 51 g carbohydrate per 100 g, 400 g can — *e.g. XPHEN, TYR Maxamaid*
- 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 201

- 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 201

- Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE – **Restricted** see terms on page 201

- Liquid, 500 ml bottle

# Specialised Formulas

## Diabetic Products

**➡Restricted**
**Initiation**
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; or

continued. . .

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

continued...

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
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 | | | *e.g. Nutrison Advanced Diason* |

LOW-GI ORAL FEED 1 KCAL/ML – **Restricted** see terms on the preceding page

| | | | |
|---|---|---|---|
| ⬆ Liquid 4.5 g protein, 9.8 g carbohydrate, 4.4 g fat and 1.9 g fibre per 100 ml, can | 2.10 | 237 ml | Sustagen Diabetic (Vanilla) |
| ⬆ 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 6 g protein, 9.5 g carbohydrate, 4.7 g fat and 2.6 g fibre per 100 ml, can | 2.10 | 237 ml | Resource Diabetic (Vanilla) |
| ⬆ Liquid 4.9 g protein, 11.7 g carbohydrate, 3.8 g fat and 2 g fibre per 100 ml, 200 ml bottle | | | *e.g. Diasip* |

## Elemental and Semi-Elemental Products

➦**Restricted**
**Initiation**
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* |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PEPTIDE-BASED ORAL FEED – **Restricted** see terms on the preceding page | | | |
| ⬆ 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 Pepdite; MCT Pepdite 1+* |
| ⬆ Powder 15.8 g protein, 49.5 g carbohydrate and 4.65 g fat per 76 g sachet | 7.50 | 76 g | Alitraq |
| ⬆ Liquid 6.75 g protein, 18.4 g carbohydrate and 5.5 g fat per 100 ml, bottle | 18.06 | 1,000 ml | Vital |
| 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 | | | *e.g. Monogen* |

➥**Restricted**

**Initiation**

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, made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule, for adults.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

## Hepatic Products

➦**Restricted**

**Initiation**

For children (up to 18 years) who require a liver transplant.

HEPATIC ORAL FEED – **Restricted** see terms above

| | | | |
|---|---|---|---|
| ⬆ Powder 11 g protein, 64 g carbohydrate and 20 g fat per 100 g, can | 78.97 | 400 g | Heparon Junior |

## High Calorie Products

➦**Restricted**

**Initiation**

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.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ENTERAL FEED 2 KCAL/ML – **Restricted** see terms on the preceding page | | | |
| ⬆ 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 on the preceding page | | | |
| ⬆ Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml, bottle | 1.90 | 200 ml | Two Cal HN |

## High Protein Products

HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML – **Restricted** see terms below

⬇ Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml, 1,000 ml bag — *e.g. Nutrison Protein Plus*

➥**Restricted**
**Initiation**
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**
**Initiation**
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.

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

## Infant Formulas

AMINO ACID FORMULA – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ | Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can | | *e.g. Neocate* |
| ⬇ | Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can | | *e.g. Neocate LCP* |
| ⬇ | Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can ..... 53.00 | 400 g | Neocate Gold (Unflavoured) |
| ⬇ | Powder 14 g protein, 50 g carbohydrate and 24.3 g fat per 100 g, 400 g can | | *e.g. Neocate Advance* |
| ⬇ | Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can ..... 53.00 | 400 g | Neocate Advance (Vanilla) |
| ⬇ | Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can ..... 53.00 | 400 g | Elecare LCP (Unflavoured) |
| ⬇ | Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can ..... 53.00 | 400 g | Elecare (Unflavoured) Elecare (Vanilla) |
| ⬇ | Powder 6 g protein, 31.5 g carbohydrate and 5.88 g fat per sachet ..... 6.00 | 48.5 g | Vivonex Paediatric |

➥**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.

Note: A reasonable trial is defined as a 2-4 week trial.

**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. Aptamil Gold+ Pepti Junior* |

➥**Restricted**

**Initiation**

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 reasonably 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

continued. . .

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

continued...

7 Cystic fibrosis; or
8 Proven fat malabsorption; or
9 Severe intestinal motility disorders causing significant malabsorption; or
10 Intestinal failure; or
11 For step down from Amino Acid Formula.

Note: A reasonable trial is defined as a 2-4 week trial, or signs of an immediate IgE mediated allergic reaction.

**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*

LOW-CALCIUM FORMULA

Powder 14.6 g protein, 53.7 g carbohydrate and 26.1 g fat per 100 g, 400 g can — *e.g. Locasol*

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 — *e.g. Infatrini*

➥**Restricted**

**Initiation**

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 | | | *e.g. Pre Nan Gold RTF* |
| ⬇ | Liquid 2.6 g protein, 8.4 g carbohydrate and 3.9 g fat per 100 ml, 70 ml bottle | | | *e.g. Karicare Aptamil Gold+Preterm* |

➥**Restricted**

**Initiation**

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 — *e.g. Karicare Aptamil Thickened AR*

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

## 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)<br>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**

**Initiation**

For patients with intractable epilepsy, pyruvate dehydrogenase deficiency or glucose transported type-1 deficiency and other conditions requiring a ketogenic diet.

## Paediatric Products

➦**Restricted**

**Initiation**

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; or
  2.6 The child has eaten, or is expected to eat, little or nothing for 3 days.

PAEDIATRIC ORAL FEED – **Restricted** see terms above

| | | | |
|---|---|---|---|
| ⬆ Powder 14.9 g protein, 54.3 g carbohydrate and 24.7 g fat per 100 g, can | 20.00 | 850 g | Pediasure (Vanilla) |

PAEDIATRIC ENTERAL FEED 0.76 KCAL/ML – **Restricted** see terms above

| | | | |
|---|---|---|---|
| ⬆ 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 above

| | | | |
|---|---|---|---|
| ⬆ 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 | | | *e.g. Nutrini RTH* |

PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – **Restricted** see terms above

| | | | |
|---|---|---|---|
| ⬆ 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 | | | *e.g. Nutrini Energy RTH* |

PAEDIATRIC ORAL FEED 1 KCAL/ML – **Restricted** see terms above

| | | | |
|---|---|---|---|
| ⬆ Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle | 1.07 | 200 ml | Pediasure (Chocolate)<br>Pediasure (Strawberry)<br>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) |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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 | | | *e.g. Fortini* |
| ⬆ Liquid 4.0 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle | | | *e.g. Fortini Multifibre* |

## Renal Products

| | | | |
|---|---|---|---|
| LOW ELECTROLYTE ENTERAL FEED 1.8 KCAL/ML – **Restricted** see terms below | | | |
| ⬇ Liquid 8.1 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, bottle | 6.08 | 500 ml | Nepro HP RTH |
| ➥**Restricted** | | | |
| **Initiation** | | | |
| 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 | | | *e.g. Kindergen* |
| ➥**Restricted** | | | |
| **Initiation** | | | |
| For children (up to 18 years) with acute or chronic kidney disease. | | | |
| LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML | | | |
| ⬇ Liquid 8 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, carton | 2.67 | 220 ml | Nepro HP (Strawberry)<br>Nepro HP (Vanilla) |
| ➥**Restricted** | | | |
| **Initiation** | | | |
| For patients with acute or chronic kidney disease. | | | |
| LOW ELECTROLYTE ORAL FEED 2 KCAL/ML – **Restricted** see terms below | | | |
| ⬇ 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 | | | |
| ⬇ Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 125 ml carton | | | *e.g. Renilon 7.5* |
| ➥**Restricted** | | | |
| **Initiation** | | | |
| 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** | | | |
| **Initiation** | | | |
| For patients with CORD and hypercapnia, defined as a CO2 value exceeding 55 mmHg. | | | |

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

## 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)<br>Impact Advanced Recovery (Vanilla) |

➥**Restricted**
**Initiation**
Three packs per day for 5 to 7 days prior to major gastrointestinal, head or neck surgery.

PREOPERATIVE CARBOHYDRATE FEED 0.5 KCAL/ML – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Oral liq 0 g protein, 12.6 g carbohydrate and 0 g fat per 100 ml, 200 ml bottle | 6.80 | 4 | preOp |

➥**Restricted**
**Initiation**
Maximum of 400 ml as part of an Enhanced Recovery After Surgery (ERAS) protocol 2 to 3 hours before major abdominal surgery.

## Standard Feeds

➥**Restricted**
**Initiation**
Any of the following:

For patients with malnutrition, defined as any of the following:

1 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.

ENTERAL FEED 1.5 KCAL/ML – **Restricted** see terms above

| | | | |
|---|---|---|---|
| ⬆ Liquid 5.4 g protien, 13.6 g carbohydrate and 3.3 g fat per 100 ml, 1,000 ml bottle | | | *e.g. Isosource Standard RTH* |
| ⬆ 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. Nutrison Energy Multi Fibre* |
| ⬆ 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 |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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. NutrisonStdRTH; NutrisonLowSodium* |
| ⬆ 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. Nutrison Multi Fibre* |
| 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. Jevity Plus RTH* |
| 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 | 850 g | Ensure (Chocolate)<br>Ensure (Vanilla) |
| ⬆ Powder 21.9 g protein, 53.5 g carbohydrate and 14.5 g fat per 100 g, can | 3.67 | 350 g | Fortisip (Vanilla) |
| ⬆ Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can | 14.90 | 840 g | Sustagen Hospital Formula (Chocolate)<br>Sustagen Hospital Formula (Vanilla) |
| Note: Community subsidy of Sustagen Hospital Formula is subject to both Special Authority criteria and a manufacturer's surcharge. Higher subsidy by endorsement is available for patients meeting the following endorsement criteria; fat malabsorption, fat intolerance or chyle leak. | | | |
| 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. Resource Fruit Beverage* |
| ORAL FEED 1.5 KCAL/ML – **Restricted** see terms on the preceding page | | | |
| ⬆ 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)<br>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)<br>Ensure Plus (Chocolate)<br>Ensure Plus (Fruit of the Forest)<br>Ensure Plus (Vanilla) |
| ⬆ Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle | | | *e.g. Fortijuice* |
| ⬆ Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle | | | *e.g. Fortisip* |
| ⬆ Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle | | | *e.g. Fortisip Multi Fibre* |

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

## Bacterial and Viral Vaccines

DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE – **Restricted** see terms below

- Inj 30 IU diphtheria toxoid with 30IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe – **1% DV Jul-14 to 2017** ..... 0.00 — 10 — **Infanrix IPV**

➥**Restricted**

**Initiation**

Any of the following:

1. A single dose for children up to the age of 7 who have completed primary immunisation; or
2. A course of up to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation; or
3. An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
4. Five doses will be funded for children requiring solid organ transplantation.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes

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 haemagluttinin, 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 – **1% DV Jul-14 to 2017** ..... 0.00 — 10 — **Infanrix-hexa**

➥**Restricted**

**Initiation**

Any of the following:

1. Up to four doses for children up to and under the age of 10 for primary immunisation; or
2. An additional four doses (as appropriate) are funded for (re-)immunisation for children up to and under the age of 10 who are patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
3. Up to five doses for children up to and under the age of 10 receiving solid organ transplantation.

Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

## Bacterial Vaccines

ADULT DIPHTHERIA AND TETANUS VACCINE

- Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe – **1% DV Jul-14 to 2017** ..... 0.00 — 5 — **ADT Booster**

➥**Restricted**

**Initiation**

Any of the following:

1. For vaccination of patients aged 45 and 65 years old; or
2. For vaccination of previously unimmunised or partially immunised patients; or
3. For revaccination following immunosuppression; or
4. For boosting of 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.

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| BACILLUS CALMETTE-GUERIN VACCINE – **Restricted** see terms below | | | |
| ⬇ Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial Danish strain 1331, live attenuated, vial with diluent – **1% DV Oct-14 to 2017** | 0.00 | 10 | **BCG Vaccine** |

➥**Restricted**
**Initiation**
All of the following:
For infants at increased risk of tuberculosis defined as:
1 Living in a house or family with a person with current or past history of TB; and
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; and
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.

Note: A list of countries with high rates of TB are available at http://www.health.govt.nz/tuberculosis (Search for Downloads) or www.bcgatlas.org/index.php

| | | | |
|---|---|---|---|
| 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 haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe – **1% DV Jul-14 to 2017** | 0.00 | 1 | **Boostrix** |
| | | 10 | **Boostrix** |

➥**Restricted**
**Initiation**
Any of the following:
1 A single vaccine for pregnant woman between gestational weeks 28 and 38; or
2 A course of up to four vaccines is funded for children from age 7 up the age of 18 years inclusive to complete full primary immunisation; or
3 An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens.

Note: Tdap is not registered for patients aged less than 10 years. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

| | | | |
|---|---|---|---|
| HAEMOPHILUS INFLUENZAE TYPE B VACCINE – **Restricted** see terms below | | | |
| ⬇ Inj 10 mcg vial with diluent syringe – **1% DV Jul-14 to 2017** | 0.00 | 1 | **Act-HIB** |

➥**Restricted**
**Initiation**
*Therapy limited to 1 dose*
Any of the following:
1 For primary vaccination in children; or
2 An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or
3 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 on the next page | | | |
| ⬇ Inj 4 mcg or each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – **1% DV Jul-14 to 2017** | 0.00 | 1 | **Menactra** |

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

➥**Restricted**
**Initiation**
Any of the following:
1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
2 One dose for close contacts of meningococcal cases; or
3 A maximum of two doses for bone marrow transplant patients; or
4 A maximum of two doses for patients following immunosuppression*.

Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.
*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

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

| | | | |
|---|---|---|---|
| ⬇ Inj 10 mcg in 0.5 ml syringe – **1% DV Jul-14 to 2017** | 0.00 | 1 | **Neisvac-C** |
| | | 10 | **Neisvac-C** |

➥**Restricted**
**Initiation**
Any of the following:
1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
2 One dose for close contacts of meningococcal cases; or
3 A maximum of two doses for bone marrow transplant patients; or
4 A maximum of two doses for patients following immunosuppression*.

Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.
*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

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

| | | | |
|---|---|---|---|
| ⬇ Inj 30.8 mcg in 0.5 ml syringe – **1% DV Oct-14 to 2017** | 0.00 | 1 | **Prevenar 13** |
| | | 10 | **Prevenar 13** |

➥**Restricted**
**Initiation**
Any of the following:
1 A primary course of up to four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or
2 Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV10; or
3 One dose is funded for high risk children (over the age of 17 months and up to the age of 18) who have previously received four doses of PCV10; or
4 Up to an additional four doses (as appropriate) are funded for (re-)immunisation of patients with HIV, for patients post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, primary immunodeficiency; or
5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes

PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – **Restricted** see terms on the next page

| | | | |
|---|---|---|---|
| ⬇ Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) – **1% DV Jun-15 to 2017** | 0.00 | 1 | **Pneumovax 23** |

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

➥**Restricted**
**Initiation**
Any of the following:
1 Up to three doses (as appropriate) for patients with HIV, for patients post haematopoietic stem cell transplant, or chemotherapy; pre- or post-splenectomy; functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency; or
2 Up to two doses are funded for high risk children to the age of 18; or
3 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**
**Initiation**
For use during typhoid fever outbreaks.

## Viral Vaccines

HEPATITIS A VACCINE – **Restricted** see terms below
⬇ Inj 720 ELISA units in 0.5 ml syringe – **1% DV Jul-14 to 2017** ..... 0.00 1 **Havrix Junior**
⬇ Inj 1440 ELISA units in 1 ml syringe – **1% DV Jul-14 to 2017** ..... 0.00 1 **Havrix**
➥**Restricted**
**Initiation**
All of the following:
1 Two vaccinations for use in transplant patients; and
2 Two vaccinations for use in children with chronic liver disease; and
3 One dose of vaccine for close contacts of known hepatitis A cases.

HEPATITIS B RECOMBINANT VACCINE
⬇ Inj 5 mcg in 0.5 ml vial – **1% DV Jul-14 to 2017**
0.00 1 **HBvaxPRO**
➥**Restricted**
**Initiation**
Any of the following:
1 For household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
2 For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3 For children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination; or
4 For HIV positive patients; or
5 For hepatitis C positive patients; or
6 for patients following non-consensual sexual intercourse; or
7 For patients following immunosuppression; or
8 For transplant patients; or
9 following needle stick injury.
⬇ Inj 10 mcg in 1 ml vial – **1% DV Jul-14 to 2017** ..... 0.00 1 **HBvaxPRO**
➥**Restricted**
**Initiation**
Any of the following:
1 For household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
2 For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3 For children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination; or

continued...

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

continued...

4 For HIV positive patients; or
5 For hepatitis C positive patients; or
6 for patients following non-consensual sexual intercourse; or
7 For patients following immunosuppression; or
8 For transplant patients; or
9 following needle stick injury.

⬇ Inj 40 mcg per 1 ml vial – **1% DV Jul-14 to 2017** 0.00 1 **HBvaxPRO**

➥**Restricted**
**Initiation**
Both:
1 For dialysis patients; and
2 For liver or kidney transplant patient.

HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV] – **Restricted** see terms below
⬇ Inj 120 mcg in 0.5 ml syringe – **1% DV Jul-14 to 2017** ..... 0.00 10 **Gardasil**
➥**Restricted**
**Initiation**
*Therapy limited to 3 doses*
Any of the following:
1 Females aged under 20 years old; or
2 Patients aged under 26 years old with confirmed HIV infection; or
3 For use in transplant (including stem cell) patients; or
4 An additional dose for patients under 26 years of age post chemotherapy.

INFLUENZA VACCINE – **Restricted** see terms below
⬇ Inj 45 mcg in 0.5 ml syringe ..... 90.00 10 Fluarix
Influvac

➥**Restricted**
**Initiation — People over 65**
The patient is 65 years of age or over.
**Initiation — cardiovascular disease**
Any of the following:
1 Ischaemic heart disease; or
2 Congestive heart failure; or
3 Rheumatic heart disease; or
4 Longenital heart disease; or
5 Cerebro-vascular disease.
Note: hypertension and/or dyslipidaemia without evidence of end-organ disease is excluded from funding.
**Initiation — chronic respiratory disease**
Either:
1 Asthma, if on a regular preventative therapy; or
2 Other chronic respiratory disease with impaired lung function.
Note: asthma not requiring regular preventative therapy is excluded from funding.
**Initiation — Other conditions**
Either:
1 Any of the following:
1.1 Diabetes; or
1.2 chronic renal disease; or
1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or

continued...

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

continued...

1.4 Autoimmune disease; or
1.5 Immune suppression or immune deficiency; or
1.6 HIV; or
1.7 Transplant recipient; or
1.8 Neuromuscular and CNS diseases/ disorders; or
1.9 Haemoglobinopathies; or
1.10 Is a child on long term aspirin; or
1.11 Has a cochlear implant; or
1.12 Errors of metabolism at risk of major metabolic decompensation; or
1.13 Pre and post splenectomy; or
1.14 Down syndrome; or
1.15 Is pregnant; or
1.16 Is a child aged four and under who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or

2 Patients who are compulsorily detained long-term in a forensic unit within a DHB hospital.

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

⬇ Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent – **1% DV Jul-14 to 2017** ..... 0.00 10 **M-M-R-II**

➥**Restricted**
**Initiation — first dose prior to 12 months**
*Therapy limited to 3 doses*
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.

**Initiation — first dose after to 12 months**
*Therapy limited to 2 doses*
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.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

POLIOMYELITIS VACCINE – **Restricted** see terms below

⬇ Inj 80 D-antigen units in 0.5 ml syringe – **1% DV Jul-14 to 2017**
0.00 1 **IPOL**

➥**Restricted**
**Initiation**
*Therapy limited to 3 doses*
Either:
1 For partially vaccinated or previously unvaccinated individuals; or
2 For revaccination following immunosuppression.

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

RABIES VACCINE
Inj 2.5 IU vial with diluent

ROTAVIRUS LIVE REASSORTANT ORAL VACCINE – **Restricted** see terms on the next page

⬇ Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50 units per 2 ml, tube – **1% DV Jul-14 to 2017**
0.00 10 **RotaTeq**

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

➥**Restricted**
**Initiation**
*Therapy limited to 3 doses*
Both:

1 First dose to be administered in infants aged under 15 weeks of age; and
2 No vaccination being administered to children aged 8 months or over.

VARICELLA VACCINE [CHICKEN POX VACCINE] – **Restricted** see terms below

⬇ Inj 2,000 PFU vial with diluent – **1% DV Jul-14 to 2017**

0.00 1 **Varilrix**

➥**Restricted**
**Initiation**
*Therapy limited to 2 doses*
Any of the following:

1 Any of the following:
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.; or
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 patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella; or
6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella; or
7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

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

**NOTE:**
In addition to the products expressly listed here in Part III: Optional Pharmaceuticals, a number of additional Optional Pharmaceuticals, including some wound care products and disposable laparoscopic equipment, are listed in an addendum to Part III which is available at www.pharmac.govt.nz. The Optional Pharmaceuticals listed in the addendum are deemed to be listed in Part III, and the Rules of the Pharmaceutical Schedule applying to products listed in Part III apply to them.

## 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 | 19.00 | 1 | Accu-Chek Performa |
| | 9.00 | | FreeStyle Lite |
| | | | On Call Advanced |
| BLOOD GLUCOSE DIAGNOSTIC TEST STRIP | | | |
| Blood glucose test strips | 28.75 | 50 test | Accu-Chek Performa |
| | 10.56 | | CareSens |
| | | | CareSens N |
| | 21.65 | | FreeStyle Lite |
| | 28.75 | | Freestyle Optium |
| Blood glucose test strips × 50 and lancets × 5 | 19.10 | 50 test | On Call Advanced |
| BLOOD KETONE DIAGNOSTIC TEST METER | | | |
| Meter | 40.00 | 1 | Freestyle Optium |
| | | | Freestyle Optium Neo |
| *(Freestyle Optium Meter to be delisted 1 May 2016)* | | | |
| 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 | 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 | B-D Ultra Fine |
| Syringe 1 ml with 31 g × 8 mm needle | 13.00 | 100 | B-D Ultra Fine II |
| KETONE BLOOD BETA-KETONE ELECTRODES | | | |
| Test strips | 15.50 | 10 strip | Freestyle Optium Ketone |
| MASK FOR SPACER DEVICE | | | |
| Small | 2.20 | 1 | e-chamber Mask |
| PEAK FLOW METER | | | |
| Low Range | 9.54 | 1 | Mini-Wright AFS Low Range |
| Normal Range | 9.54 | 1 | Mini-Wright Standard |
| PREGNANCY TEST - HCG URINE | | | |
| Cassette – **1% DV Sep-15 to 2017** | 17.60 | 40 test | **EasyCheck** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| SODIUM NITROPRUSSIDE | | | |
| Test strip | 6.00 | 50 strip | Accu-Chek Ketur-Test |
| SPACER DEVICE | | | |
| 220 ml (single patient) | 2.95 | 1 | e-chamber Turbo |
| 510 ml (single patient) | 5.12 | 1 | e-chamber La Grande |
| 800 ml | 6.50 | 1 | Volumatic |

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