April 2017

Volume 5 Number 2

Editor: Kaye Wilson, Doris Chong
email: enquiry@pharmac.govt.nz
Telephone +64 4 460 4990
Facsimile +64 4 460 4995
Level 9, 40 Mercer Street
PO Box 10 254 Wellington 6143

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

Circulation

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

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/HML/archive/

Programmers

Anrik Drenth & John Geering
email: texschedule@pharmac.govt.nz

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 Factors for Consideration before deciding whether to approve applications for funding. The Factors for Consideration 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

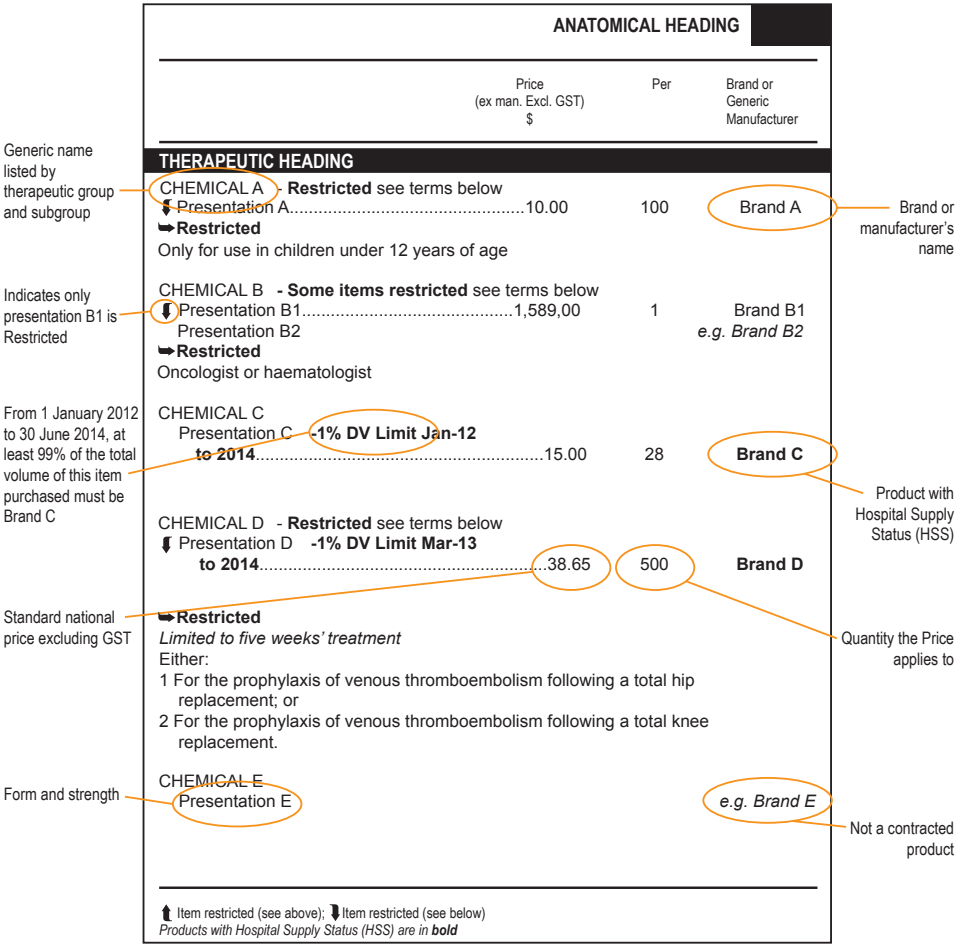
Abbreviations

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 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 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 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;

h) parenteral nutrition; and

i) pharmaceutical products for in-vivo investigation and allergy.

Subject to rule 2.2, the funding of pharmaceuticals identified in a)–i) 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.

20.6 The terms and conditions of a National Contract shall apply for a National Contract Pharmaceutical which has HSS for a Medical Device. In the event there is any inconsistency between such a National Contract and these General Rules, for example but not limited to a DV Pharmaceutical or DV Limit, the National Contract shall prevail.

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 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 – **1% DV Oct-16 to 2019**	10.75	400	**Nodia**
Cap 2 mg – **1% DV Sep-16 to 2019**	7.05	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	85.50	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-16 to 2019**	14.00	100	**Salazopyrin**
Tab EC 500 mg – **1% DV Oct-16 to 2019**	13.50	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 Jul-16 to 2019**	17.14	10	**Max Health**
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 – **1% DV Jun-16 to 2019**	41.50	120	**Cytotec**
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
Inj 40 mg ampoule with diluent – **1% DV Sep-16 to 2019**	33.98	5	**Dr Reddy's Omeprazole**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Inj 40 mg vial – **1% DV Jan-17 to 2019**	13.00	5	**Omezol IV**
PANTOPRAZOLE			
Tab EC 20 mg – **1% DV Dec-16 to 2019**	2.41	100	**Panzop Relief**
Tab EC 40 mg – **1% DV Dec-16 to 2019**	3.35	100	**Panzop Relief**
Inj 40 mg vial			

Site Protective Agents

COLLOIDAL BISMUTH SUBCITRATE			
Tab 120 mg	14.51	50	Gastrodenol
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
GLUCOSE [DEXTROSE]			
Tab 1.5 g			
Tab 3.1 g			
Tab 4 g			
Gel 40%			

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

Insulin - Short-Acting Preparations

INSULIN NEUTRAL			
Inj human 100 u per ml, 10 ml vial			
Inj human 100 u per ml, 3 ml cartridge			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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	7.82	500	Apotex 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 pancreatin (175 mg (25,000 U lipase, 22,500 U amylase, 1,250 U protease))			
Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) – **1% DV Oct-15 to 2018**	34.93	100	**Creon 10000**
Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U) – **1% DV Oct-15 to 2018**	94.38	100	**Creon 25000**
Powder pancreatin 60.12 mg (3,600 Ph. Eur. u/amylase, 5,000 Ph. Eur. u/lipase and 200 Ph. Eur. u/protease)			
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
2 Patient not requiring a liver transplant (bilirubin > 100 μmol/l; decompensated cirrhosis.

continued...

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

continued...

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	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

POLOXAMER

Oral drops 10% – **1% DV Sep-14 to 2017**	3.78	30 ml	**Coloxyl**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 Sep-16 to 2019**	3.18	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	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			
ALGLUCOSIDASE ALFA – **Restricted** see terms below			
⬇ Inj 50 mg vial	1,142.60	1	Myozyme
➥Restricted			
Initiation			
Metabolic physician			
Re-assessment required after 12 months			
All of the following:			
1 The patient is aged up to 24 months at the time of initial application and has been diagnosed with infantile Pompe disease; and			
2 Any of the following:			

continued. . .

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

continued...

2.1 Diagnosis confirmed by documented deficiency of acid alpha-glucosidase by prenatal diagnosis using chorionic villus biopsies and/or cultured amniotic cells; or
2.2 Documented deficiency of acid alpha-glucosidase, and urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides; or
2.3 Documented deficiency of acid alpha-glucosidase, and documented molecular genetic testing indicating a disease-causing mutation in the acid alpha-glucosidase gene (GAA gene); or
2.4 Documented urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides, and molecular genetic testing indicating a disease-causing mutation in the GAA gene; and

3 Patient has not required long-term invasive ventilation for respiratory failure prior to starting enzyme replacement therapy (ERT); and
4 Patient does not have another life-threatening or severe disease where the prognosis is unlikely to be influenced by ERT or might be reasonably expected to compromise a response to ERT; and
5 Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks.

Continuation
Metabolic physician
Re-assessment required after 12 months
All of the following:

1 The treatment remains appropriate for the patient and the patient is benefiting from treatment; and
2 Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks; and
3 Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
4 Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by ERT; and
5 Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT; and
6 There is no evidence of life threatening progression of respiratory disease as evidenced by the needed for >14 days of invasive ventilation; and
7 There is no evidence of new or progressive cardiomyopathy.

ARGININE
Powder
Inj 600 mg per ml, 25 ml vial

BETAINE – **Restricted** see terms below
⬇ Powder
➥**Restricted**
Metabolic physician or metabolic disorders dietitian

BIOTIN – **Restricted** see terms below
⬇ Cap 50 mg
⬇ Cap 100 mg
⬇ Inj 10 mg per ml, 5 ml vial
➥**Restricted**
Metabolic physician or metabolic disorders dietitian

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

⬇	Inj 1 mg per ml, 5 ml vial – **1% DV May-16 to 2018**	2,234.00	1	**Naglazyme**

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

➥**Restricted**

Initiation

Metabolic physician

Re-assessment required after 12 months

Both:

1 The patient has been diagnosed with mucopolysaccharidosis VI; and
2 Either:
  2.1 Diagnosis confirmed by demonstration of N-acetyl-galactosamine-4-sulfatase (arylsulfatase B) deficiency confirmed by either enzyme activity assay in leukocytes or skin fibroblasts; or
  2.2 Detection of two disease causing mutations and patient has a sibling who is known to have mucopolysaccharidosis VI.

Continuation

Metabolic physician

Re-assessment required after 12 months

All of the following:

1 The treatment remains appropriate for the patient and the patient is benefiting from treatment; and
2 Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
3 Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by Enzyme Replacement Therapy (ERT); and
4 Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT.

HAEM ARGINATE

Inj 25 mg per ml, 10 ml ampoule

IDURSULFASE – **Restricted** see terms below

⬇ Inj 2 mg per ml, 3 ml vial ..... 4,608.30 1 Elaprase

➥**Restricted**

Initiation

Metabolic physician

Limited to 24 weeks treatment

All of the following:

1 The patient has been diagnosed with Hunter Syndrome (mucopolysacchardosis II); and
2 Either:
  2.1 Diagnosis confirmed by demonstration of iduronate 2-sulfatase deficiency in white blood cells by either enzyme assay in cultured skin fibroblasts; or
  2.2 Detection of a disease causing mutation in the iduronate 2-sulfatase gene; and
3 Patient is going to proceed with a haematopoietic stem cell transplant (HSCT) within the next 3 months and treatment with idursulfase would be bridging treatment to transplant; and
4 Patient has not required long-term invasive ventilation for respiratory failure prior to starting Enzyme Replacement Therapy (ERT); and
5 Idursulfase to be administered for a total of 24 weeks (equivalent to 12 weeks pre- and 12 weeks post-HSCT) at doses no greater than 0.5 mg/kg every week.

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 on the next page

⬇ Cap 500 mg
⬇ Oral soln 1,100 mg per 15 ml
⬇ Inj 200 mg per ml, 5 ml vial

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

➥**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 – **Some items restricted** see terms below
Tab 500 mg
⬇ Grans 483 mg per g ..... 1,920.00 174 g Pheburane
Oral liq 250 mg per ml
Inj 200 mg per ml, 10 ml ampoule
➥**Restricted**
Initiation
Metabolic physician
Re-assessment required after 12 months
For the chronic management of a urea cycle disorder involving a deficiency of carbamylphosphate synthetase, ornithine transcarbamylase or argininosuccinate synthetase.
Continuation
Metabolic physician
Re-assessment required after 12 months
The treatment remains appropriate and the patient is benefiting from treatment.

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) ..... 2.07 10 Calsource

Fluoride

SODIUM FLUORIDE
Tab 1.1 mg (0.5 mg elemental)

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 on the next page
⬇ Inj 50 mg per ml, 10 ml vial ..... 150.00 1 Ferinject

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
➥**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 Oct-16 to 2019**	10.80	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			
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%			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
BENZYDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE			
Lozenge 3 mg with cetylpyridinium chloride			
CARBOXYMETHYLCELLULOSE			
Oral spray			
CARMELLOSE SODIUM WITH PECTIN AND GELATINE			
Paste			
Powder			
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			
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 – **1% DV Aug-16 to 2019**	9.15	500 ml	**PSM**

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.

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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) – **1% DV Jan-17 to 2019**	10.50	1,000	**Mvite**
⬇ Cap vitamin A 2500 u, betacarotene 3 mg, colecalciferol 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, rib			*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*
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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 – **1% DV Jan-17 to 2019**	7.15	500	**Bplex**
Vitamin C			
ASCORBIC ACID			
Tab 100 mg – **1% DV Jan-17 to 2019**	8.10	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			
CALCITRIOL			
Cap 0.25 mcg – **1% DV Aug-16 to 2019**	9.95	100	**Calcitriol-AFT**
Cap 0.5 mcg – **1% DV Aug-16 to 2019**	18.39	100	**Calcitriol-AFT**
Oral liq 1 mcg per ml			
Inj 1 mcg per ml, 1 ml ampoule			
COLECALCIFEROL			
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.

continued. . .

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

continued...

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

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

Note: Epoetin beta is considered a Discretionary Variance Pharmaceutical for epoetin alfa.

- ⬇ Inj 2,000 iu in 0.3 ml syringe
- ⬇ Inj 3,000 iu in 0.3 ml syringe
- ⬇ Inj 4,000 iu in 0.3 ml syringe
- ⬇ Inj 5,000 iu in 0.3 ml syringe
- ⬇ Inj 6,000 iu in 0.3 ml syringe
- ⬇ Inj 10,000 iu in 0.6 ml syringe

➥**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 12 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 2 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.

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			

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

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

FERRIC SUBSULFATE

Gel 25.9%
Soln 500 ml

POLIDOCANOL

Inj 0.5%, 30 ml vial

SODIUM TETRADECYL SULPHATE

Inj 3%, 2 ml ampoule

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
THROMBIN			
Powder			
TRANEXAMIC ACID			
Tab 500 mg – **1% DV Sep-16 to 2019**	20.67	100	**Cyklokapron**
Inj 100 mg per ml, 5 ml ampoule – **1% DV Sep-15 to 2018**	55.00	10	**Cyklokapron**

Anticoagulant Reversal Agents

IDARUCIZUMAB – **Restricted** see terms below

⬇ Inj 50 mg per ml, 50 ml vial	4,250.00	2	Praxbind

➥**Restricted**

Initiation

For the reversal of the anticoagulant effects of dabigatran when required in situations of life-threatening or uncontrolled bleeding, or for emergency surgery or urgent procedures.

Blood Factors

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

⬇ Inj 1 mg syringe	1,178.30	1	NovoSeven RT
⬇ Inj 2 mg syringe	2,356.60	1	NovoSeven RT
⬇ Inj 5 mg syringe	5,891.50	1	NovoSeven RT
⬇ Inj 8 mg syringe	9,426.40	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	76.36	60	Pradaxa
Cap 110 mg	76.36	60	Pradaxa
Cap 150 mg	76.36	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 SODIUM

Inj 20 mg in 0.2 ml syringe	30.91	10	Clexane
Inj 40 mg in 0.4 ml ampoule			
Inj 40 mg in 0.4 ml syringe	41.24	10	Clexane
Inj 60 mg in 0.6 ml syringe	62.18	10	Clexane
Inj 80 mg in 0.8 ml syringe	82.88	10	Clexane
Inj 100 mg in 1 ml syringe	103.80	10	Clexane
Inj 120 mg in 0.8 ml syringe	128.98	10	Clexane
Inj 150 mg in 1 ml syringe	147.41	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 – **10% DV Dec-16 to 2019** ..... 1.60 | 90 | **Ethics Aspirin EC**

Suppos 300 mg ..... 12.50 | 990 | **Ethics Aspirin EC**

CLOPIDOGREL

Tab 75 mg – **1% DV Mar-17 to 2019** ..... 5.44 | 84 | **Arrow - Clopid**

DIPYRIDAMOLE

Tab 25 mg

Tab long-acting 150 mg – **1% DV Sep-16 to 2019** ..... 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

Drugs Used to Mobilise Stem Cells

PLERIXAFOR – **Restricted** see terms below

⬇ Inj 20 mg per ml, 1.2 ml vial	8,740.00	1	Mozobil

➥**Restricted**

Initiation — Autologous stem cell transplant

Haematologist

Limited to 3 days treatment

All of the following:

1 Patient is to undergo stem cell transplantation; and

2 Patient has not had a previous unsuccessful mobilisation attempt with plerixafor; and

3 Any of the following:

3.1 Both:

3.1.1 Patient is undergoing G-CSF mobilisation; and

3.1.2 Either:

3.1.2.1 Has a suboptimal peripheral blood CD34 count of $\leq 10 \times 10^6$/L on day 5 after 4 days of G-CSF treatment; or

3.1.2.2 Efforts to collect > 1×10^6 CD34 cells/kg have failed after one apheresis procedure; or

3.2 Both:

3.2.1 Patient is undergoing chemotherapy and G-CSF mobilisation; and

3.2.2 Any of the following:

3.2.2.1 Both:

3.2.2.1.1 Has rising white blood cell counts of > 5×10^9/L; and

3.2.2.1.2 Has a suboptimal peripheral blood CD34 count of $\leq 10 \times 10^6$/L; or

3.2.2.2 Efforts to collect > 1×10^6 CD34 cells/kg have failed after one apheresis procedure; or

3.2.2.3 The peripheral blood CD34 cell counts are decreasing before the target has been received; or

3.3 A previous mobilisation attempt with G-CSF or G-CSF plus chemotherapy has failed.

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	520.00	4	Neupogen
⬇ Inj 480 mcg in 0.5 ml prefilled syringe	432.00	5	Zarzio

➥**Restricted**

Haematologist or oncologist

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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	2.40	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
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	6.11	500 ml	Baxter
	9.33	1,000 ml	Baxter
Inj 50%, bag	18.74	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	12.09	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			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE			
Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag			
Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, bag	3.45	500 ml	Baxter
	8.31	1,000 ml	Baxter
Inj 4% glucose with potassium chloride 30 mmol/l and sodium chloride 0.18%, bag	10.74	1,000 ml	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, bag	8.29	1,000 ml	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, bag	12.50	1,000 ml	Baxter
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	8.12	500 ml	Baxter
Inj glucose 5% with sodium chloride 0.45%, bag	5.80	1,000 ml	Baxter
Inj glucose 5% with sodium chloride 0.9%, bag	8.92	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			
POTASSIUM CHLORIDE WITH SODIUM CHLORIDE			
Inj 20 mmol/l potassium chloride with 0.9% sodium chloride, bag	7.66	1,000 ml	Baxter
Inj 30 mmol/l potassium chloride with 0.9% sodium chloride, bag	9.40	1,000 ml	Baxter
Inj 40 mmol/l potassium chloride with 0.9% sodium chloride, bag	12.26	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	8.69	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 0.9%, 5 ml ampoule – **1% DV Mar-17 to 2019**	7.00	50	**InterPharma**
Inj 0.9%, 10 ml ampoule – **1% DV Mar-17 to 2019**	6.63	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**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
➥**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	7.50	30	InterPharma
	5.00	20	Multichem
Inj 23.4% (4 mmol/ml), 20 ml ampoule – **1% DV Oct-16 to 2019**	33.00	5	**Biomed**
Inj 0.45%, 500 ml bag – **1% DV Sep-16 to 2019**	71.28	18	**Baxter**
Inj 3%, 1,000 ml bag – **1% DV Sep-16 to 2019**	91.20	12	**Baxter**
Inj 0.9%, 50 ml bag – **1% DV Sep-16 to 2019**	109.80	60	**Baxter**
Inj 0.9%, 100 ml bag – **1% DV Sep-16 to 2019**	78.24	48	**Baxter**
Inj 0.9%, 250 ml bag – **1% DV Sep-16 to 2019**	44.64	24	**Baxter**
Inj 0.9%, 500 ml bag – **1% DV Sep-16 to 2019**	22.14	18	**Baxter**
Inj 0.9%, 1,000 ml bag – **1% DV Sep-16 to 2019**	15.12	12	**Baxter**
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**
WATER			
Inj 5 ml ampoule – **1% DV Mar-17 to 2019**	7.00	50	**InterPharma**
Inj 10 ml ampoule – **1% DV Mar-17 to 2019**	6.63	50	**Pfizer**
Inj 20 ml ampoule	7.50	30	InterPharma
	5.00	20	Multichem
Inj 250 ml bag			
Inj 500 ml bag			
Inj, 1,000 ml bag – **1% DV Sep-16 to 2019**	19.08	12	**Baxter**

Oral Administration

CALCIUM POLYSTYRENE SULPHONATE			
Powder	169.85	300 g	Calcium Resonium
COMPOUND ELECTROLYTES			
Powder for oral soln – **1% DV Dec-16 to 2019**	2.30	10	**Enerlyte**
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)	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			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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	2.00	90	Zapril
Tab 2.5 mg – **1% DV Dec-16 to 2019**	7.20	200	**Apo-Cilazapril**
Tab 5 mg – **1% DV Dec-16 to 2019**	12.00	200	**Apo-Cilazapril**

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 Sep-16 to 2019**	10.18	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 5 mg per ml, 1 ml ampoule			
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-16 to 2019**	0.59	28	**Actavis**
Tab 2 mg – **1% DV Apr-17 to 2019**	7.50	500	**Apo-Terazosin**
Tab 5 mg – **1% DV Feb-17 to 2019**	10.90	500	**Apo-Terazosin**

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

Antiarrhythmics

ADENOSINE
- Inj 3 mg per ml, 2 ml vial
- ⬇ Inj 3 mg per ml, 10 ml vial

➥**Restricted**
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 – **1% DV Oct-16 to 2019**	4.66	30	**Cordarone-X**
Tab 200 mg – **1% DV Oct-16 to 2019**	7.63	30	**Cordarone-X**
Inj 50 mg per ml, 3 ml ampoule – **1% DV Jun-17 to 2019**	22.80	6	Cordarone-X
	9.98	5	**Lodi**

(Cordarone-X Inj 50 mg per ml, 3 ml ampoule to be delisted 1 June 2017)

ATROPINE SULPHATE

Inj 600 mcg per ml, 1 ml ampoule	71.00	50	AstraZeneca

DIGOXIN

Tab 62.5 mcg – **1% DV Jun-16 to 2019**	6.67	240	**Lanoxin PG**
Tab 250 mcg – **1% DV Jun-16 to 2019**	14.52	240	**Lanoxin**
Oral liq 50 mcg per ml			
Inj 250 mcg per ml, 2 ml vial			

DISOPYRAMIDE PHOSPHATE
- Cap 100 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.

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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
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	8.99	100	Hybloc
Tab 100 mg	11.36	100	Hybloc
Tab 200 mg	29.74	100	Hybloc
Tab 400 mg			
Inj 5 mg per ml, 20 ml ampoule			
METOPROLOL SUCCINATE			
Tab long-acting 23.75 mg	2.39	90	Metoprolol - AFT CR
Tab long-acting 47.5 mg	3.48	90	Metoprolol - AFT CR
Tab long-acting 95 mg	5.73	90	Metoprolol - AFT CR
Tab long-acting 190 mg	11.54	90	Metoprolol - AFT CR
METOPROLOL TARTRATE			
Tab 50 mg – **1% DV Aug-16 to 2018**	4.64	100	**Apo-Metoprolol**
Tab 100 mg – **1% DV Aug-16 to 2018**	6.09	60	**Apo-Metoprolol**
Tab long-acting 200 mg	23.40	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	9.72	100	Apo-Pindolol
Tab 10 mg	15.62	100	Apo-Pindolol
Tab 15 mg	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			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
SOTALOL			
Tab 80 mg – **1% DV Oct-16 to 2019**	39.53	500	**Mylan**
Tab 160 mg – **1% DV Oct-16 to 2019**	12.48	100	**Mylan**
Inj 10 mg per ml, 4 ml ampoule	65.39	5	Sotacor
TIMOLOL MALEATE			
Tab 10 mg			

Calcium Channel Blockers

Dihydropyridine Calcium Channel Blockers

AMLODIPINE			
Tab 2.5 mg – **1% DV 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			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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			
PERHEXILINE MALEATE			
Tab 100 mg – **1% DV Jun-16 to 2019**	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	25.00	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	Methyldopa Mylan Prodopa
Tab 500 mg	23.15	100	Prodopa
(Prodopa Tab 125 mg to be delisted 1 May 2017)			
(Prodopa Tab 250 mg to be delisted 1 May 2017)			
(Prodopa Tab 500 mg to be delisted 1 June 2017)			
Diuretics			
Loop Diuretics			
BUMETANIDE			
Tab 1 mg	16.36	100	Burinex
Inj 500 mcg per ml, 4 ml vial			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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% DV Jun-16 to 2019**	1.20	5	**Frusemide-Claris**
Inj 10 mg per ml, 25 ml ampoule			

Osmotic Diuretics

MANNITOL			
Inj 10%, 1,000 ml bag	24.85	1,000 ml	Baxter
Inj 20%, 500 ml bag	23.08	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

Potassium Sparing Diuretics

AMILORIDE HYDROCHLORIDE			
Tab 5 mg	15.00	100	Apo-Amiloride
Oral liq 1 mg per ml	30.00	25 ml	Biomed
SPIRONOLACTONE			
Tab 25 mg – **1% DV Oct-16 to 2019**	4.38	100	**Spiractin**
Tab 100 mg – **1% DV Oct-16 to 2019**	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-16 to 2019**	2.60	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.

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

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 Jan-17 to 2019** ... 19.56 | 60 | **Lipazil**

HMG CoA Reductase Inhibitors (Statins)

ATORVASTATIN
- Tab 10 mg – **1% DV Nov-16 to 2018** ... 9.29 | 500 | **Lorstat**
- Tab 20 mg – **1% DV Nov-16 to 2018** ... 13.32 | 500 | **Lorstat**
- Tab 40 mg – **1% DV Nov-16 to 2018** ... 21.23 | 500 | **Lorstat**
- Tab 80 mg – **1% DV Nov-16 to 2018** ... 36.26 | 500 | **Lorstat**

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.

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

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**

(Nitronal Inj 1 mg per ml, 50 ml vial to be delisted 1 July 2017)

ISOSORBIDE MONONITRATE			
Tab 20 mg – **1% DV Sep-14 to 2017**	17.10	100	**Ismo-20**
Tab long-acting 40 mg – **1% DV Jun-16 to 2019**	7.50	30	**Ismo 40 Retard**
Tab long-acting 60 mg	8.49	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.

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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
➥**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 – **1% DV Jul-16 to 2018**	300.30	10	**Milrinone Generic Health**
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
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 on the next page			
⬇ 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**

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

➥**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 below

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

➥**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 Jan-17 to 2019**	380.00	5	**Ilomedin**
⬇	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% ..... 2.52 — 15 g — DP Fusidic Acid Cream
- Oint 2% ..... 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
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**
PHENOTHRIN			
Shampoo 0.5%			

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 Sep-16 to 2019**	1.59	100 g	**healthE Dimethicone 5%**
Crm 5% pump bottle – **1% DV Sep-16 to 2019**	4.59	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% – **1% DV Aug-16 to 2019**	2.82	500 ml	**Pharmacy Health Sorbolene with Glycerin**
	3.87	1,000 ml	**Pharmacy Health Sorbolene with Glycerin**
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% – **1% DV Sep-16 to 2019**	1.37	100 g	**healthE Urea Cream**
WOOL FAT			
Crm			

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

Corticosteroids

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 Dec-16 to 2019** ... 2.20 — 30 g — **Dermol**
- Oint 0.05% – **1% DV Dec-16 to 2019** ... 2.20 — 30 g — **Dermol**

CLOBETASONE BUTYRATE
- Crm 0.05%

DIFLUCORTOLONE VALERATE – **Restricted:** For continuation only
- ➡ Crm 0.1%
- ➡ Fatty oint 0.1%

HYDROCORTISONE
- Crm 1%, 30 g – **1% DV Feb-17 to 2019** ... 1.11 — 30 g — **DermAssist**
  Note: DV limit applies to the pack sizes of less than or equal to 100 g.
- Crm 1%, 500 g – **1% DV Dec-16 to 2019** ... 16.25 — 500 g — **Pharmacy Health**
  Note: DV limit applies to the pack sizes of greater than 100 g.

HYDROCORTISONE ACETATE
- Crm 1% ... 2.48 — 14.2 g — AFT

HYDROCORTISONE 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

Oint 50 mcg per g ..... 45.00 — 100 g — 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

CLOBETASOL PROPIONATE

Scalp app 0.05% ..... 6.96 — 30 ml — Dermol

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 Nov-16 to 2019**	1.60	35 g	**Clomazol**
Vaginal crm 2% with applicator – **1% DV Nov-16 to 2019**	2.10	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
IUD 35.5 mm length × 19.6 mm width	31.60	1	Choice Load 375

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

Emergency Contraception

LEVONORGESTREL
Tab 1.5 mg – **1% DV Jun-17 to 2019** ..... 4.95 | 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 – **1% DV Aug-16 to 2019** ..... 269.50 | 1 | **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 Oct-16 to 2019** ..... 7.25 | 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			
Vaginal gel 1 mg in 3 g	52.65	1	Prostin E2
Vaginal gel 2 mg in 3 g	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 – **1% DV Aug-16 to 2019** ..... 16.50 30 **Utrogestan**

➥**Restricted**

Initiation

Gynaecologist or obstetrician

Re-assessment required after 12 months

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.

Continuation

Gynaecologist or obstetrician

Re-assessment required after 12 months

All of the following:

1 For the prevention of pre-term labour*; and
2 Treatment is required for second or subsequent pregnancy; and
3 Either:
  3.1 The patient has a short cervix on ultrasound (defined as < 25mm at 16 to 28 weeks); or
  3.2 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

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

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.

Alpha-1A Adrenoceptor Blockers

TAMSULOSIN – **Restricted** see terms below

⬇ Cap 400 mcg	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 Sep-16 to 2019**	8.85	500	**Apo-Oxybutynin**
Oral liq 5 mg per 5 ml – **1% DV Sep-16 to 2019**	60.40	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 on the next page

⬇ Tab 1 mg	14.56	56	Arrow-Tolterodine
⬇ Tab 2 mg	14.56	56	Arrow-Tolterodine

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

➥**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**

CINACALCET – **Restricted** see terms below

⬇ Tab 30 mg	403.70	28	Sensipar

➥**Restricted**

Initiation

Nephrologist or endocrinologist

Re-assessment required after 6 months

Either:

1 All of the following:
- 1.1 The patient has been diagnosed with a parathyroid carcinoma (see Note); and
- 1.2 The patient has persistent hypercalcaemia (serum calcium ≥ 3 mmol/L) despite previous first-line treatments including sodium thiosulfate (where appropriate) and bisphosphonates; and
- 1.3 The patient is symptomatic; or

2 All of the following:
- 2.1 The patient has been diagnosed with calciphylaxis (calcific uraemic arteriolopathy); and
- 2.2 The patient has symptomatic (e.g. painful skin ulcers) hypercalcaemia (serum calcium ≥ 3 mmol/L); and
- 2.3 The patient's condition has not responded to previous first-line treatments including bisphosphonates and sodium thiosulfate.

Continuation

Nephrologist or endocrinologist

Both:

continued...

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

continued...

1 The patient's serum calcium level has fallen to < 3mmol/L; and
2 The patient has experienced clinically significant symptom improvement.

Note: This does not include parathyroid adenomas unless these have become malignant.

ZOLEDRONIC ACID

⬇ Inj 4 mg per 5 ml, vial	84.50	1	Zoledronic acid Mylan
	550.00		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

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 Jul-16 to 2019**	14.19	10	**Max Health**
Inj 4 mg per ml, 2 ml ampoule – **1% DV Jul-16 to 2019**	12.59	5	**Max Health**

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-16 to 2019**	5.30	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**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 – **1% DV Jun-17 to 2020**	10.68	500	**Apo-Prednisone**
Tab 2.5 mg – **1% DV Jun-17 to 2020**	12.09	500	**Apo-Prednisone**
Tab 5 mg – **1% DV Jun-17 to 2020**	11.09	500	**Apo-Prednisone**
Tab 20 mg – **1% DV Jun-17 to 2020**	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			

Hormone Replacement Therapy

Oestrogens

OESTRADIOL			
Tab 1 mg			
Tab 2 mg			
Patch 25 mcg per day – **1% DV Oct-16 to 2019**	6.12	8	**Estradot**
Patch 50 mcg per day – **1% DV Oct-16 to 2019**	7.04	8	**Estradot**
Patch 75 mcg per day – **1% DV Mar-17 to 2019**	7.91	8	**Estradot**
Patch 100 mcg per day – **1% DV Oct-16 to 2019**	7.91	8	**Estradot**
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			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Progestogens			
MEDROXYPROGESTERONE ACETATE			
Tab 2.5 mg – **1% DV Oct-16 to 2019**	3.75	30	**Provera**
Tab 5 mg – **1% DV Oct-16 to 2019**	14.00	100	**Provera**
Tab 10 mg – **1% DV Oct-16 to 2019**	7.15	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.

CLOMIFENE CITRATE			
Tab 50 mg	29.84	10	Mylan Clomiphen Serophene
DANAZOL			
Cap 100 mg	68.33	100	Azol
Cap 200 mg	97.83	100	Azol
GESTRINONE			
Cap 2.5 mg			
METYRAPONE			
Cap 250 mg			
PENTAGASTRIN			
Inj 250 mcg per ml, 2 ml ampoule			
Other Oestrogen Preparations			
ETHINYLOESTRADIOL			
Tab 10 mcg – **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 Oct-16 to 2019**	101.00	100	**Provera HD**
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			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
THYROTROPIN ALFA			
Inj 900 mcg vial			

Adrenocorticotropic Hormones

TETRACOSACTIDE [TETRACOSACTRIN]			
Inj 250 mcg per ml, 1 ml ampoule	75.00	1	Synacthen
Inj 1 mg per ml, 1 ml ampoule	690.00	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, syringe – **1% DV Dec-16 to 2019**	66.48	1	**Zoladex**
Implant 10.8 mg, syringe – **1% DV Dec-16 to 2019**	177.50	1	**Zoladex**
LEUPRORELIN ACETATE			
Inj 3.75 mg prefilled dual chamber syringe	221.60	1	Lucrin Depot 1-month
Inj 7.5 mg syringe with diluent	166.20	1	Eligard 1 Month
Inj 11.25 mg prefilled dual chamber syringe	591.68	1	Lucrin Depot 3-month
Inj 22.5 mg syringe with diluent	443.76	1	Eligard 3 Month
Inj 30 mg prefilled dual chamber syringe	1,109.40	1	Lucrin Depot 6-month
Inj 45 mg syringe with diluent	832.05	1	Eligard 6 month

(Eligard 1 Month Inj 7.5 mg syringe with diluent to be delisted 1 June 2017)
(Eligard 3 Month Inj 22.5 mg syringe with diluent to be delisted 1 June 2017)
(Lucrin Depot 6-month Inj 30 mg prefilled dual chamber syringe to be delisted 1 August 2017)
(Eligard 6 month Inj 45 mg syringe with diluent to be delisted 1 June 2017)

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:

continued. . .

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

continued...

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.

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

continued...

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

continued...

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
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 ≤ 30 ml/min/1.73 m^2 as measured by the Schwartz method (Height(cm)/plasma creatinine (umol/l × 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 ≥ 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 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.

continued...

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

continued...

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 is aged six months or older; and
3 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
4 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
5 Either:
    5.1 Both:
        5.1.1 The patient is aged two years or older; and
        5.1.2 There is no evidence of type II diabetes or uncontrolled obesity defined by BMI that has increased by ≥ 0.5 standard deviations in the preceding 12 months; or
    5.2 The patient is aged between six months and two years and a thorough upper airway assessment is planned to be undertaken prior to treatment commencement and at six to 12 weeks following treatment initiation.

Continuation — Prader-Willi syndrome
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 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®).

continued...

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

continued...

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.

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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 – **1% DV Jun-16 to 2019**	25.00	30	**Minirin**
⬇ Tab 200 mcg – **1% DV Jun-16 to 2019**	54.45	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.

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 – **1% DV Feb-17 to 2018** ..... 15.00 — 5 — **Tobramycin Mylan**

➥**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 250 mg – **1% DV Dec-16 to 2019**	3.50	20	**Cephalexin ABM**
Cap 500 mg – **1% DV Oct-16 to 2019**	3.95	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 Sep-16 to 2019**	24.70	100	**Ranbaxy-Cefaclor**
Grans for oral liq 25 mg per ml – **1% DV Sep-16 to 2019**	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 Nov-16 to 2019**	1.20	1	**DEVA**
Inj 1 g vial – **1% DV Dec-16 to 2019**	0.84	1	**DEVA**
Inj 2 g vial	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 50 mg per ml	23.12	50 ml	Klacid
⬇ Inj 500 mg vial – **1% DV Mar-15 to 2017**	20.40	1	**Martindale**

➥**Restricted**
Initiation — Tab 250 mg and oral liquid
Either:
1 Atypical mycobacterial infection; or
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 Sep-16 to 2019**	14.97	500	**Apo-Amoxi**
Cap 500 mg – **1% DV Sep-16 to 2019**	16.75	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% DV Aug-16 to 2017**	1.95	20	**Augmentin**
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 Sep-16 to 2019**	1.48	100 ml	**AFT**
Grans for oral liq 250 mg per 5 ml – **1% DV Sep-16 to 2019**	1.58	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 bottle	70.00	1	Avelox IV 400

➥**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 Sep-16 to 2019** ..... 4.10 — 16 — **Clindamycin ABM**
- ⬇ Oral liq 15 mg per ml
- ⬇ Inj 150 mg per ml, 4 ml ampoule – **1% DV Sep-16 to 2019** ..... 65.00 — 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 – **1% DV Jun-17 to 2020**	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 Sep-16 to 2019** ..... 4.95 | 1 | **Fluconazole-Claris**

⬇ Inj 2 mg per ml, 100 ml vial – **1% DV Sep-16 to 2019** ..... 6.47 | 1 | **Fluconazole-Claris**

➥**Restricted**

Consultant

ITRACONAZOLE – **Restricted** see terms below

⬇ Cap 100 mg – **1% DV Sep-16 to 2019** ..... 2.79 | 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

⬇ Tab modified-release 100 mg ..... 869.86 | 24 | Noxafil

⬇ 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**
⬇	Powder for oral suspension 40 mg per ml	876.00	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 Oct-16 to 2019**	275.00	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 – **1% DV Oct-16 to 2019**	23.00	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 ..... 61.91 500 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

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
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 above

⬆	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			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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	203.55	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:

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 above			
⬆ 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 above			
⬆ Tab 600 mg with lamivudine 300 mg	427.29	30	Kivexa

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
DIDANOSINE [DDI] – **Restricted** see terms on the preceding page			
↑ Cap 125 mg			
↑ Cap 200 mg			
↑ Cap 250 mg			
↑ Cap 400 mg			
(Any Cap 125 mg to be delisted 1 July 2017)			
(Any Cap 200 mg to be delisted 1 July 2017)			
(Any Cap 250 mg to be delisted 1 July 2017)			
(Any Cap 400 mg to be delisted 1 July 2017)			
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 Sep-16 to 2019**	152.25	100	**Retrovir**
↑ Oral liq 10 mg per ml – **1% DV Sep-16 to 2019**	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**

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.

continued. . .

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

continued...

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 on the preceding page

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

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

⬆ Tab 400 mg – **1% DV Jun-17 to 2020**	335.00	60	**Prezista**
⬆ Tab 600 mg – **1% DV Jun-17 to 2020**	476.00	60	**Prezista**

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

⬆ Cap 200 mg
⬆ Cap 400 mg

LOPINAVIR WITH RITONAVIR – **Restricted** see terms on the preceding page

⬆ Tab 100 mg with ritonavir 25 mg	183.75	60	Kaletra
⬆ Tab 200 mg with ritonavir 50 mg	735.00	120	Kaletra
⬆ Oral liq 80 mg with ritonavir 20 mg per ml	735.00	300 ml	Kaletra

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

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

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

continued...

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

continued...

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.

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

⬆	Tab 50 mg	1,090.00	30	Tivicay

RALTEGRAVIR POTASSIUM – **Restricted** see terms on the preceding page

⬆	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:
  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 on the next page

⬇	Tab 0.5 mg	400.00	30	Baraclude

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

➥**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
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

continued...

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

continued...

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.

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

continued...

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

continued...

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

LEDIPASVIR WITH SOFOSBUVIR – **Restricted** see terms below

⬇	Tab 90 mg with sofosbuvir 400 mg	24,363.46	28	Harvoni

➥**Restricted**

Initiation

Note: Only for use in patients with approval by the Hepatitis C Treatment Panel (HepCTP). Applications will be considered by HepCTP at its regular meetings and approved subject to eligibility according to the Access Criteria (set out in Section B of the Pharmaceutical Schedule).

PARITAPREVIR, RITONAVIR AND OIMBITASVIR WITH DASABUVIR

Note: Only for use in patients who have received supply of treatment via PHARMAC's approved direct distribution supply. Application details for accessing treatment may be obtained from PHARMAC's website http://www.pharmac.govt.nz/hepatitis-c-treatments/.

	Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56), with dasabuvir tab 250 mg (56)	16,500.00	1	Viekira Pak

PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR AND RIBAVIRIN

Note: Only for use in patients who have received supply of treatment via PHARMAC's approved direct distribution supply. Application details for accessing treatment may be obtained from PHARMAC's website http://www.pharmac.govt.nz/hepatitis-c-treatments/.

	Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56) with dasabuvir tab 250 mg (56) and ribavirin tab 200 mg (168)	16,500.00	1	Viekira Pak-RBV

Herpesviridae

ACICLOVIR

	Tab dispersible 200 mg – **1% DV Sep-16 to 2019**	1.60	25	**Lovir**
	Tab dispersible 400 mg – **1% DV Sep-16 to 2019**	5.38	56	**Lovir**
	Tab dispersible 800 mg – **1% DV Sep-16 to 2019**	5.98	35	**Lovir**
	Inj 250 mg vial – **1% DV Jan-16 to 2018**	10.10	5	**Aciclovir-Claris**

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

⬇	Inj 75 mg per ml, 5 ml vial			

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

➥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 below

⬇ Tab 450 mg – **1% DV Jun-15 to 2018** ..... 1,050.00 60 **Valcyte**

➥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.

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

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.

PEGYLATED INTERFERON ALFA-2A – **Restricted** see terms below

⬇	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

continued...

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

continued...

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:
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 Jul-16 to 2019** ..... 20.90 10 **Max Health**

PYRIDOSTIGMINE BROMIDE
Tab 60 mg – **1% DV Nov-16 to 2019** ..... 42.79 100 **Mestinon**

Antirheumatoid Agents

AURANOFIN – **Restricted:** For continuation only
➡ Tab 3 mg
(Any Tab 3 mg to be delisted 1 September 2017)

HYDROXYCHLOROQUINE
Tab 200 mg – **1% DV Sep-15 to 2018** ..... 10.50 100 **Plaquenil**

LEFLUNOMIDE
Tab 10 mg – **1% DV Jun-17 to 2020** ..... 2.90 30 **Apo-Leflunomide**
55.00 Arava
Tab 20 mg – **1% DV Jun-17 to 2020** ..... 2.90 30 **Apo-Leflunomide**
76.00 Arava
(Arava Tab 10 mg to be delisted 1 June 2017)
(Arava Tab 20 mg to be delisted 1 June 2017)

PENICILLAMINE
Tab 125 mg ..... 67.23 100 D-Penamine
Tab 250 mg ..... 110.12 100 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 COLECALCIFEROL – **Restricted** see terms below			
⬇ Tab 70 mg with colecalciferol 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 – **1% DV Mar-17 to 2019**	3.80	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 colecalciferol 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 Jan-17 to 2017**	15.11	1,000	**Allopurinol-Apotex** Apo-Allopurinol
Tab 300 mg – **1% DV Jan-17 to 2017**	15.91	500	**Allopurinol-Apotex** Apo-Allopurinol

(Apo-Allopurinol Tab 100 mg to be delisted 1 June 2017)
(Apo-Allopurinol Tab 300 mg to be delisted 1 June 2017)

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
BENZBROMARONE – **Restricted** see terms below			
⬇ Tab 100 mg	45.00	100	Benzbromaron AL 100

➥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/home/resources-2/

COLCHICINE			
Tab 500 mcg	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).

continued. . .

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

continued...

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.

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	10.00	5	Tracrium
Inj 10 mg per ml, 5 ml ampoule	12.50	5	Tracrium
BACLOFEN			
Tab 10 mg	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 300 u vial	388.50	1	Dysport
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 – **1% DV Aug-16 to 2019**	25.95	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 10 mg vial			

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

Reversers of Neuromuscular Blockade

SUGAMMADEX – **Restricted** see terms below

⬇ 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

➥**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.

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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	1.89	200 ml	Fenpaed
Inj 5 mg per ml, 2 ml ampoule			
Inj 10 mg per ml, 2 ml vial			
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**	5.60	28	**Naprosyn SR 750**
	18.00	90	**Naprosyn SR 750**
Tab long-acting 1 g – **1% DV Jun-15 to 2018**	6.53	28	**Naprosyn SR 1000**
	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 Sep-16 to 2019**	10.95	100	**Tilcotil**
Inj 20 mg vial	9.95	1	AFT

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

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-16 to 2019**	91.10	112	**Motetis**

Anticholinergics

BENZATROPINE 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	Movapo

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*
PRAMIPEXOLE HYDROCHLORIDE			
Tab 0.25 mg – **1% DV Sep-16 to 2019**	7.20	100	**Ramipex**
Tab 1 mg – **1% DV Sep-16 to 2019**	24.39	100	**Ramipex**
ROPINIROLE HYDROCHLORIDE			
Tab 0.25 mg – **1% DV Sep-16 to 2019**	2.78	100	**Apo-Ropinirole**
Tab 1 mg – **1% DV Sep-16 to 2019**	5.00	100	**Apo-Ropinirole**
Tab 2 mg – **1% DV Sep-16 to 2019**	7.72	100	**Apo-Ropinirole**
Tab 5 mg – **1% DV Sep-16 to 2019**	16.51	100	**Apo-Ropinirole**
SELEGILINE HYDROCHLORIDE			
Tab 5 mg			
TOLCAPONE			
Tab 100 mg – **1% DV Jan-17 to 2019**	132.50	100	**Tasmar**

Anaesthetics

General Anaesthetics

DESFLURANE			
Soln for inhalation 100%, 240 ml bottle – **1% DV Sep-16 to 2019**	1,350.00	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% DV Sep-16 to 2019**	1,020.00	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			
PROPOFOL			
Inj 10 mg per ml, 20 ml vial – **10% DV Jun-16 to 2019**	5.27	5	**Provive MCT-LCT 1%**
Inj 10 mg per ml, 50 ml vial – **10% DV Jun-16 to 2019**	24.50	10	**Fresofol 1% MCT/LCT**
Inj 10 mg per ml, 100 ml vial – **10% DV Jun-16 to 2019**	49.00	10	**Fresofol 1% MCT/LCT**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
SEVOFLURANE			
Soln for inhalation 100%, 250 ml bottle – **1% DV Sep-16 to 2019**	840.00	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**
BUPIVACAINE HYDROCHLORIDE WITH FENTANYL			
Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag			
Inj 0.625 mg with fentanyl 2 mcg per ml, 200 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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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]			
Crm 4%	27.00	30 g	LMX4
Crm 4% (5 g tubes)	27.00	5	LMX4
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE			
Gel 2% – **1% DV Sep-15 to 2018**	3.40	20 ml	**Orion**
Soln 4%			
Spray 10%	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 1%, 20 ml vial	12.00	5	Lidocaine-Claris
Inj 2%, 5 ml ampoule	6.90	25	Lidocaine-Claris
Inj 2%, 20 ml ampoule	2.40	1	Lidocaine-Claris
Inj 2%, 20 ml vial	12.00	5	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%			
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
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%**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 – **1% DV Dec-16 to 2019**	3.90	100	**Ethics Aspirin**
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.

NEFOPAM HYDROCHLORIDE

Tab 30 mg

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 Apr-17 to 2019**	5.75	100	**PSM**
Tab 30 mg – **1% DV Apr-17 to 2019**	6.80	100	**PSM**
Tab 60 mg – **1% DV Apr-17 to 2019**	13.50	100	**PSM**
DIHYDROCODEINE TARTRATE			
Tab long-acting 60 mg – **1% DV Sep-16 to 2019**	9.55	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	2.92	5	Fentanyl Sandoz
Patch 25 mcg per hour	3.66	5	Fentanyl Sandoz
Patch 50 mcg per hour	6.64	5	Fentanyl Sandoz
Patch 75 mcg per hour	9.18	5	Fentanyl Sandoz
Patch 100 mcg per hour	11.29	5	Fentanyl Sandoz
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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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-16 to 2019**	1.93	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-16 to 2019**	2.85	10	**Arrow-Morphine LA**
Tab long-acting 60 mg – **1% DV Sep-16 to 2019**	5.60	10	**Arrow-Morphine LA**
Tab long-acting 100 mg – **1% DV Sep-16 to 2019**	6.10	10	**Arrow-Morphine LA**
Cap long-acting 10 mg	1.70	10	m-Eslon
Cap long-acting 30 mg	2.50	10	m-Eslon
Cap long-acting 60 mg	5.40	10	m-Eslon
Cap long-acting 100 mg	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 Oct-16 to 2019**	42.72	5	**DBL Morphine Tartrate**
Inj 80 mg per ml, 5 ml ampoule	107.67	5	Hospira
OXYCODONE HYDROCHLORIDE			
Tab controlled-release 5 mg – **1% DV Sep-16 to 2018**	2.63	20	**BNM**
Tab controlled-release 10 mg – **1% DV Sep-16 to 2018**	2.76	20	**BNM**
Tab controlled-release 20 mg – **1% DV Sep-16 to 2018**	4.72	20	**BNM**
Tab controlled-release 40 mg – **1% DV Sep-16 to 2018**	7.69	20	**BNM**
Tab controlled-release 80 mg – **1% DV Sep-16 to 2018**	14.11	20	**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**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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			
Oral soln 10 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**

(Any Oral drops 100 mg per ml to be delisted 1 July 2017)

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**
DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE			
Tab 75 mg	11.19	100	Dopress
Cap 25 mg	6.45	100	Dopress
DOXEPIN HYDROCHLORIDE			
Cap 10 mg			
Cap 25 mg			
Cap 50 mg			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 Sep-16 to 2019**	3.22	100	**Norpress**
Tab 25 mg – **1% DV Sep-16 to 2019**	7.08	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**
VENLAFAXINE – **Some items restricted** see terms on the next page			
Tab modified release 37.5 mg	5.06	28	Arrow-Venlafaxine XR
Tab modified release 75 mg	6.44	28	Arrow-Venlafaxine XR
Tab modified release 150 mg	8.86	28	Arrow-Venlafaxine XR
Tab modified release 225 mg	14.34	28	Arrow-Venlafaxine XR
Cap 37.5 mg – **1% DV Jun-17 to 2020**	6.38	84	**Enlafax XR**
⬇ Cap modified release 37.5 mg	5.69	28	Efexor XR
Cap 75 mg – **1% DV Jun-17 to 2020**	8.11	84	**Enlafax XR**
⬇ Cap modified release 75 mg	11.40	28	Efexor XR
Cap 150 mg – **1% DV Jun-17 to 2020**	11.16	84	**Enlafax XR**
⬇ Cap modified release 150 mg	13.98	28	Efexor XR

(Arrow-Venlafaxine XR Tab modified release 37.5 mg to be delisted 1 June 2017)
(Arrow-Venlafaxine XR Tab modified release 75 mg to be delisted 1 June 2017)
(Arrow-Venlafaxine XR Tab modified release 150 mg to be delisted 1 June 2017)
(Arrow-Venlafaxine XR Tab modified release 225 mg to be delisted 1 June 2017)
(Efexor XR Cap modified release 37.5 mg to be delisted 1 June 2017)
(Efexor XR Cap modified release 75 mg to be delisted 1 June 2017)
(Efexor XR Cap modified release 150 mg to be delisted 1 June 2017)

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

➥**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	1.40	28	Air Flow Products
Tab 20 mg	2.40	28	Air Flow Products
FLUOXETINE HYDROCHLORIDE			
Tab dispersible 20 mg, scored – **1% DV Oct-16 to 2019**	2.47	30	**Arrow-Fluoxetine**
Cap 20 mg – **1% DV Oct-16 to 2019**	1.99	90	**Arrow-Fluoxetine**
PAROXETINE			
Tab 20 mg – **1% DV Apr-17 to 2019**	4.02	90	**Apo-Paroxetine**
SERTRALINE			
Tab 50 mg – **1% DV Sep-16 to 2019**	3.05	90	**Arrow-Sertraline**
Tab 100 mg – **1% DV Sep-16 to 2019**	5.25	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	33.07	5	Stesolid
Rectal tubes 10 mg	40.87	5	Stesolid
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**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 Neurontin Nupentin
⬇ Cap 300 mg	11.00	100	Arrow-Gabapentin Neurontin Nupentin
⬇ Cap 400 mg	13.75	100	Arrow-Gabapentin Neurontin 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
	14.74		Motrig
Tab dispersible 50 mg	34.70	56	Arrow-Lamotrigine
	47.89		Lamictal
	32.97		Logem
	24.73		Motrig
Tab dispersible 100 mg	59.90	56	Arrow-Lamotrigine
	79.16		Lamictal
	56.91		Logem
	42.34		Motrig
LEVETIRACETAM			
Tab 250 mg	24.03	60	Everet
Tab 500 mg	28.71	60	Everet
Tab 750 mg	45.23	60	Everet
Tab 1,000 mg	59.12	60	Everet
Inj 100 mg per ml, 5 ml vial			
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**	8.10	30	**RizaMelt**

SUMATRIPTAN

Tab 50 mg – **1% DV Jun-17 to 2019**	24.44	100	**Apo-Sumatriptan**
		102	**Apo-Sumatriptan**
	29.80	100	Arrow-Sumatriptan
Tab 100 mg – **1% DV Jun-17 to 2019**	46.23	100	**Apo-Sumatriptan**
		102	**Apo-Sumatriptan**
	54.80	100	Arrow-Sumatriptan
Inj 12 mg per ml, 0.5 ml cartridge	13.80	2	Arrow-Sumatriptan
Inj 12 mg per ml, 0.5 ml prefilled pen	42.67	2	Clustran

(Arrow-Sumatriptan Tab 50 mg to be delisted 1 June 2017)
(Arrow-Sumatriptan Tab 100 mg to be delisted 1 June 2017)
(Arrow-Sumatriptan Inj 12 mg per ml, 0.5 ml cartridge to be delisted 1 July 2017)

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**
⬇ Cap 40 mg	71.43	5	Emend

➥**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**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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			
GRANISETRON			
Tab 1 mg – **1% DV Jan-15 to 2017**	5.98	50	**Granirex**
(Granirex Tab 1 mg to be delisted 1 October 2017)			
HYOSCINE HYDROBROMIDE			
Inj 400 mcg per ml, 1 ml ampoule	46.50	5	Hospira
⬇ Patch 1.5 mg			
	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 May-17 to 2019**	3.36	50	**Apo-Ondansetron**
	5.51		Onrex
Tab dispersible 4 mg – **1% DV Oct-14 to 2017**	1.00	10	**Dr Reddy's Ondansetron**
Tab 8 mg – **1% DV May-17 to 2019**	4.77	50	**Apo-Ondansetron**
	6.19		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-16 to 2019**	1.50	5	**Ondansetron-Claris**
Inj 2 mg per ml, 4 ml ampoule – **1% DV Nov-16 to 2019**	2.20	5	**Ondansetron Kabi**
(Onrex Tab 4 mg to be delisted 1 May 2017)			
(Onrex Tab 8 mg to be delisted 1 May 2017)			
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			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 Nov-16 to 2019**	4.56	30	**Sulprix**
Tab 200 mg – **1% DV Nov-16 to 2019**	14.75	60	**Sulprix**
Tab 400 mg – **1% DV Nov-16 to 2019**	27.70	60	**Sulprix**
Oral liq 100 mg per ml – **1% DV Oct-16 to 2019**	65.53	60 ml	**Solian**
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			
Oral liq 20 mg per ml			
Inj 25 mg per ml, 2 ml ampoule			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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-16 to 2019**	6.23	100	**Serenace**
Tab 1.5 mg – **1% DV Oct-16 to 2019**	9.43	100	**Serenace**
Tab 5 mg – **1% DV Oct-16 to 2019**	29.72	100	**Serenace**
Oral liq 2 mg per ml – **1% DV Oct-16 to 2019**	23.84	100 ml	**Serenace**
Inj 5 mg per ml, 1ml ampoule – **1% DV Oct-16 to 2019**	21.55	10	**Serenace**
LEVOMEPROMAZINE			
Tab 25 mg			
Tab 100 mg			
LEVOMEPROMAZINE HYDROCHLORIDE			
Inj 25 mg per ml, 1 ml ampoule – **1% DV Sep-16 to 2019**	47.89	10	**Wockhardt**
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**

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

(Risperdal Quicklet Tab orodispersible 0.5 mg to be delisted 1 June 2017)
(Risperdal Quicklet Tab orodispersible 1 mg to be delisted 1 June 2017)
(Risperdal Quicklet Tab orodispersible 2 mg to be delisted 1 June 2017)

➥**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 – **Restricted:** For continuation only
➡ Tab 1 mg
➡ Tab 2 mg
➡ Tab 5 mg
(Any Tab 1 mg to be delisted 1 December 2017)
(Any Tab 2 mg to be delisted 1 December 2017)
(Any Tab 5 mg to be delisted 1 December 2017)

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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
FLUPHENAZINE DECANOATE – **Restricted:** For continuation only			
➡ 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 25 mg per ml, 2 ml ampoule			*e.g. 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 below			
⬇ Inj 25 mg syringe	194.25	1	Invega Sustenna
⬇ Inj 50 mg syringe	271.95	1	Invega Sustenna
⬇ Inj 75 mg syringe	357.42	1	Invega Sustenna
⬇ Inj 100 mg syringe	435.12	1	Invega Sustenna
⬇ Inj 150 mg syringe	435.12	1	Invega Sustenna

➥**Restricted**

Initiation

Re-assessment required after 12 months

Either:

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

Continuation

Re-assessment required after 12 months

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

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

➡ Inj 50 mg per ml, 1 ml ampoule
➡ Inj 50 mg per ml, 2 ml ampoule

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
RISPERIDONE – **Restricted** see terms below			
⬇ Inj 25 mg vial	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 – **Restricted:** For continuation only

➡ Tab 1 mg

➡ Tab 250 mcg

➡ Tab 500 mcg

(Any Tab 1 mg to be delisted 1 September 2017)

(Any Tab 250 mcg to be delisted 1 September 2017)

(Any Tab 500 mcg to be delisted 1 September 2017)

BUSPIRONE HYDROCHLORIDE			
Tab 5 mg – **1% DV Jul-16 to 2018**	23.80	100	**Orion**
Tab 10 mg – **1% DV Jul-16 to 2018**	14.96	100	**Orion**
CLONAZEPAM			
Tab 500 mcg	7.53	100	Paxam
Tab 2 mg	14.37	100	Paxam
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**

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

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			

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

⬆ 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

(Avonex Inj 6 million iu vial to be delisted 1 June 2017)

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

⬆ Inj 8 million iu per ml, 1 ml vial			

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

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 – **5% DV Dec-16 to 2018**	4.30	10	**Midazolam-Claris**
Inj 5 mg per ml, 3 ml ampoule – **5% DV Dec-16 to 2018**	2.50	5	**Midazolam-Claris**
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

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

⬇ 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

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

➥**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.

METHYLPHENIDATE HYDROCHLORIDE – **Restricted** see terms on the next page

⬇	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

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

➥**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
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 on the next page

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

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

➥**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 Jun-17 to 2020**	11.00	30	**Zyban**

DISULFIRAM

	Tab 200 mg	44.30	100	Antabuse

NALTREXONE HYDROCHLORIDE – **Restricted** see terms below

⬇	Tab 50 mg	131.00	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.

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 (Fruit)** **Habitrol (Mint)**
Gum 4 mg – **1% DV Apr-14 to 2017**	25.67	384	**Habitrol (Fruit)** **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
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 ..... 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-16 to 2019**	204.08	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 Jan-17 to 2019**	11.15	60	**Brinov**
Tab 500 mg – **1% DV Jan-17 to 2019**	62.28	120	**Brinov**
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	55.00	5	Pfizer
Inj 100 mg per ml, 10 ml vial	8.83	1	Pfizer
Inj 100 mg per ml, 20 ml vial	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 – **1% DV Dec-16 to 2019**	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	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	14.61	1	Methotrexate Sandoz
Inj 10 mg prefilled syringe	14.66	1	Methotrexate Sandoz
Inj 15 mg prefilled syringe	14.77	1	Methotrexate Sandoz
Inj 20 mg prefilled syringe	14.88	1	Methotrexate Sandoz
Inj 25 mg prefilled syringe	14.99	1	Methotrexate Sandoz
Inj 30 mg prefilled syringe	15.09	1	Methotrexate Sandoz
Inj 25 mg per ml, 2 ml vial – **1% DV Oct-16 to 2019**	30.00	5	**DBL Methotrexate Onco-Vial**
Inj 25 mg per ml, 20 ml vial – **1% DV Oct-16 to 2019**	45.00	1	**DBL Methotrexate Onco-Vial**
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 3.5 mg vial – **1% DV Jul-16 to 2019**	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-16 to 2019**	58.06	1	**DBL Dacarbazine**
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**	7.90	1	**Rex Medical**
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 Feb-17 to 2019**	10.20	5	**Orion Temozolomide**
⬇	Cap 20 mg – **1% DV Feb-17 to 2019**	18.30	5	**Orion Temozolomide**
⬇	Cap 100 mg – **1% DV Feb-17 to 2019**	40.20	5	**Orion Temozolomide**
⬇	Cap 250 mg – **1% DV Feb-17 to 2019**	96.80	5	**Orion Temozolomide**

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

➥**Restricted**

Initiation — High grade gliomas

Re-assessment required after 12 months

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 5 days treatment per cycle at a maximum dose of 200 mg/m^2 per day.

Initiation — Neuroendocrine tumours

Re-assessment required after 9 months

All of the following:

1 Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*; and
2 Temozolomide is to be given in combination with capecitabine; and
3 Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m^2 per day; and
4 Temozolomide to be discontinued at disease progression.

Continuation — High grade gliomas

Re-assessment required after 12 months

Either:

1 Both:
  1.1 Patient has glioblastoma multiforme; and
  1.2 The treatment remains appropriate and the patient is benefitting from treatment; or
2 All of the following:
  2.1 Patient has anaplastic astrocytoma*; and
  2.2 The treatment remains appropriate and the patient is benefitting from treatment; and
  2.3 Adjuvant temozolomide is to be used for a maximum of 24 months.

Continuation — Neuroendocrine tumours

Re-assessment required after 6 months

Both:

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

Note: Indication marked with a * is an Unapproved Indication. Temozolomide is not funded for the treatment of relapsed glioblastoma multiforme.

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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 Jun-16 to 2018**	13.32	1	**Oxaliccord**
Inj 5 mg per ml, 20 ml vial – **1% DV Jun-16 to 2018**	16.00	1	**Oxaliccord**

Protein-Tyrosine Kinase Inhibitors

DASATINIB – **Restricted** see terms below

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

➥**Restricted**

Initiation

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

ERLOTINIB – **Restricted** see terms below

⬇ Tab 100 mg	764.00	30	Tarceva
⬇ Tab 150 mg	1,146.00	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 Either:
  3.1 Patient is treatment naive; or
  3.2 Both:
    3.2.1 The patient has discontinued getitinib within 12 weeks of starting treatment due to intolerance; and
    3.2.2 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 on the next page

⬇ Tab 250 mg	1,700.00	30	Iressa

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

➥**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

➥**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

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:

continued...

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

continued...

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 below

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

➥**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

continued...

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

continued...

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 ≤ 70; and
5.6 ≥ 2 sites of organ metastasis.

Continuation

Re-assessment required after 3 months

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

Notes: Pazopanib treatment should be stopped if disease progresses.

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

SUNITINIB – **Restricted** see terms below

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

➥**Restricted**

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 ≤ 70; and
5.6 ≥ 2 sites of organ metastasis; and
6 Sunitinib to be used for a maximum of 2 cycles.

continued...

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

continued...

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

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 $\geq$ 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**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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-16 to 2019**	273.00	50	**Uromitexan**
Tab 600 mg – **1% DV Oct-16 to 2019**	407.50	50	**Uromitexan**
Inj 100 mg per ml, 4 ml ampoule – **1% DV Oct-16 to 2019**	161.25	15	**Uromitexan**
Inj 100 mg per ml, 10 ml ampoule – **1% DV Oct-16 to 2019**	370.35	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 Oct-16 to 2019**	74.52	5	**DBL Vincristine Sulfate**
Inj 1 mg per ml, 2 ml vial – **1% DV Oct-16 to 2019**	85.61	5	**DBL Vincristine Sulfate**
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**
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:

continued...

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

continued...

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 below			
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

➥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.

continued...

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

continued...

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 DP-Anastrozole

EXEMESTANE

Tab 25 mg – **1% DV Jul-16 to 2017**	14.50	30	**Pfizer Exemestane**

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**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 6 months
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for adalimumab for juvenile idiopathic arthritis (JIA); and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab; or
1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for JIA; or
2 All of the following:
2.1 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and
2.2 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/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:

continued...

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

continued...

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 (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) 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:

continued...

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

continued...

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 a regular exercise regimen for ankylosing spondylitis; 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.

continued...

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

continued...

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' initial treatment and for subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 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:
    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.

continued...

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

continued...

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.

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

continued...

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

continued...

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

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 at a dose of at least 0.5 mg/kg, 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

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

(Humira Inj 10 mg per 0.2 ml prefilled syringe to be delisted 1 August 2017)

➥**Restricted**

Initiation — juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Either:

1 Either:
  1.1 Both:
    1.1.1 The patient has had an initial Special Authority approval for etanercept for juvenile idiopathic arthritis (JIA); and
    1.1.2 Either:
      1.1.2.1 The patient has experienced intolerable side effects from etanercept; or
      1.1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for JIA; or
2 All of the following:
  2.1 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and
  2.2 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
  2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
  2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/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:

continued...

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

continued...

2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count 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
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.

continued...

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

continued...

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 (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) 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:
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.

continued...

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

continued...

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 a regular exercise regimen for ankylosing spondylitis; and
- 2.5 Either:
  - 2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or
  - 2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender (see Notes); and
- 2.6 Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

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

Average normal chest expansion corrected for age and gender:

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

Continuation — ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

All of the following:

1 Following 12 weeks' initial treatment and subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 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:

continued...

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

continued...

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.

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

continued...

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

continued...

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

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.

continued...

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

continued...

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 at a dose of at least 0.5 mg/kg, 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.

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

continued...

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

continued...

2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept; and

3 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance.

Continuation — rheumatoid arthritis

Rheumatologist

Re-assessment required after 6 months

All of the following:

1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2 Either:

2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

2.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

3 Infliximab to be administered at doses no greater than 3 mg/kg every 8 weeks.

Initiation — ankylosing spondylitis

Rheumatologist

Re-assessment required after 3 months

Both:

1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and

2 Either:

2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or

2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

Continuation — ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

All of the following:

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

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

3 Infliximab to be administered at doses no greater than 5 mg/kg every 6-8 weeks.

Initiation — psoriatic arthritis

Rheumatologist

Re-assessment required after 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:

continued...

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

continued...

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.

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:

continued...

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

continued...

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:
  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

continued...

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

continued...

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
  2.2 Patient is under 18 years and the Paediatric Ulcerative Colitis Activity Index (PUCAI) score is $\geq$ 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 $\geq$ 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 $\geq$ 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:

continued...

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

continued...

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.

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.

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

⬇	Inj 25 mg per ml, 40 ml vial	5,910.00	1	Gazyva

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

➥**Restricted**

Initiation

Haematologist

Limited to 6 months treatment

All of the following:

1 The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment; and
2 The patient is obinutuzumab treatment naive; and
3 The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance <70mL/min); and
4 Patient has adequate neutrophil and platelet counts* unless the cytopenias are a consequence of marrow infiltration by CLL; and
5 Patient has good performance status; and
6 Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles.

Notes: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment other than CLL induced illness/impairment in the patient. '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 obinutuzumab is expected to improve symptoms and improve ECOG score to <2.

* $\geq 1.5 \times 10^9$/L and platelets $\geq 75 \times 10^9$/L

OMALIZUMAB – **Restricted** see terms below

⬇	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.

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.

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

⬇	Inj 30 mg per ml, 14 ml vial	3,927.00	1	Perjeta

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

➥**Restricted**

Initiation

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 Either:
  2.1 Patient is chemotherapy treatment naive; or
  2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
3 The patient has good performance status (ECOG grade 0-1); and
4 Pertuzumab to be administered in combination with trastuzumab; and
5 Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks; and
6 Pertuzumab to be discontinued at disease progression.

Continuation

Re-assessment required after 12 months

Both:

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 pertuzumab and trastuzumab.

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 on the next page

⬇ 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

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

➥**Restricted**

Initiation — haemophilia with inhibitors

Haematologist

Any of the following:

1 Patient has mild congenital haemophilia complicated by inhibitors; or
2 Patient has severe congenital haemophilia complicated by inhibitors and has failed immune tolerance therapy; or
3 Patient has acquired haemophilia.

Continuation — haemophilia with inhibitors

Haematologist

All of the following:

1 Patient was previously treated with rituximab for haemophilia with inhibitors; and
2 An initial response lasting at least 12 months was demonstrated; and
3 Patient now requires repeat treatment.

Initiation — post-transplant

Both:

1 The patient has B-cell post-transplant lymphoproliferative disorder*; and
2 To be used for a maximum of 8 treatment cycles.

Note: Indications marked with * are Unapproved Indications.

Continuation — post-transplant

All of the following:

1 The patient has had a rituximab treatment-free interval of 12 months or more; and
2 The patient has B-cell post-transplant lymphoproliferative disorder*; and
3 To be used for no more than 6 treatment cycles.

Note: Indications marked with * are Unapproved Indications.

Initiation — indolent, low-grade lymphomas or hairy cell leukaemia*

Re-assessment required after 9 months

Either:

1 Both:
  1.1 The patient has indolent low grade NHL or hairy cell leukaemia* 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 or hairy cell leukaemia* 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. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

Continuation — indolent, low-grade lymphomas or hairy cell leukaemia*

Re-assessment required after 9 months

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 or hairy cell leukaemia* 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. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

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

continued. . .

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

continued...

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

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.

Continuation — Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:

1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and

2 The patient has had a rituximab treatment-free interval of 36 months or more; and

3 The patient does not have chromosome 17p deletion CLL; and

4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration); and

5 Rituximab to be administered in combination with fludarabine and cyclophosphamide for a maximum of 6 treatment cycles.

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.

Initiation — rheumatoid arthritis - prior TNF inhibitor use

Rheumatologist

Limited to 4 months treatment

All of the following:

1 Both:

continued...

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

continued...

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 (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
5 Any of the following:
5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or
5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
6 Either:
6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
7 Either:
7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and
8 Either:
8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
9 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Continuation — rheumatoid arthritis - re-treatment in 'partial responders' to rituximab
Rheumatologist
Re-assessment required after 4 months
All of the following:
1 Any of the following:

continued...

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

continued...

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
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.

continued...

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

continued...

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).

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.

continued...

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

continued...

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 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
3 Any of the following:
    3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months; or
    3.2 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
    3.3 Cyclophosphamide and methotrexate are contraindicated; or
    3.4 Patient is a female of child-bearing potential; or
    3.5 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

continued...

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

continued...

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.

Initiation — Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)

Nephrologist

Re-assessment required after 4 weeks

All of the following:

1 Patient is a child with SDNS* or FRNS*; and
2 Treatment with steroids for at least a period of 3 months has been ineffective or associated with evidence of steroid toxicity; and
3 Treatment with ciclosporin for at least a period of 3 months has been ineffective and/or discontinued due to unacceptable side effects; and
4 Treatment with mycophenolate for at least a period of 3 months with no reduction in disease relapses; and
5 The total rituximab dose used 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 a * are Unapproved indications.

Continuation — Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)

Nephrologist

Re-assessment required after 4 weeks

All of the following:

1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
2 Treatment with rituximab was previously successful and has demonstrated sustained response for >6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

continued...

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

continued...

Note: Indications marked with a * are Unapproved indications.

Initiation — Steroid resistant nephrotic syndrome (SRNS)

Nephrologist

Re-assessment required after 4 weeks

All of the following:

1 Patient is a child with SRNS* where treatment with steroids and ciclosporin for at least 3 months have been ineffective; and
2 Treatment with tacrolimus for at least 3 months has been ineffective; and
3 Genetic causes of nephrotic syndrome have been excluded; and
4 The total rituximab dose used 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 a * are Unapproved indications.

Continuation — Steroid resistant nephrotic syndrome (SRNS)

Nephrologist

Re-assessment required after 4 weeks

All of the following:

1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3 The total rituximab dose used 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 a * are Unapproved indications.

SILTUXIMAB – **Restricted** see terms below

⬇	Inj 100 mg vial – **1% DV Jun-16 to 2018**	770.57	1	**Sylvant**
⬇	Inj 400 mg vial – **1% DV Jun-16 to 2018**	3,082.33	1	**Sylvant**

➥**Restricted**

Initiation

Haematologist or rheumatologist

Re-assessment required after 6 months

All of the following:

1 Patient has severe HHV-8 negative idiopathic multicentric Castleman's Disease; and
2 Treatment with an adequate trial of corticosteroids has proven ineffective; and
3 Siltuximab is to be administered at doses no greater than 11 mg/kg every 3 weeks.

Continuation

Haematologist or rheumatologist

Re-assessment required after 12 months

The treatment remains appropriate and the patient has sustained improvement in inflammatory markers and functional status.

TOCILIZUMAB – **Restricted** see terms below

⬇	Inj 20 mg per ml, 4 ml vial	220.00	1	Actemra
⬇	Inj 20 mg per ml, 10 ml vial	550.00	1	Actemra
⬇	Inj 20 mg per ml, 20 ml vial	1,100.00	1	Actemra

➥**Restricted**

Initiation — 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

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 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 Either:
1.3.1 The patient is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor; or
1.3.2 Both:
1.3.2.1 The patient has been started on rituximab for rheumatoid arthritis in a DHB hospital in accordance with the Section H rules; and
1.3.2.2 Either:
1.3.2.2.1 The patient has experienced intolerable side effects from rituximab; or
1.3.2.2.2 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 (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) 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.

Initiation — systemic juvenile idiopathic arthritis
Rheumatologist
Re-assessment required after 6 months
Both:
1 Patient diagnosed with systemic juvenile idiopathic arthritis; and

continued...

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

continued...

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 at a dose of at least 0.5 mg/kg, 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.

Initiation — polyarticular juvenile idiopathic arthritis

Rheumatologist

Re-assessment required after 4 months

Either:

1 Both:
- 1.1 The patient has had an initial Special Authority approval for both etanercept and adalimumab for juvenile idiopathic arthritis (JIA); and
- 1.2 The patient has experienced intolerable side effects, or has received insufficient benefit from, both etanercept and adalimumab; or

2 All of the following:
- 2.1 Treatment with a tumour necrosis factor alpha inhibitor is contraindicated; and
- 2.2 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
- 2.3 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
- 2.4 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

continued...

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

continued...

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 — polyarticular juvenile idiopathic arthritis
Rheumatologist
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 — idiopathic multicentric Castleman's disease
Haematologist or rheumatologist
Re-assessment required after 6 months
All of the following:
1 Patient has severe HHV-8 negative idiopathic multicentric Castleman's disease; and
2 Treatment with an adequate trial of corticosteroids has proven ineffective; and
3 Tocilizumab to be administered at doses no greater than 8 mg/kg IV every 3-4 weeks.

Continuation — idiopathic multicentric Castleman's disease
Haematologist or rheumatologist
Re-assessment required after 12 months
The treatment remains appropriate and the patient has a sustained improvement in inflammatory markers and functional status.

Initiation — cytokine release syndrome
Paediatric haematologist or paediatric oncologist
Therapy limited to 3 doses
All of the following:
1 The patient is enrolled in the Children's Oncology Group AALL1331 trial; and
2 The patient has developed grade 3 or 4 cytokine release syndrome associated with the administration of blinatumomab for the treatment of acute lymphoblastic leukaemia; and
3 Tocilizumab is to be administered at doses no greater than 8 mg/kg IV for a maximum of 3 doses.

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

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 Either:
  2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
  2.2 Both:
    2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
    2.2.2 The cancer did not progress whilst on lapatinib; and
3 Either:
  3.1 Trastuzumab will not be given in combination with pertuzumab; or
  3.2 All of the following:
    3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
    3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
    3.2.3 The patient has good performance status (ECOG grade 0-1); and
4 Trastuzumab not to be given in combination with lapatinib; and
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 Either:
  2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
  2.2 Both:
    2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
    2.2.2 The cancer did not progress whilst on lapatinib; and
3 Either:
  3.1 Trastuzumab will not be given in combination with pertuzumab; or
  3.2 All of the following:
    3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
    3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
    3.2.3 The patient has good performance status (ECOG grade 0-1); and
4 Trastuzumab not to be given in combination with lapatinib; and
5 Trastuzumab to be discontinued at disease progression.

Continuation — metastatic breast cancer

Re-assessment required after 12 months

All of the following:

continued...

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

continued...

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

Programmed Cell Death-1 (PD-1) Inhibitors

NIVOLUMAB – **Restricted** see terms below

⬇	Inj 10 mg per ml, 4 ml vial 1,051.98	1	Opdivo
⬇	Inj 10 mg per ml, 10 ml vial 2,629.96	1	Opdivo

➥**Restricted**

Initiation

Medical oncologist

Re-assessment required after 4 months

All of the following:

1 Patient has metastatic or unresectable melanoma stage III or IV; and
2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and
3 Either:
  3.1 Patient has not received funded pembrolizumab; or
  3.2 Both:
    3.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and
    3.2.2 The cancer did not progress while the patient was on pembrolizumab; and
4 Nivolumab is to be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles); and
5 Baseline measurement of overall tumour burden is documented (see Note); and
6 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of nivolumab will not be continued beyond 12 weeks (6 cycles) if their disease progresses during this time.

Continuation

Medical oncologist

Re-assessment required after 4 months

All of the following:

1 Any of the following:
  1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
  1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
  1.3 Patient has stable disease according to RECIST criteria (see Note); and
2 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and
3 No evidence of progressive disease according to RECIST criteria (see Note); and
4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and
5 Nivolumab will be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles).

Notes: Disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Target lesion measurements should be assessed using CT or MRI imaging with the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks.

Response definitions as follows:

continued...

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

continued...

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to <10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

PEMBROLIZUMAB – **Restricted** see terms below

⬇	Inj 50 mg vial	2,340.00	1	Keytruda

➥**Restricted**

Initiation

Medical oncologist

Re-assessment required after 4 months

All of the following:

1 Patient has metastatic or unresectable melanoma stage III or IV; and
2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and
3 Either:
  3.1 Patient has not received funded nivolumab; or
  3.2 Both:
    3.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
    3.2.2 The cancer did not progress while the patient was on nivolumab; and
4 Pembrolizumab is to be used at a maximum dose of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 cycles); and
5 Baseline measurement of overall tumour burden is documented (see Note); and
6 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of Pembrolizumab will not be continued beyond 12 weeks (4 cycles) if their disease progresses during this time.

Continuation

Medical oncologist

Re-assessment required after 4 months

All of the following:

1 Any of the following:
  1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
  1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
  1.3 Patient has stable disease according to RECIST criteria (see Note); and
2 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and
3 No evidence of progressive disease according to RECIST criteria (see Note); and
4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and
5 Pembrolizumab will be used at a maximum dose of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 cycles).

continued...

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

continued...

Notes: Disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Target lesion measurements should be assessed using CT or MRI imaging with the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks.

Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to <10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

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	13.22	100	Azamun
Inj 50 mg vial – **1% DV Jan-17 to 2019**	60.00	1	**Imuran**
BACILLUS CALMETTE-GUERIN (BCG) – **Restricted** see terms below			
⬇ Inj 2-8 × 10^8 CFU vial	149.37	1	OncoTICE

➥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:

continued...

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

continued...

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	25.00	50	CellCept
Cap 250 mg	25.00	100	CellCept
Powder for oral liq 1 g per 5 ml	187.25	165 ml	CellCept
Inj 500 mg vial	133.33	4	CellCept

PICIBANIL

Inj 100 mg vial

SIROLIMUS – **Restricted** see terms below

⬇ Tab 1 mg	749.99	100	Rapamune
⬇ Tab 2 mg	1,499.99	100	Rapamune
⬇ Oral liq 1 mg per ml	449.99	60 ml	Rapamune

➥**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

⬇ Maintenance kit - 6 vials 120 mcg freeze dried venom, with diluent

⬇ 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

⬇ Treatment kit - 6 vials 120 mcg freeze dried venom, with diluent

⬇ 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

⬇ Treatment kit - 6 vials 120 mcg freeze dried venom, with diluent

⬇ 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 ..... 5.26 200 dose Alanase

Nasal spray 100 mcg per dose ..... 6.00 200 dose Alanase

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
BUDESONIDE			
Nasal spray 50 mcg per dose	5.26	200 dose	Butacort Aqueous
Nasal spray 100 mcg per dose	6.00	200 dose	Butacort Aqueous
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% DV Mar-17 to 2019**	1.01	100	**Zista**
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 Sep-16 to 2019**	1.28	100	**Lorafix**
Oral liq 1 mg per ml – **1% DV Feb-17 to 2019**	2.15	120 ml	**Lorfast**
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 – **1% DV Oct-16 to 2019**	15.54	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 Dec-16 to 2019**	3.35	20	**Univent**
Nebuliser soln 250 mcg per ml, 2 ml ampoule – **1% DV Dec-16 to 2019**	3.52	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

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	50.37	60 dose	Spiriva Respimat
⬇ Powder for inhalation 18 mcg per dose	50.37	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 μg 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 3 (stops for breath after walking about 100 meters or after a few minutes on the level); or
   3.2 Grade 4 (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.

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

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.

GLYCOPYRRONIUM WITH INDACATEROL – **Restricted** see terms above

⬆ Powder for Inhalation 50 mcg with indacaterol 110 mcg	81.00	30 dose	Ultibro Breezhaler

TIOTROPIUM BROMIDE WITH OLODATEROL – **Restricted** see terms above

⬆ Soln for inhalation 2.5 mcg with olodaterol 2.5 mcg	81.00	60 dose	Spiolto Respimat

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

Antifibrotics

PIRFENIDONE – **Restricted** see terms below

⬇ Cap 267 mg	3,645.00	270	Esbriet

➥**Restricted**

Initiation

Respiratory specialist

Re-assessment required after 12 months

All of the following:

1 Patient has been diagnosed with idiopathic pulmonary fibrosis as confirmed by histology, CT or biopsy; and
2 Forced vital capacity is between 50% and 80% predicted; and
3 Pirfenidone is to be discontinued at disease progression (See Notes).

Continuation

Respiratory specialist

Re-assessment required after 12 months

Both:

1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
2 Pirfenidone is to be discontinued at disease progression (See Notes).

Note: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.

Beta-Adrenoceptor Agonists

SALBUTAMOL			
Oral liq 400 mcg per ml	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
	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			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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
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
			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
			Floair
Aerosol inhaler 250 mcg per dose	27.20	120 dose	Flixotide
			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 – **1% DV Jan-17 to 2019**	5.25	28	**Apo-Montelukast**
⬇ Tab 5 mg – **1% DV Jan-17 to 2019**	5.50	28	**Apo-Montelukast**
⬇ Tab 10 mg – **1% DV Jan-17 to 2019**	5.65	28	**Apo-Montelukast**

➥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.

continued...

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

continued...

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
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			

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

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 below
- ⬇ Nebuliser soln 2.5 mg per 2.5 ml ampoule ..... 250.00 — 6 — Pulmozyme

➥**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% – **1% DV Jul-16 to 2019**	2.48	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% – **1% DV Oct-16 to 2019**	14.92	4.5 g	**ViruPOS**
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			
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**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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% – **1% DV Jan-17 to 2019**	3.93	10 ml	**Prednisolone- AFT**
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%	17.00	5 ml	Patanol
SODIUM CROMOGLYCATE			
Eye drops 2%			

Decongestants

NAPHAZOLINE HYDROCHLORIDE			
Eye drops 0.1% – **1% DV Sep-14 to 2017**	4.15	15 ml	**Naphcon Forte**

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

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

SODIUM HYALURONATE [HYALURONIC ACID]
- Inj 14 mg per ml, 0.85 ml syringe – **1% DV Sep-16 to 2019** ..... 50.00 — 1 — **Healon GV**
- Inj 14 mg per ml, 0.55 ml syringe – **1% DV Sep-16 to 2019** ..... 50.00 — 1 — **Healon GV**
- Inj 23 mg per ml, 0.6 ml syringe – **1% DV Sep-16 to 2019** ..... 60.00 — 1 — **Healon 5**
- Inj 10 mg per ml, 0.85 ml syringe – **1% DV Sep-16 to 2019** ..... 28.50 — 1 — **Healon**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 – **1% DV Sep-16 to 2019**	74.00	1	**Duovisc**
Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.75 ml syringe – **1% DV Sep-16 to 2019**	67.00	1	**Viscoat**

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 Sep-16 to 2019**	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 Sep-16 to 2019**	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**

Miotics

ACETYLCHOLINE CHLORIDE

Inj 20 mg vial with diluent			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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% – **1% DV Jul-16 to 2018**	3.65	3 ml	**Bimatoprost Actavis**
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			

Ocular Lubricants

CARBOMER			
Ophthalmic gel 0.3%, single dose	8.25	30	Poly Gel
Ophthalmic gel 0.2%			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
CARMELLOSE SODIUM WITH PECTIN AND GELATINE			
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% – **1% DV Jun-16 to 2019**	2.62	15 ml	**Vistil**
Eye drops 3% – **1% DV Jun-16 to 2019**	3.68	15 ml	**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 250 mg per ml, 10 ml vial
- Inj 250 mg per ml. 50 ml vial
- Inj 500 mg per ml, 10 ml vial
- Inj 500 mg per ml, 20 ml ampoule

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 μL) or recurrent episodes (greater than 2 episodes) of moderate neutropenia (ANC 0.5 - 1.0 cells per μL).

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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
DIMERCAPTOSUCCINIC ACID			
Cap 100 mg			*e.g. PCNZ, Optimus Healthcare, Chemet*
Cap 200 mg			*e.g. PCNZ, Optimus Healthcare, Chemet*
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	5.65	1	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%			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
SODIUM HYPOCHLORITE			
Soln			

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	230.00	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	6.20	100 ml	Baxter
Irrigation soln 0.05%, bottle	7.37	500 ml	Baxter
	7.83	100 ml	Baxter
Irrigation soln 0.1%, bottle	8.71	100 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	4.17	1,000 ml	Baxter
	6.04	100 ml	Baxter
	9.55	500 ml	Baxter
Irrigation soln 0.05% with cetrimide 0.5%, bottle	9.31	100 ml	Baxter
	12.14	500 ml	Baxter
Irrigation soln 0.1% with cetrimide 1%, bottle	10.00	100 ml	Baxter
GLYCINE			
Irrigation soln 1.5%, bottle	19.48	2,000 ml	Baxter
	22.70	3,000 ml	Baxter
SODIUM CHLORIDE			
Irrigation soln 0.9%, bottle	5.22	100 ml	Baxter
	6.19	500 ml	Baxter
	6.59	1,000 ml	Baxter
	15.11	2,000 ml	Baxter
	19.26	3,000 ml	Baxter
Irrigation soln 0.9%, 30 ml ampoule	19.50	30	Pfizer
WATER			
Irrigation soln, bottle	5.24	100 ml	Baxter
	5.94	500 ml	Baxter
	6.58	1,000 ml	Baxter
	16.47	2,000 ml	Baxter
	29.21	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 – **1% DV Dec-16 to 2019** ..... 32.95 200 ml **Midwest**

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			
⬆	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.

Food/Fluid Thickeners

NOTE:

While pre-thickened drinks and supplements have not been included in Section H, DHB hospitals may continue to use such products for patients with dysphagia, provided that:

- use was established prior to 1 July 2013; and
- the product has not been specifically considered and excluded by PHARMAC; and
- use of the product conforms to any applicable indication restrictions for similar products that are listed in Section H (for example, use of thickened high protein products should be in line with the restriction for high protein oral feed in Section H).

PHARMAC intends to make a further decision in relation to pre-thickened drinks and supplements in the future, and will notify of any change to this situation.

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

(e.g. MSUD Maxamaid Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can to be delisted 1 May 2017)

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 212

- ⬆ 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 212

- ⬆ 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 212

- ⬆ 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 212

- ⬆ 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 212

- ⬆ Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE – **Restricted** see terms on page 212

- ⬆ 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 g protein, 62 g carbohydrate and 1 g fat per sachet	4.50	80 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
(Alitraq Powder 15.8 g protein, 49.5 g carbohydrate and 4.65 g fat per 76 g sachet to be delisted 1 September 2017)			
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 12.9 g protein, 69.1 g carbohydrate and 12.9 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 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can 43.60	400 g	Alfamino Junior
⬇	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)

➥**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 14.4 g protein, 2.9 g carbohydrate and 69.2 g fat per 100 g, can	35.50	300 g	Ketocal 4:1 (Unflavoured) Ketocal 4:1 (Vanilla)
⬇ Powder 15.3 g protein, 7.2 g carbohydrate and 67.7 g fat per 100 g, can	35.50	300 g	Ketocal 3:1 (Unflavoured)

➥**Restricted**

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	28.00	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) Pediasure (Strawberry) Pediasure (Vanilla)
⬆ Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, can	1.34	250 ml	Pediasure (Vanilla)

	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) 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 10.1 g protein, 15 g carbonhydrate, 4.5 g fat and 0 g fibre per 100 ml, carton	4.00	178 ml	Impact Advanced Recovery

➥**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	5.29	1,000 ml	Osmolite RTH
↑ Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, bottle	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*
(Jevity Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, can to be delisted 1 June 2017)			
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*
ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – **Restricted** see terms on the preceding page			
↑ Liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre per 100 ml, bag	5.29	1,000 ml	Nutrison 800 Complete Multi Fibre
ORAL FEED – **Restricted** see terms on the preceding page			
↑ Powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can	26.00	850 g	Ensure (Chocolate) Ensure (Vanilla)
↑ Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can	26.00	850 g	Ensure (Chocolate) 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) 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.			
(Ensure (Chocolate) Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can to be delisted 1 August 2017)			
(Ensure (Vanilla) Powder 16 g protein, 59.8 g carbohydrate and 14 g fat per 100 g, can to be delisted 1 August 2017)			
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*

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
ORAL FEED 1.5 KCAL/ML – **Restricted** see terms on page 222			
⬆ Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can	1.33	237 ml	Ensure Plus (Vanilla)
⬆ Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton	1.26	200 ml	Ensure Plus (Banana) Ensure Plus (Chocolate) Ensure Plus (Fruit of the Forest) Ensure Plus (Vanilla)
⬆ Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle			*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**
(Gardasil Inj 120 mcg in 0.5 ml syringe to be delisted 1 October 2017)
➥**Restricted**
Initiation — people aged 9 to 26 years
Therapy limited to 3 doses
Up to three doses for people aged 9 to 26 years inclusive.
Initiation — post chemotherapy
Therapy limited to 4 doses
Up to 4 doses for people aged 9 to 26 years inclusive, post chemotherapy.

HUMAN PAPILLOMAVIRUS (6, 11, 16, 18, 31, 33, 45, 52 AND 58) VACCINE [HPV] – **Restricted** see terms below
⬇ Inj 270 mcg in 0.5 ml syringe – **0% DV Jul-17 to 2020** 0.00 10 **Gardasil 9**
➥**Restricted**
Initiation — Children aged 14 years and under
Therapy limited to 2 doses
Children aged 14 years and under.
Initiation — other conditions
Either:
1 Up to 3 doses for people aged 15 to 26 years inclusive; or
2 Both:
2.1 People aged 9 to 26 years inclusive; and
2.2 Any of the following:
2.2.1 Up to 3 doses for confirmed HIV infection; or
2.2.2 Up to 3 doses for transplant (including stem cell) patients; or
2.2.3 Up to 4 doses for Post chemotherapy.

INFLUENZA VACCINE – **Restricted** see terms below
⬇ Inj 45 mcg in 0.5 ml syringe – **0% DV Feb-17 to 31 Dec 2019** 90.00 10 **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

continued...

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

continued…

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
  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 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 on the next page

⬇ Inj 80 D-antigen units in 0.5 ml syringe – **1% DV Jul-14 to 2017**

0.00 1 **IPOL**

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

➥**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 below
⬇ 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**

➥**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

Optional Pharmaceuticals

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.

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 Neo
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**
SODIUM NITROPRUSSIDE			
Test strip	6.00	50 strip	Accu-Chek Ketur-Test

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

- C -

- M -