

## September 2018

### Volume 6 Number 3

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#### Circulation

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

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

#### Production

Typeset automatically from XML and T<sub>E</sub>X.  
XML version of the Schedule available from [www.pharmac.govt.nz/pub/HML/archive/](http://www.pharmac.govt.nz/pub/HML/archive/)

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ISSN 1179-3708 pdf

ISSN 1172-9694 print

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# 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>.

## Glossary

### Units of Measure

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

### Abbreviations

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

HSS    Hospital Supply Status

# Guide to Section H listings

## Example

ANATOMICAL HEADING			
	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
THERAPEUTIC HEADING			
Generic name listed by therapeutic group and subgroup	CHEMICAL A - <b>Restricted</b> see terms below ⚡ Presentation A.....10.00	100	Brand A
	➡ <b>Restricted</b> Only for use in children under 12 years of age		Brand or manufacturer's name
Indicates only presentation B1 is Restricted	CHEMICAL B - <b>Some items restricted</b> see terms below ⚡ Presentation B1.....1,589,00 Presentation B2 ➡ <b>Restricted</b> Oncologist or haematologist	1	Brand B1 e.g. Brand B2
From 1 January 2012 to 30 June 2014, at least 99% of the total volume of this item purchased must be Brand C	CHEMICAL C Presentation C - <b>-1% DV Limit Jan-12 to 2014</b> .....15.00	28	Brand C
	CHEMICAL D - <b>Restricted</b> see terms below ⚡ Presentation D - <b>-1% DV Limit Mar-13 to 2014</b> .....38.65	500	Brand D
Standard national price excluding GST	➡ <b>Restricted</b> <i>Limited to five weeks' treatment</i> Either: 1 For the prophylaxis of venous thromboembolism following a total hip replacement; or 2 For the prophylaxis of venous thromboembolism following a total knee replacement.		Quantity the Price applies to
Form and strength	CHEMICAL E Presentation E		e.g. Brand E
			Not a contracted product
⚡ Item restricted (see above); ⚡ Item restricted (see below) Products with Hospital Supply Status (HSS) are in <b>bold</b>			

## PART I: GENERAL RULES

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General Rules for Section H of the Pharmaceutical Schedule are included in Section A General Rules and are located on the PHARMAC website

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Antacids and Antiflatulents</b>			
<b>Antacids and Reflux Barrier Agents</b>			
ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETICONE			
Tab 200 mg with magnesium hydroxide 200 mg and simeticone 20 mg			<i>e.g. Mylanta</i>
Oral liq 400 mg with magnesium hydroxide 400 mg and simeticone 30 mg per 5 ml			<i>e.g. Mylanta Double Strength</i>
SIMETICONE			
Oral drops 100 mg per ml			
Oral drops 20 mg per 0.3 ml			
SODIUM ALGINATE WITH MAGNESIUM ALGINATE			
Powder for oral soln 225 mg with magnesium alginate 87.5 mg, sachet			<i>e.g. Gaviscon Infant</i>
SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE			
Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg			<i>e.g. Gaviscon Double Strength</i>
Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml.....	4.95	500 ml	Acidex
SODIUM CITRATE			
Oral liq 8.8% (300 mmol/l)			
<b>Phosphate Binding Agents</b>			
ALUMINIUM HYDROXIDE			
Tab 600 mg			
CALCIUM CARBONATE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Oral liq 250 mg per ml (100 mg elemental per ml) .....	39.00	500 ml	Roxane
➔ <b>Restricted (RS1025)</b>			
<b>Initiation</b>			
Only for use in children under 12 years of age for use as a phosphate binding agent.			
<b>Antidiarrhoeals and Intestinal Anti-Inflammatory Agents</b>			
<b>Antipropulsives</b>			
DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE			
Tab 2.5 mg with atropine sulphate 25 mcg			
LOPERAMIDE HYDROCHLORIDE			
Tab 2 mg – <b>1% DV Oct-16 to 2019</b> .....	10.75	400	<b>Nodia</b>
Cap 2 mg – <b>1% DV Sep-16 to 2019</b> .....	7.05	400	<b>Diamide Relief</b>
<b>Rectal and Colonic Anti-Inflammatories</b>			
BUDESONIDE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Cap 3 mg			
➔ <b>Restricted (RS1026)</b>			
<b>Initiation – Crohn's disease</b>			
Both:			

continued...

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

- 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) .....	26.55	21.1 g	Colifoam
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## 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 .....	54.60	30	Pentasa
Enema 1 g per 100 ml .....	41.30	7	Pentasa

## OLSALAZINE

Tab 500 mg .....	93.37	100	Dipentum
Cap 250 mg .....	53.00	100	Dipentum

## SODIUM CROMOGLICATE

Cap 100 mg

## SULFASALAZINE

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

### Antihæmorrhoidal Preparations

## CINCHOCAINE HYDROCHLORIDE WITH HYDROCORTISONE

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

## FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Management of Anal Fissures</b>			
GLYCERYL TRINITRATE			
Oint 0.2%.....	22.00	30 g	Rectogesic
<b>Rectal Sclerosants</b>			
OILY PHENOL [PHENOL OILY]			
Inj 5%, 5 ml vial			
<b>Antispasmodics and Other Agents Altering Gut Motility</b>			
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 – 1% DV Dec-17 to 2020 .....	8.75	100	Buscopan
Inj 20 mg, 1 ml ampoule .....	9.57	5	Buscopan
MEBEVERINE HYDROCHLORIDE			
Tab 135 mg .....	18.00	90	Colofac
<b>Antiulcerants</b>			
<b>Antisecretory and Cytoprotective</b>			
MISOPROSTOL			
Tab 200 mcg – 1% DV Jun-16 to 2019 .....	41.50	120	Cytotec
<b>H2 Antagonists</b>			
CIMETIDINE			
Tab 200 mg			
Tab 400 mg			
RANITIDINE			
Tab 150 mg – 1% DV Oct-17 to 2020.....	12.91	500	Ranitidine Relief
Tab 300 mg – 1% DV Oct-17 to 2020.....	18.21	500	Ranitidine Relief
Oral liq 150 mg per 10 ml – 1% DV Oct-17 to 2020 .....	5.14	300 ml	Peptisoothe
Inj 25 mg per ml, 2 ml ampoule .....	8.75	5	Zantac
<b>Proton Pump Inhibitors</b>			
LANSOPRAZOLE			
Cap 15 mg – 1% DV Sep-18 to 2021 .....	4.58	100	Lanzol Relief
Cap 30 mg – 1% DV Sep-18 to 2021 .....	5.41	100	Lanzol Relief

## ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>OMEPRAZOLE</b>			
↓ Tab dispersible 20 mg			
→ <b>Restricted (RS1027)</b>			
<b>Initiation</b>			
Only for use in tube-fed patients.			
Cap 10 mg – 1% DV Mar-18 to 2020	1.98	90	Omeprazole actavis 10
Cap 20 mg – 1% DV Mar-18 to 2020	1.96	90	Omeprazole actavis 20
Cap 40 mg – 1% DV Mar-18 to 2020	3.12	90	Omeprazole actavis 40
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
Inj 40 mg vial – 1% DV Jan-17 to 2019	13.00	5	Omezol IV
<b>PANTOPRAZOLE</b>			
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

<b>COLLOIDAL BISMUTH SUBCITRATE</b>			
Tab 120 mg	14.51	50	Gastrodenol
<b>SUCRALFATE</b>			
Tab 1 g			

### Bile and Liver Therapy

L-ORNITHINE L-ASPARTATE – **Restricted** see terms [below](#)

↓ Grans for oral liquid 3 g

→ **Restricted (RS1261)**

#### 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 Sep-17 to 2020 ..... 625.00 56 **Xifaxan**

→ **Restricted (RS1416)**

#### Initiation

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

### Diabetes

#### Alpha Glucosidase Inhibitors

<b>ACARBOSE</b>			
Tab 50 mg – 1% DV Sep-18 to 2021	3.50	90	Glucobay
Tab 100 mg – 1% DV Sep-18 to 2021	6.40	90	Glucobay

#### Hyperglycaemic Agents

DIAZOXIDE – **Restricted** see terms [on the next page](#)

↓ 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



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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### ➔ Restricted (RS1028)

#### Initiation

For patients with confirmed hypoglycaemia caused by hyperinsulinism.

#### GLUCAGON HYDROCHLORIDE

Inj 1 mg syringe kit.....	32.00	1	Glucagen Hypokit
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#### GLUCOSE [DEXTROSE]

Tab 1.5 g

Tab 3.1 g

Tab 4 g

Gel 40%

#### GLUCOSE WITH SUCROSE AND FRUCTOSE

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

### Insulin - Intermediate-Acting Preparations

#### INSULIN ASPART WITH INSULIN ASPART PROTAMINE

Inj insulin aspart 30% with insulin aspart protamine 70%, 100 u per ml, 3 ml prefilled pen .....	52.15	5	NovoMix 30 FlexPen
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#### 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
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Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge.....	42.66	5	Humalog Mix 50
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#### 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
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Inj 100 u per ml, 3 ml cartridge.....	94.50	5	Lantus
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Inj 100 u per ml, 10 ml vial.....	63.00	1	Lantus
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### 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
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>INSULIN GLULISINE</b>			
Inj 100 u per ml, 10 ml vial.....	27.03	1	Apidra
Inj 100 u per ml, 3 ml cartridge.....	46.07	5	Apidra
Inj 100 u per ml, 3 ml disposable pen.....	46.07	5	Apidra Solostar

<b>INSULIN LISPRO</b>			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			

## Insulin - Short-Acting Preparations

<b>INSULIN NEUTRAL</b>			
Inj human 100 u per ml, 10 ml vial			
Inj human 100 u per ml, 3 ml cartridge			

## Oral Hypoglycaemic Agents

<b>GLIBENCLAMIDE</b>			
Tab 5 mg – 1% DV Oct-18 to 2021.....	6.00	100	Daonil
<b>GLICLAZIDE</b>			
Tab 80 mg – 1% DV Sep-17 to 2020.....	10.29	500	Glizide
<b>GLIPIZIDE</b>			
Tab 5 mg .....	2.85	100	Minidiab
<b>METFORMIN HYDROCHLORIDE</b>			
Tab immediate-release 500 mg.....	9.59	1,000	Metckek
Tab immediate-release 850 mg.....	7.82	500	Metformin Mylan
<b>PIOGLITAZONE</b>			
Tab 15 mg – 1% DV Oct-18 to 2021.....	3.47	90	Vexazone
Tab 30 mg – 1% DV Oct-18 to 2021.....	5.06	90	Vexazone
Tab 45 mg – 1% DV Oct-18 to 2021.....	7.10	90	Vexazone

## Digestives Including Enzymes

<b>PANCREATIC ENZYME</b>			
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 Sep-18 to 2021 .....	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 Sep-18 to 2021 .....	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)			
<b>URSODEOXYCHOLIC ACID – Restricted see terms below</b>			
⚠ Cap 250 mg – 1% DV Sep-17 to 2020.....	37.95	100	Ursosan

➡ **Restricted (RS1328)**

**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.

continued...

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

### 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).

### 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 allogeneic stem cell or bone marrow transplantation; and
- 2 Treatment for up to 13 weeks.

### Initiation – Total parenteral nutrition induced cholestasis

Both:

- 1 Paediatric patient has developed abnormal liver function as indicated on testing which is likely to be induced by TPN; and
- 2 Liver function has not improved with modifying the TPN composition.

## Laxatives

### Bowel-Cleansing Preparations

#### CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE

Powder for oral soln 12 g with magnesium oxide 3.5 g and sodium picosulfate 10 mg per sachet

*e.g. PicoPrep*

#### MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE

Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 210 g sachet

*e.g. Glycoprep-C*

Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet

*e.g. Glycoprep-C*

#### MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE AND SODIUM SULPHATE

Powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulphate 5.685 g per sachet.....

14.31

4

Klean Prep

### Bulk-Forming Agents

#### ISPAGHULA (PSYLLIUM) HUSK

Powder for oral soln – **1% DV Oct-17 to 2020**.....6.05

500 g

**Konsyl-D**

#### STERCULIA WITH FRANGULA – **Restricted:** For continuation only

➡ Powder for oral soln

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Faecal Softeners</b>			
DOCUSATE SODIUM			
Tab 50 mg – 1% DV Sep-17 to 2020 .....	2.31	100	Coloxyl
Tab 120 mg – 1% DV Sep-17 to 2020 .....	3.13	100	Coloxyl
DOCUSATE SODIUM WITH SENNOSIDES			
Tab 50 mg with sennosides 8 mg – 1% DV Jun-18 to 2021 .....	3.10	200	Laxsol
PARAFFIN			
Oral liquid 1 mg per ml			
Enema 133 ml			
POLOXAMER			
Oral drops 10% – 1% DV Sep-17 to 2020 .....	3.78	30 ml	Coloxyl
<b>Opioid Receptor Antagonists - Peripheral</b>			
METHYLNALTREXONE BROMIDE – <b>Restricted</b> see terms <a href="#">below</a>			
‡ Inj 12 mg per 0.6 ml vial .....	36.00	1	Relistor
	246.00	7	Relistor
➔ <b>Restricted (RS1601)</b>			
<b>Initiation – Opioid induced constipation</b>			
Both:			
1 The patient is receiving palliative care; and			
2 Either:			
2.1 Oral and rectal treatments for opioid induced constipation are ineffective; or			
2.2 Oral and rectal treatments for opioid induced constipation are unable to be tolerated.			
<b>Osmotic Laxatives</b>			
GLYCEROL			
Suppos 1.27 g			
Suppos 2.55 g			
Suppos 3.6 g – 1% DV Oct-18 to 2021 .....	9.25	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			
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			
Feb-18 to 2020 .....	6.78	30	Molaxole
SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE			
Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml .....	26.72	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
<b>Stimulant Laxatives</b>			
BISACODYL			
Tab 5 mg – 1% DV Sep-18 to 2021 .....	5.99	200	Lax-Tabs
Suppos 10 mg – 1% DV Sep-18 to 2021 .....	3.74	10	Lax-Suppositories

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

Tab 7.5 mg

**Metabolic Disorder Agents**

ALGLUCOSIDASE ALFA – **Restricted** see terms [below](#)

↓ Inj 50 mg vial ..... 1,142.60 1 Myozyme

→ **Restricted (RS1545)**

**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:
  - 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 [on the next page](#)

↓ Powder for oral soln..... 575.00 180 g Cystadane

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## ➔ Restricted (RS1639)

### Initiation

Metabolic physician

*Re-assessment required after 12 months*

All of the following:

- 1 The patient has a confirmed diagnosis of homocystinuria; and
- 2 Any of the following:
  - 2.1 A cystathionine beta-synthase (CBS) deficiency; or
  - 2.2 A 5,10-methylene-tetrahydrofolate reductase (MTHFR) deficiency; or
  - 2.3 A disorder of intracellular cobalamin metabolism; and
- 3 An appropriate homocysteine level has not been achieved despite a sufficient trial of appropriate vitamin supplementation.

### Continuation

Metabolic physician

*Re-assessment required after 12 months*

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

BIOTIN – **Restricted** see terms [below](#)

⚡ Cap 50 mg

⚡ Cap 100 mg

⚡ Inj 10 mg per ml, 5 ml vial

## ➔ Restricted (RS1330)

Metabolic physician or metabolic disorders dietitian

GALSULFASE – **Restricted** see terms [below](#)

⚡ Inj 1 mg per ml, 5 ml vial.....2,234.00      1      Naglazyme

## ➔ Restricted (RS1523)

### 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 [on the next page](#)

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1546)**

**Initiation**

Metabolic physician

Limited to 24 weeks treatment

All of the following:

- 1 The patient has been diagnosed with Hunter Syndrome (mucopolysaccharidosis 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

(Any Inj 40 iu per ml, 5 ml vial to be delisted 1 March 2019)

(Any Inj 40 iu per ml, 10 ml vial to be delisted 1 March 2019)

➔ **Restricted (RS1034)**

**Initiation**

Only for use in patients with approval by the Gaucher's Treatment Panel.

LARONIDASE – **Restricted** see terms [below](#)

⬇ Inj 100 U per ml, 5 ml vial ..... 1,335.16      1      Aldurazyme

➔ **Restricted (RS1607)**

**Initiation**

Metabolic physician

Limited to 24 weeks treatment

All of the following:

- 1 The patient has been diagnosed with Hurler Syndrome (mucopolysaccharidosis I-H); and
- 2 Either:
  - 2.1 Diagnosis confirmed by demonstration of alpha-L-iduronidase deficiency in white blood cells by either enzyme assay in cultured skin fibroblasts; or
  - 2.2 Detection of two disease causing mutations in the alpha-L-iduronidase gene and patient has a sibling who is known to have Hurler syndrome; and
- 3 Patient is going to proceed with a haematopoietic stem cell transplant (HSCT) within the next 3 months and treatment with laronidase 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 Laronidase to be administered for a total of 24 weeks (equivalent to 12 weeks pre- and 12 post-HSCT) at doses no greater than 100 units/kg every week.

LEVOCARNITINE – **Restricted** see terms [below](#)

⬇ Cap 500 mg

⬇ Oral soln 1,000 mg per 10 ml

⬇ Oral soln 1,100 mg per 15 ml

⬇ Inj 200 mg per ml, 5 ml vial

(Any Oral soln 1,100 mg per 15 ml to be delisted 1 October 2018)

➔ **Restricted (RS1035)**

Neurologist, metabolic physician or metabolic disorders dietitian

# ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PYRIDOXAL-5-PHOSPHATE – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 50 mg			
➔ <b>Restricted (RS1331)</b>			
Neurologist, metabolic physician or metabolic disorders dietitian			
<b>SODIUM BENZOATE</b>			
Cap 500 mg			
Powder			
Soln 100 mg per ml			
Inj 20%, 10 ml ampoule			
<b>SODIUM PHENYLBUTYRATE – Some items restricted</b> see terms <a href="#">below</a>			
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			
➔ <b>Restricted (RS1526)</b>			
<b>Initiation</b>			
Metabolic physician			
<i>Re-assessment required after 12 months</i>			
For the chronic management of a urea cycle disorder involving a deficiency of carbamylphosphate synthetase, ornithine transcarbamylase or argininosuccinate synthetase.			
<b>Continuation</b>			
Metabolic physician			
<i>Re-assessment required after 12 months</i>			
The treatment remains appropriate and the patient is benefiting from treatment.			
<b>TALIGLUCERASE ALFA – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 200 unit vial.....	1,072.00	1	Elelyso
➔ <b>Restricted (RS1034)</b>			
<b>Initiation</b>			
Only for use in patients with approval by the Gaucher's Treatment Panel.			
<b>TRIENTINE DIHYDROCHLORIDE</b>			
Cap 300 mg			

## Minerals

### Calcium

<b>CALCIUM CARBONATE</b>			
Tab 1.25 g (500 mg elemental) – <b>1% DV Mar-18 to 2020</b> .....	7.52	250	<b>Arrow-Calcium</b>
Tab eff 1.75 g (1 g elemental) .....	2.07	10	Calsource

### Fluoride

<b>SODIUM FLUORIDE</b>			
Tab 1.1 mg (0.5 mg elemental)			

### Iodine

<b>POTASSIUM IODATE</b>			
Tab 253 mcg (150 mcg elemental iodine) .....	4.69	90	NeuroTabs
<b>POTASSIUM IODATE WITH IODINE</b>			
Oral liq 10% with iodine 5%			



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Iron</b>			
FERRIC CARBOXYMALTOSE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 50 mg per ml, 10 ml vial.....	150.00	1	Ferinject
➔ <b>Restricted (RS1417)</b>			
<b>Initiation</b>			
Treatment with oral iron has proven ineffective or is clinically inappropriate.			
FERROUS FUMARATE			
Tab 200 mg (65 mg elemental) .....	2.89	100	Ferro-tab
FERROUS FUMARATE WITH FOLIC ACID			
Tab 310 mg (100 mg elemental) with folic acid 350 mcg – <b>1% DV</b>			
<b>Jun-18 to 2021</b> .....	4.68	60	<b>Ferro-F-Tabs</b>
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) – <b>1% DV Jun-18 to 2021</b> .....	2.06	30	<b>Ferrograd</b>
Oral liq 30 mg (6 mg elemental) per ml – <b>1% DV Oct-16 to 2019</b> .....	10.80	500 ml	<b>Ferodan</b>
FERROUS SULPHATE WITH ASCORBIC ACID			
Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg			
IRON POLYMALTOSE			
Inj 50 mg per ml, 2 ml ampoule .....	15.22	5	Ferrum H
IRON SUCROSE			
Inj 20 mg per ml, 5 ml ampoule .....	100.00	5	Venofer
<b>Magnesium</b>			
MAGNESIUM CHLORIDE			
Inj 1 mmol per 1 ml, 100 ml bag			
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 – <b>1% DV Sep-17 to 2020</b> .....	10.21	10	<b>DBL</b>
<b>Zinc</b>			
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) .....	11.00	100	Zincaps

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Mouth and Throat</b>			
<b>Agents Used in Mouth Ulceration</b>			
BENZYDAMINE HYDROCHLORIDE			
Soln 0.15%			
Spray 0.15%			
Spray 0.3%			
BENZYDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE			
Lozenge 3 mg with cetylpyridinium chloride			
CARBOXYMETHYLCELLULOSE			
Oral spray			
CARMELLOSE SODIUM WITH PECTIN AND GELATINE			
Paste			
Powder			
CHLORHEXIDINE GLUCONATE			
Mouthwash 0.2%.....	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 Sep-17 to 2020.....	5.33	5 g	Kenalog in Orabase
<b>Oropharyngeal Anti-Infectives</b>			
AMPHOTERICIN B			
Lozenge 10 mg.....	5.86	20	Fungilin
MICONAZOLE			
Oral gel 20 mg per g – 1% DV Sep-18 to 2021 .....	4.74	40 g	Decozol
NYSTATIN			
Oral liquid 100,000 u per ml – 1% DV Oct-17 to 2020.....	1.95	24 ml	Nilstat
<b>Other Oral Agents</b>			
SODIUM HYALURONATE [HYALURONIC ACID] – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 20 mg per ml, 1 ml syringe			
➡ <b>Restricted (RS1175)</b>			
Otolaryngologist			
THYMOL GLYCERIN			
Compound, BPC – 1% DV Aug-16 to 2019.....	9.15	500 ml	PSM
<b>Vitamins</b>			
<b>Multivitamin Preparations</b>			
MULTIVITAMIN AND MINERAL SUPPLEMENT – <b>Restricted</b> see terms <a href="#">on the next page</a>			
⚡ Cap.....	23.35	180	Clinicians Multivit & Mineral Boost

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔ Restricted (RS1498)</b>			
<b>Initiation</b>			
<i>Limited to 3 months treatment</i>			
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.			
<b>MULTIVITAMIN RENAL – Restricted see terms below</b>			
⚡ Cap.....	6.49	30	Clinicians Renal Vit
<b>➔ Restricted (RS1499)</b>			
<b>Initiation</b>			
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 <sup>2</sup> body surface area (BSA).			
<b>MULTIVITAMINS</b>			
Tab (BPC cap strength) – <b>1% DV Jan-17 to 2019</b> .....	10.50	1,000	<b>Mvite</b>
⚡ cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 11 mcg, alpha tocopherol 150 u, phytomenadione 150 mcg, folic acid 0.2 mg, ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 mg, cyanocobalamin 3 mcg, zinc 7.5 mg and biotin 100 mcg			<i>e.g. Vitabdeck</i>
<b>➔ Restricted (RS1620)</b>			
<b>Initiation</b>			
Any of the following:			
1 Patient has cystic fibrosis with pancreatic insufficiency; or			
2 Patient is an infant or child with liver disease or short gut syndrome; or			
3 Patient has severe malabsorption 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			<i>e.g. Paediatric Seravit</i>
<b>➔ Restricted (RS1178)</b>			
<b>Initiation</b>			
Patient has inborn errors of metabolism.			
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg and glucose 1000 mg, 5 ml ampoule (1)			<i>e.g. Pabrinex IV</i>
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg, 2 ml ampoule (1)			<i>e.g. Pabrinex IM</i>
Inj thiamine hydrochloride 500 mg with riboflavin 8 mg and pyridoxine hydrochloride 100 mg, 10 ml ampoule (1) and inj ascorbic acid 1000 mg with nicotinamide 320 mg and glucose 2000 mg, 10 ml ampoule (1)			<i>e.g. Pabrinex IV</i>

# ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>VITAMIN A WITH VITAMINS D AND C</b>			
Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops			<i>e.g. Vitadol C</i>
<b>Vitamin A</b>			
<b>RETINOL</b>			
Tab 10,000 iu			
Cap 25,000 iu			
Oral liq 150,000 iu per ml			
<b>Vitamin B</b>			
<b>HYDROXOCOBALAMIN</b>			
Inj 1 mg per ml, 1 ml ampoule – 1% DV Sep-18 to 2021	1.89	3	<b>Neo-B12</b>
<b>PYRIDOXINE HYDROCHLORIDE</b>			
Tab 25 mg – 1% DV Jan-18 to 2020	2.70	90	<b>Vitamin B6 25</b>
Tab 50 mg – 1% DV Oct-17 to 2020	13.63	500	<b>Apo-Pyridoxine</b>
Inj 100 mg per ml, 1 ml ampoule			
Inj 100 mg per ml, 30 ml vial			
<b>THIAMINE HYDROCHLORIDE</b>			
Tab 50 mg – 1% DV Nov-18 to 2020	4.89	100	<b>Max Health</b>
Tab 100 mg			
Inj 100 mg per ml, 1 ml vial			<i>e.g. Benerva</i>
Inj 100 mg per ml, 2 ml vial			
<b>VITAMIN B COMPLEX</b>			
Tab strong, BPC – 1% DV Jan-17 to 2019	7.15	500	<b>Bplex</b>
<b>Vitamin C</b>			
<b>ASCORBIC ACID</b>			
Tab 100 mg – 1% DV Jan-17 to 2019	8.10	500	<b>Cvite</b>
Tab chewable 250 mg			
<b>Vitamin D</b>			
<b>ALFACALCIDOL</b>			
Cap 0.25 mcg – 1% DV Aug-17 to 2020	26.32	100	<b>One-Alpha</b>
Cap 1 mcg – 1% DV Aug-17 to 2020	87.98	100	<b>One-Alpha</b>
Oral drops 2 mcg per ml – 1% DV Aug-17 to 2020	60.68	20 ml	<b>One-Alpha</b>
<b>CALCITRIOL</b>			
Cap 0.25 mcg – 1% DV Aug-16 to 2019	9.95	100	<b>Calcitriol-AFT</b>
Cap 0.5 mcg – 1% DV Aug-16 to 2019	18.39	100	<b>Calcitriol-AFT</b>
Oral liq 1 mcg per ml			
Inj 1 mcg per ml, 1 ml ampoule			
<b>COLECALCIFEROL</b>			
Cap 1.25 mg (50,000 iu) – 1% DV Oct-17 to 2020	2.50	12	<b>Vit.D3</b>
<b>Vitamin E</b>			
<b>ALPHA TOCOPHERYL – Restricted</b> see terms <a href="#">on the next page</a>			
⚡ Oral liq 156 u per ml			

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

➔ **Restricted (RS1632)**

**Initiation – Cystic fibrosis**

Both:

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

**Initiation – Osteoradionecrosis**

For the treatment of osteoradionecrosis.

**Initiation – Other indications**

All of the following:

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

ALPHA TOCOPHERYL ACETATE – **Restricted** see terms [below](#)

↓ Cap 100 u

↓ Cap 500 u

↓ Oral liq 156 u per ml

➔ **Restricted (RS1176)**

**Initiation – Cystic fibrosis**

Both:

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

**Initiation – Osteoradionecrosis**

For the treatment of osteoradionecrosis.

**Initiation – Other indications**

All of the following:

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

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

### Hypoplastic and Haemolytic

EPOETIN ALFA [ERYTHROPOIETIN ALFA] – **Restricted** see terms [below](#)

⚡ Inj 1,000 iu in 0.5 ml syringe.....	48.68	6	Eporex
⚡ Inj 2,000 iu in 0.5 ml syringe.....	120.18	6	Eporex
⚡ Inj 3,000 iu in 0.3 ml syringe.....	166.87	6	Eporex
⚡ Inj 4,000 iu in 0.4 ml syringe.....	193.13	6	Eporex
⚡ Inj 5,000 iu in 0.5 ml syringe.....	243.26	6	Eporex
⚡ Inj 6,000 iu in 0.6 ml syringe.....	291.92	6	Eporex
⚡ Inj 8,000 iu in 0.8 ml syringe.....	352.69	6	Eporex
⚡ Inj 10,000 iu in 1 ml syringe.....	395.18	6	Eporex
⚡ Inj 40,000 iu in 1 ml syringe.....	263.45	1	Eporex

➡ **Restricted (RS1420)**

#### Initiation – chronic renal failure

All of the following:

- 1 Patient in chronic renal failure; and
- 2 Haemoglobin is less than or equal to 100g/L; and
- 3 Either:
  - 3.1 Both:
    - 3.1.1 Patient does not have diabetes mellitus; and
    - 3.1.2 Glomerular filtration rate is less than or equal to 30ml/min; or
  - 3.2 Both:
    - 3.2.1 Patient has diabetes mellitus; and
    - 3.2.2 Glomerular filtration rate is less than or equal to 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) \$	Brand or Generic Manufacturer
	Per	

**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 (RS1421)**

**Initiation – chronic renal failure**

All of the following:

- 1 Patient in chronic renal failure; and
- 2 Haemoglobin is less than or equal to 100g/L; and
- 3 Either:
  - 3.1 Both:
    - 3.1.1 Patient does not have diabetes mellitus; and
    - 3.1.2 Glomerular filtration rate is less than or equal to 30ml/min; or
  - 3.2 Both:
    - 3.2.1 Patient has diabetes mellitus; and
    - 3.2.2 Glomerular filtration rate is less than or equal to 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 – <b>1% DV Oct-18 to 2021</b> .....	21.84	1,000	<b>Apo-Folic Acid</b>
Tab 5 mg – <b>1% DV Oct-18 to 2021</b> .....	12.12	500	<b>Apo-Folic Acid</b>
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
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## Antifibrinolytics, Haemostatics and Local Sclerosants

ALUMINIUM CHLORIDE – **Restricted** see terms [below](#)

↓ Topical soln 20% w/v

*e.g. Driclor*

→ **Restricted** (RS1500)

### 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** (RS1332)

### 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** (RS1373)

### 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 less than or equal to 20,000 platelets per microlitre and has evidence of active bleeding; or
  - 3.3 Patient has a platelet count of less than or equal to 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 – <b>1% DV Sep-16 to 2019</b> .....	20.67	100	Cyklokapron
Inj 100 mg per ml, 5 ml ampoule – <b>1% DV Sep-18 to 2021</b> .....	6.95	5	Tranexamic-AFT
Inj 100 mg per ml, 10 ml ampoule – <b>1% DV Sep-18 to 2021</b> .....	10.95	5	Tranexamic-AFT

## Anticoagulant Reversal Agents

IDARUCIZUMAB – **Restricted** see terms [below](#)

↓ Inj 50 mg per ml, 50 ml vial.....4,250.00 2 Praxbind

→ **Restricted (RS1535)**

### 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 [below](#)

↓ 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 (RS1495)**

### 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 [below](#)

↓ 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 (RS1495)**

### 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 (RS1508)**

### 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

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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### ➔ Restricted (RS1495)

#### 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 (RS1363)

#### 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 (RS1509)

#### 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](mailto: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 (RS1510)

#### 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](mailto: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
<b>Antithrombotics</b>			
<b>Anticoagulants</b>			
<b>BIVALIRUDIN – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 250 mg vial			
➔ <b>Restricted (RS1181)</b>			
<b>Initiation</b>			
Either:			
1 For use in heparin-induced thrombocytopenia, heparin resistance or heparin intolerance; or			
2 For use in patients undergoing endovascular procedures.			
<b>CITRATE SODIUM</b>			
Inj 4% (200 mg per 5 ml), 5 ml ampoule			
Inj 46.7% (1.4 g per 3 ml), 3 ml syringe			
Inj 46.7% (2.36 g per 5 ml), 5 ml ampoule			
<b>DABIGATRAN</b>			
Cap 75 mg.....	76.36	60	Pradaxa
Cap 110 mg.....	76.36	60	Pradaxa
Cap 150 mg.....	76.36	60	Pradaxa
<b>DALTEPARIN</b>			
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
<b>DANAPAROID – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 750 u in 0.6 ml ampoule			
➔ <b>Restricted (RS1182)</b>			
<b>Initiation</b>			
For use in heparin-induced thrombocytopenia, heparin resistance or heparin intolerance.			
<b>DEFIBROTIDE – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 80 mg per ml, 2.5 ml ampoule			
➔ <b>Restricted (RS1183)</b>			
<b>Initiation</b>			
Haematologist			
Patient has moderate or severe sinusoidal obstruction syndrome as a result of chemotherapy or regimen-related toxicities.			
<b>DEXTROSE WITH SODIUM CITRATE AND CITRIC ACID [ACID CITRATE DEXTROSE A]</b>			
Inj 24.5 mg with sodium citrate 22 mg and citric acid 7.3 mg per ml, 100 ml bag			
<b>ENOXAPARIN SODIUM</b>			
Inj 20 mg in 0.2 ml syringe.....	27.93	10	Clexane
Inj 40 mg in 0.4 ml ampoule			
Inj 40 mg in 0.4 ml syringe.....	37.27	10	Clexane
Inj 60 mg in 0.6 ml syringe.....	56.18	10	Clexane
Inj 80 mg in 0.8 ml syringe.....	74.90	10	Clexane
Inj 100 mg in 1 ml syringe.....	93.80	10	Clexane
Inj 120 mg in 0.8 ml syringe.....	116.55	10	Clexane
Inj 150 mg in 1 ml syringe.....	133.20	10	Clexane

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FONDAPARINUX SODIUM – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 2.5 mg in 0.5 ml syringe			
↓ Inj 7.5 mg in 0.6 ml syringe			
➔ <b>Restricted (RS1184)</b>			
<b>Initiation</b>			
For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance.			
<b>HEPARIN SODIUM</b>			
Inj 100 iu per ml, 250 ml bag			
Inj 1,000 iu per ml, 1 ml ampoule .....	98.53	50	Hospira
Inj 1,000 iu per ml, 35 ml vial			
Inj 1,000 iu per ml, 5 ml ampoule – 1% DV Nov-18 to 2021 .....	58.57	50	<b>Pfizer</b>
Inj 5,000 iu in 0.2 ml ampoule			
Inj 5,000 iu per ml, 1 ml ampoule .....	28.40	5	Hospira
Inj 5,000 iu per ml, 5 ml ampoule – 1% DV Nov-18 to 2021 .....	203.68	50	<b>Pfizer</b>
<b>HEPARINISED SALINE</b>			
Inj 10 iu per ml, 5 ml ampoule .....	56.94	50	Pfizer
Inj 100 iu per ml, 2 ml ampoule			
Inj 100 iu per ml, 5 ml ampoule			
<b>PHENINDIONE</b>			
Tab 10 mg			
Tab 25 mg			
Tab 50 mg			
<b>PROTAMINE SULPHATE</b>			
Inj 10 mg per ml, 5 ml ampoule			
<b>RIVAROXABAN</b>			
Tab 10 mg .....	83.10	30	Xarelto
Tab 15 mg .....	77.56	28	Xarelto
Tab 20 mg .....	77.56	28	Xarelto
<b>SODIUM CITRATE WITH SODIUM CHLORIDE AND POTASSIUM CHLORIDE</b>			
Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride 74.6 mcg per ml, 5,000 ml bag			
<b>WARFARIN SODIUM</b>			
Tab 1 mg .....	6.86	100	Marevan
Tab 2 mg			
Tab 3 mg .....	9.70	100	Marevan
Tab 5 mg .....	11.75	100	Marevan
<b>Antiplatelets</b>			
<b>ASPIRIN</b>			
Tab 100 mg – 10% DV Dec-16 to 2019 .....	1.60	90	<b>Ethics Aspirin EC</b>
	12.50	990	<b>Ethics Aspirin EC</b>
Suppos 300 mg			
<b>CLOPIDOGREL</b>			
Tab 75 mg – 1% DV Mar-17 to 2019 .....	5.44	84	<b>Arrow - Clopid</b>
<b>DIPYRIDAMOLE</b>			
Tab 25 mg			
Tab long-acting 150 mg – 1% DV Sep-16 to 2019 .....	11.52	60	<b>Pytazen SR</b>
Inj 5 mg per ml, 2 ml ampoule			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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EPTIFIBATIDE – **Restricted** see terms [below](#)

↓ Inj 2 mg per ml, 10 ml vial – <b>1% DV Nov-18 to 2021</b> .....	138.75	1	<b>Integrilin</b>
↓ Inj 750 mcg per ml, 100 ml vial – <b>1% DV Nov-18 to 2021</b> .....	405.00	1	<b>Integrilin</b>

→ **Restricted (RS1362)**

#### 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 (RS1187)**

#### 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
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→ **Restricted (RS1496)**

#### 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

## 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## 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 (RS1536)**

**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 less than or equal to  $10 \times 10^6/L$  on day 5 after 4 days of G-CSF treatment; or
      - 3.1.2.2 Efforts to collect  $> 1 \times 10^6$  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  $> 5 \times 10^9/L$ ; and
        - 3.2.2.1.2 Has a suboptimal peripheral blood CD34 count of less than or equal to  $10 \times 10^6/L$ ; or
      - 3.2.2.2 Efforts to collect  $> 1 \times 10^6$  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 (RS1188)**

Haematologist or oncologist

PEGFILGRASTIM – **Restricted** see terms [below](#)

⚡ Inj 6 mg per 0.6 ml syringe .....1,080.00 1 Neulastim

➡ **Restricted (RS1262)**

**Initiation**

For prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk greater than or equal to 20%).

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Fluids and Electrolytes</b>			
<b>Intravenous Administration</b>			
<b>CALCIUM CHLORIDE</b>			
Inj 100 mg per ml, 10 ml vial			
<b>CALCIUM GLUCONATE</b>			
Inj 10%, 10 ml ampoule .....	34.24	10	Hospira
<b>COMPOUND ELECTROLYTES</b>			
Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, 500 ml bag – <b>1% DV Jun-18 to 2021</b> .....	44.10	18	<b>Plasma-Lyte 148</b>
Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b> .....	27.24	12	<b>Plasma-Lyte 148</b>
<b>COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]</b>			
Inj sodium 140 mmol/l, 5 mmol/l potassium, 1.5 mmol/l magnesium, 98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l gluconate, glucose 23 mmol/l (5%), 1,000 ml bag – <b>1% DV Jun-18 to 2021</b> .....	211.92	12	<b>Plasma-Lyte 148 &amp; 5% Glucose</b>
<b>COMPOUND SODIUM LACTATE [HARTMANN'S SOLUTION]</b>			
Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, 500 ml bag – <b>1% DV Jun-18 to 2021</b> .....	23.40	18	<b>Baxter</b>
Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b> .....	15.72	12	<b>Baxter</b>
<b>GLUCOSE [DEXTROSE]</b>			
Inj 5%, 1,000 ml bag – <b>1% DV Aug-18 to 2021</b> .....	16.80	10	<b>Fresenius Kabi</b>
Inj 5%, 100 ml bag – <b>1% DV Aug-18 to 2021</b> .....	77.50	50	<b>Fresenius Kabi</b>
Inj 5%, 250 ml bag – <b>1% DV Aug-18 to 2021</b> .....	52.50	30	<b>Fresenius Kabi</b>
Inj 5%, 50 ml bag – <b>1% DV Jun-18 to 2021</b> .....	143.40	60	<b>Baxter Glucose 5%</b>
Inj 5%, 500 ml bag – <b>1% DV Aug-18 to 2021</b> .....	24.00	20	<b>Fresenius Kabi</b>
Inj 10%, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b> .....	111.96	12	<b>Baxter Glucose 10%</b>
Inj 10%, 500 ml bag – <b>1% DV Jun-18 to 2021</b> .....	109.98	18	<b>Baxter Glucose 10%</b>
Inj 50%, 10 ml ampoule – <b>1% DV Oct-17 to 2020</b> .....	29.50	5	<b>Biomed</b>
Inj 50%, 500 ml bag – <b>1% DV Jun-18 to 2021</b> .....	337.32	18	<b>Baxter Glucose 50%</b>
Inj 50%, 90 ml bottle – <b>1% DV Oct-17 to 2020</b> .....	14.50	1	<b>Biomed</b>
<b>GLUCOSE WITH POTASSIUM CHLORIDE</b>			
Inj 10% glucose with 20 mmol/l potassium chloride, 500 ml bag			
<b>GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE</b>			
Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag			
Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag			
Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b> .....	203.40	12	<b>Baxter</b>
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b> .....	159.96	12	<b>Baxter</b>
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b> .....	282.72	12	<b>Baxter</b>

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>GLUCOSE WITH SODIUM CHLORIDE</b>			
Inj glucose 2.5% with sodium chloride 0.45%, 500 ml bag			
Inj 4% glucose and sodium chloride 0.18%, 1,000 ml bag – <b>1% DV</b>			
<b>Jun-18 to 2021</b> .....	163.32	12	<b>Baxter</b>
Inj 5% glucose and sodium chloride 0.45%, 1,000 ml bag – <b>1% DV</b>			
<b>Jun-18 to 2021</b> .....	163.20	12	<b>Baxter</b>
Inj 5% glucose and sodium chloride 0.9%, 1,000 ml bag – <b>1% DV</b>			
<b>Jun-18 to 2021</b> .....	173.40	12	<b>Baxter</b>
<b>POTASSIUM CHLORIDE</b>			
Inj 75 mg (1 mmol) per ml, 10 ml ampoule			
Inj 225 mg (3 mmol) per ml, 20 ml ampoule			
<b>POTASSIUM CHLORIDE WITH SODIUM CHLORIDE</b>			
Inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag			
– <b>1% DV Jun-18 to 2021</b> .....	476.64	48	<b>Baxter</b>
Inj 20 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag			
– <b>1% DV Jun-18 to 2021</b> .....	163.08	12	<b>Baxter</b>
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag			
– <b>1% DV Jun-18 to 2021</b> .....	253.32	12	<b>Baxter</b>
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag			
– <b>1% DV Jun-18 to 2021</b> .....	772.32	48	<b>Baxter</b>
<b>POTASSIUM DIHYDROGEN PHOSPHATE</b>			
Inj 1 mmol per ml, 10 ml ampoule .....	151.80	10	Hospira
<b>RINGER'S SOLUTION</b>			
Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, 1,000 ml bag			
<b>SODIUM ACETATE</b>			
Inj 4 mmol per ml, 20 ml ampoule			
<b>SODIUM BICARBONATE</b>			
Inj 8.4%, 10 ml vial			
Inj 8.4%, 50 ml vial .....	19.95	1	Biomed
Inj 8.4%, 100 ml vial .....	20.50	1	Biomed
<b>SODIUM CHLORIDE</b>			
Inj 0.9%, 5 ml ampoule .....	7.00	50	InterPharma
Inj 0.9%, 10 ml ampoule – <b>1% DV Mar-17 to 2019</b> .....	6.63	50	<b>Pfizer</b>
⚡ Inj 0.9%, 3 ml syringe, non-sterile pack – <b>1% DV Sep-18 to 2021</b> .....	160.90	480	<b>BD PosiFlush</b>
➡ <b>Restricted (RS1297)</b>			
<b>Initiation</b>			
For use in flushing of in-situ vascular access devices only.			
⚡ Inj 0.9%, 5 ml syringe, non-sterile pack – <b>1% DV Sep-18 to 2021</b> .....	162.91	480	<b>BD PosiFlush</b>
➡ <b>Restricted (RS1297)</b>			
<b>Initiation</b>			
For use in flushing of in-situ vascular access devices only.			
⚡ Inj 0.9%, 10 ml syringe, non-sterile pack – <b>1% DV Sep-18 to 2021</b> .....	170.35	480	<b>BD PosiFlush</b>
➡ <b>Restricted (RS1297)</b>			
<b>Initiation</b>			
For use in flushing of in-situ vascular access devices only.			



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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	<b>Biomed</b>
Inj 0.45%, 500 ml bag – 1% DV Sep-16 to 2019 .....	71.28	18	<b>Baxter</b>
Inj 3%, 1,000 ml bag – 1% DV Sep-16 to 2019 .....	91.20	12	<b>Baxter</b>
Inj 0.9%, 50 ml bag – 1% DV Sep-16 to 2019 .....	109.80	60	<b>Baxter</b>
Inj 0.9%, 100 ml bag – 1% DV Sep-16 to 2019 .....	78.24	48	<b>Baxter</b>
Inj 0.9%, 250 ml bag – 1% DV Sep-16 to 2019 .....	44.64	24	<b>Baxter</b>
Inj 0.9%, 500 ml bag – 1% DV Sep-16 to 2019 .....	22.14	18	<b>Baxter</b>
Inj 0.9%, 1,000 ml bag – 1% DV Sep-16 to 2019 .....	15.12	12	<b>Baxter</b>
Inj 1.8%, 500 ml bottle			
<b>SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]</b>			
Inj 1 mmol per ml, 20 ml ampoule – 1% DV Oct-18 to 2021.....	48.70	5	<b>Biomed</b>
<b>WATER</b>			
Inj 5 ml ampoule – 1% DV Mar-17 to 2019 .....	7.00	50	<b>InterPharma</b>
Inj 10 ml ampoule – 1% DV Mar-17 to 2019 .....	6.63	50	<b>Pfizer</b>
Inj 20 ml ampoule.....	7.50	30	<b>InterPharma</b>
	5.00	20	<b>Multichem</b>
Inj 250 ml bag			
Inj 500 ml bag			
Inj, 1,000 ml bag – 1% DV Sep-16 to 2019.....	19.08	12	<b>Baxter</b>
<b>Oral Administration</b>			
<b>CALCIUM POLYSTYRENE SULPHONATE</b>			
Powder .....	169.85	300 g	<b>Calcium Resonium</b>
<b>COMPOUND ELECTROLYTES</b>			
Powder for oral soln – 1% DV Dec-16 to 2019 .....	2.30	10	<b>Enerlyte</b>
<b>COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]</b>			
Soln with electrolytes (2 x 500 ml) – 1% DV Nov-18 to 2021 .....	6.55	1,000 ml	<b>Pedialyte - Bubblegum</b>
<b>PHOSPHORUS</b>			
Tab eff 500 mg (16 mmol)			
<b>POTASSIUM CHLORIDE</b>			
Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)			
Tab long-acting 600 mg (8 mmol) – 1% DV Oct-18 to 2021 .....	8.90	200	<b>Span-K</b>
Oral liq 2 mmol per ml			
<b>SODIUM BICARBONATE</b>			
Cap 840 mg .....	8.52	100	<b>Sodibic</b>
<b>SODIUM CHLORIDE</b>			
Tab 600 mg			
Oral liq 2 mmol/ml			
<b>SODIUM POLYSTYRENE SULPHONATE</b>			
Powder – 1% DV Sep-18 to 2021 .....	84.65	454 g	<b>Resonium A</b>
<b>Plasma Volume Expanders</b>			
<b>GELATINE, SUCCINYLATED</b>			
Inj 4%, 500 ml bag – 1% DV Jun-18 to 2021.....	120.00	10	<b>Gelofusine</b>

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

### ACE Inhibitors

#### CAPTOPRIL

↓ Oral liq 5 mg per ml .....	94.99	95 ml	Capoten
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➔ **Restricted (RS1263)**

#### 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	<b>Apo-Cilazapril</b>
Tab 5 mg – 1% DV Dec-16 to 2019 .....	12.00	200	<b>Apo-Cilazapril</b>

#### ENALAPRIL MALEATE

Tab 5 mg .....	0.96	100	Ethics Enalapril
Tab 10 mg .....	1.24	100	Ethics Enalapril
Tab 20 mg .....	1.78	100	Ethics Enalapril

#### LISINOPRIL

Tab 5 mg .....	1.80	90	Ethics Lisinopril
Tab 10 mg .....	2.05	90	Ethics Lisinopril
Tab 20 mg .....	2.76	90	Ethics Lisinopril

#### PERINDOPRIL

Tab 2 mg – 1% DV Sep-17 to 2020 .....	3.75	30	<b>Apo-Perindopril</b>
Tab 4 mg – 1% DV Sep-17 to 2020 .....	4.80	30	<b>Apo-Perindopril</b>

#### QUINAPRIL

Tab 5 mg – 1% DV Nov-18 to 2021 .....	6.01	90	<b>Arrow-Quinapril 5</b>
Tab 10 mg – 1% DV Nov-18 to 2021 .....	3.16	90	<b>Arrow-Quinapril 10</b>
Tab 20 mg – 1% DV Nov-18 to 2021 .....	4.89	90	<b>Arrow-Quinapril 20</b>

TRANZOLAPRIL – **Restricted:** For continuation only

➔ Cap 1 mg

➔ Cap 2 mg

(Any Cap 1 mg to be delisted 1 January 2019)

(Any Cap 2 mg to be delisted 1 January 2019)

### ACE Inhibitors with Diuretics

#### CILAZAPRIL WITH HYDROCHLOROTHIAZIDE

Tab 5 mg with hydrochlorothiazide 12.5 mg – 1% DV Sep-16 to 2019 .....	10.18	100	<b>Apo-Cilazapril/ Hydrochlorothiazide</b>
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ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE – **Restricted:** For continuation only

➔ Tab 20 mg with hydrochlorothiazide 12.5 mg

(Any Tab 20 mg with hydrochlorothiazide 12.5 mg to be delisted 1 January 2019)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>QUINAPRIL WITH HYDROCHLOROTHIAZIDE</b>			
Tab 10 mg with hydrochlorothiazide 12.5 mg.....	3.65	30	Accuretic 10
Tab 20 mg with hydrochlorothiazide 12.5 mg.....	4.78	30	Accuretic 20

## Angiotensin II Antagonists

<b>CANDESARTAN CILEXETIL</b>			
Tab 4 mg – 1% DV Sep-18 to 2021 .....	1.90	90	<b>Candestar</b>
Tab 8 mg – 1% DV Sep-18 to 2021 .....	2.28	90	<b>Candestar</b>
Tab 16 mg – 1% DV Sep-18 to 2021 .....	3.67	90	<b>Candestar</b>
Tab 32 mg – 1% DV Sep-18 to 2021 .....	6.39	90	<b>Candestar</b>
<b>LOSARTAN POTASSIUM</b>			
Tab 12.5 mg – 1% DV Nov-17 to 2020 .....	1.39	84	<b>Losartan Actavis</b>
Tab 25 mg – 1% DV Nov-17 to 2020 .....	1.63	84	<b>Losartan Actavis</b>
Tab 50 mg – 1% DV Nov-17 to 2020 .....	2.00	84	<b>Losartan Actavis</b>
Tab 100 mg – 1% DV Nov-17 to 2020 .....	2.31	84	<b>Losartan Actavis</b>

## Angiotensin II Antagonists with Diuretics

<b>LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE</b>			
Tab 50 mg with hydrochlorothiazide 12.5 mg.....	15.25	30	Arrow-Losartan & Hydrochlorothiazide

## Alpha-Adrenoceptor Blockers

<b>DOXAZOSIN</b>			
Tab 2 mg – 1% DV Sep-17 to 2020 .....	6.75	500	<b>Apo-Doxazosin</b>
Tab 4 mg – 1% DV Sep-17 to 2020 .....	9.09	500	<b>Apo-Doxazosin</b>
<b>PHENOXYBENZAMINE HYDROCHLORIDE</b>			
Cap 10 mg			
Inj 50 mg per ml, 2 ml ampoule			
<b>PHENTOLAMINE MESYLATE</b>			
Inj 5 mg per ml, 1 ml ampoule			
Inj 10 mg per ml, 1 ml ampoule			
<b>PRAZOSIN</b>			
Tab 1 mg .....	5.53	100	<b>Apo-Prazosin</b>
Tab 2 mg .....	7.00	100	<b>Apo-Prazosin</b>
Tab 5 mg .....	11.70	100	<b>Apo-Prazosin</b>
<b>TERAZOSIN</b>			
Tab 1 mg – 1% DV Sep-16 to 2019 .....	0.59	28	<b>Actavis</b>
Tab 2 mg – 1% DV Apr-17 to 2019 .....	7.50	500	<b>Apo-Terazosin</b>
Tab 5 mg – 1% DV Feb-17 to 2019 .....	10.90	500	<b>Apo-Terazosin</b>

## Antiarrhythmics

<b>ADENOSINE</b>			
Inj 3 mg per ml, 2 ml vial			
↓ Inj 3 mg per ml, 10 ml vial			

→ **Restricted (RS1266)**

### Initiation

For use in cardiac catheterisation, electrophysiology and MRI.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>AJMALINE – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 5 mg per ml, 10 ml ampoule			
➔ <b>Restricted (RS1001)</b>			
Cardiologist			
<b>AMIODARONE HYDROCHLORIDE</b>			
Tab 100 mg – 1% DV Oct-16 to 2019.....	4.66	30	<b>Cordarone-X</b>
Tab 200 mg – 1% DV Oct-16 to 2019.....	7.63	30	<b>Cordarone-X</b>
Inj 50 mg per ml, 3 ml ampoule – 1% DV Jun-17 to 2019.....	9.98	5	<b>Lodi</b>
<b>ATROPINE SULPHATE</b>			
Inj 600 mcg per ml, 1 ml ampoule – 1% DV Oct-18 to 2021.....	71.00	50	AstraZeneca
	12.07	10	<b>Martindale</b>
<i>(AstraZeneca Inj 600 mcg per ml, 1 ml ampoule to be delisted 1 October 2018)</i>			
<b>DIGOXIN</b>			
Tab 62.5 mcg – 1% DV Jun-16 to 2019.....	6.67	240	<b>Lanoxin PG</b>
Tab 250 mcg – 1% DV Jun-16 to 2019.....	14.52	240	<b>Lanoxin</b>
Oral liq 50 mcg per ml			
Inj 250 mcg per ml, 2 ml vial			
<b>DISOPYRAMIDE PHOSPHATE</b>			
Cap 100 mg			
<b>FLECAINIDE ACETATE</b>			
Tab 50 mg.....	38.95	60	Tambacor
Cap long-acting 100 mg.....	38.95	30	Tambacor CR
Cap long-acting 200 mg.....	68.78	30	Tambacor CR
Inj 10 mg per ml, 15 ml ampoule.....	52.45	5	Tambacor
<b>IVABRADINE – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 5 mg			
➔ <b>Restricted (RS1566)</b>			
<b>Initiation</b>			
Both:			
1 Patient is indicated for computed tomography coronary angiography; and			
2 Either:			
2.1 Patient has a heart rate of greater than 70 beats per minute while taking a maximally tolerated dose of beta blocker;			
or			
2.2 Patient is unable to tolerate beta blockers.			
<b>MEXILETINE HYDROCHLORIDE</b>			
Cap 150 mg.....	162.00	100	Mexiletine Hydrochloride USP
Cap 250 mg.....	202.00	100	Mexiletine Hydrochloride USP
<b>PROPAFENONE HYDROCHLORIDE</b>			
Tab 150 mg			

## Antihypotensives

**MIDODRINE – Restricted** see terms [below](#)

↓ Tab 2.5 mg

↓ Tab 5 mg

➔ **Restricted (RS1427)**

**Initiation**

Patient has disabling orthostatic hypotension not due to drugs.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Beta-Adrenoceptor Blockers</b>			
<b>ATENOLOL</b>			
Tab 50 mg – 1% DV Sep-18 to 2021 .....	4.26	500	<b>Mylan Atenolol</b>
Tab 100 mg – 1% DV Sep-18 to 2021 .....	7.30	500	<b>Mylan Atenolol</b>
Oral liq 5 mg per ml .....	21.25	300 ml	Atenolol-AFT
<b>BISOPROLOL FUMARATE</b>			
Tab 2.5 mg – 1% DV Dec-17 to 2020 .....	3.53	90	<b>Bosvate</b>
Tab 5 mg – 1% DV Dec-17 to 2020 .....	5.15	90	<b>Bosvate</b>
Tab 10 mg – 1% DV Dec-17 to 2020 .....	9.40	90	<b>Bosvate</b>
<b>CARVEDILOL</b>			
Tab 6.25 mg – 1% DV Dec-17 to 2020 .....	2.24	60	<b>Carvedilol Sandoz</b>
Tab 12.5 mg – 1% DV Dec-17 to 2020 .....	2.30	60	<b>Carvedilol Sandoz</b>
Tab 25 mg – 1% DV Dec-17 to 2020 .....	2.95	60	<b>Carvedilol Sandoz</b>
<b>CELIPROLOL</b>			
Tab 200 mg .....	21.40	180	Celol
<b>ESMOLOL HYDROCHLORIDE</b>			
Inj 10 mg per ml, 10 ml vial			
<b>LABETALOL</b>			
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			
<b>METOPROLOL SUCCINATE</b>			
Tab long-acting 23.75 mg – 1% DV Mar-18 to 2020 .....	1.03	30	<b>Betaloc CR</b>
Tab long-acting 47.5 mg – 1% DV Mar-18 to 2020 .....	1.25	30	<b>Betaloc CR</b>
Tab long-acting 95 mg – 1% DV Mar-18 to 2020 .....	1.99	30	<b>Betaloc CR</b>
Tab long-acting 190 mg – 1% DV Mar-18 to 2020 .....	3.00	30	<b>Betaloc CR</b>
<b>METOPROLOL TARTRATE</b>			
Tab 50 mg – 1% DV Oct-18 to 2021 .....	5.66	100	<b>Apo-Metoprolol</b>
Tab 100 mg – 1% DV Oct-18 to 2021 .....	7.55	60	<b>Apo-Metoprolol</b>
Tab long-acting 200 mg .....	23.40	28	Slow-Lopresor
Inj 1 mg per ml, 5 ml vial – 1% DV Feb-19 to 31 Jan 2022 .....	24.00	5	Lopresor
	29.50		<b>Metoprolol IV Mylan</b>
<i>(Lopresor Inj 1 mg per ml, 5 ml vial to be delisted 1 February 2019)</i>			
<b>NADOLOL</b>			
Tab 40 mg – 1% DV Oct-18 to 2021 .....	16.69	100	<b>Apo-Nadolol</b>
Tab 80 mg – 1% DV Oct-18 to 2021 .....	26.43	100	<b>Apo-Nadolol</b>
<b>PINDOLOL</b>			
Tab 5 mg – 1% DV Oct-18 to 2021 .....	13.22	100	<b>Apo-Pindolol</b>
Tab 10 mg – 1% DV Oct-18 to 2021 .....	23.12	100	<b>Apo-Pindolol</b>
Tab 15 mg – 1% DV Oct-18 to 2021 .....	33.31	100	<b>Apo-Pindolol</b>
<b>PROPRANOLOL</b>			
Tab 10 mg – 1% DV Oct-18 to 2021 .....	4.64	100	<b>Apo-Propranolol</b>
Tab 40 mg – 1% DV Oct-18 to 2021 .....	5.72	100	<b>Apo-Propranolol</b>
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
<b>SOTALOL</b>			
Tab 80 mg – 1% DV Oct-16 to 2019.....	39.53	500	<b>Mylan</b>
Tab 160 mg – 1% DV Oct-16 to 2019.....	12.48	100	<b>Mylan</b>
<b>TIMOLOL MALEATE</b>			
Tab 10 mg			

## Calcium Channel Blockers

### Dihydropyridine Calcium Channel Blockers

<b>AMLODIPINE</b>			
Tab 2.5 mg – 1% DV Sep-17 to 2020.....	1.72	100	<b>Apo-Amlodipine</b>
Tab 5 mg – 1% DV Sep-17 to 2020.....	3.33	250	<b>Apo-Amlodipine</b>
Tab 10 mg – 1% DV Sep-17 to 2020.....	4.40	250	<b>Apo-Amlodipine</b>

<b>FELODIPINE</b>			
Tab long-acting 2.5 mg – 1% DV Sep-18 to 2021.....	1.45	30	<b>Plendil ER</b>
Tab long-acting 5 mg.....	1.55	30	<b>Plendil ER</b>
Tab long-acting 10 mg.....	2.30	30	<b>Plendil ER</b>

<b>ISRADIPINE</b>			
Tab 2.5 mg			
Cap 2.5 mg			
Cap long-acting 2.5 mg			
Cap long-acting 5 mg			

(Any Cap long-acting 2.5 mg to be delisted 1 October 2018)

(Any Cap long-acting 5 mg to be delisted 1 October 2018)

**NICARDIPINE HYDROCHLORIDE – Restricted** see terms [below](#)

⚡ Inj 2.5 mg per ml, 10 ml vial

➡ **Restricted (RS1474)**

#### 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.

<b>NIFEDIPINE</b>			
Tab long-acting 10 mg – 1% DV Aug-17 to 2020.....	10.63	60	<b>Adalat 10</b>
Tab long-acting 20 mg.....	9.59	100	<b>Nyefax Retard</b>
Tab long-acting 30 mg.....	3.14	30	<b>Adalat Oros</b>
Tab long-acting 60 mg – 1% DV Dec-17 to 2020.....	5.67	30	<b>Adalat Oros</b>
Cap 5 mg			

<b>NIMODIPINE</b>			
Tab 30 mg			
Inj 200 mcg per ml, 50 ml vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Other Calcium Channel Blockers</b>			
<b>DILTIAZEM HYDROCHLORIDE</b>			
Tab 30 mg .....	4.60	100	Dilzem
Tab 60 mg .....	8.50	100	Dilzem
Cap long-acting 120 mg – <b>1% DV Oct-18 to 2021</b> .....	33.42	500	<b>Apo-Diltiazem CD</b>
Cap long-acting 180 mg – <b>1% DV Oct-18 to 2021</b> .....	50.05	500	<b>Apo-Diltiazem CD</b>
Cap long-acting 240 mg – <b>1% DV Oct-18 to 2021</b> .....	66.76	500	<b>Apo-Diltiazem CD</b>
Inj 5 mg per ml, 5 ml vial			
<b>PERHEXILINE MALEATE</b>			
Tab 100 mg – <b>1% DV Jun-16 to 2019</b> .....	62.90	100	<b>Pexsig</b>
<b>VERAPAMIL HYDROCHLORIDE</b>			
Tab 40 mg .....	7.01	100	Isoptin
Tab 80 mg .....	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
<b>Centrally-Acting Agents</b>			
<b>CLONIDINE</b>			
Patch 2.5 mg, 100 mcg per day – <b>1% DV Sep-17 to 2020</b> .....	7.40	4	<b>Mylan</b>
Patch 5 mg, 200 mcg per day – <b>1% DV Sep-17 to 2020</b> .....	10.04	4	<b>Mylan</b>
Patch 7.5 mg, 300 mcg per day – <b>1% DV Sep-17 to 2020</b> .....	12.34	4	<b>Mylan</b>
<b>CLONIDINE HYDROCHLORIDE</b>			
Tab 25 mcg – <b>1% DV Oct-18 to 2021</b> .....	8.75	112	<b>Clonidine BNM</b>
Tab 150 mcg.....	34.32	100	Catapres
Inj 150 mcg per ml, 1 ml ampoule – <b>1% DV Oct-18 to 2021</b> .....	16.07	5	Catapres
	25.96	10	<b>Medsurge</b>
<i>(Catapres Inj 150 mcg per ml, 1 ml ampoule to be delisted 1 October 2018)</i>			
<b>METHYLDOPA</b>			
Tab 250 mg .....	15.10	100	Methyldopa Mylan
<b>Diuretics</b>			
<b>Loop Diuretics</b>			
<b>BUMETANIDE</b>			
Tab 1 mg .....	16.36	100	Burinex
Inj 500 mcg per ml, 4 ml vial			
<b>FUROSEMIDE [FRUSEMIDE]</b>			
Tab 40 mg .....	8.00	1,000	Diurin 40
Tab 500 mg .....	25.00	50	Urex Forte
Oral liq 10 mg per ml			
Inj 10 mg per ml, 2 ml ampoule – <b>1% DV Jun-16 to 2019</b> .....	1.20	5	<b>Frusemide-Claris</b>
Inj 10 mg per ml, 25 ml ampoule			
<b>Osmotic Diuretics</b>			
<b>MANNITOL</b>			
Inj 10%, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b> .....	747.24	12	<b>Baxter</b>
Inj 20%, 500 ml bag – <b>1% DV Jun-18 to 2021</b> .....	1,096.92	18	<b>Baxter</b>

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

(Apo-Amiloride Tab 5 mg to be delisted 1 January 2019)

### EPLERENONE – Restricted see terms [below](#)

↓ Tab 25 mg – 1% DV Sep-18 to 2021 ..... 11.87 30 **Inspira**

→ **Restricted (RS1640)**

#### Initiation

- Both:
- 1 Patient has heart failure with ejection fraction less than 40%; and
  - 2 Either:
    - 2.1 Patient is intolerant to optimal dosing of spironolactone; or
    - 2.2 Patient has experienced a clinically significant adverse effect while on optimal dosing of spironolactone.

### SPIRONOLACTONE

Tab 25 mg – 1% DV Oct-16 to 2019 .....	4.38	100	<b>Spiractin</b>
Tab 100 mg – 1% DV Oct-16 to 2019 .....	11.80	100	<b>Spiractin</b>
Oral liq 5 mg per ml .....	30.00	25 ml	Biomed

## Thiazide and Related Diuretics

### BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]

Tab 2.5 mg – 1% DV Mar-18 to 2020 .....	12.50	500	<b>Arrow-Bendroflumethiazide</b>
Tab 5 mg – 1% DV Mar-18 to 2020 .....	20.42	500	<b>Arrow-Bendroflumethiazide</b>

### CHLOROTHIAZIDE

Oral liq 50 mg per ml .....	26.00	25 ml	Biomed
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### CHLORTALIDONE [CHLORTHALIDONE]

Tab 25 mg .....	8.00	50	Hygroton
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### INDAPAMIDE

Tab 2.5 mg – 1% DV Oct-16 to 2019 .....	2.60	90	<b>Dapa-Tabs</b>
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### METOLAZONE – Restricted see terms [below](#)

↓ Tab 5 mg  
→ **Restricted (RS1595)**

#### Initiation

Any of the following:

- 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; or
- 3 Paediatric patient has oedema secondary to nephrotic syndrome that has not responded to loop diuretics.



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

### Fibrates

#### BEZAFIBRATE

Tab 200 mg .....	9.05	90	Bezalip
Tab long-acting 400 mg.....	6.78	30	Bezalip Retard

#### GEMFIBROZIL

Tab 600 mg – 1% DV Jan-17 to 2019 .....	19.56	60	Lipazil
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### HMG CoA Reductase Inhibitors (Statins)

#### ATORVASTATIN

Tab 10 mg – 1% DV Sep-18 to 2021 .....	6.96	500	Lorstat
Tab 20 mg – 1% DV Sep-18 to 2021 .....	9.99	500	Lorstat
Tab 40 mg – 1% DV Sep-18 to 2021 .....	15.93	500	Lorstat
Tab 80 mg – 1% DV Sep-18 to 2021 .....	27.19	500	Lorstat

#### PRAVASTATIN

Tab 10 mg			
Tab 20 mg – 1% DV Mar-18 to 2020 .....	4.72	100	Apo-Pravastatin
Tab 40 mg – 1% DV Mar-18 to 2020 .....	8.06	100	Apo-Pravastatin

#### SIMVASTATIN

Tab 10 mg – 1% DV Mar-18 to 2020 .....	0.95	90	Simvastatin Mylan
Tab 20 mg – 1% DV Mar-18 to 2020 .....	1.52	90	Simvastatin Mylan
Tab 40 mg – 1% DV Mar-18 to 2020 .....	2.63	90	Simvastatin Mylan
Tab 80 mg – 1% DV Mar-18 to 2020 .....	6.00	90	Simvastatin Mylan

### 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 Mar-18 to 2020 .....	2.00	30	Ezetimibe Sandoz
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➔ Restricted (RS1005)

#### 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 x 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
<b>EZETIMIBE WITH SIMVASTATIN – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 10 mg with simvastatin 10 mg .....	5.15	30	Zimybe
↓ Tab 10 mg with simvastatin 20 mg .....	6.15	30	Zimybe
↓ Tab 10 mg with simvastatin 40 mg .....	7.15	30	Zimybe
↓ Tab 10 mg with simvastatin 80 mg .....	8.15	30	Zimybe

➔ **Restricted (RS1006)**

## 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-17 to 2020 .....	4.12	100	<b>Apo-Nicotinic Acid</b>
Tab 500 mg – 1% DV Oct-17 to 2020 .....	17.89	100	<b>Apo-Nicotinic Acid</b>

## Nitrates

### GLYCERYL TRINITRATE

Tab 600 mcg .....	8.00	100	Lycinate
Inj 1 mg per ml, 5 ml ampoule			
Inj 1 mg per ml, 10 ml ampoule			
Inj 1 mg per ml, 50 ml vial			
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	200 dose	Glytrin
Patch 25 mg, 5 mg per day .....	15.73	30	Nitroderm TTS 5
Patch 50 mg, 10 mg per day .....	18.62	30	Nitroderm TTS 10

### ISOSORBIDE MONONITRATE

Tab 20 mg – 1% DV Oct-17 to 2020 .....	18.80	100	<b>Ismo-20</b>
Tab long-acting 40 mg – 1% DV Jun-16 to 2019 .....	7.50	30	<b>Ismo 40 Retard</b>
Tab long-acting 60 mg – 1% DV Sep-17 to 2020 .....	8.29	90	<b>Duride</b>

## 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 (RS1007)**

## 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
<b>Sympathomimetics</b>			
<b>ADRENALINE</b>			
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			
<b>DOBUTAMINE HYDROCHLORIDE</b>			
Inj 12.5 mg per ml, 20 ml ampoule .....	24.45	5	Dobutamine-Claris
	61.13		Dobutamine-hameln
<i>(Dobutamine-hameln Inj 12.5 mg per ml, 20 ml ampoule to be delisted 1 January 2019)</i>			
<b>DOPAMINE HYDROCHLORIDE</b>			
Inj 40 mg per ml, 5 ml ampoule – <b>1% DV Sep-18 to 2021</b> .....	29.73	10	<b>Max Health Ltd</b>
<b>EPHEDRINE</b>			
Inj 3 mg per ml, 10 ml syringe			
Inj 30 mg per ml, 1 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	36.04	10	<b>Max Health</b>
<b>ISOPRENALINE [ISOPROTERENOL]</b>			
Inj 200 mcg per ml, 1 ml ampoule			
Inj 200 mcg per ml, 5 ml ampoule			
<b>METARAMINOL</b>			
Inj 0.5 mg per ml, 20 ml syringe			
Inj 1 mg per ml, 1 ml ampoule			
Inj 1 mg per ml, 10 ml syringe			
Inj 10 mg per ml, 1 ml ampoule			
<b>NORADRENALINE</b>			
Inj 0.06 mg per ml, 100 ml bag			
Inj 0.06 mg per ml, 50 ml syringe			
Inj 0.1 mg per ml, 100 ml bag			
Inj 0.12 mg per ml, 100 ml bag			
Inj 0.12 mg per ml, 50 ml syringe			
Inj 0.16 mg per ml, 50 ml syringe			
Inj 1 mg per ml, 100 ml bag			
Inj 1 mg per ml, 4 ml ampoule – <b>1% DV Sep-17 to 2019</b> .....	125.00	10	<b>Noradrenaline BNM</b>
<b>PHENYLEPHRINE HYDROCHLORIDE</b>			
Inj 10 mg per ml, 1 ml ampoule .....	115.50	25	Neosynephrine HCL
<b>Vasodilators</b>			
<b>ALPROSTADIL HYDROCHLORIDE</b>			
Inj 500 mcg per ml, 1 ml ampoule .....	1,650.00	5	Prostin VR
<b>AMYL NITRITE</b>			
Liq 98% in 3 ml capsule			
<b>DIAZOXIDE</b>			
Inj 15 mg per ml, 20 ml ampoule			
<b>HYDRALAZINE HYDROCHLORIDE</b>			
⚡ Tab 25 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔ Restricted (RS1008)</b>			
<b>Initiation</b>			
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
<b>MILRINONE</b>			
Inj 1 mg per ml, 10 ml ampoule – <b>1% DV Sep-18 to 2021</b> .....	99.00	10	<b>Primacor</b>
<b>MINOXIDIL</b>			
Tab 10 mg .....	70.00	100	Loniten
<b>NICORANDIL</b>			
Tab 10 mg .....	27.95	60	Ikorel
Tab 20 mg .....	33.28	60	Ikorel
<b>PAPAVERINE HYDROCHLORIDE</b>			
Inj 30 mg per ml, 1 ml vial			
Inj 12 mg per ml, 10 ml ampoule .....	217.90	5	Hospira
<b>PENTOXIFYLLINE [OXPENTIFYLLINE]</b>			
Tab 400 mg			
<b>SODIUM NITROPRUSSIDE</b>			
Inj 50 mg vial			

## Endothelin Receptor Antagonists

**AMBRISENTAN – Restricted** see terms [below](#)

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

**➔ Restricted (RS1621)**

**Initiation**

- Either:
- 1 For use in patients with a valid Special Authority approval for ambrisentan by the Pulmonary Arterial Hypertension Panel; or
  - 2 In-hospital stabilisations in emergency situations.

**BOSENTAN – Restricted** see terms [below](#)

⚡ Tab 62.5 mg – <b>1% DV Dec-18 to 2021</b> .....	141.00	60	<b>Bosentan Dr Reddy's</b>
	401.79		Bosentan-Mylan
⚡ Tab 125 mg – <b>1% DV Dec-18 to 2021</b> .....	141.00	60	<b>Bosentan Dr Reddy's</b>
	401.79		Bosentan-Mylan

*(Bosentan-Mylan Tab 62.5 mg to be delisted 1 December 2018)*

*(Bosentan-Mylan Tab 125 mg to be delisted 1 December 2018)*

**➔ Restricted (RS1622)**

**Initiation – Pulmonary arterial hypertension**

*Re-assessment required after 6 months*

Either:

- 1 All of the following:
  - 1.1 Patient has pulmonary arterial hypertension (PAH); and

continued...

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

continued...

- 1.2 PAH is in Group 1, 4 or 5 of the WHO (Venice) clinical classifications; and
- 1.3 PAH is at NYHA/WHO functional class II, III, or IV; and
- 1.4 Any of the following:
  - 1.4.1 Both:
    - 1.4.1.1 Bosentan is to be used as PAH monotherapy; and
    - 1.4.1.2 Either:
      - 1.4.1.2.1 Patient is intolerant or contraindicated to sildenafil; or
      - 1.4.1.2.2 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease; or
  - 1.4.2 Both:
    - 1.4.2.1 Bosentan is to be used as PAH dual therapy; and
    - 1.4.2.2 Either:
      - 1.4.2.2.1 Patient has tried a PAH monotherapy for at least three months and failed to respond; or
      - 1.4.2.2.2 Patient deteriorated while on a PAH monotherapy; or
  - 1.4.3 Both:
    - 1.4.3.1 Bosentan is to be used as PAH triple therapy; and
    - 1.4.3.2 Any of the following:
      - 1.4.3.2.1 Patient is on the lung transplant list; or
      - 1.4.3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
      - 1.4.3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
      - 1.4.3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy; or
- 2 In-hospital stabilisation in emergency situations.

#### **Continuation – Pulmonary arterial hypertension**

*Re-assessment required after 6 months*

Any of the following:

- 1 Both:
  - 1.1 Bosentan is to be used as PAH monotherapy; and
  - 1.2 Patient is stable or has improved while on bosentan; or
- 2 Both:
  - 2.1 Bosentan is to be used as PAH dual therapy; and
  - 2.2 Patient has tried a PAH monotherapy for at least three months and either failed to respond or later deteriorated; or
- 3 Both:
  - 3.1 Bosentan is to be used as PAH triple therapy; and
  - 3.2 Any of the following:
    - 3.2.1 Patient is on the lung transplant list; or
    - 3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
    - 3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
    - 3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## Phosphodiesterase Type 5 Inhibitors

SILDENAFIL – **Restricted** see terms [below](#)

⚡ Tab 25 mg – 1% DV Sep-18 to 2021 .....	0.64	4	<b>Vedafil</b>
⚡ Tab 50 mg – 1% DV Sep-18 to 2021 .....	0.64	4	<b>Vedafil</b>
⚡ Tab 100 mg – 1% DV Sep-18 to 2021 .....	6.60	12	<b>Vedafil</b>
⚡ Inj 0.8 mg per ml, 12.5 ml vial			

➡ **Restricted (RS1643)**

**Initiation – tablets Raynaud's Phenomenon\***

All of the following:

- 1 Patient has Raynaud's phenomenon; and
- 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
- 3 Patient is following lifestyle management (proper body insulation, avoidance of cold exposure, smoking cessation support, avoidance of sympathomimetic drugs); and
- 4 Patient has persisting severe symptoms despite treatment with calcium channel blockers and nitrates (unless contraindicated or not tolerated).

**Initiation – tablets Pulmonary arterial hypertension**

Any of the following:

- 1 All of the following:
  - 1.1 Patient has pulmonary arterial hypertension (PAH)\*; and
  - 1.2 Any of the following:
    - 1.2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or
    - 1.2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications; or
    - 1.2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and
  - 1.3 Any of the following:
    - 1.3.1 PAH is in NYHA/WHO functional class II; or
    - 1.3.2 PAH is in NYHA/WHO functional class III; or
    - 1.3.3 PAH is in NYHA/WHO functional class IV; and
  - 1.4 Either:
    - 1.4.1 All of the following:
      - 1.4.1.1 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
      - 1.4.1.2 Either:
        - 1.4.1.2.1 Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or
        - 1.4.1.2.2 Patient is peri Fontan repair; and
      - 1.4.1.3 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm<sup>-5</sup>); or
    - 1.4.2 Testing for PCWP, PAPm, or PVR cannot be performed due to the patient's young age; or
- 2 For use in neonatal units for persistent pulmonary hypertension of the newborn (PPHN); or
- 3 In-hospital stabilisation in emergency situations.

**Initiation – tablets other conditions**

Any of the following:

- 1 For use in weaning patients from inhaled nitric oxide; or
- 2 For perioperative use in cardiac surgery patients; or
- 3 For use in intensive care as an alternative to nitric oxide.

**Initiation – injection**

Both:

continued...

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

- 1 For use in the treatment of pulmonary hypertension in infants or children being treated in paediatric intensive care units and neonatal intensive care units when the enteral route is not accessible; and
- 2 Any of the following:
  - 2.1 For perioperative use following cardiac surgery; or
  - 2.2 For use in persistent pulmonary hypertension of the newborn (PPHN); or
  - 2.3 For use in congenital diaphragmatic hernia.

Prostacyclin Analogues

EPOPROSTENOL – **Restricted** see terms [below](#)

⬇ Inj 500 mcg vial.....	36.61	1	Veletri
⬇ Inj 1.5 mg vial .....	73.21	1	Veletri

➡ **Restricted (RS1624)**

Initiation

- Either:
- 1 For use in patients with a valid Special Authority approval for epoprostenol by the Pulmonary Arterial Hypertension Panel; or
  - 2 In-hospital stabilisation in emergency situations.

ILOPROST

Inj 50 mcg in 0.5 ml ampoule – <b>1% DV Jan-17 to 2019</b> .....	380.00	5	<b>Ilomedin</b>
⬇ Nebuliser soln 10 mcg per ml, 2 ml .....	1,185.00	30	Ventavis

➡ **Restricted (RS1625)**

Initiation

- Any of the following:
- 1 For use in patients with a valid Special Authority approval for iloprost by the Pulmonary Arterial Hypertension Panel; or
  - 2 For diagnostic use in catheter laboratories; or
  - 3 For use following mitral or tricuspid valve surgery; or
  - 4 In-hospital stabilisation in emergency situations.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Anti-Infective Preparations</b>			
<b>Antibacterials</b>			
HYDROGEN PEROXIDE			
Crm 1%.....	8.56	15 g	Crystaderm
Soln 3% (10 vol).....	1.40	100 ml	Pharmacy Health
MAFENIDE ACETATE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Powder 50 g sachet			
➔ <b>Restricted</b> ( <a href="#">RS1299</a> )			
<b>Initiation</b>			
For the treatment of burns patients.			
MUPIROCIN			
Oint 2%			
SODIUM FUSIDATE [FUSIDIC ACID]			
Crm 2%.....	2.52	15 g	DP Fusidic Acid Cream
Oint 2%.....	3.45	15 g	Foban
SULFADIAZINE SILVER			
Crm 1% – 1% DV Aug-17 to 2020.....	10.80	50 g	Flamazine
<b>Antifungals</b>			
AMOROLFINE			
Nail soln 5% – 1% DV Sep-17 to 2020.....	15.95	5 ml	MycosNail
CICLOPIROX OLAMINE			
Nail soln 8% – 1% DV Sep-18 to 2021.....	5.72	7 ml	Apo-Ciclopirox
➔ Soln 1% – <b>Restricted</b> : For continuation only			
CLOTRIMAZOLE			
Crm 1% – 1% DV Jan-18 to 2020.....	0.70	20 g	Clomazol
➔ Soln 1% – <b>Restricted</b> : For continuation only			
ECONAZOLE NITRATE			
➔ Crm 1% – <b>Restricted</b> : For continuation only			
Foaming soln 1%			
KETOCONAZOLE			
Shampoo 2% – 1% DV Sep-17 to 2020.....	2.99	100 ml	Sebizole
METRONIDAZOLE			
Gel 0.75%			
MICONAZOLE NITRATE			
Crm 2% – 1% DV Jan-18 to 2020.....	0.74	15 g	Multichem
➔ Lotn 2% – <b>Restricted</b> : For continuation only			
Tinc 2%			
NYSTATIN			
Crm 100,000 u per g			
<b>Antiparasitics</b>			
DIMETHICONE			
Lotn 4% – 1% DV Jul-17 to 2019.....	4.98	200 ml	healthE Dimethicone 4% Lotion



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MALATHION [MALDISON] Lotn 0.5% Shampoo 1%			
PERMETHRIN Crm 5% – <b>1% DV Dec-17 to 2020</b> .....	4.95	30 g	<b>Lyderm</b>
Lotn 5% – <b>1% DV Oct-17 to 2020</b> .....	3.69	30 ml	<b>A-Scabies</b>
PHENOTHRIN Shampoo 0.5%			

## Antiacne Preparations

ADAPALENE Crm 0.1% Gel 0.1%			
BENZOYL PEROXIDE Soln 5%			
ISOTRETINOIN Cap 5 mg – <b>1% DV Oct-18 to 2021</b> .....	8.14	60	<b>Oratane</b>
Cap 10 mg – <b>1% DV Oct-18 to 2021</b> .....	12.47	100	Isotane 10
	13.34	120	<b>Oratane</b>
Cap 20 mg – <b>1% DV Oct-18 to 2021</b> .....	19.27	100	Isotane 20
	20.49	120	<b>Oratane</b>
<i>(Isotane 10 Cap 10 mg to be delisted 1 October 2018)</i>			
<i>(Isotane 20 Cap 20 mg to be delisted 1 October 2018)</i>			
TRETINOIN Crm 0.05% – <b>1% DV Jun-18 to 2021</b> .....	13.90	50 g	<b>ReTrieve</b>

## Antipruritic Preparations

CALAMINE Crm, aqueous, BP – <b>1% DV Nov-18 to 2021</b> .....	1.49	100 g	Pharmacy Health
	1.26		<b>healthE Calamine</b>
			<b>Aqueous Cream</b>
			<b>BP</b>
Lotn, BP .....	12.94	2,000 ml	PSM
<i>(Pharmacy Health Crm, aqueous, BP to be delisted 1 November 2018)</i>			
CROTAMITON Crm 10% – <b>1% DV Sep-18 to 2021</b> .....	3.29	20 g	<b>Itch-Soothe</b>

## Barrier Creams and Emollients

### Barrier Creams

DIMETHICONE Crm 5% tube – <b>1% DV Sep-16 to 2019</b> .....	1.59	100 g	<b>healthE Dimethicone</b>
			<b>5%</b>
Crm 5% pump bottle – <b>1% DV Sep-16 to 2019</b> .....	4.59	500 ml	<b>healthE Dimethicone</b>
			<b>5%</b>
Crm 10% pump bottle – <b>1% DV Sep-18 to 2021</b> .....	4.52	500 ml	<b>healthE Dimethicone</b>
			<b>10%</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ZINC</b>			
Crm			<i>e.g. Zinc Cream (Orion-) ;Zinc Cream (PSM)</i>
Oint Paste			<i>e.g. Zinc oxide (PSM)</i>
<b>ZINC AND CASTOR OIL</b>			
Crm.....	1.63	20 g	Orion
Oint – 1% DV Jul-18 to 2020 .....	4.25	500 g	<b>Boucher</b>
Note: DV limit applies to the pack sizes of greater than 30 g.			
Oint, BP – 1% DV Nov-17 to 2020.....	1.26	20 g	<b>healthE</b>
Note: DV limit applies to the pack sizes of 30 g or less.			
<b>ZINC WITH WOOL FAT</b>			
Crm zinc 15.25% with wool fat 4%			<i>e.g. Sudocrem</i>
<b>Emollients</b>			
<b>AQUEOUS CREAM</b>			
Crm 100 g – 1% DV Oct-18 to 2021 .....	1.05	100 g	<b>Pharmacy Health SLS-free</b>
Note: DV limit applies to the pack sizes of 100 g or less.			
Crm 500 g.....	1.99	500 g	AFT SLS-free
<b>CETOMACROGOL</b>			
Crm BP, 500 g – 1% DV Sep-18 to 2021.....	2.48	500 g	<b>healthE</b>
Crm BP, 100 g – 1% DV Sep-18 to 2021.....	1.42	1	<b>healthE</b>
<b>CETOMACROGOL WITH GLYCEROL</b>			
Crm 90% with glycerol 10%, .....	2.00	100 g	Pharmacy Health
	3.20		healthE
Crm 90% with glycerol 10% – 1% DV Aug-16 to 2019.....	2.82	500 ml	<b>Pharmacy Health Sorbolene with Glycerin</b>
	3.87	1,000 ml	<b>Pharmacy Health Sorbolene with Glycerin</b>
<i>(Pharmacy Health Crm 90% with glycerol 10%, to be delisted 1 October 2018)</i>			
<b>EMULSIFYING OINTMENT</b>			
Oint BP – 1% DV Oct-17 to 2020 .....	1.84	100 g	<b>Jaychem</b>
Note: DV limit applies to pack sizes of less than 200 g.			
Oint BP, 500 g – 1% DV Oct-17 to 2020 .....	3.59	500 g	<b>AFT</b>
Note: DV limit applies to pack sizes of greater than 200 g.			
<b>GLYCEROL WITH PARAFFIN</b>			
Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10%			<i>e.g. QV cream</i>
<b>OIL IN WATER EMULSION</b>			
Crm.....	2.63	500 g	healthE Fatty Cream
Crm, 100 g.....	1.60	1	healthE Fatty Cream
<b>PARAFFIN</b>			
Oint liquid paraffin 50% with white soft paraffin 50%.....	3.10	100 g	healthE
White soft – 1% DV Sep-18 to 2021 .....	0.79	10 g	<b>healthE</b>
Note: DV limit applies to pack sizes of 30 g or less, and to both white soft paraffin and yellow soft paraffin.			
Yellow soft			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PARAFFIN WITH WOOL FAT</b>			
Lotn liquid paraffin 15.9% with wool fat 0.6%			<i>e.g. AlphaKeri;BK ;DP; Hydroderm Lotn</i>
Lotn liquid paraffin 91.7% with wool fat 3%			<i>e.g. Alpha Keri Bath Oil</i>
<b>UREA</b>			
Crm 10% – <b>1% DV Sep-16 to 2019</b> .....	1.37	100 g	<b>healthE Urea Cream</b>
<b>WOOL FAT</b>			
Crm			

## Corticosteroids

<b>BETAMETHASONE DIPROPIONATE</b>			
Crm 0.05%			
Oint 0.05%			
<b>BETAMETHASONE VALERATE</b>			
Crm 0.1% – <b>1% DV Oct-18 to 2021</b> .....	3.45	50 g	<b>Beta Cream</b>
Oint 0.1% – <b>1% DV Oct-18 to 2021</b> .....	3.45	50 g	<b>Beta Ointment</b>
Lotn 0.1%			
<b>CLOBETASOL PROPIONATE</b>			
Crm 0.05% – <b>1% DV Dec-16 to 2019</b> .....	2.20	30 g	<b>Dermol</b>
Oint 0.05% – <b>1% DV Dec-16 to 2019</b> .....	2.20	30 g	<b>Dermol</b>
<b>CLOBETASONE BUTYRATE</b>			
Crm 0.05%			
<b>DIFLUCORTOLONE VALERATE – Restricted:</b> For continuation only			
➔ Crm 0.1%			
➔ Fatty oint 0.1%			
<b>HYDROCORTISONE</b>			
Crm 1%, 30 g – <b>1% DV Feb-17 to 2019</b> .....	1.11	30 g	<b>DermAssist</b>
Note: DV limit applies to the pack sizes of less than or equal to 100 g.			
Crm 1%, 500 g – <b>1% DV Dec-16 to 2019</b> .....	16.25	500 g	<b>Pharmacy Health</b>
Note: DV limit applies to the pack sizes of greater than 100 g.			
<b>HYDROCORTISONE ACETATE</b>			
Crm 1%.....	2.48	14.2 g	AFT
<b>HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN</b>			
Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – <b>1% DV Sep-17 to 2020</b> .....	10.57	250 ml	<b>DP Lotn HC</b>
<b>HYDROCORTISONE BUTYRATE</b>			
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
<b>METHYLPREDNISOLONE ACEPONATE</b>			
Crm 0.1%.....	4.95	15 g	Advantan
Oint 0.1%.....	4.95	15 g	Advantan
<b>MOMETASONE FUROATE</b>			
Crm 0.1% – <b>1% DV Nov-18 to 2021</b> .....	1.51	15 g	<b>Elocon Alcohol Free</b>
	2.50	50 g	<b>Elocon Alcohol Free</b>
Oint 0.1% – <b>1% DV Nov-18 to 2021</b> .....	1.51	15 g	<b>Elocon</b>
	2.90	50 g	<b>Elocon</b>
Lotn 0.1% – <b>1% DV Nov-18 to 2021</b> .....	6.30	30 ml	<b>Elocon</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>TRIAMCINOLONE ACETONIDE</b>			
Crm 0.02% – 1% DV Sep-17 to 2020 .....	6.30	100 g	<b>Aristocort</b>
Oint 0.02% – 1% DV Sep-17 to 2020 .....	6.35	100 g	<b>Aristocort</b>

### Corticosteroids with Anti-Infective Agents

BETAMETHASONE VALERATE WITH CLIOQUINOL – **Restricted** see terms [below](#)

‡ Crm 0.1% with clioquinol 3%

➔ **Restricted (RS1125)**

#### Initiation

Either:

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

BETAMETHASONE VALERATE WITH SODIUM FUSIDATE [FUSIDIC ACID]

Crm 0.1% with sodium fusidate (fusidic acid) 2%

HYDROCORTISONE WITH MICONAZOLE

Crm 1% with miconazole nitrate 2% – 1% DV Sep-18 to 2021 .....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 Sep-17 to 2020.....17.86 60 **Novatrelin**

Cap 25 mg – 1% DV Sep-17 to 2020.....41.36 60 **Novatrelin**

BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL

Gel 500 mcg with calcipotriol 50 mcg per g.....26.12 30 g Daivobet

Oint 500 mcg with calcipotriol 50 mcg per g.....26.12 30 g Daivobet

CALCIPOTRIOL

Oint 50 mcg per g – 1% DV Jul-17 to 2020 .....45.00 100 g **Daivonex**

COAL TAR WITH SALICYLIC ACID AND SULPHUR

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

METHOXSALEN [8-METHOXYPYSORALEN]

Tab 10 mg

Lotn 1.2%

PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCEN

Soln 2.3% with trolamine laurilsulfate and fluorescein sodium – 1% DV  
Oct-17 to 2020 .....3.86 500 ml **Pinetarsol**

POTASSIUM PERMANGANATE

Tab 400 mg

Crystals

### Scalp Preparations

BETAMETHASONE VALERATE

Scalp app 0.1% – 1% DV Oct-18 to 2021.....7.75 100 ml **Beta Scalp**

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

### Wart Preparations

IMIQUIMOD			
Crm 5%, 250 mg sachet – <b>1% DV Aug-18 to 2020</b> .....	21.72	24	<b>Perrigo</b>
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% – <b>1% DV Sep-18 to 2021</b> .....	7.95	20 g	<b>Efudix</b>
METHYL AMINOLEVULINATE HYDROCHLORIDE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Crm 16%			
➔ <b>Restricted (RS1127)</b>			
Dermatologist or plastic surgeon			

### Wound Management Products

CALCIUM GLUCONATE			
Gel 2.5%			<i>e.g. Orion</i>

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

### ACETIC ACID

Soln 3%

Soln 5%

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

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

### CHLORHEXIDINE GLUCONATE

Crm 1%..... 1.21

50 g

healthE

Lotn 1%, 200 ml..... 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 Sep-17 to 2020**..... 3.88

40 g

**Micreme**

### NYSTATIN

Vaginal crm 100,000 u per 5 g with applicator(s) – **1% DV Aug-17 to 2020**.... 4.45

75 g

**Nilstat**

## Contraceptives

### Antiandrogen Oral Contraceptives

#### CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL

Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets – **1% DV**

**Sep-17 to 2020** ..... 4.67

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 – **1% DV**

**Jan-18 to 2020**..... 2.18

84

**Microgynon 20 ED**

Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – **1% DV**

**Jan-18 to 2020**..... 1.77

84

**Levien 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

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

## 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

## Emergency Contraception

### LEVONORGESTREL

Tab 1.5 mg – 1% DV Jun-17 to 2019 .....	4.95	1	Postinor-1
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## Progestogen-Only Contraceptives

### LEVONORGESTREL

Tab 30 mcg			
Subdermal implant (2 × 75 mg rods) – 1% DV Mar-18 to 2020 .....	106.92	1	Jadelle
↓ Intra-uterine system, 20 mcg per day – 1% DV Aug-16 to 2019 .....	269.50	1	Mirena

### → Restricted (RS1364)

#### 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
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### NORETHISTERONE

Tab 350 mcg – 1% DV Sep-18 to 2021 .....	6.25	84	Noriday 28
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Obstetric Preparations</b>			
<b>Antiprogestogens</b>			
MIFEPRISTONE			
Tab 200 mg			
<b>Oxytocics</b>			
CARBOPROST TROMETAMOL			
Inj 250 mcg per ml, 1 ml ampoule			
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 Nov-17 to 2020 .....	105.00	5	DBL Ergometrine
OXYTOCIN			
Inj 5 iu per ml, 1 ml ampoule – 1% DV Nov-18 to 2021 .....	3.98	5	Oxytocin BNM
Inj 10 iu per ml, 1 ml ampoule – 1% DV Nov-18 to 2021 .....	4.98	5	Oxytocin BNM
OXYTOCIN WITH ERGOMETRINE MALEATE			
Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – 1% DV Oct-18 to 2021 .....	15.00	5	Syntometrine
<b>Tocolytics</b>			
PROGESTERONE – <b>Restricted</b> see terms <a href="#">below</a>			
⚠ Cap 100 mg – 1% DV Aug-16 to 2019 .....	16.50	30	Utrogestan
➡ <b>Restricted (RS1533)</b>			
<b>Initiation</b>			
Gynaecologist or obstetrician			
<i>Re-assessment required after 12 months</i>			
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.			
<b>Continuation</b>			
Gynaecologist or obstetrician			
<i>Re-assessment required after 12 months</i>			
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.			
TERBUTALINE – <b>Restricted</b> see terms <a href="#">below</a>			
⚠ Inj 500 mcg ampoule			
➡ <b>Restricted (RS1130)</b>			
Obstetrician			



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

### OESTRIOL

Crm 1 mg per g with applicator – <b>1% DV Oct-17 to 2020</b> .....	6.62	15 g	<b>Ovestin</b>
Pessaries 500 mcg – <b>1% DV Oct-17 to 2020</b> .....	6.86	15	<b>Ovestin</b>

## Urologicals

### 5-Alpha Reductase Inhibitors

#### FINASTERIDE – **Restricted** see terms [below](#)

↓ Tab 5 mg – <b>1% DV Dec-17 to 2020</b> .....	4.81	100	<b>Ricit</b>
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→ **Restricted (RS1131)**

#### 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 HYDROCHLORIDE – **Restricted** see terms [below](#)

↓ Cap 400 mcg – <b>1% DV Sep-18 to 2019</b> .....	11.25	100	<b>Tamsulosin-Rex</b>
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→ **Restricted (RS1132)**

#### 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 – <b>1% DV Oct-18 to 2021</b> .....	31.80	200 ml	<b>Biomed</b>
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→ **Restricted (RS1133)**

#### 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 – <b>1% DV Sep-17 to 2020</b> .....	2.34	28	<b>Ural</b>
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### Urinary Antispasmodics

#### OXYBUTYNIN

Tab 5 mg – <b>1% DV Sep-16 to 2019</b> .....	8.85	500	<b>Apo-Oxybutynin</b>
Oral liq 5 mg per 5 ml – <b>1% DV Sep-16 to 2019</b> .....	60.40	473 ml	<b>Apo-Oxybutynin</b>

#### SOLIFENACIN SUCCINATE – **Restricted** see terms [on the next page](#)

↓ Tab 5 mg .....	37.50	30	Vesicare
↓ Tab 10 mg .....	37.50	30	Vesicare

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

➡ **Restricted** (RS1274)

**Initiation**

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

TOLTERODINE TARTRATE – **Restricted** see terms [below](#)

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

➡ **Restricted** (RS1273)

**Initiation**

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

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

## Anabolic Agents

### OXANDROLONE

↓ Tab 2.5 mg

→ **Restricted (RS1302)**

#### Initiation

For the treatment of burns patients.

## Androgen Agonists and Antagonists

### CYPROTERONE ACETATE

Tab 50 mg .....	15.87	50	Procur
Tab 100 mg .....	30.40	50	Procur

### TESTOSTERONE

Patch 5 mg per day .....	80.00	30	Androderm
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### TESTOSTERONE CIPIONATE

Inj 100 mg per ml, 10 ml vial – <b>1% DV Sep-17 to 2020</b> .....	76.50	1	<b>Depo-Testosterone</b>
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### 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 – <b>1% DV Nov-18 to 2021</b> .....	21.00	60	<b>Andriol Testocaps</b>
Inj 250 mg per ml, 4 ml vial .....	86.00	1	Reandron 1000

## Calcium Homeostasis

### CALCITONIN

Inj 100 iu per ml, 1 ml ampoule .....	121.00	5	Miacalcic
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### CINACALCET – **Restricted** see terms [below](#)

↓ Tab 30 mg – <b>1% DV Sep-18 to 2021</b> .....	210.30	28	<b>Sensipar</b>
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→ **Restricted (RS1540)**

#### 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 greater than or equal to 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 arteriopathy); and
  - 2.2 The patient has symptomatic (e.g. painful skin ulcers) hypercalcaemia (serum calcium greater than or equal to 3 mmol/L); and
  - 2.3 The patient's condition has not responded to previous first-line treatments including bisphosphonates and sodium thiosulfate.

continued...

## HORMONE PREPARATIONS

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

### Continuation

Nephrologist or endocrinologist

Both:

- 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 (RS1602)

#### Initiation – bone metastases

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).

#### Initiation – early breast cancer

Oncologist

All of the following:

- 1 Treatment to be used as adjuvant therapy for early breast cancer; and
- 2 Patient has been amenorrhoeic for 12 months or greater, either naturally or induced, with endocrine levels consistent with a postmenopausal state; and
- 3 Treatment to be administered at a minimum interval of 6-monthly for a maximum of 2 years.

## 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 Oct-18 to 2021 ..... 0.99

Tab 4 mg – 1% DV Oct-18 to 2021 ..... 1.90

Oral liq 1 mg per ml ..... 45.00

30 **Dexamethsone**  
30 **Dexamethsone**  
25 ml Biomed

### DEXAMETHASONE PHOSPHATE

Inj 4 mg per ml, 1 ml ampoule – 1% DV Jul-16 to 2019 ..... 14.19

Inj 4 mg per ml, 2 ml ampoule – 1% DV Jul-16 to 2019 ..... 25.18

10 **Max Health**  
10 **Max Health**

### FLUDROCORTISONE ACETATE

Tab 100 mcg ..... 14.32

100 Florinef

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>HYDROCORTISONE</b>			
Tab 5 mg – <b>1% DV Sep-18 to 2021</b> .....	8.10	100	<b>Douglas</b>
Tab 20 mg – <b>1% DV Sep-18 to 2021</b> .....	20.32	100	<b>Douglas</b>
Inj 100 mg vial – <b>1% DV Oct-16 to 2019</b> .....	5.30	1	<b>Solu-Cortef</b>
<b>METHYLPREDNISOLONE (AS SODIUM SUCCINATE)</b>			
Tab 4 mg .....	80.00	100	Medrol
Tab 100 mg .....	180.00	20	Medrol
Inj 40 mg vial .....	10.50	1	Solu-Medrol
Inj 125 mg vial .....	22.25	1	Solu-Medrol
Inj 500 mg vial .....	9.00	1	Solu-Medrol
Inj 1 g vial .....	16.00	1	Solu-Medrol
<b>METHYLPREDNISOLONE ACETATE</b>			
Inj 40 mg per ml, 1 ml vial .....	40.00	5	Depo-Medrol
<b>METHYLPREDNISOLONE ACETATE WITH LIDOCAINE [LIGNOCAINE]</b>			
Inj 40 mg with lidocaine [lignocaine], 1 ml vial .....	9.25	1	Depo-Medrol with Lidocaine
<b>PREDNISOLONE</b>			
Oral liq 5 mg per ml – <b>1% DV Jun-18 to 2021</b> .....	6.00	30 ml	<b>Redipred</b>
Enema 200 mcg per ml, 100 ml			
<b>PREDNISONE</b>			
Tab 1 mg – <b>1% DV Jun-17 to 2020</b> .....	10.68	500	<b>Apo-Prednisone</b>
Tab 2.5 mg – <b>1% DV Jun-17 to 2020</b> .....	12.09	500	<b>Apo-Prednisone</b>
Tab 5 mg – <b>1% DV Jun-17 to 2020</b> .....	11.09	500	<b>Apo-Prednisone</b>
Tab 20 mg – <b>1% DV Jun-17 to 2020</b> .....	29.03	500	<b>Apo-Prednisone</b>
<b>TRIAMCINOLONE ACETONIDE</b>			
Inj 10 mg per ml, 1 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	20.80	5	<b>Kenacort-A 10</b>
Inj 40 mg per ml, 1 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	51.10	5	<b>Kenacort-A 40</b>
<b>TRIAMCINOLONE HEXACETONIDE</b>			
Inj 20 mg per ml, 1 ml vial			

## Hormone Replacement Therapy

### Oestrogens

<b>OESTRADIOL</b>			
Tab 1 mg			
Tab 2 mg			
Patch 25 mcg per day – <b>1% DV Oct-16 to 2019</b> .....	6.12	8	<b>Estradot</b>
Patch 50 mcg per day – <b>1% DV Oct-16 to 2019</b> .....	7.04	8	<b>Estradot</b>
Patch 75 mcg per day – <b>1% DV Mar-17 to 2019</b> .....	7.91	8	<b>Estradot</b>
Patch 100 mcg per day – <b>1% DV Oct-16 to 2019</b> .....	7.91	8	<b>Estradot</b>
<b>OESTRADIOL VALERATE</b>			
Tab 1 mg – <b>1% DV Sep-18 to 2021</b> .....	12.36	84	<b>Progynova</b>
Tab 2 mg – <b>1% DV Sep-18 to 2021</b> .....	12.36	84	<b>Progynova</b>
<b>OESTROGENS (CONJUGATED EQUINE)</b>			
Tab 300 mcg			
Tab 625 mcg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## Progestogen and Oestrogen Combined Preparations

### OESTRADIOL WITH NORETHISTERONE ACETATE

- Tab 1 mg with 0.5 mg norethisterone acetate
- Tab 2 mg with 1 mg norethisterone acetate
- Tab 2 mg with 1 mg norethisterone acetate (10), and tab 2 mg oestradiol (12) and tab 1 mg oestradiol (6)

### OESTROGENS WITH MEDROXYPROGESTERONE ACETATE

- Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate
- Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate

## Progestogens

### MEDROXYPROGESTERONE ACETATE

Tab 2.5 mg – 1% DV Oct-16 to 2019.....	3.75	30	<b>Provera</b>
Tab 5 mg – 1% DV Oct-16 to 2019.....	14.00	100	<b>Provera</b>
Tab 10 mg – 1% DV Oct-16 to 2019.....	7.15	30	<b>Provera</b>

## Other Endocrine Agents

### CABERGOLINE – Restricted see terms [below](#)

⚡ Tab 0.5 mg – 1% DV Sep-18 to 2021 .....	3.75	2	<b>Dostinex</b>
	15.20	8	<b>Dostinex</b>

### ➡ Restricted (RS1319)

#### 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
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### DANAZOL

Cap 100 mg.....	68.33	100	Azol
Cap 200 mg.....	97.83	100	Azol

### GESTRINONE

Cap 2.5 mg

### METRAPONE

Cap 250 mg

### PENTAGASTRIN

Inj 250 mcg per ml, 2 ml ampoule

## Other Oestrogen Preparations

### ETHINYLOESTRADIOL

Tab 10 mcg – 1% DV Sep-18 to 2021 .....	17.60	100	<b>NZ Medical and Scientific</b>
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### OESTRADIOL

Implant 50 mg

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
OESTRIOL Tab 2 mg			

### Other Progestogen Preparations

MEDROXYPROGESTERONE Tab 100 mg – 1% DV Oct-16 to 2019.....	101.00	100	<b>Provera HD</b>
NORETHISTERONE Tab 5 mg .....	18.29	100	Primolut N

### Pituitary and Hypothalamic Hormones and Analogues

CORTICOTRORELIN (OVINE) Inj 100 mcg vial
THYROTROPIN ALFA Inj 900 mcg vial

### Adrenocorticotrophic Hormones

TETRACOSACTIDE [TETRACOSACTRIN] Inj 250 mcg per ml, 1 ml ampoule .....	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	<b>Zoladex</b>
Implant 10.8 mg, syringe – 1% DV Dec-16 to 2019.....	177.50	1	<b>Zoladex</b>
LEUPRORELIN ACETATE Inj 3.75 mg prefilled dual chamber syringe.....	221.60	1	Lucrin Depot 1-month
Inj 11.25 mg prefilled dual chamber syringe.....	591.68	1	Lucrin Depot 3-month

### Gonadotrophins

CHORIOGONADOTROPIN ALFA Inj 250 mcg in 0.5 ml syringe
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### Growth Hormone

SOMATROPIN – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 5 mg cartridge – 1% DV Oct-18 to 2021 .....	34.88	1	<b>Omnitrope</b>
↓ Inj 10 mg cartridge – 1% DV Oct-18 to 2021 .....	69.75	1	<b>Omnitrope</b>
↓ Inj 15 mg cartridge – 1% DV Oct-18 to 2021 .....	104.63	1	<b>Omnitrope</b>

→ **Restricted (RS1549)**

**Initiation – growth hormone deficiency in children**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

Either:

continued...

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

continued...

- 1 Growth hormone deficiency causing symptomatic hypoglycaemia, or with other significant growth hormone deficient sequelae (e.g. cardiomyopathy, hepatic dysfunction) and diagnosed with GH < 5 mcg/l on at least two random blood samples in the first 2 weeks of life, or from samples during established hypoglycaemia (whole blood glucose < 2 mmol/l using a laboratory device); or
- 2 All of the following:
  - 2.1 Height velocity < 25th percentile for age; and adjusted for bone age/pubertal status if appropriate over 6 or 12 months using the standards of Tanner and Davies (1985); and
  - 2.2 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
  - 2.3 Peak growth hormone value of < 5.0 mcg per litre in response to two different growth hormone stimulation tests. In children who are 5 years or older, GH testing with sex steroid priming is required; and
  - 2.4 If the patient has been treated for a malignancy, they should be disease free for at least one year based upon follow-up laboratory and radiological imaging appropriate for the malignancy, unless there are strong medical reasons why this is either not necessary or appropriate; and
  - 2.5 Appropriate imaging of the pituitary gland has been obtained.

## Continuation – growth hormone deficiency in children

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

- 1 A current bone age is 14 years or under (female patients) or 16 years or under (male patients); and
- 2 Height velocity is greater than or equal to 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 greater than or equal to 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 greater than or equal to 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 greater than or equal to 2 cm per year, calculated over six months; and
- 3 A current bone age is 14 years or under; 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:

continued...



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

continued...

- 1 The patient's height is more than 3 standard deviations below the mean for age or for bone age if there is marked growth acceleration or delay; and
- 2 Height velocity is < 25th percentile for age (adjusted for bone age/pubertal status if appropriate), as calculated over 6 to 12 months using the standards of Tanner and Davies(1985); and
- 3 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
- 4 The patient does not have severe chronic disease (including malignancy or recognized severe skeletal dysplasia) and is not receiving medications known to impair height velocity.

#### **Continuation – short stature without growth hormone deficiency**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

- 1 Height velocity is greater than or equal to 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 greater than or equal to 2 cm per year as calculated over six months; and
- 3 Current bone age is 14 years or under (female patients) or 16 years or under (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 an 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 or under (female patients) or to 16 years or under (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 less than or equal to 30 ml/min/1.73 m<sup>2</sup> as measured by the Schwartz method (Height(cm)/plasma creatinine (umol/l × 40 = corrected GFR (ml/min/1.73 m<sup>2</sup> ) 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<sup>2</sup> /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 an endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

- 1 Height velocity is greater than or equal to 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 greater than or equal to 2 cm per year as calculated over six months; and
- 3 A current bone age is 14 years or under (female patients) or 16 years or under (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

continued...

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

- 7 The patient has not received renal transplantation since starting growth hormone treatment; and
- 8 If the patient requires transplantation, growth hormone prescription should cease before transplantation and a new application should be made after transplantation based on the above criteria.

## Initiation – Prader-Willi syndrome

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

- 1 The patient has a diagnosis of Prader-Willi syndrome that has been confirmed by genetic testing or clinical scoring criteria; and
- 2 The patient 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 greater than or equal to 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 greater than or equal to 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 greater than or equal to 2 cm per year as calculated over six months; and
- 3 A current bone age is 14 years or under (female patients) or 16 years or under (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; 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 greater than or equal to 0.5 standard deviations in the preceding 12 months.

## Initiation – adults and adolescents

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

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

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

continued...

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

continued...

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 less than or equal to 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 (RS1301)**

Initiation

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

Inj 20 mcg vial

POTASSIUM IODATE

Tab 170 mg

POTASSIUM PERCHLORATE

Cap 200 mg

PROPYLTHIOURACIL – **Restricted** see terms [on the next page](#)

↓ Tab 50 mg .....35.00 100 PTU

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## ➔ Restricted (RS1276)

### 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	<b>Minirin</b>
⚡ Tab 200 mcg – 1% DV Jun-16 to 2019 .....	54.45	30	<b>Minirin</b>
Nasal spray 10 mcg per dose – 1% DV Oct-17 to 2020 .....	23.95	6 ml	<b>Desmopressin-PH&amp;T</b>
Inj 4 mcg per ml, 1 ml ampoule			
Inj 15 mcg per ml, 1 ml ampoule			
Nasal drops 100 mcg per ml			

## ➔ Restricted (RS1339)

### 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 .....	215.00	5	Glypressin

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Antibacterials</b>			
<b>Aminoglycosides</b>			
AMIKACIN – <b>Restricted</b> see terms <a href="#">below</a>			
↓ 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 – <b>1% DV Aug-18 to 2021</b>	265.00	5	<b>DBL Amikacin</b>
→ <b>Restricted (RS1041)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
GENTAMICIN SULPHATE			
Inj 10 mg per ml, 1 ml ampoule	25.00	5	DBL Gentamicin
Inj 10 mg per ml, 2 ml ampoule	175.10	25	APP Pharmaceuticals
Inj 40 mg per ml, 2 ml ampoule	6.00	10	Pfizer
<i>(APP Pharmaceuticals Inj 10 mg per ml, 2 ml ampoule to be delisted 1 April 2019)</i>			
PAROMOMYCIN – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Cap 250 mg	126.00	16	Humatin
→ <b>Restricted (RS1603)</b>			
Clinical microbiologist, infectious disease specialist or gastroenterologist			
STREPTOMYCIN SULPHATE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 400 mg per ml, 2.5 ml ampoule			
→ <b>Restricted (RS1043)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
TOBRAMYCIN			
↓ Powder			
→ <b>Restricted (RS1475)</b>			
<b>Initiation</b>			
For addition to orthopaedic bone cement.			
↓ Inj 40 mg per ml, 2 ml vial – <b>1% DV Sep-18 to 2021</b>	15.00	5	<b>Tobramycin Mylan</b>
→ <b>Restricted (RS1044)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
↓ Inj 100 mg per ml, 5 ml vial			
→ <b>Restricted (RS1044)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
↓ Solution for inhalation 60 mg per ml, 5 ml	2,200.00	56 dose	TOBI
→ <b>Restricted (RS1435)</b>			
<b>Initiation</b>			
Patient has cystic fibrosis.			
<b>Carbapenems</b>			
ERTAPENEM – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 1 g vial	73.50	1	Invanz
→ <b>Restricted (RS1045)</b>			
Clinical microbiologist or infectious disease specialist			
IMIPENEM WITH CILASTATIN – <b>Restricted</b> see terms <a href="#">on the next page</a>			
↓ Inj 500 mg with 500 mg cilastatin vial	60.00	1	Imipenem+Cilastatin RBX

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔ Restricted (RS1046)</b>			
Clinical microbiologist or infectious disease specialist			
<b>MEROPENEM – Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 500 mg vial – 1% DV Oct-18 to 2020.....	102.00	10	DBL Meropenem
	4.00	1	<b>Meropenem Ranbaxy</b>
⚡ Inj 1 g vial – 1% DV Oct-18 to 2020.....	159.00	10	DBL Meropenem
	8.00	1	<b>Meropenem Ranbaxy</b>
<i>(DBL Meropenem Inj 500 mg vial to be delisted 1 October 2018)</i>			
<i>(DBL Meropenem Inj 1 g vial to be delisted 1 October 2018)</i>			
<b>➔ Restricted (RS1047)</b>			
Clinical microbiologist or infectious disease specialist			

## Cephalosporins and Cephamycins - 1st Generation

<b>CEFALEXIN</b>			
Cap 250 mg – 1% DV Dec-16 to 2019.....	3.50	20	<b>Cephalexin ABM</b>
Cap 500 mg – 1% DV Oct-16 to 2019.....	3.95	20	<b>Cephalexin ABM</b>
Grans for oral liq 25 mg per ml – 1% DV Oct-18 to 2021.....	8.75	100 ml	<b>Cefalexin Sandoz</b>
Grans for oral liq 50 mg per ml – 1% DV Oct-18 to 2021.....	11.75	100 ml	<b>Cefalexin Sandoz</b>
<b>CEFAZOLIN</b>			
Inj 500 mg vial – 1% DV Sep-17 to 2020.....	3.39	5	<b>AFT</b>
Inj 1 g vial – 1% DV Sep-17 to 2020.....	3.29	5	<b>AFT</b>

## Cephalosporins and Cephamycins - 2nd Generation

<b>CEFACLOR</b>			
Cap 250 mg – 1% DV Sep-16 to 2019.....	24.70	100	<b>Ranbaxy-Cefaclor</b>
Grans for oral liq 25 mg per ml – 1% DV Sep-16 to 2019.....	3.53	100 ml	<b>Ranbaxy-Cefaclor</b>
<b>CEFOXITIN</b>			
Inj 1 g vial.....	58.00	10	<b>Cefoxitin Actavis</b>
<b>CEFUROXIME</b>			
Tab 250 mg.....	29.40	50	<b>Zinnat</b>
Inj 750 mg vial – 1% DV Feb-18 to 2020.....	9.85	10	<b>Cefuroxime Actavis</b>
Inj 1.5 g vial – 1% DV Feb-18 to 2020.....	14.36	10	<b>Cefuroxime Actavis</b>

## Cephalosporins and Cephamycins - 3rd Generation

<b>CEFOTAXIME</b>			
Inj 500 mg vial.....	1.90	1	<b>Cefotaxime Sandoz</b>
Inj 1 g vial – 1% DV Sep-17 to 2020.....	14.60	10	<b>DBL Cefotaxime</b>
<b>CEFTAZIDIME – Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 1 g vial.....	23.00	5	<b>Ceftazidime Mylan</b>
<b>➔ Restricted (RS1048)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
<b>CEFTRIAXONE</b>			
Inj 500 mg vial – 1% DV Nov-16 to 2019.....	1.20	1	<b>DEVA</b>
Inj 1 g vial – 1% DV Dec-16 to 2019.....	0.84	1	<b>DEVA</b>
Inj 2 g vial.....	2.75	1	<b>Ceftriaxone-AFT</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## Cephalosporins and Cephamycins - 4th Generation

CEFEPIME – **Restricted** see terms [below](#)

↓ Inj 1 g vial – 1% DV Sep-18 to 2021 .....	3.75	1	<b>Cefepime-AFT</b>
↓ Inj 2 g vial – 1% DV Sep-18 to 2021 .....	5.69	1	<b>Cefepime-AFT</b>

→ **Restricted (RS1049)**

Clinical microbiologist or infectious disease specialist

## Cephalosporins and Cephamycins - 5th Generation

CEFTAROLINE FOSAMIL – **Restricted** see terms [below](#)

↓ Inj 600 mg vial .....	1,450.00	10	Zinforo
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→ **Restricted (RS1446)**

**Initiation – multi-resistant organism 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-18 to 2021 .....	8.19	30	<b>Apo-Azithromycin</b>
↓ Tab 500 mg – 1% DV Sep-18 to 2021 .....	0.93	2	<b>Apo-Azithromycin</b>
↓ Grans for oral liq 200 mg per 5 ml (40 mg per ml) .....	12.50	15 ml	Zithromax

→ **Restricted (RS1598)**

**Initiation – bronchiolitis obliterans syndrome, cystic fibrosis and atypical Mycobacterium infections**

Any of the following:

- 1 Patient has received a lung transplant, stem cell transplant or bone marrow transplant and requires treatment for bronchiolitis obliterans syndrome\*; or
- 2 Patient has received a lung transplant and requires prophylaxis for bronchiolitis obliterans syndrome\*; or
- 3 Patient has cystic fibrosis and has chronic infection with *Pseudomonas aeruginosa* or *Pseudomonas* related gram negative organisms\*; or
- 4 Patient has an atypical *Mycobacterium* infection.

Note: Indications marked with \* are unapproved indications

**Initiation – non-cystic fibrosis bronchiectasis\***

Respiratory specialist or paediatrician

*Re-assessment required after 12 months*

All of the following:

- 1 For prophylaxis of exacerbations of non-cystic fibrosis bronchiectasis\*; and
- 2 Patient is aged 18 and under; and
- 3 Either:
  - 3.1 Patient has had 3 or more exacerbations of their bronchiectasis, within a 12 month period; or
  - 3.2 Patient has had 3 acute admissions to hospital for treatment of infective respiratory exacerbations within a 12 month period.

Note: Indications marked with \* are unapproved indications. A maximum of 24 months of azithromycin treatment for non-cystic fibrosis will be subsidised in the community.

continued...

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

## Continuation – non-cystic fibrosis bronchiectasis\*

Respiratory specialist or paediatrician

*Re-assessment required after 12 months*

All of the following:

- 1 The patient has completed 12 months of azithromycin treatment for non-cystic fibrosis bronchiectasis; and
- 2 Following initial 12 months of treatment, the patient has not received any further azithromycin treatment for non-cystic fibrosis bronchiectasis for a further 12 months, unless considered clinically inappropriate to stop treatment; and
- 3 The patient will not receive more than a total of 24 months' azithromycin cumulative treatment (see note).

Note: Indications marked with \* are unapproved indications. A maximum of 24 months of azithromycin treatment for non-cystic fibrosis will be subsidised in the community.

## Initiation – other indications

*Re-assessment required after 5 days*

For any other condition.

## Continuation – other indications

*Re-assessment required after 5 days*

For any other condition.

CLARITHROMYCIN – **Restricted** see terms [below](#)

⚡ Tab 250 mg – 1% DV Sep-17 to 2020 .....	3.98	14	Apo-Clarithromycin
⚡ Tab 500 mg – 1% DV Sep-17 to 2020 .....	10.40	14	Apo-Clarithromycin
⚡ Grans for oral liq 50 mg per ml .....	23.12	50 ml	Klacid
⚡ Inj 500 mg vial – 1% DV Dec-17 to 31 Aug 2020 .....	12.04	1	Martindale

➡ **Restricted (RS1476)**

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

- ➡ Tab 250 mg
- ➡ Tab 500 mg

ROXITHROMYCIN – **Some items restricted** see terms [below](#)

⚡ Tab dispersible 50 mg .....	7.19	10	Rulide D
Tab 150 mg .....	7.48	50	Arrow-Roxithromycin
Tab 300 mg .....	14.40	50	Arrow-Roxithromycin

➡ **Restricted (RS1569)**

## Initiation

Only for use in patients under 12 years of age.



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Penicillins</b>			
<b>AMOXICILLIN</b>			
Cap 250 mg – <b>1% DV Sep-16 to 2019</b> .....	14.97	500	<b>Apo-Amoxi</b>
Cap 500 mg – <b>1% DV Sep-16 to 2019</b> .....	16.75	500	<b>Apo-Amoxi</b>
Grans for oral liq 125 mg per 5 ml – <b>1% DV Feb-18 to 2020</b> .....	1.20	100 ml	<b>Alphamox 125</b>
Grans for oral liq 250 mg per 5 ml – <b>1% DV Feb-18 to 2020</b> .....	1.31	100 ml	<b>Alphamox 250</b>
Inj 250 mg vial – <b>1% DV Sep-17 to 2020</b> .....	10.67	10	<b>Ibiamox</b>
Inj 500 mg vial – <b>1% DV Sep-17 to 2020</b> .....	12.41	10	<b>Ibiamox</b>
Inj 1 g vial – <b>1% DV Sep-17 to 2020</b> .....	17.29	10	<b>Ibiamox</b>
<b>AMOXICILLIN WITH CLAVULANIC ACID</b>			
Tab 500 mg with clavulanic acid 125 mg – <b>1% DV Oct-17 to 2020</b> .....	1.88	20	<b>Augmentin</b>
Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml.....	3.83	100 ml	<b>Augmentin</b>
Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml – <b>1% DV Aug-17 to 2019</b> .....	2.20	100 ml	<b>Curam</b>
Inj 500 mg with clavulanic acid 100 mg vial.....	10.14	10	m-Amoxiclav
Inj 1,000 mg with clavulanic acid 200 mg vial.....	12.80	10	m-Amoxiclav
<b>BENZATHINE BENZYL PENICILLIN</b>			
Inj 900 mg (1.2 million units) in 2.3 ml syringe.....	315.00	10	<b>Bicillin LA</b>
<b>BENZYL PENICILLIN SODIUM [PENICILLIN G]</b>			
Inj 600 mg (1 million units) vial – <b>1% DV Sep-17 to 2020</b> .....	10.35	10	<b>Sandoz</b>
<b>FLUCLOXACILLIN</b>			
Cap 250 mg – <b>1% DV Sep-18 to 2021</b> .....	16.83	250	<b>Staphlex</b>
Cap 500 mg – <b>1% DV Sep-18 to 2021</b> .....	56.61	500	<b>Staphlex</b>
Grans for oral liq 25 mg per ml – <b>1% DV Oct-18 to 2021</b> .....	2.29	100 ml	<b>AFT</b>
Grans for oral liq 50 mg per ml – <b>1% DV Oct-18 to 2021</b> .....	3.68	100 ml	<b>AFT</b>
Inj 250 mg vial – <b>1% DV Sep-17 to 2020</b> .....	9.00	10	<b>Flucloxin</b>
Inj 500 mg vial – <b>1% DV Sep-17 to 2020</b> .....	9.40	10	<b>Flucloxin</b>
Inj 1 g vial – <b>1% DV Sep-17 to 2020</b> .....	5.22	5	<b>Flucil</b>
<b>PHENOXYMETHYL PENICILLIN [PENICILLIN V]</b>			
Cap 250 mg – <b>1% DV Sep-18 to 2021</b> .....	2.59	50	<b>Cilicaine VK</b>
Cap 500 mg – <b>1% DV Sep-18 to 2021</b> .....	4.26	50	<b>Cilicaine VK</b>
Grans for oral liq 125 mg per 5 ml – <b>1% DV Sep-16 to 2019</b> .....	1.48	100 ml	<b>AFT</b>
Grans for oral liq 250 mg per 5 ml – <b>1% DV Sep-16 to 2019</b> .....	1.58	100 ml	<b>AFT</b>
<b>PIPERACILLIN WITH TAZOBACTAM – Restricted see terms below</b>			
↓ Inj 4 g with tazobactam 0.5 g vial.....	38.00	10	PipTaz Sandoz
	15.50	1	Tazocin EF
➔ <b>Restricted (RS1053)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
<b>PROCAINE PENICILLIN</b>			
Inj 1.5 g in 3.4 ml syringe – <b>1% DV Sep-17 to 2020</b> .....	123.50	5	<b>Cilicaine</b>
<b>TICARCILLIN WITH CLAVULANIC ACID – Restricted see terms below</b>			
↓ Inj 3 g with clavulanic acid 0.1 mg vial.....			
➔ <b>Restricted (RS1054)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Quinolones</b>			
<b>CIPROFLOXACIN – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 250 mg – 1% DV Sep-17 to 2020 .....	1.45	28	<b>Cipflox</b>
⚡ Tab 500 mg – 1% DV Sep-17 to 2020 .....	1.99	28	<b>Cipflox</b>
⚡ Tab 750 mg – 1% DV Sep-17 to 2020 .....	3.15	28	<b>Cipflox</b>
⚡ Oral liq 50 mg per ml			
⚡ Oral liq 100 mg per ml			
⚡ Inj 2 mg per ml, 100 ml bag – 1% DV Oct-18 to 2021 .....	68.20	10	<b>Cipflox</b>
➡ <b>Restricted (RS1055)</b>			
Clinical microbiologist or infectious disease specialist			
<b>MOXIFLOXACIN – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 400 mg .....	52.00	5	Avelox
⚡ Inj 1.6 mg per ml, 250 ml bottle .....	70.00	1	Avelox IV 400
➡ <b>Restricted (RS1644)</b>			
<b>Initiation – Mycobacterium infection</b>			
Infectious disease specialist, clinical microbiologist or respiratory specialist			
Any of the following:			
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; or			
3 Patient is under five years of age and has had close contact with a confirmed multi-drug resistant tuberculosis case.			
<b>Initiation – Pneumonia</b>			
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.			
<b>Initiation – Penetrating eye injury</b>			
Ophthalmologist			
Five days treatment for patients requiring prophylaxis following a penetrating eye injury.			
<b>Initiation – Mycoplasma genitalium</b>			
All of the following:			
1 Has nucleic acid amplification test (NAAT) confirmed Mycoplasma genitalium and is symptomatic; and			
2 Either:			
2.1 Has tried and failed to clear infection using azithromycin; or			
2.2 Has laboratory confirmed azithromycin resistance; and			
3 Treatment is only for 7 days.			
<b>NORFLOXACIN</b>			
Tab 400 mg .....	135.00	100	Arrow-Norfloxacin

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Tetracyclines</b>			
DEMECLOCYCLINE HYDROCHLORIDE			
Tab 150 mg			
Cap 150 mg			
Cap 300 mg			
DOXYCYCLINE			
➔ Tab 50 mg – <b>Restricted:</b> For continuation only			
Tab 100 mg .....	6.75	250	Doxine
Inj 5 mg per ml, 20 ml vial			
MINOCYCLINE			
Tab 50 mg			
➔ Cap 100 mg – <b>Restricted:</b> For continuation only			
TETRACYCLINE			
Tab 250 mg			
Cap 500 mg .....	46.00	30	Tetracyclin Wolff
TIGECYCLINE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 50 mg vial			
➔ <b>Restricted (RS1059)</b>			
Clinical microbiologist or infectious disease specialist			
<b>Other Antibacterials</b>			
AZTREONAM – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 1 g vial .....	182.46	5	Azactam
➔ <b>Restricted (RS1277)</b>			
Clinical microbiologist or infectious disease specialist			
CHLORAMPHENICOL – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 1 g vial			
➔ <b>Restricted (RS1277)</b>			
Clinical microbiologist or infectious disease specialist			
CLINDAMYCIN – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Cap 150 mg – <b>1% DV Sep-16 to 2019</b> .....	4.10	16	Clindamycin ABM
↓ Oral liq 15 mg per ml			
↓ Inj 150 mg per ml, 4 ml ampoule – <b>1% DV Sep-16 to 2019</b> .....	65.00	10	Dalacin C
➔ <b>Restricted (RS1061)</b>			
Clinical microbiologist or infectious disease specialist			
COLISTIN SULPHOMETHATE [COLESTIMETHATE] – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 150 mg per ml, 1 ml vial .....	65.00	1	Colistin-Link
➔ <b>Restricted (RS1062)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
DAPTOMYCIN – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 350 mg vial .....	175.16	1	Cubicin
↓ Inj 500 mg vial .....	243.52	1	Cubicin
➔ <b>Restricted (RS1063)</b>			
Clinical microbiologist or infectious disease specialist			
FOSFOMYCIN – <b>Restricted</b> see terms <a href="#">on the next page</a>			
↓ Powder for oral solution, 3 g sachet			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ <b>Restricted (RS1315)</b> Clinical microbiologist or infectious disease specialist HEXAMINE HIPPURATE Tab 1 g LINCOMYCIN – <b>Restricted</b> see terms <a href="#">below</a> ⚡ Inj 300 mg per ml, 2 ml vial			
➔ <b>Restricted (RS1065)</b> Clinical microbiologist or infectious disease specialist LINEZOLID – <b>Restricted</b> see terms <a href="#">below</a> ⚡ Tab 600 mg – 1% DV Oct-18 to 2021	553.77	10	<b>Zyvox</b>
⚡ Oral liq 20 mg per ml	775.00	150 ml	Zyvox
⚡ Inj 2 mg per ml, 300 ml bag	1,650.00	10	Zyvox
➔ <b>Restricted (RS1066)</b> Clinical microbiologist or infectious disease specialist NITROFURANTOIN Tab 50 mg Tab 100 mg PIVMECILLINAM – <b>Restricted</b> see terms <a href="#">below</a> ⚡ Tab 200 mg			
➔ <b>Restricted (RS1322)</b> Clinical microbiologist or infectious disease specialist SODIUM FUSIDATE [FUSIDIC ACID] – <b>Restricted</b> see terms <a href="#">below</a> ⚡ Tab 250 mg – 1% DV Jun-17 to 2020	34.50	12	<b>Fucidin</b>
➔ <b>Restricted (RS1064)</b> Clinical microbiologist or infectious disease specialist SULPHADIAZINE – <b>Restricted</b> see terms <a href="#">below</a> ⚡ Tab 500 mg ➔ <b>Restricted (RS1067)</b> Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist TEICOPLANIN – <b>Restricted</b> see terms <a href="#">below</a> ⚡ Inj 400 mg vial			
➔ <b>Restricted (RS1068)</b> Clinical microbiologist or infectious disease specialist TRIMETHOPRIM Tab 100 mg Tab 300 mg – 1% DV Oct-18 to 2021	16.50	50	<b>TMP</b>
TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE] Tab 80 mg with sulphamethoxazole 400 mg Oral liq 8 mg with sulphamethoxazole 40 mg per ml – 1% DV Oct-17 to 2020	2.97	100 ml	<b>Deprim</b>
Inj 16 mg with sulphamethoxazole 80 mg per ml, 5 ml ampoule VANCOMYCIN – <b>Restricted</b> see terms <a href="#">below</a> ⚡ Inj 500 mg vial – 1% DV Sep-17 to 2020	2.37	1	<b>Mylan</b>
➔ <b>Restricted (RS1069)</b> Clinical microbiologist or infectious disease specialist			

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

### Imidazoles

#### KETOCONAZOLE

↓ Tab 200 mg

→ **Restricted (RS1410)**

Oncologist

### Polyene Antimycotics

#### AMPHOTERICIN B

↓ Inj (liposomal) 50 mg vial.....	3,450.00	10	AmBisome
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→ **Restricted (RS1071)**

#### 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 (RS1316)**

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 Feb-18 to 2020 .....	2.09	28	<b>Mylan</b>
↓ Cap 150 mg – 1% DV Feb-18 to 2020 .....	0.33	1	<b>Mylan</b>
↓ Cap 200 mg – 1% DV Feb-18 to 2020 .....	5.08	28	<b>Mylan</b>
↓ 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	<b>Fluconazole-Claris</b>
↓ Inj 2 mg per ml, 100 ml vial – 1% DV Sep-16 to 2019 .....	6.47	1	<b>Fluconazole-Claris</b>

→ **Restricted (RS1072)**

Consultant

#### ITRACONAZOLE – **Restricted** see terms [below](#)

↓ Cap 100 mg – 1% DV Sep-16 to 2019 .....	2.79	15	<b>Itrazole</b>
↓ Oral liquid 10 mg per ml			

→ **Restricted (RS1073)**

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
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## ➔ Restricted (RS1074)

### 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 Sep-18 to 2021 .....	91.00	56	Vttack
⚡ Tab 200 mg – 1% DV Sep-18 to 2021 .....	350.00	56	Vttack
⚡ Powder for oral suspension 40 mg per ml .....	1,156.32	70 ml	Vfend
⚡ Inj 200 mg vial – 1% DV Feb-18 to 2019 .....	65.00	1	Generic Partners

## ➔ Restricted (RS1075)

### 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
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➔ **Restricted (RS1076)**

**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 (RS1279)**

Clinical microbiologist or infectious disease specialist

TERBINAFINE

Tab 250 mg – **1% DV Jan-18 to 2020** ..... 1.33      14      **Deolate**

## Antimycobacterials

### Antileprotics

CLOFAZIMINE – **Restricted** see terms [below](#)

↓ Cap 50 mg

➔ **Restricted (RS1077)**

Clinical microbiologist, dermatologist or infectious disease specialist

DAPSONE – **Restricted** see terms [below](#)

↓ Tab 25 mg ..... 268.50      100      Dapsone

↓ Tab 100 mg ..... 329.50      100      Dapsone

➔ **Restricted (RS1078)**

Clinical microbiologist, dermatologist or infectious disease specialist

### Antituberculotics

CYCLOSERINE – **Restricted** see terms [below](#)

↓ Cap 250 mg

➔ **Restricted (RS1079)**

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 (RS1080)**

Clinical microbiologist, infectious disease specialist or respiratory specialist

ISONIAZID – **Restricted** see terms [below](#)

↓ Tab 100 mg – **1% DV Oct-18 to 2021** ..... 22.00      100      **PSM**

➔ **Restricted (RS1281)**

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-18 to 2021** ..... 85.54      100      **Rifinah**

↓ Tab 150 mg with rifampicin 300 mg – **1% DV Sep-18 to 2021** ..... 170.60      100      **Rifinah**

➔ **Restricted (RS1282)**

Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PARA-AMINOSALICYLIC ACID – Restricted</b> see terms <a href="#">below</a>			
⚡ Grans for oral liq 4 g.....	280.00	30	Paser
➔ <b>Restricted (RS1083)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
<b>PROTIONAMIDE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 250 mg.....	305.00	100	Peteha
➔ <b>Restricted (RS1084)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
<b>PYRAZINAMIDE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 500 mg.....			
➔ <b>Restricted (RS1085)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
<b>RIFABUTIN – Restricted</b> see terms <a href="#">below</a>			
⚡ Cap 150 mg – 1% DV Oct-16 to 2019.....	275.00	30	Mycobutin
➔ <b>Restricted (RS1086)</b>			
Clinical microbiologist, gastroenterologist, infectious disease specialist or respiratory specialist			
<b>RIFAMPICIN – Restricted</b> see terms <a href="#">below</a>			
⚡ Cap 150 mg – 1% DV Sep-17 to 2020.....	55.75	100	Rifadin
⚡ Cap 300 mg – 1% DV Sep-17 to 2020.....	116.25	100	Rifadin
⚡ Oral liq 100 mg per 5 ml – 1% DV Sep-17 to 2020.....	12.00	60 ml	Rifadin
⚡ Inj 600 mg vial – 1% DV Sep-17 to 2020.....	128.85	1	Rifadin
➔ <b>Restricted (RS1087)</b>			
Clinical microbiologist, dermatologist, internal medicine physician, paediatrician or public health physician			

## Antiparasitics

### Anthelmintics

<b>ALBENDAZOLE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 200 mg.....			
⚡ Tab 400 mg.....			
➔ <b>Restricted (RS1088)</b>			
Clinical microbiologist or infectious disease specialist			
<b>IVERMECTIN – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 3 mg.....	17.20	4	Stromectol
➔ <b>Restricted (RS1283)</b>			
Clinical microbiologist, dermatologist or infectious disease specialist			
<b>MEBENDAZOLE</b>			
Tab 100 mg.....	24.19	24	De-Worm
Oral liq 100 mg per 5 ml			
<b>PRAZIQUANTEL</b>			
Tab 600 mg			

### Antiprotozoals

<b>ARTEMETHER WITH LUMEFANTRINE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 20 mg with lumefantrine 120 mg			
➔ <b>Restricted (RS1090)</b>			
Clinical microbiologist or infectious disease specialist			



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ARTESUNATE – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 60 mg vial			
→ <b>Restricted (RS1091)</b>			
Clinical microbiologist or infectious disease specialist			
<b>ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 62.5 mg with proguanil hydrochloride 25 mg.....	25.00	12	Malarone Junior
↓ Tab 250 mg with proguanil hydrochloride 100 mg.....	64.00	12	Malarone
→ <b>Restricted (RS1092)</b>			
Clinical microbiologist or infectious disease specialist			
<b>CHLOROQUINE PHOSPHATE – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 250 mg			
→ <b>Restricted (RS1093)</b>			
Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist			
<b>MEFLOQUINE – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 250 mg .....	33.48	8	Lariam
<i>(Lariam Tab 250 mg to be delisted 1 January 2019)</i>			
→ <b>Restricted (RS1094)</b>			
Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist			
<b>METRONIDAZOLE</b>			
Tab 200 mg .....	10.45	100	Trichozole
Tab 400 mg .....	18.15	100	Trichozole
Oral liq benzoate 200 mg per 5 ml .....	25.00	100 ml	Flagyl-S
Inj 5 mg per ml, 100 ml bottle .....	1.39	100 ml	AFT
Inj 5 mg per ml, 100 ml bag .....	23.00	10	Baxter
Suppos 500 mg .....	24.48	10	Flagyl
<b>NITAZOXANIDE – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 500 mg .....	1,680.00	30	Alinia
↓ Oral liq 100 mg per 5 ml			
→ <b>Restricted (RS1095)</b>			
Clinical microbiologist or infectious disease specialist			
<b>ORNIDAZOLE</b>			
Tab 500 mg – <b>1% DV Oct-16 to 2019</b> .....	23.00	10	<b>Arrow-Ornidazole</b>
<b>PENTAMIDINE ISETHIONATE – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 300 mg vial .....	180.00	5	Pentacarinat
→ <b>Restricted (RS1096)</b>			
Clinical microbiologist or infectious disease specialist			
<b>PRIMAQUINE PHOSPHATE – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 7.5 mg			
→ <b>Restricted (RS1097)</b>			
Clinical microbiologist or infectious disease specialist			
<b>PYRIMETHAMINE – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 25 mg			
→ <b>Restricted (RS1098)</b>			
Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist			
<b>QUININE DIHYDROCHLORIDE – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 60 mg per ml, 10 ml ampoule			
↓ Inj 300 mg per ml, 2 ml vial			
→ <b>Restricted (RS1099)</b>			
Clinical microbiologist or infectious disease specialist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
QUININE SULPHATE			
Tab 300 mg .....	61.91	500	Q 300
SODIUM STIBOGLUCONATE – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 100 mg per ml, 1 ml vial			
➡ <b>Restricted</b> (RS1100)			
Clinical microbiologist or infectious disease specialist			
SPIRAMYCIN – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 500 mg			
➡ <b>Restricted</b> (RS1101)			
Maternal-foetal medicine specialist			

## Antiretrovirals

### Non-Nucleoside Reverse Transcriptase Inhibitors

➡ **Restricted** (RS1571)

#### Initiation – Confirmed HIV

Patient has confirmed HIV infection.

#### 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 .....	63.38	30	Stocrin
⚡ Tab 200 mg .....	190.15	90	Stocrin
⚡ Tab 600 mg .....	63.38	30	Stocrin
⚡ Oral liq 30 mg per ml			

ETRAVIRINE – **Restricted** see terms [above](#)

⚡ Tab 200 mg .....	770.00	60	Intelence
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NEVIRAPINE – **Restricted** see terms [above](#)

⚡ Tab 200 mg – 1% DV Sep-18 to 2021 .....	60.00	60	Nevirapine Alphapharm
⚡ Oral suspension 10 mg per ml .....	203.55	240 ml	Viramune Suspension

### Nucleoside Reverse Transcriptase Inhibitors

➡ **Restricted** (RS1572)

#### Initiation – Confirmed HIV

Patient has confirmed HIV infection.

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
<b>Initiation – Prevention of maternal transmission</b>			
Either:			
1 Prevention of maternal foetal transmission; or			
2 Treatment of the newborn for up to eight weeks.			
<b>Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV</b>			
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.			
<b>Initiation – Percutaneous exposure</b>			
Patient has percutaneous exposure to blood known to be HIV positive.			
ABACAVIR SULPHATE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Tab 300 mg	229.00	60	Ziagen
† Oral liq 20 mg per ml	256.31	240 ml	Ziagen
ABACAVIR SULPHATE WITH LAMIVUDINE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Tab 600 mg with lamivudine 300 mg	427.29	30	Kivexa
EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg	237.52	30	Atripla
EMTRICITABINE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Cap 200 mg	307.20	30	Emtriva
LAMIVUDINE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Oral liq 10 mg per ml			
STAVUDINE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Cap 30 mg			
† Cap 40 mg			
† Powder for oral soln 1 mg per ml			
ZIDOVUDINE [AZT] – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Cap 100 mg – <b>1% DV Sep-16 to 2019</b>	152.25	100	<b>Retrovir</b>
† Oral liq 10 mg per ml – <b>1% DV Sep-16 to 2019</b>	30.45	200 ml	<b>Retrovir</b>
† Inj 10 mg per ml, 20 ml vial	750.00	5	Retrovir IV
ZIDOVUDINE [AZT] WITH LAMIVUDINE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Tab 300 mg with lamivudine 150 mg – <b>1% DV Sep-17 to 2020</b>	33.00	60	<b>Alphapharm</b>

## Protease Inhibitors

→ **Restricted (RS1573)**

### Initiation – Confirmed HIV

Patient has confirmed HIV infection.

### Initiation – Prevention of maternal transmission

Either:

continued...

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

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

## Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Any of the following:
  - 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
  - 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
  - 2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

## Initiation – Percutaneous exposure

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

ATAZANAVIR SULPHATE – **Restricted** see terms [on the previous page](#)

† Cap 150 mg.....	568.34	60	Reyataz
† Cap 200 mg.....	757.79	60	Reyataz

DARUNAVIR – **Restricted** see terms [on the previous page](#)

† Tab 400 mg – 1% DV Jun-17 to 2020 .....	335.00	60	<b>Prezista</b>
† Tab 600 mg – 1% DV Jun-17 to 2020 .....	476.00	60	<b>Prezista</b>

INDINAVIR – **Restricted** see terms [on the previous page](#)

- † Cap 200 mg
- † Cap 400 mg

LOPINAVIR WITH RITONAVIR – **Restricted** see terms [on the previous page](#)

† Tab 100 mg with ritonavir 25 mg .....	183.75	60	Kaletra
† Tab 200 mg with ritonavir 50 mg – 1% DV Sep-17 to 2020 .....	463.00	120	<b>Kaletra</b>
† Oral liq 80 mg with ritonavir 20 mg per ml .....	735.00	300 ml	Kaletra

RITONAVIR – **Restricted** see terms [on the previous page](#)

† Tab 100 mg .....	43.31	30	Norvir
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## Strand Transfer Inhibitors

➔ **Restricted (RS1574)**

### Initiation – Confirmed HIV

Patient has confirmed HIV infection.

### 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>DOLUTEGRAVIR – Restricted</b> see terms <a href="#">on the previous page</a>			
⬇ Tab 50 mg .....	1,090.00	30	Tivicay
<b>RALTEGRAVIR POTASSIUM – Restricted</b> see terms <a href="#">on the previous page</a>			
⬇ 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 (RS1104)**

#### 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 ( $> 1 \times \text{ULN}$ ); and
- 3 Patient has HBV DNA greater than 100,000 copies per mL, or viral load greater than or equal to 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**

Tab 0.5 mg – **1% DV Nov-18 to 2021** ..... 400.00 30 Baraclude  
52.00 **Entecavir Sandoz**

(Baraclude Tab 0.5 mg to be delisted 1 November 2018)

**LAMIVUDINE**

Tab 100 mg – **1% DV Aug-18 to 2020** ..... 4.20 28 **Zetlam**  
Oral liq 5 mg per ml ..... 270.00 240 ml Zeffix

**TENOFOVIR DISOPROXIL**

Tab 245 mg (300.6 mg as a succinate) – **1% DV Sep-18 to 2021** ..... 38.10 30 **Tenofovir Disoproxil**  
**Teva**

### Hepatitis C

**LEDIPASVIR WITH SOFOSBUVIR – Restricted** see terms [below](#)

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

➔ **Restricted (RS1528)**

#### 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).

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PARITAPREVR, RITONAVIR AND OMBITASVIR WITH DASABUVIR</b>			
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 <a href="http://www.pharmac.govt.nz/hepatitis-c-treatments/">http://www.pharmac.govt.nz/hepatitis-c-treatments/</a> .			
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
<b>PARITAPREVR, RITONAVIR AND OMBITASVIR WITH DASABUVIR AND RIBAVIRIN</b>			
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 <a href="http://www.pharmac.govt.nz/hepatitis-c-treatments/">http://www.pharmac.govt.nz/hepatitis-c-treatments/</a> .			
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	<b>Lovir</b>
Tab dispersible 400 mg – 1% DV Sep-16 to 2019.....	5.38	56	<b>Lovir</b>
Tab dispersible 800 mg – 1% DV Sep-16 to 2019.....	5.98	35	<b>Lovir</b>
Inj 250 mg vial – 1% DV Sep-18 to 2021.....	9.60	5	<b>Aciclovir-Claris</b>

CIDOFOVIR – **Restricted** see terms [below](#)

⚡ Inj 75 mg per ml, 5 ml vial

➡ **Restricted (RS1108)**

Clinical microbiologist, infectious disease specialist, otolaryngologist or oral surgeon

FOSCARNET SODIUM – **Restricted** see terms [below](#)

⚡ Inj 24 mg per ml, 250 ml bottle

➡ **Restricted (RS1109)**

Clinical microbiologist or infectious disease specialist

GANCICLOVIR – **Restricted** see terms [below](#)

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

➡ **Restricted (RS1110)**

Clinical microbiologist or infectious disease specialist

### VALACICLOVIR

Tab 500 mg – 1% DV Sep-18 to 2021.....	5.75	30	<b>Vaclovir</b>
Tab 1,000 mg – 1% DV Sep-18 to 2021.....	11.35	30	<b>Vaclovir</b>

VALGANCICLOVIR – **Restricted** see terms [below](#)

⚡ Tab 450 mg ..... 1,050.00 60 **Valcyte**

➡ **Restricted (RS1112)**

**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

continued...

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

- 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.

## HIV Prophylaxis and Treatment

EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE – **Restricted** see terms [below](#)

↓ Tab 200 mg with tenofovir disoproxil fumarate 300 mg..... 190.02 30 Truvada

➔ **Restricted (RS1616)**

### Initiation – Confirmed HIV

Patient has confirmed HIV infection.

### 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.

### Initiation – Pre-exposure prophylaxis

*Re-assessment required after 3 months*

Both:

- 1 Patient has tested HIV negative; and
- 2 Either:
  - 2.1 All of the following:
    - 2.1.1 Patient is male or transgender; and
    - 2.1.2 Patient has sex with men; and
    - 2.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and
    - 2.1.4 Any of the following:
      - 2.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or
      - 2.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or
      - 2.1.4.3 Patient has used methamphetamine in the last three months; or
  - 2.2 All of the following:
    - 2.2.1 Patient has a regular partner who has HIV infection; and
    - 2.2.2 Partner is either not on treatment or has a detectable viral load; and

continued...

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

continued...

2.2.3 Condoms have not been consistently used.

**Continuation – Pre-exposure prophylaxis**

*Re-assessment required after 3 months*

All of the following:

- 1 Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis; and
- 2 Patient has undergone testing for HIV, syphilis, and a full STI screen in the previous two weeks; and
- 3 Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 12 months; and
- 4 Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; and
- 5 Patient has tested HIV negative; and
- 6 Either:
  - 6.1 All of the following:
    - 6.1.1 Patient is male or transgender; and
    - 6.1.2 Patient has sex with men; and
    - 6.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and
    - 6.1.4 Any of the following:
      - 6.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or
      - 6.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or
      - 6.1.4.3 Patient has used methamphetamine in the last three months; or
  - 6.2 All of the following:
    - 6.2.1 Patient has a regular partner who has HIV infection; and
    - 6.2.2 Partner is either not on treatment or has a detectable viral load; and
    - 6.2.3 Condoms have not been consistently used.

**Influenza**

**OSELTAMIVIR – Restricted** see terms [below](#)

Note: The restriction on the use of oseltamivir to hospitalised patients means that supply into the community for a new course is not permitted. Supply of a part original pack on discharge where initiated as a hospital inpatient is permitted.

- ⚡ Tab 75 mg
- ⚡ Powder for oral suspension 6 mg per ml
- ➡ **Restricted (RS1307)**

**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**

Note: The restriction on the use of zanamivir to hospitalised patients means that supply into the community for a new course is not permitted. Supply of a part original pack on discharge where initiated as a hospital inpatient is permitted.

- ⚡ Powder for inhalation 5 mg.....37.38 20 dose Relenza Rotadisk
- ➡ **Restricted (RS1369)**

**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) \$	Brand or Generic Manufacturer
Per	

## 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 (RS1113)**

#### 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 – **1% DV Oct-17 to 2020** ..... 500.00

↓ Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112) ..... 1,159.84

↓ Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (168) ..... 1,290.00

4 **Pegasys**  
1 Pegasys RBV  
Combination Pack  
1 Pegasys RBV  
Combination Pack

→ **Restricted (RS1340)**

#### 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:

continued...

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

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

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

*Limited to 6 months treatment*

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

## **Initiation – Hepatitis B**

Gastroenterologist, infectious disease specialist or general physician

*Limited to 48 weeks treatment*

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 2 Patient is Hepatitis B treatment-naïve; and
- 3 ALT > 2 times Upper Limit of Normal; and
- 4 HBV DNA < 10 log<sub>10</sub> IU/ml; and
- 5 Either:
  - 5.1 HBeAg positive; or
  - 5.2 Serum HBV DNA greater than or equal to 2,000 units/ml and significant fibrosis (greater than or equal to 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		Brand or
(ex man. excl. GST)	\$	Per	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** (RS1015)

### Initiation

For the diagnosis of myasthenia gravis.

NEOSTIGMINE METILSULFATE

Inj 2.5 mg per ml, 1 ml ampoule – **1% DV Nov-17 to 2020** ..... 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

HYDROXYCHLOROQUINE

Tab 200 mg – **1% DV Sep-18 to 2021** ..... 7.98      100      **Plaquenil**

LEFLUNOMIDE

Tab 10 mg – **1% DV Jun-17 to 2020** ..... 2.90      30      **Apo-Leflunomide**

Tab 20 mg – **1% DV Jun-17 to 2020** ..... 2.90      30      **Apo-Leflunomide**

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

→ **Restricted** (RS1139)

### 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
⚡ Tab 70 mg .....	4.82	4	Fosamax

## ➡ Restricted (RS1140)

### Initiation – Osteoporosis

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -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 less than or equal to -3.0 (see Note); or
- 5 A 10-year risk of hip fracture greater than or equal to 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 (greater than or equal to 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 greater than or equal to 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -1.5) (see Note); or
  - 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
  - 2.3 The patient has had a Special Authority approval for zoledronic acid (glucocorticosteroid therapy) or raloxifene.

### Continuation – glucocorticosteroid therapy

*Re-assessment required after 12 months*

The patient is continuing systemic glucocorticosteroid therapy (greater than or equal to 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 less than or equal to -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.
- 3 Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- 4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

## ALENDRONATE SODIUM WITH COLECALCIFEROL – Restricted see terms [below](#)

⚡ Tab 70 mg with colecalciferol 5,600 iu .....	4.82	4	Fosamax Plus
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## ➡ Restricted (RS1141)

### Initiation – Osteoporosis

Any of the following:

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -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 less than or equal to -3.0 (see Note); or			
5 A 10-year risk of hip fracture greater than or equal to 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.			
<b>Initiation – glucocorticosteroid therapy</b>			
<i>Re-assessment required after 12 months</i>			
Both:			
1 The patient is receiving systemic glucocorticosteroid therapy (greater than or equal to 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 greater than or equal to 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -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.			
<b>Continuation – glucocorticosteroid therapy</b>			
<i>Re-assessment required after 12 months</i>			
The patient is continuing systemic glucocorticosteroid therapy (greater than or equal to 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 greater than or equal to -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.			
<b>ETIDRONATE DISODIUM</b>			
Tab 200 mg .....	13.50	100	Arrow-Etidronate
<i>(Arrow-Etidronate Tab 200 mg to be delisted 1 January 2019)</i>			
<b>PAMIDRONATE DISODIUM</b>			
Inj 3 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020 .....	5.98	1	Pamisol
Inj 6 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020 .....	15.02	1	Pamisol
Inj 9 mg per ml, 10 ml vial – 1% DV Sep-17 to 2020 .....	17.05	1	Pamisol
<b>RISEDRONATE SODIUM</b>			
Tab 35 mg – 1% DV Mar-17 to 2019 .....	3.80	4	Risedronate Sandoz

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

⚡ Inj 5 mg per 100 ml, vial .....600.00 100 ml Aclasta

➔ **Restricted (RS1488)**

### 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) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -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 greater than or equal to -3.0 (see Note); or
  - 1.5 A 10-year risk of hip fracture greater than or equal to 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 (greater than or equal to 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 greater than or equal to 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -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 glucocorticosteroid therapy (greater than or equal to 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
  - 2.2 Bone deformity; or

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

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

- 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 less than or equal to -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

DENOSUMAB – **Restricted** see terms [below](#)

⚡ Inj 60 mg prefilled syringe.....326.00 1 Prolia

➡ **Restricted (RS1641)**

**Initiation**

All of the following:

- 1 The patient has severe, established osteoporosis; and
- 2 Either:
  - 2.1 The patient is female and postmenopausal; or
  - 2.2 The patient is male or non-binary; and
- 3 Any of the following:
  - 3.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or
  - 3.2 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; or
  - 3.3 History of two significant osteoporotic fractures demonstrated radiologically; or

continued...



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

- 3.4 Documented T-Score less than or equal to -3.0 (see Note); or
- 3.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
- 3.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) or raloxifene; and
- 4 Zoledronic acid is contraindicated because the patient's creatinine clearance is less than 35 mL/min; and
- 5 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); and
- 6 The patient must not receive concomitant treatment with any other funded antiresorptive agent for this condition or teriparatide.

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 less than or equal to -2.5 and, therefore, do not require BMD measurement for treatment with denosumab.
- 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.
- 5 Antiresorptive agents and their adequate doses for the purposes of this Special Authority are defined as: risedronate sodium tab 35 mg once weekly; alendronate sodium tab 70 mg or tab 70 mg with cholecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialed so that the patient achieves the minimum requirement of 12 months' continuous therapy.

RALOXIFENE – **Restricted** see terms [below](#)

↓ Tab 60 mg .....53.76      28      Evista

→ **Restricted** (RS1142)**Initiation**

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -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 greater than or equal to -3.0 (see Notes); or
- 5 A 10-year risk of hip fracture greater than or equal to 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:

- 1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA).

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- 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 less than or equal to -2.5 and, therefore, do not require BMD measurement for raloxifene funding.
  - 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.
  - 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 (RS1143)**

## Initiation

Limited to 18 months treatment

All of the following:

- The patient has severe, established osteoporosis; and
- The patient has a documented T-score less than or equal to -3.0 (see Notes); and
- The patient has had two or more fractures due to minimal trauma; and
- 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:

- 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
- 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.
- 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-18 to 2020 .....4.54 500 **DP-Allopurinol**  
Tab 300 mg – 1% DV Jan-18 to 2020 ..... 10.35 500 **DP-Allopurinol**

BENZBROMARONE – **Restricted** see terms [on the next page](#)

‡ Tab 100 mg .....45.00 100 Benzbromaron AL 100

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

➔ **Restricted (RS1489)****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/](http://www.rheumatology.org.nz/home/resources-2/)

**COLCHICINE**

Tab 500 mcg.....	10.08	100	Colgout
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**FEBUXOSTAT – Restricted** see terms [below](#)

↓ Tab 80 mg .....	39.50	28	Adenuric
↓ Tab 120 mg .....	39.50	28	Adenuric

➔ **Restricted (RS1490)****Initiation**

Any specialist

Both:

- 1 Patient has been diagnosed with gout; and
- 2 Any of the following:
  - 2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
  - 2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite use of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
  - 2.3 The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note).

Note: In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. The efficacy and safety of febuxostat have not been fully evaluated in patients with severe renal impairment (creatinine

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# MUSCULOSKELETAL SYSTEM

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

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** ([RS1016](#))

Haematologist

## Muscle Relaxants and Related Agents

### ATRACURIUM BESYLATE

Inj 10 mg per ml, 2.5 ml ampoule – 1% DV Jun-18 to 2021	10.00	5	<b>Tracrium</b>
Inj 10 mg per ml, 5 ml ampoule – 1% DV Jun-18 to 2021	12.50	5	<b>Tracrium</b>

### BACLOFEN

Tab 10 mg – 1% DV Oct-18 to 2021	4.20	100	<b>Pacifen</b>
Oral liq 1 mg per ml			
Inj 0.05 mg per ml, 1 ml ampoule	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 – 1% DV Jun-18 to 2021	18.54	100	<b>Norflex</b>
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### PANCURONIUM BROMIDE

Inj 2 mg per ml, 2 ml ampoule	260.00	50	AstraZeneca
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### ROCURONIUM BROMIDE

Inj 10 mg per ml, 5 ml vial – 1% DV May-18 to 2019	25.95	10	<b>DBL Rocuronium Bromide</b>
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### SUXAMETHONIUM CHLORIDE

Inj 50 mg per ml, 2 ml ampoule – 1% DV Nov-17 to 2020	78.00	50	<b>AstraZeneca</b>
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### VECURONIUM BROMIDE

Inj 10 mg vial

## Reversers of Neuromuscular Blockade

SUGAMMADEX – **Restricted** see terms [on the next page](#)

⚡ Inj 100 mg per ml, 2 ml vial	1,200.00	10	Bridion
⚡ Inj 100 mg per ml, 5 ml vial	3,000.00	10	Bridion

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

➔ **Restricted (RS1370)**

**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

Note - The DV limit of 1% applies to the celecoxib chemical rather than each individual line item.

Cap 100 mg – <b>1% DV Aug-17 to 2020</b> .....	3.63	60	<b>Celecoxib Pfizer</b>
Cap 200 mg – <b>1% DV Aug-17 to 2020</b> .....	2.30	30	<b>Celecoxib Pfizer</b>

### DICLOFENAC SODIUM

Tab EC 25 mg – <b>1% DV Oct-18 to 2021</b> .....	1.23	50	<b>Diclofenac Sandoz</b>
Tab 50 mg dispersible .....	1.50	20	Voltaren D
Tab EC 50 mg – <b>1% DV Oct-18 to 2021</b> .....	1.23	50	<b>Diclofenac Sandoz</b>
Tab long-acting 75 mg – <b>1% DV Oct-18 to 2021</b> .....	22.80	500	<b>Apo-Diclo SR</b>
Tab long-acting 100 mg – <b>1% DV Oct-18 to 2021</b> .....	25.15	500	<b>Apo-Diclo SR</b>
Inj 25 mg per ml, 3 ml ampoule .....	13.20	5	Voltaren
Suppos 12.5 mg .....	2.04	10	Voltaren
Suppos 25 mg .....	2.44	10	Voltaren
Suppos 50 mg .....	4.22	10	Voltaren
Suppos 100 mg .....	7.00	10	Voltaren

### ETORICOXIB – **Restricted** see terms [below](#)

- ↓ Tab 30 mg
- ↓ Tab 60 mg
- ↓ Tab 90 mg
- ↓ Tab 120 mg

➔ **Restricted (RS1290)**

**Initiation**

For in-vivo investigation of allergy only.

### IBUPROFEN

Tab 200 mg – <b>1% DV Feb-18 to 2020</b> .....	11.71	1,000	<b>Relieve</b>
➔ Tab 400 mg – <b>Restricted:</b> For continuation only			
➔ Tab 600 mg – <b>Restricted:</b> For continuation only			
Tab long-acting 800 mg .....	7.99	30	Brufen SR
Oral liq 20 mg per ml .....	2.39	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

## MUSCULOSKELETAL SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>KETOPROFEN</b>			
Cap long-acting 200 mg .....	12.07	28	Oruvail SR
<b>MEFENAMIC ACID</b> – <b>Restricted:</b> For continuation only			
➔ Cap 250 mg			
<b>MELOXICAM</b> – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 7.5 mg			
(Any Tab 7.5 mg to be delisted 1 November 2018)			
➔ <b>Restricted (RS1291)</b>			
<b>Initiation</b>			
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.			
<b>NAPROXEN</b>			
Tab 250 mg .....	18.06	500	Noflam 250
Tab 500 mg .....	18.91	250	Noflam 500
Tab long-acting 750 mg – <b>1% DV Oct-18 to 2021</b> .....	6.16	28	<b>Naprosyn SR 750</b>
Tab long-acting 1 g – <b>1% DV Oct-18 to 2021</b> .....	8.21	28	<b>Naprosyn SR 1000</b>
<b>PARECOXIB</b>			
Inj 40 mg vial .....	100.00	10	Dynastat
<b>SULINDAC</b>			
Tab 100 mg			
Tab 200 mg			
<b>TENOXICAM</b>			
Tab 20 mg – <b>1% DV Sep-16 to 2019</b> .....	10.95	100	<b>Tilcotil</b>
Inj 20 mg vial .....	9.95	1	AFT

### Topical Products for Joint and Muscular Pain

**CAPSAICIN** – **Restricted** see terms [below](#)

⚡ Crm 0.025%..... 9.95 45 g Zostrix

➔ **Restricted (RS1309)**

#### 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
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## Agents for Parkinsonism and Related Disorders

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

RILUZOLE – **Restricted** see terms [below](#)

↓ Tab 50 mg – 1% DV Aug-18 to 2021	130.00	56	<b>Rilutek</b>
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→ **Restricted (RS1351)**

#### 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	<b>Motetis</b>
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### 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	38.24	60	Symmetrel
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#### APOMORPHINE HYDROCHLORIDE

Inj 10 mg per ml, 1 ml ampoule			
Inj 10 mg per ml, 2 ml ampoule	119.00	5	Movapro

#### BROMOCRIPTINE

Tab 2.5 mg  
Cap 5 mg

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ENTACAPONE</b>			
Tab 200 mg – 1% DV Sep-18 to 2021 .....	22.00	100	<b>Entapone</b>
<b>LEVODOPA WITH BENSERAZIDE</b>			
Tab dispersible 50 mg with benserazide 12.5 mg .....	13.25	100	Madopar Rapid
Cap 50 mg with benserazide 12.5 mg .....	13.75	100	Madopar 62.5
Cap 100 mg with benserazide 25 mg .....	15.80	100	Madopar 125
Cap long-acting 100 mg with benserazide 25 mg .....	22.85	100	Madopar HBS
Cap 200 mg with benserazide 50 mg .....	26.25	100	Madopar 250
<b>LEVODOPA WITH CARBIDOPA</b>			
Tab 100 mg with carbidopa 25 mg – 1% DV Feb-18 to 2020 .....	17.97	100	<b>Sinemet</b>
Tab long-acting 200 mg with carbidopa 50 mg – 1% DV Feb-18 to 2020 .....	37.15	100	<b>Sinemet CR</b>
Tab 250 mg with carbidopa 25 mg – 1% DV Feb-18 to 2020 .....	32.67	100	<b>Sinemet</b>
<b>PRAMIPEXOLE HYDROCHLORIDE</b>			
Tab 0.25 mg – 1% DV Sep-16 to 2019 .....	7.20	100	<b>Ramipex</b>
Tab 1 mg – 1% DV Sep-16 to 2019 .....	24.39	100	<b>Ramipex</b>
<b>ROPINIROLE HYDROCHLORIDE</b>			
Tab 0.25 mg – 1% DV Sep-16 to 2019 .....	2.78	100	<b>Apo-Ropinirole</b>
Tab 1 mg – 1% DV Sep-16 to 2019 .....	5.00	100	<b>Apo-Ropinirole</b>
Tab 2 mg – 1% DV Sep-16 to 2019 .....	7.72	100	<b>Apo-Ropinirole</b>
Tab 5 mg – 1% DV Sep-16 to 2019 .....	16.51	100	<b>Apo-Ropinirole</b>
<b>SELEGILINE HYDROCHLORIDE</b>			
Tab 5 mg			
<b>TOLCAPONE</b>			
Tab 100 mg – 1% DV Jan-17 to 2019 .....	132.50	100	<b>Tasmar</b>

## Anaesthetics

### General Anaesthetics

<b>DESFLURANE</b>			
Soln for inhalation 100%, 240 ml bottle – 1% DV Sep-16 to 2019 .....	1,350.00	6	<b>Suprane</b>
<b>DEXMEDETOMIDINE</b>			
Inj 100 mcg per ml, 2 ml vial – 1% DV Sep-17 to 2020 .....	357.00	5	<b>Precedex</b>
<b>ETOMIDATE</b>			
Inj 2 mg per ml, 10 ml ampoule			
<b>ISOFLURANE</b>			
Soln for inhalation 100%, 250 ml bottle – 1% DV Sep-16 to 2019 .....	1,020.00	6	<b>Aerrane</b>
<b>KETAMINE</b>			
Inj 1 mg per ml, 100 ml bag .....	27.00	1	Biomed
Inj 10 mg per ml, 10 ml syringe .....	14.00	1	Biomed
Inj 100 mg per ml, 2 ml ampoule .....	47.05	5	Ketamine-Claris
<b>METHOHEXITAL SODIUM</b>			
Inj 10 mg per ml, 50 ml vial			
<b>PROPOFOL</b>			
Inj 10 mg per ml, 20 ml vial – 10% DV Jun-16 to 2019 .....	5.27	5	<b>Provide MCT-LCT 1%</b>
Inj 10 mg per ml, 50 ml vial – 10% DV Jun-16 to 2019 .....	24.50	10	<b>Fresofol 1% MCT/LCT</b>
Inj 10 mg per ml, 100 ml vial – 10% DV Jun-16 to 2019 .....	49.00	10	<b>Fresofol 1% MCT/LCT</b>
<b>SEVOFLURANE</b>			
Soln for inhalation 100%, 250 ml bottle – 1% DV Sep-16 to 2019 .....	840.00	6	<b>Baxter</b>

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>THIOPENTAL [THIOPENTONE] SODIUM</b>			
Inj 500 mg ampoule			
<b>Local Anaesthetics</b>			
<b>ARTICAINE HYDROCHLORIDE</b>			
Inj 1%			
<b>ARTICAINE HYDROCHLORIDE WITH ADRENALINE</b>			
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			
<b>BENZOCAINE</b>			
Gel 20%			
<b>BUPIVACAINE HYDROCHLORIDE</b>			
Inj 5 mg per ml, 4 ml ampoule – <b>1% DV Sep-17 to 2020</b>	50.00	5	<b>Marcaïn Isobaric</b>
Inj 2.5 mg per ml, 20 ml ampoule			
Inj 2.5 mg per ml, 20 ml ampoule sterile pack	29.20	5	Marcaïn
Inj 5 mg per ml, 10 ml ampoule sterile pack	20.25	5	Marcaïn
Inj 5 mg per ml, 20 ml ampoule			
Inj 5 mg per ml, 20 ml ampoule sterile pack	20.70	5	Marcaïn
Inj 1.25 mg per ml, 100 ml bag			
Inj 1.25 mg per ml, 200 ml bag			
Inj 2.5 mg per ml, 100 ml bag – <b>1% DV Sep-17 to 2020</b>	150.00	5	<b>Marcaïn</b>
Inj 2.5 mg per ml, 200 ml bag			
Inj 1.25 mg per ml, 500 ml bag			
<b>BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE</b>			
Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial	135.00	5	Marcaïn with Adrenaline
Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial	115.00	5	Marcaïn with Adrenaline
<b>BUPIVACAINE HYDROCHLORIDE WITH FENTANYL</b>			
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
<b>BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE</b>			
Inj 0.5% with glucose 8%, 4 ml ampoule	38.00	5	Marcaïn Heavy
<b>COCAINE HYDROCHLORIDE</b>			
Paste 5%			
Soln 15%, 2 ml syringe			
Soln 4%, 2 ml syringe	25.46	1	Biomed
<b>COCAINE HYDROCHLORIDE WITH ADRENALINE</b>			
Paste 15% with adrenaline 0.06%			
Paste 25% with adrenaline 0.06%			
<b>ETHYL CHLORIDE</b>			
Spray 100%			

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LIDOCAINE [LIGNOCAINE]</b>			
Crn 4%.....	5.40	5 g	LMX4
	27.00	30 g	LMX4
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE</b>			
Gel 2% – 1% DV Nov-18 to 2021 .....	4.87	20 g	Orion
Soln 4% .....			
Spray 10% .....	75.00	50 ml	Xylocaine
Oral (gel) soln 2% – 1% DV Oct-17 to 2020 .....	38.00	200 ml	Mucosoothe
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 .....	160.00	25	Cathejell
	81.50	10	Pfizer
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE</b>			
Inj 1% with adrenaline 1:100,000, 5 ml ampoule.....	27.00	10	Xylocaine
Inj 1% with adrenaline 1:200,000, 20 ml vial .....	50.00	5	Xylocaine
Inj 2% with adrenaline 1:80,000, 1.7 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 1.8 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 2.2 ml dental cartridge			
Inj 2% with adrenaline 1:200,000, 20 ml vial .....	60.00	5	Xylocaine
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE</b>			
Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe – 1% DV Sep-17 to 2020 .....	17.50	1	Topicaïne
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE</b>			
Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe .....	81.50	10	Pfizer
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE</b>			
Nasal spray 5% with phenylephrine hydrochloride 0.5%			
<b>LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE</b>			
Crn 2.5% with prilocaine 2.5%.....	45.00	30 g	EMLA
Patch 25 mcg with prilocaine 25 mcg .....	115.00	20	EMLA
Crn 2.5% with prilocaine 2.5%, 5 g.....	45.00	5	EMLA
<b>MEPIVACAINE HYDROCHLORIDE</b>			
Inj 3%, 1.8 ml dental cartridge .....	43.60	50	Scandonest 3%
Inj 3%, 2.2 ml dental cartridge .....	43.60	50	Scandonest 3%
<b>PRILOCAINE HYDROCHLORIDE</b>			
Inj 0.5%, 50 ml vial .....	100.00	5	Citanest
Inj 2%, 5 ml ampoule .....	55.00	10	Citanest
<b>PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN</b>			
Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge			
Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge			

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ROPIVACAINE HYDROCHLORIDE</b>			
Inj 2 mg per ml, 10 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	8.80	5	<b>Ropivacaine Kabi</b>
Inj 2 mg per ml, 20 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	9.20	5	<b>Ropivacaine Kabi</b>
Inj 2 mg per ml, 100 ml bag – <b>1% DV Sep-17 to 2020</b> .....	29.50	5	<b>Ropivacaine Kabi</b>
Inj 2 mg per ml, 200 ml bag – <b>1% DV Sep-17 to 2020</b> .....	39.00	5	<b>Ropivacaine Kabi</b>
Inj 7.5 mg per ml, 10 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	9.90	5	<b>Ropivacaine Kabi</b>
Inj 7.5 mg per ml, 20 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	12.15	5	<b>Ropivacaine Kabi</b>
Inj 10 mg per ml, 10 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	10.55	5	<b>Ropivacaine Kabi</b>
Inj 10 mg per ml, 20 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	15.80	5	<b>Ropivacaine Kabi</b>
<b>ROPIVACAINE HYDROCHLORIDE WITH FENTANYL</b>			
Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag .....	198.50	5	Naropin
Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag .....	270.00	5	Naropin
<b>TETRACAINE [AMETHOCAINE] HYDROCHLORIDE</b>			
Gel 4%			

## Analgesics

### Non-Opoid 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 (RS1145)**

#### Initiation

For post-herpetic neuralgia or diabetic peripheral neuropathy.

METHOXYFLURANE – **Restricted** see terms [below](#)

↓ Soln for inhalation 99.9%, 3 ml bottle

→ **Restricted (RS1292)**

#### 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

PARACETAMOL – **Some items restricted** see terms [below](#)

Tab soluble 500 mg

Tab 500 mg

Oral liq 120 mg per 5 ml – **1% DV Dec-17 to 2020**.....5.35 1,000 ml **Paracare**

Oral liq 250 mg per 5 ml – **20% DV Aug-18 to 2020** .....5.81 1,000 ml **Paracare Double Strength**

↓ Inj 10 mg per ml, 100 ml vial – **1% DV Sep-17 to 2020**.....8.40 10 **Paracetamol Kabi**

Suppos 25 mg .....56.35 20 **Biomed**

Suppos 50 mg .....56.35 20 **Biomed**

Suppos 125 mg – **1% DV Nov-18 to 2021**.....3.29 10 **Gacet**

Suppos 250 mg – **1% DV Nov-18 to 2021**.....3.79 10 **Gacet**

Suppos 500 mg .....12.60 50 **Paracare**

→ **Restricted (RS1146)**

#### 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SUCROSE</b>			
Oral liq 25%			
<b>Opioid Analgesics</b>			
<b>ALFENTANIL</b>			
Inj 0.5 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020	34.38	10	Hameln
<b>CODEINE PHOSPHATE</b>			
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
<b>DIHYDROCODEINE TARTRATE</b>			
Tab long-acting 60 mg – 1% DV Sep-16 to 2019	9.55	60	DHC Continus
<b>FENTANYL</b>			
Inj 10 mcg per ml, 10 ml syringe			
Inj 50 mcg per ml, 2 ml ampoule – 1% DV Nov-18 to 2021	3.56	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 Nov-18 to 2021	9.41	10	Boucher and Muir
Inj 10 mcg per ml, 100 ml bag	210.00	10	Biomed
Inj 20 mcg per ml, 50 ml syringe – 1% DV Oct-18 to 2021	18.74	1	Biomed
Inj 20 mcg per ml, 100 ml bag			
Patch 12.5 mcg per hour – 1% DV Oct-17 to 2020	2.95	5	Fentanyl Sandoz
Patch 25 mcg per hour – 1% DV Oct-17 to 2020	3.66	5	Fentanyl Sandoz
Patch 50 mcg per hour – 1% DV Oct-17 to 2020	6.65	5	Fentanyl Sandoz
Patch 75 mcg per hour – 1% DV Oct-17 to 2020	9.25	5	Fentanyl Sandoz
Patch 100 mcg per hour – 1% DV Oct-17 to 2020	11.40	5	Fentanyl Sandoz
<b>METHADONE HYDROCHLORIDE</b>			
Tab 5 mg	1.85	10	Methatabs
Oral liq 2 mg per ml – 1% DV Oct-18 to 2021	5.79	200 ml	Biodone
Oral liq 5 mg per ml – 1% DV Oct-18 to 2021	5.79	200 ml	Biodone Forte
Oral liq 10 mg per ml – 1% DV Oct-18 to 2021	6.79	200 ml	Biodone Extra Forte
Inj 10 mg per ml, 1 ml vial	61.00	10	AFT
<b>MORPHINE HYDROCHLORIDE</b>			
Oral liq 1 mg per ml	8.84	200 ml	RA-Morph
Oral liq 2 mg per ml	14.00	200 ml	RA-Morph
Oral liq 5 mg per ml	18.00	200 ml	RA-Morph
Oral liq 10 mg per ml	26.00	200 ml	RA-Morph

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MORPHINE SULPHATE</b>			
Tab long-acting 10 mg – <b>1% DV Sep-16 to 2019</b> .....	1.93	10	<b>Arrow-Morphine LA</b>
Tab immediate-release 10 mg – <b>1% DV Sep-17 to 2020</b> .....	2.80	10	<b>Sevredol</b>
Tab immediate-release 20 mg – <b>1% DV Sep-17 to 2020</b> .....	5.52	10	<b>Sevredol</b>
Tab long-acting 30 mg – <b>1% DV Sep-16 to 2019</b> .....	2.85	10	<b>Arrow-Morphine LA</b>
Tab long-acting 60 mg – <b>1% DV Sep-16 to 2019</b> .....	5.60	10	<b>Arrow-Morphine LA</b>
Tab long-acting 100 mg – <b>1% DV Sep-16 to 2019</b> .....	6.10	10	<b>Arrow-Morphine LA</b>
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 – <b>1% DV Oct-17 to 2020</b> .....	97.25	5	<b>Biomed</b>
Inj 1 mg per ml, 10 ml syringe – <b>1% DV Oct-17 to 2020</b> .....	24.00	5	<b>Biomed</b>
Inj 1 mg per ml, 50 ml syringe – <b>1% DV Oct-17 to 2020</b> .....	50.75	5	<b>Biomed</b>
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 – <b>1% DV Sep-17 to 2020</b> .....	6.27	5	<b>DBL Morphine Sulphate</b>
Inj 10 mg per ml, 1 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	4.47	5	<b>DBL Morphine Sulphate</b>
Inj 10 mg per ml, 100 mg cassette .....			
Inj 10 mg per ml, 100 ml bag .....			
Inj 15 mg per ml, 1 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	4.76	5	<b>DBL Morphine Sulphate</b>
Inj 30 mg per ml, 1 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	6.19	5	<b>DBL Morphine Sulphate</b>
Inj 200 mcg in 0.4 ml syringe .....			
Inj 300 mcg in 0.3 ml syringe .....			
<b>MORPHINE TARTRATE</b>			
Inj 80 mg per ml, 1.5 ml ampoule – <b>1% DV Oct-16 to 2019</b> .....	42.72	5	<b>DBL Morphine Tartrate</b>
<b>OXYCODONE HYDROCHLORIDE</b>			
Tab controlled-release 5 mg .....	2.63	20	BNM
Tab controlled-release 10 mg .....	2.76	20	BNM
Tab controlled-release 20 mg .....	4.72	20	BNM
Tab controlled-release 40 mg .....	7.69	20	BNM
Tab controlled-release 80 mg .....	14.11	20	BNM
Cap immediate-release 5 mg – <b>1% DV Sep-18 to 2021</b> .....	1.88	20	<b>OxyNorm</b>
Cap immediate-release 10 mg – <b>1% DV Sep-18 to 2021</b> .....	3.32	20	<b>OxyNorm</b>
Cap immediate-release 20 mg – <b>1% DV Sep-18 to 2021</b> .....	5.81	20	<b>OxyNorm</b>
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 – <b>1% DV Sep-18 to 2021</b> .....	7.28	5	<b>OxyNorm</b>
Inj 10 mg per ml, 2 ml ampoule – <b>1% DV Sep-18 to 2021</b> .....	14.36	5	<b>OxyNorm</b>
Inj 50 mg per ml, 1 ml ampoule – <b>1% DV Sep-18 to 2021</b> .....	30.60	5	<b>OxyNorm</b>
<b>PARACETAMOL WITH CODEINE</b>			
Tab paracetamol 500 mg with codeine phosphate 8 mg – <b>1% DV Sep-17 to 2020</b> .....	18.21	1,000	<b>Paracetamol + Codeine (Relieve)</b>

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PETHIDINE HYDROCHLORIDE</b>			
Tab 50 mg – 1% DV Sep-18 to 2021 .....	4.46	10	<b>PSM</b>
Inj 5 mg per ml, 10 ml syringe			
Inj 5 mg per ml, 100 ml bag			
Inj 10 mg per ml, 100 ml bag			
Inj 10 mg per ml, 50 ml syringe			
Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020 .....	4.98	5	<b>DBL Pethidine Hydrochloride</b>
Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020 .....	5.12	5	<b>DBL Pethidine Hydrochloride</b>
<b>REMIFENTANIL</b>			
Inj 1 mg vial – 1% DV Oct-17 to 2020 .....	13.95	5	<b>Remifentanil-AFT</b>
Inj 2 mg vial – 1% DV Oct-17 to 2020 .....	19.95	5	<b>Remifentanil-AFT</b>
<b>TRAMADOL HYDROCHLORIDE</b>			
Tab sustained-release 100 mg – 1% DV Sep-17 to 2020 .....	1.55	20	<b>Tramal SR 100</b>
Tab sustained-release 150 mg – 1% DV Sep-17 to 2020 .....	2.10	20	<b>Tramal SR 150</b>
Tab sustained-release 200 mg – 1% DV Sep-17 to 2020 .....	2.75	20	<b>Tramal SR 200</b>
Cap 50 mg – 1% DV Sep-17 to 2020 .....	2.25	100	<b>Arrow-Tramadol</b>
Oral soln 10 mg per ml			
Inj 10 mg per ml, 100 ml bag			
Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020 .....	4.50	5	<b>Tramal 50</b>
Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020 .....	4.50	5	<b>Tramal 100</b>

## Antidepressants

### Cyclic and Related Agents

<b>AMITRIPTYLINE</b>			
Tab 10 mg – 1% DV Apr-18 to 2020 .....	1.96	100	<b>Arrow-Amitriptyline</b>
Tab 25 mg – 1% DV Apr-18 to 2020 .....	1.52	100	<b>Arrow-Amitriptyline</b>
Tab 50 mg – 1% DV Apr-18 to 2020 .....	2.51	100	<b>Arrow-Amitriptyline</b>
<b>CLOMIPRAMINE HYDROCHLORIDE</b>			
Tab 10 mg – 1% DV Oct-18 to 2021 .....	13.99	100	<b>Apo-Clomipramine</b>
Tab 25 mg – 1% DV Oct-18 to 2021 .....	9.46	100	<b>Apo-Clomipramine</b>
<b>DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE</b>			
Tab 75 mg .....	11.19	100	<b>Dopress</b>
Cap 25 mg .....	6.45	100	<b>Dopress</b>
<b>DOXEPIN HYDROCHLORIDE</b>			
Cap 10 mg			
Cap 25 mg			
Cap 50 mg			
<b>IMIPRAMINE HYDROCHLORIDE</b>			
Tab 10 mg .....	5.48	50	<b>Tofranil</b>
	6.58	60	<b>Tofranil</b>
Tab 25 mg .....	8.80	50	<b>Tofranil</b>
<b>MAPROTILINE HYDROCHLORIDE</b>			
Tab 25 mg			
Tab 75 mg			
<b>MIANSERIN HYDROCHLORIDE – Restricted:</b> For continuation only			
➡ Tab 30 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>NORTRIPTYLINE HYDROCHLORIDE</b>			
Tab 10 mg – 1% DV Sep-16 to 2019 .....	3.22	100	<b>Norpress</b>
Tab 25 mg – 1% DV Sep-16 to 2019 .....	7.08	180	<b>Norpress</b>

### Monoamine-Oxidase Inhibitors - Non-Selective

<b>PHENELZINE SULPHATE</b>
Tab 15 mg
<b>TRANLYCPROMINE SULPHATE</b>
Tab 10 mg

### Monoamine-Oxidase Type A Inhibitors

<b>MOCLOBEMIDE</b>			
Tab 150 mg .....	85.10	500	Apo-Moclobemide
Tab 300 mg .....	30.70	100	Apo-Moclobemide

### Other Antidepressants

<b>MIRTAZAPINE</b>			
Tab 30 mg – 1% DV Oct-18 to 2021 .....	2.63	30	<b>Apo-Mirtazapine</b>
Tab 45 mg – 1% DV Oct-18 to 2021 .....	3.48	30	<b>Apo-Mirtazapine</b>
<b>VENLAFAXINE</b>			
Cap 37.5 mg – 1% DV Jun-17 to 2020 .....	6.38	84	<b>Enlafax XR</b>
Cap 75 mg – 1% DV Jun-17 to 2020 .....	8.11	84	<b>Enlafax XR</b>
Cap 150 mg – 1% DV Jun-17 to 2020 .....	11.16	84	<b>Enlafax XR</b>

### Selective Serotonin Reuptake Inhibitors

<b>CITALOPRAM HYDROBROMIDE</b>			
Tab 20 mg – 1% DV Sep-18 to 2021 .....	1.52	84	<b>PSM Citalopram</b>
<b>ESCITALOPRAM</b>			
Tab 10 mg – 1% DV Dec-17 to 2020 .....	1.11	28	<b>Escitalopram-Apotex</b>
Tab 20 mg – 1% DV Dec-17 to 2020 .....	1.90	28	<b>Escitalopram-Apotex</b>
<b>FLUOXETINE HYDROCHLORIDE</b>			
Tab dispersible 20 mg, scored – 1% DV Oct-16 to 2019 .....	2.47	30	<b>Arrow-Fluoxetine</b>
Cap 20 mg – 1% DV Oct-16 to 2019 .....	1.99	90	<b>Arrow-Fluoxetine</b>
<b>PAROXETINE</b>			
Tab 20 mg – 1% DV Apr-17 to 2019 .....	4.02	90	<b>Apo-Paroxetine</b>
<b>SERTRALINE</b>			
Tab 50 mg – 1% DV Sep-16 to 2019 .....	3.05	90	<b>Arrow-Sertraline</b>
Tab 100 mg – 1% DV Sep-16 to 2019 .....	5.25	90	<b>Arrow-Sertraline</b>

### Antiepilepsy Drugs

#### Agents for the Control of Status Epilepticus

<b>CLONAZEPAM</b>			
Inj 1 mg per ml, 1 ml ampoule .....	21.00	5	<b>Rivotril</b>

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>DIAZEPAM</b>			
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
<b>LORAZEPAM</b>			
Inj 2 mg vial			
Inj 4 mg per ml, 1 ml vial			
<b>PARALDEHYDE</b>			
Inj 5 ml ampoule			
<b>PHENYTOIN SODIUM</b>			
Inj 50 mg per ml, 2 ml ampoule .....	88.63	5	Hospira
Inj 50 mg per ml, 5 ml ampoule .....	133.92	5	Hospira

### Control of Epilepsy

<b>CARBAMAZEPINE</b>			
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
<b>CLOBAZAM</b>			
Tab 10 mg			
<b>CLONAZEPAM</b>			
Oral drops 2.5 mg per ml			
<b>ETHOSUXIMIDE</b>			
Cap 250 mg.....	281.75	200	Zarontin
Oral liq 50 mg per ml .....	56.35	200 ml	Zarontin
<b>GABAPENTIN</b>			
Note: Gabapentin not to be given in combination with pregabalin			
Cap 100 mg – 1% DV Aug-18 to 2021 .....	2.65	100	<b>Apo-Gabapentin</b>
Cap 300 mg – 1% DV Aug-18 to 2021 .....	4.07	100	<b>Apo-Gabapentin</b>
Cap 400 mg – 1% DV Aug-18 to 2021 .....	5.64	100	<b>Apo-Gabapentin</b>
<b>LACOSAMIDE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 50 mg .....	25.04	14	Vimpat
⚡ Tab 100 mg .....	50.06	14	Vimpat
	200.24	56	Vimpat
⚡ Tab 150 mg .....	75.10	14	Vimpat
	300.40	56	Vimpat
⚡ Tab 200 mg .....	400.55	56	Vimpat
⚡ Inj 10 mg per ml, 20 ml vial			
➡ <b>Restricted (RS1151)</b>			

#### 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

continued...



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
with all of the following: sodium valproate, topiramate, levetiracetam and any two of carbamazepine, lamotrigine and phenytoin sodium (see Note).			
Note: "Optimal treatment" is defined as treatment which is indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight and other features affecting the pharmacokinetics of the drug with good evidence of compliance. Women of childbearing age are not required to have a trial of sodium valproate.			
<b>Continuation</b>			
Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life compared with that prior to starting lacosamide treatment (see Note).			
Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective			
<b>LAMOTRIGINE</b>			
Tab dispersible 2 mg .....	6.74	30	Lamictal
Tab dispersible 5 mg .....	15.00	56	Arrow-Lamotrigine
	9.64	30	Lamictal
Tab dispersible 25 mg .....	20.40	56	Arrow-Lamotrigine
	29.09		Lamictal
	19.38		Logem
Tab dispersible 50 mg .....	34.70	56	Arrow-Lamotrigine
	47.89		Lamictal
	32.97		Logem
Tab dispersible 100 mg .....	59.90	56	Arrow-Lamotrigine
	79.16		Lamictal
	56.91		Logem
<b>LEVETIRACETAM</b>			
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
Oral liq 100 mg per ml – 1% DV Apr-18 to 2020 .....	44.78	300 ml	Levetiracetam-AFT
Inj 100 mg per ml, 5 ml vial – 1% DV May-18 to 2019 .....	52.68	10	Levetiracetam-AFT
<b>PHENOBARBITONE</b>			
Tab 15 mg – 1% DV Oct-18 to 2021 .....	40.00	500	PSM
Tab 30 mg – 1% DV Oct-18 to 2021 .....	40.00	500	PSM
<b>PHENYTOIN</b>			
Tab 50 mg			
<b>PHENYTOIN SODIUM</b>			
Cap 30 mg			
Cap 100 mg			
Oral liq 6 mg per ml			
<b>PREGABALIN</b>			
Note: Pregabalin not to be given in combination with gabapentin			
Cap 25 mg – 1% DV Jul-18 to 2021 .....	2.25	56	Pregabalin Pfizer
Cap 75 mg – 1% DV Jul-18 to 2021 .....	2.65	56	Pregabalin Pfizer
Cap 150 mg – 1% DV Jul-18 to 2021 .....	4.01	56	Pregabalin Pfizer
Cap 300 mg – 1% DV Jul-18 to 2021 .....	7.38	56	Pregabalin Pfizer
<b>PRIMIDONE</b>			
Tab 250 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SODIUM VALPROATE</b>			
Tab 100 mg			
Tab EC 200 mg			
Tab EC 500 mg			
Oral liq 40 mg per ml			
Inj 100 mg per ml, 4 ml vial – 1% DV Sep-18 to 2021 .....	9.98	1	<b>Epilim IV</b>
<b>STIRIPENTOL – Restricted</b> see terms <a href="#">below</a>			
↓ Cap 250 mg.....	509.29	60	Diacomit
↓ Powder for oral liq 250 mg sachet .....	509.29	60	Diacomit
➔ <b>Restricted (RS1152)</b>			
<b>Initiation</b>			
Paediatric neurologist			
<i>Re-assessment required after 6 months</i>			
Both:			
1 Patient has confirmed diagnosis of Dravet syndrome; and			
2 Seizures have been inadequately controlled by appropriate courses of sodium valproate, clobazam and at least two of the following: topiramate, levetiracetam, ketogenic diet.			
<b>Continuation</b>			
Paediatric neurologist			
Patient continues to benefit from treatment as measured by reduced seizure frequency from baseline.			
<b>TOPIRAMATE</b>			
Tab 25 mg .....	11.07	60	Arrow-Topiramate
	26.04		Topamax
	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
<b>VIGABATRIN – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 500 mg			
➔ <b>Restricted (RS1153)</b>			
<b>Initiation</b>			
<i>Re-assessment required after 15 months</i>			
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			

continued...

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

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:

- 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-17 to 2020.....5.26 30 **Rizamelt**

SUMATRIPTAN

Tab 50 mg – 1% DV Jun-17 to 2019 .....24.44 100 **Apo-Sumatriptan**

Tab 100 mg – 1% DV Jun-17 to 2019 .....46.23 100 **Apo-Sumatriptan**

Inj 12 mg per ml, 0.5 ml prefilled pen .....42.67 2 **Clustran**

### Prophylaxis of Migraine

PIZOTIFEN

Tab 500 mcg.....23.21 100 **Sandomigran**

## Antinausea and Vertigo Agents

APREPITANT – **Restricted** see terms [below](#)

↓ Cap 2 × 80 mg and 1 × 125 mg – 1% DV Jul-18 to 2021 .....84.00 3 **Emend Tri-Pack**

→ **Restricted (RS1154)**

#### Initiation

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BETAHISTINE DIHYDROCHLORIDE</b>			
Tab 16 mg – <b>1% DV Sep-17 to 2020</b> .....	2.89	84	<b>Vergo 16</b>
<b>CYCLIZINE HYDROCHLORIDE</b>			
Tab 50 mg .....	0.59	20	Nauzene
<b>CYCLIZINE LACTATE</b>			
Inj 50 mg per ml, 1 ml ampoule .....	14.95	5	Nausicalm
<b>DOMPERIDONE</b>			
Tab 10 mg .....	3.20	100	Prokinex
<b>DROPERIDOL</b>			
Inj 2.5 mg per ml, 1 ml ampoule – <b>1% DV Jun-18 to 2019</b> .....	35.00	10	<b>Droperidol Panpharma</b>
<b>HYOSCINE HYDROBROMIDE</b>			
Inj 400 mcg per ml, 1 ml ampoule .....	46.50	5	Hospira
↓ Patch 1.5 mg .....	11.95	2	Scopoderm TTS
➡ <b>Restricted (RS1155)</b>			
<b>Initiation</b>			
Any of the following:			
1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or			
2 Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective; or			
3 For treatment of post-operative nausea and vomiting where cyclizine, droperidol and a 5HT3 antagonist have proven ineffective, are not tolerated or are contraindicated.			
<b>METOCLOPRAMIDE HYDROCHLORIDE</b>			
Tab 10 mg – <b>1% DV Jan-18 to 2020</b> .....	1.30	100	<b>Metoclopramide Actavis 10</b>
Oral liq 5 mg per 5 ml			
Inj 5 mg per ml, 2 ml ampoule .....	4.50	10	Pfizer
<b>ONDANSETRON</b>			
Tab 4 mg – <b>1% DV May-17 to 2019</b> .....	3.36	50	<b>Apo-Ondansetron</b>
Tab dispersible 4 mg – <b>1% DV Apr-18 to 2020</b> .....	0.95	10	<b>Ondansetron</b>
Tab 8 mg – <b>1% DV May-17 to 2019</b> .....	4.77	50	<b>ODT-DRLA Apo-Ondansetron</b>
Tab dispersible 8 mg – <b>1% DV Apr-18 to 2020</b> .....	1.43	10	<b>Ondansetron</b>
Inj 2 mg per ml, 2 ml ampoule – <b>1% DV Sep-16 to 2019</b> .....	1.50	5	<b>ODT-DRLA Ondansetron-Claris</b>
Inj 2 mg per ml, 4 ml ampoule – <b>1% DV Nov-16 to 2019</b> .....	2.20	5	<b>Ondansetron Kabi</b>
<b>PROCHLORPERAZINE</b>			
Tab buccal 3 mg			
Tab 5 mg – <b>1% DV Mar-18 to 2020</b> .....	6.35	250	<b>Nausafix</b>
Inj 12.5 mg per ml, 1 ml ampoule			
Suppos 25 mg			
<b>PROMETHAZINE THEOCLATE</b> – <b>Restricted:</b> For continuation only			
➡ Tab 25 mg			
(Any Tab 25 mg to be delisted 1 December 2018)			
<b>TROPISETRON</b>			
Inj 1 mg per ml, 2 ml ampoule – <b>1% DV Sep-18 to 2021</b> .....	8.95	1	<b>Tropisetron-AFT</b>
Inj 1 mg per ml, 5 ml ampoule .....	13.95	1	Tropisetron-AFT

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Antipsychotic Agents</b>			
<b>General</b>			
<b>AMISULPRIDE</b>			
Tab 100 mg – 1% DV Nov-16 to 2019 .....	4.56	30	<b>Sulprix</b>
Tab 200 mg – 1% DV Nov-16 to 2019 .....	14.75	60	<b>Sulprix</b>
Tab 400 mg – 1% DV Nov-16 to 2019 .....	27.70	60	<b>Sulprix</b>
Oral liq 100 mg per ml – 1% DV Oct-16 to 2019 .....	65.53	60 ml	<b>Solian</b>
<b>ARIPIPRAZOLE</b>			
Tab 5 mg – 1% DV Aug-18 to 2021 .....	17.50	30	<b>Aripiprazole Sandoz</b>
Tab 10 mg – 1% DV Aug-18 to 2021 .....	17.50	30	<b>Aripiprazole Sandoz</b>
Tab 15 mg – 1% DV Aug-18 to 2021 .....	17.50	30	<b>Aripiprazole Sandoz</b>
Tab 20 mg – 1% DV Aug-18 to 2021 .....	17.50	30	<b>Aripiprazole Sandoz</b>
Tab 30 mg – 1% DV Aug-18 to 2021 .....	17.50	30	<b>Aripiprazole Sandoz</b>
<b>CHLORPROMAZINE HYDROCHLORIDE</b>			
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			
<b>CLOZAPINE</b>			
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
<b>HALOPERIDOL</b>			
Tab 500 mcg – 1% DV Oct-16 to 2019 .....	6.23	100	<b>Serenace</b>
Tab 1.5 mg – 1% DV Oct-16 to 2019 .....	9.43	100	<b>Serenace</b>
Tab 5 mg – 1% DV Oct-16 to 2019 .....	29.72	100	<b>Serenace</b>
Oral liq 2 mg per ml – 1% DV Oct-16 to 2019 .....	23.84	100 ml	<b>Serenace</b>
Inj 5 mg per ml, 1ml ampoule – 1% DV Oct-16 to 2019 .....	21.55	10	<b>Serenace</b>
<b>LEVOMEPROMAZINE</b>			
Tab 25 mg			
Tab 100 mg			
<b>LEVOMEPROMAZINE HYDROCHLORIDE</b>			
Inj 25 mg per ml, 1 ml ampoule – 1% DV Sep-16 to 2019 .....	47.89	10	<b>Wockhardt</b>

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LITHIUM CARBONATE</b>			
Tab long-acting 400 mg			
Tab 250 mg .....	34.30	500	Lithicarb FC
Tab 400 mg .....	12.83	100	Lithicarb FC
Cap 250 mg .....	9.42	100	Douglas
<b>OLANZAPINE</b>			
Tab 2.5 mg – 1% DV Sep-17 to 2020 .....	0.64	28	<b>Zypine</b>
Tab 5 mg – 1% DV Sep-17 to 2020 .....	1.15	28	<b>Zypine</b>
Tab orodispersible 5 mg – 1% DV Sep-17 to 2020 .....	1.25	28	<b>Zypine ODT</b>
Tab 10 mg – 1% DV Sep-17 to 2020 .....	1.65	28	<b>Zypine</b>
Tab orodispersible 10 mg – 1% DV Sep-17 to 2020 .....	2.05	28	<b>Zypine ODT</b>
Inj 10 mg vial			
<b>PERICAZINE</b>			
Tab 2.5 mg			
Tab 10 mg			
<b>QUETIAPINE</b>			
Tab 25 mg – 1% DV Sep-17 to 2020 .....	1.79	90	<b>Quetapel</b>
Tab 100 mg – 1% DV Sep-17 to 2020 .....	3.45	90	<b>Quetapel</b>
Tab 200 mg – 1% DV Sep-17 to 2020 .....	5.75	90	<b>Quetapel</b>
Tab 300 mg – 1% DV Sep-17 to 2020 .....	9.60	90	<b>Quetapel</b>
<b>RISPERIDONE</b>			
Tab 0.5 mg – 1% DV Dec-17 to 2020 .....	1.86	60	<b>Actavis</b>
Tab 1 mg – 1% DV Dec-17 to 2020 .....	2.06	60	<b>Actavis</b>
Tab 2 mg – 1% DV Dec-17 to 2020 .....	2.29	60	<b>Actavis</b>
Tab 3 mg – 1% DV Dec-17 to 2020 .....	2.50	60	<b>Actavis</b>
Tab 4 mg – 1% DV Dec-17 to 2020 .....	3.43	60	<b>Actavis</b>
Oral liq 1 mg per ml – 1% DV Sep-17 to 2020 .....	7.66	30 ml	<b>Risperon</b>
<b>ZIPRASIDONE</b>			
Cap 20 mg .....	14.50	60	<b>Zusdone</b>
Cap 40 mg – 1% DV Sep-18 to 2021 .....	24.70	60	<b>Zusdone</b>
Cap 60 mg – 1% DV Sep-18 to 2021 .....	33.80	60	<b>Zusdone</b>
Cap 80 mg – 1% DV Sep-18 to 2021 .....	39.70	60	<b>Zusdone</b>
<b>ZUCLOPENTHIXOL ACETATE</b>			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			
<b>ZUCLOPENTHIXOL HYDROCHLORIDE</b>			
Tab 10 mg .....	31.45	100	Clopixol
<b>Depot Injections</b>			
<b>FLUPENTHIXOL DECANOATE</b>			
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
<b>HALOPERIDOL DECANOATE</b>			
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
<b>OLANZAPINE – Restricted see terms on the next page</b>			
⚡ Inj 210 mg vial – 1% DV Oct-18 to 2021 .....	252.00	1	<b>Zyprexa Relprevv</b>
⚡ Inj 300 mg vial – 1% DV Oct-18 to 2021 .....	414.00	1	<b>Zyprexa Relprevv</b>
⚡ Inj 405 mg vial – 1% DV Oct-18 to 2021 .....	504.00	1	<b>Zyprexa Relprevv</b>

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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### ➔ Restricted (RS1379)

#### 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 (RS1381)

#### 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.

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

➔ Inj 50 mg per ml, 1 ml ampoule

➔ Inj 50 mg per ml, 2 ml ampoule

**RISPERIDONE – Restricted** see terms [below](#)

↓ Inj 25 mg vial .....	135.98	1	Risperdal Consta
↓ Inj 37.5 mg vial .....	178.71	1	Risperdal Consta
↓ Inj 50 mg vial .....	217.56	1	Risperdal Consta

### ➔ Restricted (RS1380)

#### 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

continued...

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

- 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. <i>Clopixol Conc</i>

## Anxiolytics

### BUSPIRONE HYDROCHLORIDE

Tab 5 mg – 1% DV Sep-18 to 2021 .....	20.23	100	Orion
Tab 10 mg – 1% DV Sep-18 to 2021 .....	13.16	100	Orion

### CLONAZEPAM

Tab 500 mcg – 1% DV Jun-18 to 2021 .....	5.64	100	Paxam
Tab 2 mg – 1% DV Jun-18 to 2021 .....	10.78	100	Paxam

### DIAZEPAM

Tab 2 mg – 1% DV Mar-18 to 2020 .....	15.05	500	Arrow-Diazepam
Tab 5 mg – 1% DV Mar-18 to 2020 .....	16.18	500	Arrow-Diazepam

### LORAZEPAM

Tab 1 mg – 1% DV Sep-18 to 2021 .....	9.72	250	Ativan
Tab 2.5 mg – 1% DV Sep-18 to 2021 .....	12.50	100	Ativan

### OXAZEPAM

Tab 10 mg – 1% DV Sep-17 to 2020 .....	6.17	100	Ox-Pam
Tab 15 mg – 1% DV Sep-17 to 2020 .....	8.53	100	Ox-Pam

## Multiple Sclerosis Treatments

### DIMETHYL FUMARATE – Restricted see terms [below](#)

⚡ Cap 120 mg .....	520.00	14	Tecfidera
⚡ Cap 240 mg .....	2,000.00	56	Tecfidera

➡ **Restricted (RS1504)**

#### 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
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➡ **Restricted (RS1433)**

#### 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 [on the next page](#)

⚡ Inj 20 mg per ml, 15 ml vial .....	1,750.00	1	Tysabri
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1447)****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 (RS1505)****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 (RS1434)****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

INTERFERON BETA-1-BETA – **Restricted** see terms [above](#)

↑ Inj 8 million iu per ml, 1 ml vial

## Sedatives and Hypnotics

**CHLORAL HYDRATE**

Oral liq 100 mg per ml

Oral liq 200 mg per ml

LORMETAZEPAM – **Restricted:** For continuation only

➔ Tab 1 mg

MELATONIN – **Restricted** see terms [below](#)

↓ Tab modified-release 2 mg..... 28.22 30 Circadin

↓ Tab 3 mg

Note: Only for use in compounding an oral liquid formulation, for in-hospital use only.

➔ **Restricted (RS1576)****Initiation – insomnia secondary to neurodevelopmental disorder**

Psychiatrist, paediatrician, neurologist or respiratory specialist

*Re-assessment required after 12 months*

All of the following:

- 1 Patient has been diagnosed with persistent and distressing insomnia secondary to a neurodevelopmental disorder (including, but not limited to, autism spectrum disorder or attention deficit hyperactivity disorder); and

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
2 Behavioural and environmental approaches have been tried or are inappropriate; and			
3 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day; and			
4 Patient is aged 18 years or under.			
<b>Continuation – insomnia secondary to neurodevelopmental disorder</b>			
Psychiatrist, paediatrician, neurologist or respiratory specialist			
<i>Re-assessment required after 12 months</i>			
All of the following:			
1 Patient is aged 18 years or under; and			
2 Patient has demonstrated clinically meaningful benefit from funded modified-release melatonin (clinician determined); and			
3 Patient has had a trial of funded modified-release melatonin discontinuation within the past 12 months and has had a recurrence of persistent and distressing insomnia; and			
4 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day.			
<b>Initiation – insomnia where benzodiazepines and zopiclone are contraindicated</b>			
Both:			
1 Patient has insomnia and benzodiazepines and zopiclone are contraindicated; and			
2 For in-hospital use only.			
<b>MIDAZOLAM</b>			
Tab 7.5 mg .....	40.00	100	Hypnovel
Oral liq 2 mg per ml			
Inj 1 mg per ml, 5 ml ampoule .....	4.30	10	Midazolam-Claris
Inj 5 mg per ml, 3 ml ampoule .....	2.50	5	Midazolam-Claris
<b>NITRAZEPAM</b>			
Tab 5 mg .....	5.22	100	Nitrados
<b>PHENOBARBITONE</b>			
Inj 200 mg per ml, 1 ml ampoule			
<b>TEMAZEPAM</b>			
Tab 10 mg – <b>1% DV Sep-17 to 2020</b> .....	1.27	25	<b>Normison</b>
<b>TRIAZOLAM – Restricted:</b> For continuation only			
➡ Tab 125 mcg			
➡ Tab 250 mcg			
<b>ZOPICLONE</b>			
Tab 7.5 mg .....	0.98	30	Zopiclone Actavis
	8.99	500	Zopiclone Actavis

## Stimulants / ADHD Treatments

**ATOMOXETINE – Restricted** see terms [below](#)

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

➡ **Restricted (RS1371)**

**Initiation**

All of the following:

continued...

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

continued...

- 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 Oct-18 to 2021 .....20.00 100 **PSM**

➔ **Restricted (RS1169)**

#### 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
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## ➔ Restricted (RS1294)

### 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 (RS1171)

### 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 Sep-17 to 2020 .....	4.34	90	Donepezil-Rex
Tab 10 mg – 1% DV Sep-17 to 2020 .....	6.64	90	Donepezil-Rex

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RIVASTIGMINE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Patch 4.6 mg per 24 hour .....	90.00	30	Exelon
↓ Patch 9.5 mg per 24 hour .....	90.00	30	Exelon

→ **Restricted (RS1436)**

#### 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 (RS1172)**

#### 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 – <b>1% DV Jun-17 to 2020</b> .....	11.00	30	<b>Zyban</b>
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DISULFIRAM

Tab 200 mg .....	44.30	100	Antabuse
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NALTREXONE HYDROCHLORIDE – **Restricted** see terms [below](#)

↓ Tab 50 mg – <b>1% DV Sep-17 to 2020</b> .....	112.55	30	<b>Nalttraccord</b>
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→ **Restricted (RS1173)**

#### 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
<b>NICOTINE – Some items restricted</b> see terms <a href="#">below</a>			
Patch 7 mg per 24 hours – <b>1% DV Apr-18 to 2020</b> .....	16.00	28	<b>Habitrol</b>
Patch 14 mg per 24 hours – <b>1% DV Apr-18 to 2020</b> .....	17.59	28	<b>Habitrol</b>
Patch 21 mg per 24 hours – <b>1% DV Apr-18 to 2020</b> .....	20.16	28	<b>Habitrol</b>
↓ Oral spray 1 mg per dose .....			<i>e.g. Nicorette QuickMist Mouth Spray</i>
Lozenge 1 mg – <b>1% DV Apr-18 to 2020</b> .....	16.61	216	<b>Habitrol</b>
Lozenge 2 mg – <b>1% DV Apr-18 to 2020</b> .....	18.20	216	<b>Habitrol</b>
↓ Soln for inhalation 15 mg cartridge .....			<i>e.g. Nicorette Inhalator</i>
Gum 2 mg – <b>1% DV Apr-18 to 2020</b> .....	33.69	384	<b>Habitrol (Fruit)</b> <b>Habitrol (Mint)</b>
Gum 4 mg – <b>1% DV Apr-18 to 2020</b> .....	38.95	384	<b>Habitrol (Fruit)</b> <b>Habitrol (Mint)</b>

## ➔ Restricted (RS1310)

### 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 x 11 and 1 mg x 14 .....	60.48	25	Champix
↓ Tab 1 mg .....	67.74	28	Champix
	135.48	56	Champix

## ➔ Restricted (RS1511)

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

## Chemotherapeutic Agents

### Alkylating Agents

BENDAMUSTINE HYDROCHLORIDE – **Restricted** see terms [below](#)

↓ Inj 25 mg vial .....	271.35	1	Ribomustin
↓ inj 100 mg vial.....	1,085.38	1	Ribomustin

→ **Restricted (RS1578)**

#### Initiation – treatment naive CLL

All of the following:

- 1 The patient has Binet stage B or C, or progressive stage A chronic lymphocytic leukaemia requiring treatment; and
- 2 The patient is chemotherapy treatment naive; and
- 3 The patient is unable to tolerate toxicity of full-dose FCR; and
- 4 Patient has ECOG performance status 0-2; and
- 5 Patient has a Cumulative Illness Rating Scale (CIRS) score of < 6; and
- 6 Bendamustine is to be administered at a maximum dose of 100 mg/m<sup>2</sup> on days 1 and 2 every 4 weeks for a maximum of 6 cycles.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL). Chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

#### Initiation – Indolent, Low-grade lymphomas

*Re-assessment required after 9 months*

All of the following:

- 1 The patient has indolent low grade NHL requiring treatment; and
- 2 Patient has a WHO performance status of 0-2; and
- 3 Either:
  - 3.1 Both:
    - 3.1.1 Patient is treatment naive; and
    - 3.1.2 Bendamustine is to be administered for a maximum of 6 cycles (in combination with rituximab when CD20+); or
  - 3.2 All of the following:
    - 3.2.1 Patient has relapsed refractory disease following prior chemotherapy; and
    - 3.2.2 The patient has not received prior bendamustine therapy; and
    - 3.2.3 Either:
      - 3.2.3.1 Both:
        - 3.2.3.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and
        - 3.2.3.1.2 Patient has had a rituximab treatment-free interval of 12 months or more; or
      - 3.2.3.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients.

#### Continuation – Indolent, Low-grade lymphomas

*Re-assessment required after 9 months*

Both:

- 1 Patients have not received a bendamustine regimen within the last 12 months; and
- 2 Either:
  - 2.1 Both:
    - 2.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and
    - 2.1.2 Patient has had a rituximab treatment-free interval of 12 months or more; or

continued...

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
2.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients.			
Note: 'indolent, low-grade lymphomas' includes follicular, mantle cell, marginal zone and lymphoplasmacytic/ Waldenström's macroglobulinaemia.			
<b>BUSULFAN</b>			
Tab 2 mg .....	89.25	100	Myleran
Inj 6 mg per ml, 10 ml ampoule			
<b>CARMUSTINE</b>			
Inj 100 mg vial .....	532.00	1	BiCNU
<b>CHLORAMBUCIL</b>			
Tab 2 mg			
<b>CYCLOPHOSPHAMIDE</b>			
Tab 50 mg .....	79.00	50	Endoxan
	158.00	100	Procytox
Inj 1 g vial – 1% DV Oct-18 to 2021 .....	35.65	1	<b>Endoxan</b>
Inj 2 g vial – 1% DV Oct-18 to 2021 .....	71.25	1	<b>Endoxan</b>
<b>IFOSFAMIDE</b>			
Inj 1 g vial .....	96.00	1	Holoxan
Inj 2 g vial .....	180.00	1	Holoxan
<b>LOMUSTINE</b>			
Cap 10 mg .....	132.59	20	Ceenu
Cap 40 mg .....	399.15	20	Ceenu
<b>MELPHALAN</b>			
Tab 2 mg			
Inj 50 mg vial			
<b>THIOTEPA</b>			
Inj 15 mg vial			
Inj 100 mg vial			

### Anthracyclines and Other Cytotoxic Antibiotics

<b>BLEOMYCIN SULPHATE</b>			
Inj 15,000 iu vial .....	150.48	1	DBL Bleomycin Sulfate
<b>DACTINOMYCIN [ACTINOMYCIN D]</b>			
Inj 0.5 mg vial .....	166.75	1	Cosmegen
<b>DAUNORUBICIN</b>			
Inj 2 mg per ml, 10 ml vial .....	130.00	1	Pfizer
<b>DOXORUBICIN HYDROCHLORIDE</b>			
Inj 2 mg per ml, 5 ml vial			
Inj 2 mg per ml, 25 ml vial .....	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 .....	23.00	1	Doxorubicin Ebewe
Inj 2 mg per ml, 100 ml vial .....	46.00	1	Doxorubicin Ebewe
<b>EPIRUBICIN HYDROCHLORIDE</b>			
Inj 2 mg per ml, 5 ml vial .....	25.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 25 ml vial .....	30.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 50 ml vial .....	32.50	1	Epirubicin Ebewe
Inj 2 mg per ml, 100 ml vial .....	65.00	1	Epirubicin Ebewe



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>IDARUBICIN HYDROCHLORIDE</b>			
Inj 5 mg vial – <b>1% DV Sep-18 to 2021</b> .....	93.00	1	<b>Zavedos</b>
Inj 10 mg vial – <b>1% DV Sep-18 to 2021</b> .....	198.00	1	<b>Zavedos</b>
<b>MITOMYCIN C</b>			
Inj 5 mg vial – <b>1% DV Oct-16 to 2019</b> .....	204.08	1	<b>Arrow</b>
<b>MITOZANTRONE</b>			
Inj 2 mg per ml, 10 ml vial .....	97.50	1	Mitozantrone Ebewe
<b>Antimetabolites</b>			
<b>AZACITIDINE – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 100 mg vial .....	605.00	1	Vidaza
➔ <b>Restricted (RS1418)</b>			
<b>Initiation</b>			
Haematologist			
<i>Re-assessment required after 12 months</i>			
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.			
<b>Continuation</b>			
Haematologist			
<i>Re-assessment required after 12 months</i>			
Both:			
1 No evidence of disease progression, and; and			
2 The treatment remains appropriate and patient is benefitting from treatment.			
<b>CAPECITABINE</b>			
Tab 150 mg – <b>1% DV Jan-17 to 2019</b> .....	11.15	60	<b>Brinov</b>
Tab 500 mg – <b>1% DV Jan-17 to 2019</b> .....	62.28	120	<b>Brinov</b>
<b>CLADRIBINE</b>			
Inj 2 mg per ml, 5 ml vial			
Inj 1 mg per ml, 10 ml vial .....	5,249.72	7	Leustatin
<b>CYTARABINE</b>			
Inj 20 mg per ml, 5 ml vial .....	400.00	5	Pfizer
Inj 100 mg per ml, 20 ml vial .....	41.36	1	Pfizer
<b>FLUDARABINE PHOSPHATE</b>			
Tab 10 mg – <b>1% DV Sep-18 to 2021</b> .....	412.00	20	<b>Fludara Oral</b>
Inj 50 mg vial – <b>1% DV Dec-16 to 2019</b> .....	525.00	5	<b>Fludarabine Ebewe</b>

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FLUOROURACIL</b>			
Inj 50 mg per ml, 20 ml vial – <b>1% DV Oct-18 to 2021</b> .....	12.00	1	<b>Fluorouracil Ebewe</b>
Inj 50 mg per ml, 50 ml vial.....	17.00	1	Fluorouracil Ebewe
Inj 50 mg per ml, 100 ml vial – <b>1% DV Oct-18 to 2021</b> .....	30.00	1	<b>Fluorouracil Ebewe</b>
<i>(Fluorouracil Ebewe Inj 50 mg per ml, 50 ml vial to be delisted 1 March 2019)</i>			
<b>GEMCITABINE</b>			
Inj 10 mg per ml, 20 ml vial.....	8.36	1	Gemcitabine Ebewe
Inj 10 mg per ml, 100 ml vial.....	15.89	1	Gemcitabine Ebewe
<b>MERCAPTOPYRINE</b>			
Tab 50 mg .....	49.41	25	Puri-nethol
↓ Oral suspension 20 mg per ml.....	428.00	100 ml	Allmercap
➔ <b>Restricted (RS1635)</b>			
<b>Initiation</b>			
Paediatric haematologist or paediatric oncologist			
<i>Re-assessment required after 12 months</i>			
The patient requires a total dose of less than one full 50 mg tablet per day.			
<b>Continuation</b>			
Paediatric haematologist or paediatric oncologist			
<i>Re-assessment required after 12 months</i>			
The patient requires a total dose of less than one full 50 mg tablet per day.			
<b>METHOTREXATE</b>			
Tab 2.5 mg .....	3.18	30	Trexate
Tab 10 mg .....	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 – <b>1% DV Oct-16 to 2019</b> .....	30.00	5	<b>DBL Methotrexate</b>
			<b>Onco-Vial</b>
Inj 25 mg per ml, 20 ml vial – <b>1% DV Oct-16 to 2019</b> .....	45.00	1	<b>DBL Methotrexate</b>
			<b>Onco-Vial</b>
Inj 100 mg per ml, 10 ml vial.....	25.00	1	Methotrexate Ebewe
Inj 100 mg per ml, 50 ml vial – <b>1% DV Sep-17 to 2020</b> .....	79.99	1	<b>Methotrexate Ebewe</b>
<b>PEMETREXED – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 100 mg vial – <b>1% DV Jan-18 to 2019</b> .....	60.89	1	<b>Juno Pemetrexed</b>
↓ Inj 500 mg vial – <b>1% DV Jan-18 to 2019</b> .....	217.77	1	<b>Juno Pemetrexed</b>
➔ <b>Restricted (RS1596)</b>			
<b>Initiation – Mesothelioma</b>			
<i>Re-assessment required after 8 months</i>			
Both:			

1 Patient has been diagnosed with mesothelioma; and

2 Pemetrexed to be administered at a dose of 500 mg/m<sup>2</sup> every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles.

continued...

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

### Continuation – Mesothelioma

*Re-assessment required after 8 months*

All of the following:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefitting from treatment; and
- 3 Pemetrexed to be administered at a dose of 500mg/m<sup>2</sup> every 21 days for a maximum of 6 cycles.

### Initiation – Non small cell lung cancer

*Re-assessment required after 8 months*

Both:

- 1 Patient has locally advanced or metastatic non-squamous non-small cell lung carcinoma; and
- 2 Either:
  - 2.1 Both:
    - 2.1.1 Patient has chemotherapy-naïve disease; and
    - 2.1.2 Pemetrexed is to be administered at a dose of 500 mg/m<sup>2</sup> every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles; or
  - 2.2 All of the following:
    - 2.2.1 Patient has had first-line treatment with platinum based chemotherapy; and
    - 2.2.2 Patient has not received prior funded treatment with pemetrexed; and
    - 2.2.3 Pemetrexed is to be administered at a dose of 500 mg/m<sup>2</sup> every 21 days for a maximum of 6 cycles.

### Continuation – Non small cell lung cancer

*Re-assessment required after 8 months*

All of the following:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefitting from treatment; and
- 3 Pemetrexed is to be administered at a dose of 500mg/m<sup>2</sup> every 21 days.

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 [below](#)

⚡ Inj 3.5 mg vial – **1% DV Jul-16 to 2019** .....1,892.50 1 **Velcade**

➡ **Restricted (RS1189)**

**Initiation – treatment naïve multiple myeloma/amyloidosis**

*Limited to 15 months treatment*

Both:

- 1 Either:
  - 1.1 The patient has treatment-naïve symptomatic multiple myeloma; or
  - 1.2 The patient has treatment-naïve symptomatic systemic AL amyloidosis; and

continued...

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

- 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
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## DACARBAZINE

Inj 200 mg vial .....	58.06	1	DBL Dacarbazine
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## ETOPOSIDE

Cap 50 mg .....	340.73	20	Vepesid
Cap 100 mg .....	340.73	10	Vepesid
Inj 20 mg per ml, 5 ml vial.....	7.90	1	Rex Medical

## ETOPOSIDE (AS PHOSPHATE)

Inj 100 mg vial .....	40.00	1	Etopophos
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## HYDROXYUREA

Cap 500 mg .....	31.76	100	Hydrea
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## IRINOTECAN HYDROCHLORIDE

Inj 20 mg per ml, 2 ml vial.....	11.50	1	Irinotecan Actavis 40
Inj 20 mg per ml, 5 ml vial.....	17.80	1	Irinotecan Actavis 100

## LENALIDOMIDE – Restricted see terms below

⚡ Cap 10 mg .....	6,207.00	21	Revlimid
⚡ Cap 15 mg .....	7,239.18	21	Revlimid
⚡ Cap 25 mg .....	7,627.00	21	Revlimid

➡ Restricted (RS1419)

## Initiation

Haematologist

*Re-assessment required after 6 months*

All of the following:

- 1 Patient has relapsed or refractory multiple myeloma with progressive disease; and

continued...

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

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 or higher), 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. 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
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→ **Restricted (RS1190)**

### 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
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TEMOZOLOMIDE – **Restricted** see terms [below](#)

↓ Cap 5 mg – 1% DV Feb-17 to 2019 .....	10.20	5	Orion Temozolomide
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↓ Cap 20 mg – 1% DV Feb-17 to 2019 .....	18.30	5	Orion Temozolomide
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↓ Cap 100 mg – 1% DV Feb-17 to 2019 .....	40.20	5	Orion Temozolomide
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↓ Cap 250 mg – 1% DV Feb-17 to 2019 .....	96.80	5	Orion Temozolomide
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→ **Restricted (RS1645)**

### Initiation – High grade gliomas

*Re-assessment required after 12 months*

All of the following:

continued...

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

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<sup>2</sup> 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<sup>2</sup> per day; and
- 4 Temozolomide to be discontinued at disease progression.

## Initiation – ewing's sarcoma

*Re-assessment required after 9 months*

Patient has relapse or refractory Ewing's sarcoma.

## 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.

## Continuation – ewing's sarcoma

*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 high grade glioma.

THALIDOMIDE – **Restricted** see terms [below](#)

⚡ Cap 50 mg .....	378.00	28	Thalomid
⚡ Cap 100 mg .....	756.00	28	Thalomid

➡ **Restricted (RS1192)**

## Initiation

*Re-assessment required after 12 months*

Any of the following:

continued...

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

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

## Continuation

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

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

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

Indication marked with \* is an unapproved indication

## TRETINOIN

Cap 10 mg .....	479.50	100	Vesanoid
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## Platinum Compounds

### CARBOPLATIN

Inj 10 mg per ml, 5 ml vial.....	15.07	1	DBL Carboplatin
Inj 10 mg per ml, 15 ml vial.....	14.05	1	DBL Carboplatin
Inj 10 mg per ml, 45 ml vial.....	32.59	1	DBL Carboplatin

### CISPLATIN

Inj 1 mg per ml, 50 ml vial.....	12.29	1	DBL Cisplatin
Inj 1 mg per ml, 100 ml vial – <b>1% DV Sep-18 to 2021</b> .....	19.70	1	<b>DBL Cisplatin</b>

### OXALIPLATIN

Inj 5 mg per ml, 10 ml vial.....	13.32	1	Oxaliccord
Inj 5 mg per ml, 20 ml vial.....	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 (RS1193)**

### 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 (RS1579)**

### 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:

continued...

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

3.2.1 The patient has discontinued gefitinib 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 [below](#)

⚡ Tab 250 mg ..... 1,700.00 30 Iressa

➡ **Restricted (RS1580)**

## 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 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 (RS1402)**

## 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 Oct-17 to 2020 ..... 98.00 60 **Imatinib-AFT**

Cap 400 mg – 1% DV Oct-17 to 2020 ..... 197.50 30 **Imatinib-AFT**

LAPATINIB – **Restricted** see terms [on the next page](#)

⚡ Tab 250 mg ..... 1,899.00 70 Tykerb



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

**➔ Restricted (RS1197)**
**Initiation**

*Re-assessment required after 12 months*

Either:

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

**Continuation**

*Re-assessment required after 12 months*

All of the following:

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

**NILOTINIB – Restricted** see terms [below](#)

↓ Cap 150 mg .....	4,680.00	120	Tasigna
↓ Cap 200 mg .....	6,532.00	120	Tasigna

**➔ Restricted (RS1437)**
**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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PAZOPANIB – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 200 mg .....	1,334.70	30	Votrient
⚡ Tab 400 mg .....	2,669.40	30	Votrient

➡ **Restricted (RS1198)**

## Initiation

*Re-assessment required after 3 months*

All of the following:

- 1 The patient has metastatic renal cell carcinoma; and
- 2 Any of the following:
  - 2.1 The patient is treatment naive; or
  - 2.2 The patient has only received prior cytokine treatment; or
  - 2.3 Both:
    - 2.3.1 The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance; and
    - 2.3.2 The cancer did not progress whilst on sunitinib; and
- 3 The patient has good performance status (WHO/ECOG grade 0-2); and
- 4 The disease is of predominant clear cell histology; and
- 5 All of the following:
  - 5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; and
  - 5.2 Haemoglobin level < lower limit of normal; and
  - 5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); and
  - 5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; and
  - 5.5 Karnofsky performance score of less than or equal to 70; and
  - 5.6 2 or more 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 (RS1199)**

## 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

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 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 less than or equal to 70; and
  - 5.6 2 or more sites of organ metastasis; and
- 6 Sunitinib to be used for a maximum of 2 cycles.

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

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

### Continuation – RCC

*Re-assessment required after 3 months*

Both:

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

### Initiation – GIST

*Re-assessment required after 3 months*

Both:

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

### Continuation – GIST

*Re-assessment required after 6 months*

Both:

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

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

Note: GIST - It is recommended that response to treatment be assessed using Choi's modified CT response evaluation criteria (J Clin Oncol, 2007, 25:1753-1759). Progressive disease is defined as either: an increase in tumour size of 10% or more 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 Sep-17 to 2020 .....	12.40	1	<b>DBL Docetaxel</b>
Inj 10 mg per ml, 8 ml vial – 1% DV Sep-17 to 2020 .....	26.95	1	<b>DBL Docetaxel</b>

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PACLITAXEL</b>			
Inj 6 mg per ml, 5 ml vial – <b>1% DV Oct-17 to 2020</b> .....	47.30	5	<b>Paclitaxel Ebewe</b>
Inj 6 mg per ml, 16.7 ml vial – <b>1% DV Oct-17 to 2020</b> .....	20.00	1	<b>Paclitaxel Ebewe</b>
Inj 6 mg per ml, 25 ml vial.....	26.69	1	Paclitaxel Ebewe
Inj 6 mg per ml, 50 ml vial – <b>1% DV Oct-17 to 2020</b> .....	35.35	1	<b>Paclitaxel Ebewe</b>

### Treatment of Cytotoxic-Induced Side Effects

<b>CALCIUM FOLINATE</b>			
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.....	18.25	5	Calcium Folate Ebewe
Inj 10 mg per ml, 5 ml vial.....	4.55	1	Calcium Folate Sandoz
Inj 10 mg per ml, 10 ml vial.....	7.33	1	Calcium Folate Ebewe
	7.30		Calcium Folate Sandoz
Inj 10 mg per ml, 30 ml vial.....	22.51	1	Calcium Folate Ebewe
Inj 10 mg per ml, 35 ml vial.....	20.95	1	Calcium Folate Sandoz
Inj 10 mg per ml, 100 ml vial.....	67.51	1	Calcium Folate Ebewe
	60.00		Calcium Folate Sandoz

<b>MESNA</b>			
Tab 400 mg – <b>1% DV Oct-16 to 2019</b> .....	273.00	50	<b>Uromitexan</b>
Tab 600 mg – <b>1% DV Oct-16 to 2019</b> .....	407.50	50	<b>Uromitexan</b>
Inj 100 mg per ml, 4 ml ampoule – <b>1% DV Oct-16 to 2019</b> .....	161.25	15	<b>Uromitexan</b>
Inj 100 mg per ml, 10 ml ampoule – <b>1% DV Oct-16 to 2019</b> .....	370.35	15	<b>Uromitexan</b>

### Vinca Alkaloids

<b>VINBLASTINE SULPHATE</b>			
Inj 1 mg per ml, 10 ml vial.....	186.46	5	Hospira
<b>VINCRIStINE SULPHATE</b>			
Inj 1 mg per ml, 1 ml vial – <b>1% DV Oct-16 to 2019</b> .....	74.52	5	<b>DBL Vincristine Sulfate</b>
Inj 1 mg per ml, 2 ml vial – <b>1% DV Oct-16 to 2019</b> .....	85.61	5	<b>DBL Vincristine Sulfate</b>
<b>VINOReLBINE</b>			
Inj 10 mg per ml, 1 ml vial.....	8.00	1	Navelbine
Inj 10 mg per ml, 5 ml vial.....	40.00	1	Navelbine

### Endocrine Therapy

**ABIRATERONE ACETATE – Restricted** see terms [below](#)

⚡ Tab 250 mg.....4,276.19 120 Zytiga

➡ **Restricted (RS1464)**

#### 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:

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 4.1 All of the following:
  - 4.1.1 Patient is symptomatic; and
  - 4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and
  - 4.1.3 Patient has ECOG performance score of 0-1; and
  - 4.1.4 Patient has not had prior treatment with taxane chemotherapy; or
- 4.2 All of the following:
  - 4.2.1 Patient's disease has progressed following prior chemotherapy containing a taxane; and
  - 4.2.2 Patient has ECOG performance score of 0-2; and
  - 4.2.3 Patient has not had prior treatment with abiraterone.

### Continuation

Medical oncologist, radiation oncologist or urologist

*Re-assessment required after 5 months*

All of the following:

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

### BICALUTAMIDE

Tab 50 mg – **1% DV Feb-18 to 2020** ..... 3.80      28      **Binarex**

### FLUTAMIDE

Tab 250 mg ..... 55.00      100      Flutamin

### MEGESTROL ACETATE

Tab 160 mg – **1% DV Oct-18 to 2021** ..... 63.53      30      **Apo-Megestrol**

### OCTREOTIDE – Some items restricted see terms [below](#)

Inj 50 mcg per ml, 1 ml ampoule – **1% DV Nov-17 to 2020** ..... 30.64      5      **DBL Octreotide**

Inj 100 mcg per ml, 1 ml ampoule – **1% DV Nov-17 to 2020** ..... 18.69      5      **DBL Octreotide**

Inj 500 mcg per ml, 1 ml ampoule – **1% DV Nov-17 to 2020** ..... 72.50      5      **DBL Octreotide**

↓ 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 (RS1201)

### 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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2.3 The patient is unwilling, or unable, to undergo surgery and/or radiotherapy.

## Continuation – acromegaly

Both:

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

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

## Initiation – Other indications

Any of the following:

- 1 VIPomas and glucagonomas - for patients who are seriously ill in order to improve their clinical state prior to definitive surgery; or
- 2 Both:
  - 2.1 Gastrinoma; and
  - 2.2 Either:
    - 2.2.1 Patient has failed surgery; or
    - 2.2.2 Patient in metastatic disease after H2 antagonists (or proton pump inhibitors) have failed; or
- 3 Both:
  - 3.1 Insulinomas; and
  - 3.2 Surgery is contraindicated or has failed; or
- 4 For pre-operative control of hypoglycaemia and for maintenance therapy; or
- 5 Both:
  - 5.1 Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis); and
  - 5.2 Disabling symptoms not controlled by maximal medical therapy.

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

## TAMOXIFEN CITRATE

Tab 10 mg .....	19.50	100	Genox
Tab 20 mg .....	2.63	30	Genox
	12.50	100	Genox

## Aromatase Inhibitors

### ANASTROZOLE

Tab 1 mg – 1% DV Jan-18 to 2020 .....	5.04	30	Rolin
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### EXEMESTANE

Tab 25 mg – 1% DV Sep-17 to 2020 .....	14.50	30	Pfizer Exemestane
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### LETROZOLE

Tab 2.5 mg – 1% DV Nov-18 to 2021 .....	4.68	30	Letrole
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## Imaging Agents

### AMINOLEVULINIC ACID HYDROCHLORIDE – Restricted see terms below

⚡ Powder for oral soln, 30 mg per ml, 1.5 g vial .....	4,400.00	1	Gliolan
	44,000.00	10	Gliolan

➡ Restricted (RS1565)

### Initiation – high grade malignant glioma

All of the following:

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1 Patient has newly diagnosed, untreated, glioblastoma multiforme; and
- 2 Treatment to be used as adjuvant to fluorescence-guided resection; and
- 3 Patient's tumour is amenable to complete resection.

## 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 .....	276.30	10	Sandimmun

#### TACROLIMUS – **Restricted** see terms [below](#)

⚡ Cap 0.5 mg – <b>1% DV Nov-14 to 31 Oct 2018</b> .....	85.60	100	<b>Tacrolimus Sandoz</b>
⚡ Cap 1 mg – <b>1% DV Nov-14 to 31 Oct 2018</b> .....	171.20	100	<b>Tacrolimus Sandoz</b>
⚡ Cap 5 mg – <b>1% DV Nov-14 to 31 Oct 2018</b> .....	428.00	50	<b>Tacrolimus Sandoz</b>
⚡ Inj 5 mg per ml, 1 ml ampoule .....			

➔ **Restricted (RS1492)**

#### 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 (RS1541)**

#### Initiation – juvenile idiopathic arthritis

Rheumatologist or named specialist

*Re-assessment required after 6 months*

Either:

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

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for 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<sup>2</sup> weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and

2.5 Both:

2.5.1 Either:

2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or

2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and

2.5.2 Physician's global assessment indicating severe disease.

## Continuation – juvenile idiopathic arthritis

Rheumatologist or named specialist

*Re-assessment required after 6 months*

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

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

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- 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine 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 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

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

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- 2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of 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 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

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

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- 2.3 Patient has tried and not responded to at least three months of sulfasalazine 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 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-naïve

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

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	Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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treatment course; and

4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

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

## Continuation – plaque psoriasis

Dermatologist

*Re-assessment required after 6 months*

Both:

1 Either:

1.1 Both:

1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and

1.1.2 Following each prior etanercept treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-etanercept treatment baseline value; or

1.2 Both:

1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and

1.2.2 Either:

1.2.2.1 Following each prior etanercept treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or

1.2.2.2 Following each prior etanercept treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-etanercept treatment baseline value; and

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

## 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.

## 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:

continued...

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

- 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.

**Monoclonal Antibodies**

ABCIXIMAB – **Restricted** see terms [below](#)

↓ Inj 2 mg per ml, 5 ml vial.....579.53      1      ReoPro

→ **Restricted** ([RS1202](#))

**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 20 mg per 0.4 ml syringe .....1,599.96      2      Humira  
 ↓ Inj 40 mg per 0.8 ml pen.....1,599.96      2      HumiraPen  
 ↓ Inj 40 mg per 0.8 ml syringe .....1,599.96      2      Humira

→ **Restricted** ([RS1646](#))

**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

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

- 2.2 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
- 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m<sup>2</sup> weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
- 2.5 Both:
  - 2.5.1 Either:
    - 2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
    - 2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
  - 2.5.2 Physician's global assessment indicating severe disease.

## Continuation – juvenile idiopathic arthritis

Rheumatologist or named specialist

*Re-assessment required after 6 months*

Both:

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

## Initiation – fistulising Crohn's disease

Gastroenterologist

*Re-assessment required after 4 months*

All of the following:

- 1 Patient has confirmed Crohn's disease; and
- 2 Either:
  - 2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
  - 2.2 Patient has one or more rectovaginal fistula(e); and
- 3 A Baseline Fistula Assessment (a copy of which is available at [www.pharmac.govt.nz/latest/BaselineFistulaAssessment.pdf](http://www.pharmac.govt.nz/latest/BaselineFistulaAssessment.pdf)) has been completed and is no more than 1 month old at the time of application.

## Continuation – fistulising Crohn's disease

Gastroenterologist

*Re-assessment required after 6 months*

Either:

- 1 The number of open draining fistulae have decreased from baseline by at least 50%; or
- 2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain.

## 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

continued...

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

continued...

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 - adults

Gastroenterologist

*Re-assessment required after 3 months*

Both:

1 Either:

1.1 Either:

- 1.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
- 1.1.2 CDAI score is 150 or less; or

1.2 Both:

- 1.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
- 1.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and

2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

## Initiation – 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.

## Continuation – Crohn's disease - children

Gastroenterologist

*Re-assessment required after 3 months*

Both:

1 Any of the following:

- 1.1 PCDAI score has reduced by 100 points from the PCDAI score when the patient was initiated on adalimumab; or
- 1.2 PCDAI score is 150 or less; or
- 1.3 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed; and

2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

## Initiation – rheumatoid arthritis

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 Both:

continued...

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

- 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 sulfasalazine 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.

## Initiation – ankylosing spondylitis

Rheumatologist

*Re-assessment required after 6 months*

Either:

continued...



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

continued...

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) \$	Brand or Generic Manufacturer
	Per	

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 sulfasalazine 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-naïve

Dermatologist

*Limited to 4 months treatment*

All of the following:

1 Either:

continued...

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

continued...

- 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
- 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, 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.

#### **Continuation – pyoderma gangrenosum**

Dermatologist

All of the following:

continued...

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

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

## Initiation – adult-onset Still's disease

Rheumatologist

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 Either:
    - 1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still's disease (AOSD); or
    - 1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the Section H rules; and
  - 1.2 Either:
    - 1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
    - 1.2.2 The patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or
- 2 All of the following:
  - 2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
  - 2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids 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.

AFLIBERCEPT – **Restricted** see terms [below](#)

⚡ Inj 40 mg per ml, 0.1 ml vial..... 1,250.00 1 Eylea

➡ **Restricted (RS1636)**

## Initiation – Wet Age Related Macular Degeneration

Ophthalmologist

*Re-assessment required after 3 months*

Either:

- 1 All of the following:
  - 1.1 Any of the following:
    - 1.1.1 Wet age-related macular degeneration (wet AMD); or
    - 1.1.2 Polypoidal choroidal vasculopathy; or
    - 1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and
  - 1.2 Either:
    - 1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
    - 1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
  - 1.3 There is no structural damage to the central fovea of the treated eye; and
  - 1.4 Patient has not previously been treated with ranibizumab for longer than 3 months; or
- 2 Any of the following:

continued...

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

- 2.1 Patient has current approval to use ranibizumab for treatment of wAMD and was found to be intolerant to ranibizumab within 3 months; or
- 2.2 Patient has previously\* (\*before June 2018) received treatment with ranibizumab for wAMD and disease was stable while on treatment; or
- 2.3 Patient has current approval to use ranibizumab for treatment of wAMD; or
- 2.4 Patient is currently receiving treatment with aflibercept and has documented previous poor response to bevacizumab.

Note: Criteria 2.3 and 2.4 will be removed from 1 January 2019.

#### **Continuation – Wet Age Related Macular Degeneration**

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

- 1 Documented benefit must be demonstrated to continue; and
- 2 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
- 3 There is no structural damage to the central fovea of the treated eye.

#### **Initiation – Diabetic Macular Oedema**

Ophthalmologist

*Re-assessment required after 4 months*

Either:

- 1 All of the following:
  - 1.1 Patient has centre involving diabetic macular oedema (DMO); and
  - 1.2 Patient's disease is non responsive to 4 doses of intravitreal bevacizumab when administered 4-6 weekly; and
  - 1.3 Patient has reduced visual acuity between 6/9 – 6/36 with functional awareness of reduction in vision; and
  - 1.4 Patient has DMO within central OCT (ocular coherence tomography) subfield > 350 micrometers; and
  - 1.5 There is no centre-involving sub-retinal fibrosis or foveal atrophy; or
- 2 Patient is currently receiving treatment with aflibercept and has documented previous poor response to bevacizumab.

Note: Criterion 2 will be removed from 1 January 2019.

#### **Continuation – Diabetic Macular Oedema**

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

- 1 There is stability or two lines of Snellen visual acuity gain; and
- 2 There is structural improvement on OCT scan (with reduction in intra-retinal cysts, central retinal thickness, and sub-retinal fluid); and
- 3 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
- 4 There is no centre-involving sub-retinal fibrosis or foveal atrophy; and
- 5 After each consecutive 12 months treatment with aflibercept, patient has retrialled with at least one injection of bevacizumab and had no response.

**BASILIXIMAB – Restricted** see terms [below](#)

↓ Inj 20 mg vial ..... 3,200.00 1 Simulect

➔ **Restricted (RS1203)**

#### **Initiation**

For use in solid organ transplants.

**BEVACIZUMAB – Restricted** see terms [on the next page](#)

↓ Inj 25 mg per ml, 4 ml vial

↓ Inj 25 mg per ml, 16 ml vial

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## ➔ Restricted (RS1115)

### Initiation

Either:

- 1 Ocular neovascularisation; or
- 2 Exudative ocular angiopathy.

CETUXIMAB – **Restricted** see terms [below](#)

⚡ Inj 5 mg per ml, 20 ml vial.....	364.00	1	Erbitux
⚡ Inj 5 mg per ml, 100 ml vial.....	1,820.00	1	Erbitux

## ➔ Restricted (RS1613)

### Initiation

Medical oncologist

All of the following:

- 1 Patient has locally advanced, non-metastatic, squamous cell cancer of the head and neck; and
- 2 Patient is contraindicated to, or is intolerant of, cisplatin; and
- 3 Patient has good performance status; and
- 4 To be administered in combination with radiation therapy.

INFLIXIMAB – **Restricted** see terms [below](#)

⚡ Inj 100 mg – 10% DV Mar-15 to 29 Feb 2020 .....	806.00	1	Remicade
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## ➔ Restricted (RS1581)

### Initiation – Graft vs host disease

Patient has steroid-refractory acute graft vs. host disease of the gut.

### Initiation – rheumatoid arthritis

Rheumatologist

*Re-assessment required after 4 months*

All of the following:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
- 2 Either:
  - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
  - 2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept; and
- 3 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance.

### Continuation – rheumatoid arthritis

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:
  - 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 2.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 3 Infliximab to be administered at doses no greater than 3 mg/kg every 8 weeks.

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Price	Brand or
(ex man. excl. GST)	Generic
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**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:
  - 1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  - 1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior infliximab treatment in the opinion of the treating physician; and
- 2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

**Initiation – severe ocular inflammation**

*Re-assessment required after 3 doses*

Both:

- 1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
- 2 Either:
  - 2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or
  - 2.2 Patient developed new inflammatory symptoms while receiving high dose steroids.

**Initiation – chronic ocular inflammation**

*Re-assessment required after 3 doses*

Both:

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- 1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and
- 2 Either:
  - 2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or
  - 2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective.

## **Continuation – severe ocular inflammation**

*Re-assessment required after 12 months*

Any of the following:

- 1 The patient has had a good clinical response following 3 initial doses; or
- 2 The patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema), following 12 months' treatment; or
- 3 The patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old, following 12 months' treatment.

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

## **Continuation – chronic ocular inflammation**

*Re-assessment required after 12 months*

Any of the following:

- 1 The patient has had a good clinical response following 3 initial doses; or
- 2 The patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema), following 12 months' treatment; or
- 3 The patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old, following 12 months' treatment.

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

## **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

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Price (ex man. excl. GST)	Brand or Generic Manufacturer
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- 5 Patient must be reassessed for continuation after 3 months of therapy.

**Continuation – Crohn's disease (adults)**

Gastroenterologist

*Re-assessment required after 6 months*

Both:

- 1 Any of the following:
  - 1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on infliximab; or
  - 1.2 CDAI score is 150 or less; or
  - 1.3 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

**Initiation – Crohn's disease (children)**

Gastroenterologist

*Re-assessment required after 3 months*

All of the following:

- 1 Paediatric patient has severe active Crohn's disease; and
- 2 Either:
  - 2.1 Patient has a Paediatric Crohn's Disease Activity Index (PCDAI) score of greater than or equal to 30; or
  - 2.2 Patient has extensive small intestine disease; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate; and
- 5 Patient must be reassessed for continuation after 3 months of therapy.

**Continuation – Crohn's disease (children)**

Gastroenterologist

*Re-assessment required after 6 months*

Both:

- 1 Any of the following:
  - 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:

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

- 1.1 The number of open draining fistulae have decreased from baseline by at least 50%; or
- 1.2 There has been a marked reduction in drainage of all fistula(e) from baseline (in the case of adult patients, as demonstrated by a reduction in the Fistula Assessment score), together with less induration and patient reported pain; and

2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

## Initiation – acute severe fulminant ulcerative colitis

Gastroenterologist

*Limited to 6 weeks treatment*

Both:

- 1 Patient has acute, severe fulminant ulcerative colitis; and
- 2 Treatment with intravenous or high dose oral corticosteroids has not been successful.

## Continuation – severe fulminant ulcerative colitis

Gastroenterologist

*Re-assessment required after 6 months*

Both:

- 1 Where maintenance treatment is considered appropriate, infliximab should be used in combination with immunomodulators and reassessed every 6 months; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

## Initiation – severe ulcerative colitis

Gastroenterologist

*Re-assessment required after 3 months*

All of the following:

- 1 Patient has histologically confirmed ulcerative colitis; and
- 2 Either:
  - 2.1 Patient is 18 years or older and the Simple Clinical Colitis Activity Index (SCCAI) is greater than or equal to 4; or
  - 2.2 Patient is under 18 years and the Paediatric Ulcerative Colitis Activity Index (PUCAI) score is greater than or equal to 65; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses for an adequate duration (unless contraindicated) and corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate.

## Continuation – severe ulcerative colitis

Gastroenterologist

*Re-assessment required after 6 months*

All of the following:

- 1 Patient is continuing to maintain remission and the benefit of continuing infliximab outweighs the risks; and
- 2 Either:
  - 2.1 Patient is 18 years or older and the SCCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on infliximab; or
  - 2.2 Patient is under 18 years and the PUCAI score has reduced by 30 points or more 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

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used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

### Initiation – plaque psoriasis

Dermatologist

*Re-assessment required after 3 doses*

Either:

1 Both:

- 1.1 The patient has had an initial Special Authority approval for adalimumab or etanercept for severe chronic plaque psoriasis; and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or
  - 1.2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis; or

2 All of the following:

2.1 Either:

- 2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
- 2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and
- 2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 2.4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

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

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

## Initiation – neurosarcoidosis

Neurologist

*Re-assessment required after 18 months*

All of the following:

- 1 Biopsy consistent with diagnosis of neurosarcoidosis; and
- 2 Patient has CNS involvement; and
- 3 Patient has steroid-refractory disease; and
- 4 Either:
  - 4.1 IV cyclophosphamide has been tried; or
  - 4.2 Treatment with IV cyclophosphamide is clinically inappropriate.

## Continuation – neurosarcoidosis

Neurologist

*Re-assessment required after 18 months*

Either:

- 1 A withdrawal period has been tried and the patient has relapsed; or
- 2 All of the following:
  - 2.1 A withdrawal period has been considered but would not be clinically appropriate; and
  - 2.2 There has been a marked reduction in prednisone dose; and
  - 2.3 Either:
    - 2.3.1 There has been an improvement in MRI appearances; or
    - 2.3.2 Marked improvement in other symptomology.

## Initiation – severe Behcet's disease

*Re-assessment required after 4 months*

All of the following:

- 1 The patient has severe Behcet's disease which is significantly impacting the patient's quality of life (see Notes); and
- 2 Either:
  - 2.1 The patient has severe ocular, neurological and/or vasculitic symptoms and has not responded adequately to one or more treatment(s) appropriate for the particular symptom(s) (see Notes); or
  - 2.2 The patient has severe gastrointestinal, rheumatologic and/or mucocutaneous symptoms and has not responded adequately to two or more treatment appropriate for the particular symptom(s) (see Notes); and
- 3 The patient is experiencing significant loss of quality of life.

Notes:

- 1 Behcet's disease diagnosed according to the International Study Group for Behcet's Disease. Lancet 1990;335(8697):1078-80. Quality of life measured using an appropriate quality of life scale such as that published in Gilworth et al J Rheumatol. 2004;31:931-7.
- 2 Treatments appropriate for the particular symptoms are those that are considered standard conventional treatments for these symptoms, for example intravenous/oral steroids and other immunosuppressants for ocular symptoms; azathioprine, steroids, thalidomide, interferon alpha and ciclosporin for mucocutaneous symptoms; and colchicine, steroids and methotrexate for rheumatological symptoms.

## Continuation – severe Behcet's disease

*Re-assessment required after 6 months*

Both:

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1 Patient has had a good clinical response to initial treatment with measurably improved quality of life; and
- 2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

OBINUTUZUMAB – **Restricted** see terms [below](#)

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

→ **Restricted** ([RS1550](#))

#### 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.

\* greater than or equal to  $1.5 \times 10^9/L$  and platelets greater than or equal to  $75 \times 10^9/L$

OMALIZUMAB – **Restricted** see terms [on the next page](#)

↓ Inj 150 mg vial .....500.00      1      Xolair

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## ➔ Restricted (RS1439)

### 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 [below](#)

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

## ➔ Restricted (RS1551)

### 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 [on the next page](#)

‡ Inj 10 mg per ml, 0.23 ml vial

‡ Inj 10 mg per ml, 0.3 ml vial

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1637)**

**Initiation – Wet Age Related Macular Degeneration**

Ophthalmologist

*Re-assessment required after 3 months*

Either:

- 1 All of the following:
  - 1.1 Any of the following:
    - 1.1.1 Wet age-related macular degeneration (wet AMD); or
    - 1.1.2 Polypoidal choroidal vasculopathy; or
    - 1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and
  - 1.2 Either:
    - 1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
    - 1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
  - 1.3 There is no structural damage to the central fovea of the treated eye; and
  - 1.4 Patient has not previously been treated with aflibercept for longer than 3 months; or
- 2 Patient has current approval to use aflibercept for treatment of wAMD and was found to be intolerant to aflibercept within 3 months.

**Continuation – Wet Age Related Macular Degeneration**

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

- 1 Documented benefit must be demonstrated to continue; and
- 2 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
- 3 There is no structural damage to the central fovea of the treated eye.

**RITUXIMAB – Restricted see terms below**

↓ Inj 10 mg per ml, 10 ml vial.....	1,075.50	2	Mabthera
↓ Inj 10 mg per ml, 50 ml vial.....	2,688.30	1	Mabthera

➔ **Restricted (RS1599)**

**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.

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

*Re-assessment required after 12 months*

All of the following:

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 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 does not have chromosome 17p deletion CLL; and
- 6 Rituximab to be administered in combination with fludarabine and cyclophosphamide or bendamustine for a maximum of 6 treatment cycles; and
- 7 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine.

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 an interval of 36 months or more since the commencement of initial rituximab treatment; 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) or bendamustine; and
- 5 Rituximab to be administered in combination with fludarabine and cyclophosphamide or bendamustine 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:
  - 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.

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## **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 sulfasalazine 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:
  - 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

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- 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<sup>2</sup> weekly for 4 weeks) is now planned; or
- 2 All of the following:
  - 2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease\*; and
  - 2.2 An initial response lasting at least 12 months was demonstrated; and
  - 2.3 Patient now requires repeat treatment.

Note: Indications marked with \* are unapproved indications.

**Initiation – warm autoimmune haemolytic anaemia (warm AIHA)**

Haematologist

*Re-assessment required after 4 weeks*

Both:

- 1 Patient has warm autoimmune haemolytic anaemia\*; and
- 2 One of the following treatments has been ineffective: steroids (including if patient requires ongoing steroids at doses equivalent to > 5 mg prednisone daily), cytotoxic agents (e.g. cyclophosphamide monotherapy or in combination), intravenous immunoglobulin.

Note: Indications marked with \* are unapproved indications.

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	Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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## **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<sup>2</sup> 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\*;
  - 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 less than or equal to 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<sup>2</sup> 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\*;
  - 2.2 An initial response lasting at least 12 months was demonstrated; and
  - 2.3 Patient now requires repeat treatment.

Note: Indications marked with \* are unapproved indications.

## **Initiation – thrombotic thrombocytopenic purpura (TTP)**

Haematologist

*Re-assessment required after 4 weeks*

Either:

- 1 Patient has thrombotic thrombocytopenic purpura\* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or
- 2 Patient has acute idiopathic thrombotic thrombocytopenic purpura\* with neurological or cardiovascular pathology.

Note: Indications marked with \* are unapproved indications.

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**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<sup>2</sup> 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
- 3 The total rituximab dose would not exceed the equivalent of 375 mg/m<sup>2</sup> 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,

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	Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 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<sup>2</sup> 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<sup>2</sup> of body surface area per week for a total of 4 weeks.

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

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- 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<sup>2</sup> 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\*;
- 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<sup>2</sup> 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 .....	770.57	1	Sylvant
↓ Inj 400 mg vial .....	3,082.33	1	Sylvant

→ **Restricted (RS1525)**

**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 (RS1560)**

**Initiation – Rheumatoid Arthritis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

- 1 All of the following:
  - 1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
  - 1.2 Either:
    - 1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
    - 1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and
  - 1.3 Either:

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	Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 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
- 2 Patient has tried and not responded to a reasonable trial of all of the following, either alone or in combination: oral or parenteral methotrexate; non-steroidal anti-inflammatory drugs (NSAIDs); and systemic corticosteroids.

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**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 General Rules of the Pharmaceutical Schedule; 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<sup>2</sup> weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
  - 2.4 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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 (RS1554)**

## 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

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3 Any of the following:

- 3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or
- 3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
- 3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
- 3.4 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-naïve 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

continued...

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

- 5 Trastuzumab to be discontinued at disease progression.

## Continuation – metastatic breast cancer

*Re-assessment required after 12 months*

All of the following:

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

## 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 (RS1583)**

### 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 The patient has ECOG performance score of 0-2; and
- 4 Either:
  - 4.1 Patient has not received funded pembrolizumab; or
  - 4.2 Both:
    - 4.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and
    - 4.2.2 The cancer did not progress while the patient was on pembrolizumab; and
- 5 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
- 6 Baseline measurement of overall tumour burden is documented (see Note); and
- 7 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

continued...

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

continued...

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.

PEMBROLIZUMAB – **Restricted** see terms [below](#)

↓ Inj 50 mg vial .....2,340.00 1 Keytruda  
→ **Restricted (RS1584)**

#### 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 The patient has ECOG performance score of 0-2; and
- 4 Either:
  - 4.1 Patient has not received funded nivolumab; or
  - 4.2 Both:
    - 4.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
    - 4.2.2 The cancer did not progress while the patient was on nivolumab; and
- 5 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
- 6 Baseline measurement of overall tumour burden is documented (see Note); and
- 7 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

continued...

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

- 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).

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
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### ANTITHYMOCYTE GLOBULIN (RABBIT)

Inj 25 mg vial			
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### AZATHIOPRINE

Tab 25 mg – 1% DV Jul-17 to 2019 .....	9.66	100	<b>Imuran</b>
Tab 50 mg – 1% DV Jul-17 to 2019 .....	10.58	100	<b>Imuran</b>
Inj 50 mg vial – 1% DV Jan-17 to 2019 .....	60.00	1	<b>Imuran</b>

### BACILLUS CALMETTE-GUERIN (BCG) – Restricted see terms [below](#)

↓ Inj 2-8 x 10 <sup>8</sup> CFU vial .....	149.37	1	OncoTICE
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➔ **Restricted (RS1206)**

#### 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 (RS1440)**

#### 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.

continued...

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

## Continuation

Neurologist or oncologist

*Re-assessment required after 12 months*

All of the following:

- 1 Documented evidence of SEGA reduction or stabilisation by MRI within the last 3 months; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment; and
- 3 Everolimus to be discontinued at progression of SEGAs.

Note: MRI should be performed at minimum once every 12 months, more frequent scanning should be performed with new onset of symptoms such as headaches, visual complaints, nausea or vomiting, or increase in seizure activity.

## MYCOPHENOLATE MOFETIL

Tab 500 mg .....	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** ([RS1208](#))

## 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
- Leukoencephalopathy; or
- Significant malignant disease

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

### Allergic Emergencies

ICATIBANT – **Restricted** see terms [below](#)

⚡ Inj 10 mg per ml, 3 ml prefilled syringe .....2,668.00 1 Firazyr  
➡ **Restricted** (RS1501)

#### 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** (RS1117)

#### 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** (RS1118)

#### 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** (RS1119)

#### 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
<b>BUDESONIDE</b>			
Nasal spray 50 mcg per dose – <b>1% DV Oct-18 to 2020</b> .....	5.26	200 dose	Butacort Aqueous
	2.59		<b>SteroClear</b>
Nasal spray 100 mcg per dose – <b>1% DV Oct-18 to 2020</b> .....	6.00	200 dose	Butacort Aqueous
	2.87		<b>SteroClear</b>
<i>(Butacort Aqueous Nasal spray 50 mcg per dose to be delisted 1 October 2018)</i>			
<i>(Butacort Aqueous Nasal spray 100 mcg per dose to be delisted 1 October 2018)</i>			
<b>FLUTICASON PROPRIONATE</b>			
Nasal spray 50 mcg per dose – <b>1% DV Nov-18 to 2021</b> .....	1.98	120 dose	<b>Flixonase Hayfever &amp; Allergy</b>
<b>IPRATROPIUM BROMIDE</b>			
Aqueous nasal spray 0.03% – <b>1% DV Oct-17 to 2020</b> .....	4.61	15 ml	<b>Univent</b>
<b>SODIUM CROMOGLICATE</b>			
Nasal spray 4%			
<b>Antihistamines</b>			
<b>CETIRIZINE HYDROCHLORIDE</b>			
Tab 10 mg – <b>1% DV Mar-17 to 2019</b> .....	1.01	100	<b>Zista</b>
Oral liq 1 mg per ml .....	2.99	200 ml	Histaclear
<b>CHLORPHENIRAMINE MALEATE</b>			
Oral liq 0.4 mg per ml			
Inj 10 mg per ml, 1 ml ampoule			
<b>CYPROHEPTADINE HYDROCHLORIDE</b>			
Tab 4 mg			
<b>FEXOFENADINE HYDROCHLORIDE</b>			
Tab 60 mg			
Tab 120 mg			
Tab 180 mg			
<b>LORATADINE</b>			
Tab 10 mg – <b>1% DV Sep-16 to 2019</b> .....	1.28	100	<b>Lorafix</b>
Oral liq 1 mg per ml – <b>1% DV Feb-17 to 2019</b> .....	2.15	120 ml	<b>Lorfast</b>
<b>PROMETHAZINE HYDROCHLORIDE</b>			
Tab 10 mg – <b>1% DV Sep-18 to 2021</b> .....	1.68	50	<b>Allersoothe</b>
Tab 25 mg – <b>1% DV Sep-18 to 2021</b> .....	1.89	50	<b>Allersoothe</b>
Oral liq 1 mg per ml – <b>1% DV Sep-18 to 2021</b> .....	2.69	100 ml	<b>Allersoothe</b>
Inj 25 mg per ml, 2 ml ampoule – <b>1% DV Oct-16 to 2019</b> .....	15.54	5	<b>Hospira</b>
<b>TRIMEPRAZINE TARTRATE</b>			
Oral liq 6 mg per ml			
<i>(Any Oral liq 6 mg per ml to be delisted 1 October 2018)</i>			

## Anticholinergic Agents

<b>IPRATROPIUM BROMIDE</b>			
Aerosol inhaler 20 mcg per dose			
Nebuliser soln 250 mcg per ml, 1 ml ampoule – <b>1% DV Dec-16 to 2019</b> .....	3.35	20	<b>Univent</b>
Nebuliser soln 250 mcg per ml, 2 ml ampoule – <b>1% DV Dec-16 to 2019</b> .....	3.52	20	<b>Univent</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## 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 Oct-18 to 2021 ..... 5.20 20 Duolin

## 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 (RS1516)

#### 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<sub>1</sub> 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 (RS1518)

#### 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.

continued...

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

### 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 [on the previous page](#)

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

TIOTROPIUM BROMIDE WITH OLODATEROL – **Restricted** see terms [on the previous page](#)

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

UMECLIDINIUM WITH VILANTEROL – **Restricted** see terms [on the previous 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 (RS1555)**

### 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 – **1% DV Nov-18 to 2021** ..... 20.00 150 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

Nebuliser soln 1 mg per ml, 2.5 ml ampoule – **1% DV Oct-18 to 2021** ..... 3.93 20 **Asthalin**

Nebuliser soln 2 mg per ml, 2.5 ml ampoule – **1% DV Oct-18 to 2021** ..... 4.03 20 **Asthalin**

### TERBUTALINE SULPHATE

Powder for inhalation 250 mcg per dose

Inj 0.5 mg per ml, 1 ml ampoule

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

Cough Suppressants

PHOLCODINE  
Oral liq 1 mg per ml

Decongestants

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

Inhaled Corticosteroids

BECLOMETHASONE DIPROPIONATE  
Aerosol inhaler 50 mcg per dose.....8.54 200 dose Beclazone 50  
9.30 Qvar  
Aerosol inhaler 100 mcg per dose.....12.50 200 dose Beclazone 100  
15.50 Qvar  
Aerosol inhaler 250 mcg per dose.....22.67 200 dose Beclazone 250  
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  
4.68 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  
7.22 Floair  
Aerosol inhaler 250 mcg per dose.....27.20 120 dose Flixotide  
10.18 Floair  
Powder for inhalation 250 mcg per dose.....24.51 60 dose Flixotide Accuhaler

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

## Leukotriene Receptor Antagonists

### MONTELUKAST

Tab 4 mg – 1% DV Jan-17 to 2019 .....	5.25	28	<b>Apo-Montelukast</b>
Tab 5 mg – 1% DV Jan-17 to 2019 .....	5.50	28	<b>Apo-Montelukast</b>
Tab 10 mg – 1% DV Jan-17 to 2019 .....	5.65	28	<b>Apo-Montelukast</b>

## 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 .....	9.90	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
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### FLUTICASONE WITH SALMETEROL

Aerosol inhaler 50 mcg with salmeterol 25 mcg .....	14.58	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 .....	16.83	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 CROMOGLICATE

Aerosol inhaler 5 mg per dose

## Methylxanthines

### AMINOPHYLLINE

Inj 25 mg per ml, 10 ml ampoule – 1% DV Nov-17 to 2020 .....	124.37	5	<b>DBL Aminophylline</b>
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### 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

## RESPIRATORY SYSTEM AND ALLERGIES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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** ([RS1352](#))

#### 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  
(Survanta Soln 200 mg per 8 ml vial to be delisted 1 January 2019)

PORACTANT ALFA  
Soln 120 mg per 1.5 ml vial .....425.00 1 Curosurf  
Soln 240 mg per 3 ml vial .....695.00 1 Curosurf

### Respiratory Stimulants

DOXAPRAM  
Inj 20 mg per ml, 5 ml vial

### Sclerosing Agents

TALC  
Powder  
Soln (slurry) 100 mg per ml, 50 ml

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Anti-Infective Preparations</b>			
<b>Antibacterials</b>			
CHLORAMPHENICOL			
Eye oint 1% – <b>1% DV Jul-16 to 2019</b> .....	2.48	4 g	<b>Chlorsig</b>
Ear drops 0.5% .....			
Eye drops 0.5% .....	0.98	10 ml	Chlorafast
Eye drops 0.5%, single dose			
CIPROFLOXACIN			
Eye drops 0.3% – <b>1% DV Jun-18 to 2020</b> .....	9.99	5 ml	<b>Ciprofloxacin Teva</b>
FRAMYCETIN SULPHATE			
Ear/eye drops 0.5%			
GENTAMICIN SULPHATE			
Eye drops 0.3% .....	11.40	5 ml	Genoptic
PROPAMIDINE ISETHIONATE			
Eye drops 0.1%			
SODIUM FUSIDATE [FUSIDIC ACID]			
Eye drops 1% .....	5.29	5 g	Fucithalmic
SULPHACETAMIDE SODIUM			
Eye drops 10%			
TOBRAMYCIN			
Eye oint 0.3% .....	10.45	3.5 g	Tobrex
Eye drops 0.3% .....	11.48	5 ml	Tobrex
<b>Antifungals</b>			
NATAMYCIN			
Eye drops 5%			
<b>Antivirals</b>			
ACICLOVIR			
Eye oint 3% – <b>1% DV Oct-16 to 2019</b> .....	14.92	4.5 g	<b>ViruPOS</b>
<b>Combination Preparations</b>			
CIPROFLOXACIN WITH HYDROCORTISONE			
Ear drops ciprofloxacin 0.2% with 1% hydrocortisone .....	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 .....	5.39	3.5 g	Maxitrol
Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per ml .....	4.50	5 ml	Maxitrol
DEXAMETHASONE WITH TOBRAMYCIN			
Eye drops 0.1% with tobramycin 0.3% .....	12.64	5 ml	Tobradex

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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% .....	5.86	3.5 g	Maxidex
Eye drops 0.1% .....	4.50	5 ml	Maxidex
⚡ Ocular implant 700 mcg.....	1,444.50	1	Ozurdex

#### ➔ Restricted (RS1606)

#### Initiation – Diabetic macular oedema

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

- 1 Patients have diabetic macular oedema with pseudophakic lens; and
- 2 Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and
- 3 Either:
  - 3.1 Patient's disease has progressed despite 3 injections with bevacizumab; or
  - 3.2 Patient is unsuitable or contraindicated to treatment with anti-VEGF agents; and
- 4 Dexamethasone implants are to be administered not more frequently than once every 4 months into each eye, and up to a maximum of 3 implants per eye per year.

#### Continuation – Diabetic macular oedema

Ophthalmologist

*Re-assessment required after 12 months*

Both:

- 1 Patient's vision is stable or has improved (prescriber determined); and
- 2 Dexamethasone implants are to be administered not more frequently than once every 4 months into each eye, and up to a maximum of 3 implants per eye per year.

#### Initiation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

- 1 Patients have diabetic macular oedema; and
- 2 Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and
- 3 Patient is of child bearing potential and has not yet completed a family; and
- 4 Dexamethasone implants are to be administered not more frequently than once every 4 months into each eye, and up to a maximum of 3 implants per eye per year.

#### Continuation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

- 1 Patient's vision is stable or has improved (prescriber determined); and
- 2 Patient is of child bearing potential and has not yet completed a family; and
- 3 Dexamethasone implants are to be administered not more frequently than once every 4 months into each eye, and up to a maximum of 3 implants per eye per year.



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FLUOROMETHOLONE</b>			
Eye drops 0.1% .....	3.09	5 ml	FML
<b>PREDNISOLONE ACETATE</b>			
Eye drops 0.12% .....	7.00	5 ml	Pred Forte
Eye drops 1% .....	3.93	10 ml	Prednisolone- AFT
<b>PREDNISOLONE SODIUM PHOSPHATE</b>			
Eye drops 0.5%, single dose (preservative free) .....	38.50	20 dose	Minims Prednisolone

### Non-Steroidal Anti-Inflammatory Drugs

<b>DICLOFENAC SODIUM</b>			
Eye drops 0.1% .....	13.80	5 ml	Voltaren Ophtha
<b>KETOROLAC TROMETAMOL</b>			
Eye drops 0.5% .....			

### Decongestants and Antiallergics

#### Antiallergic Preparations

<b>LEVOCABASTINE</b>			
Eye drops 0.05% .....			
<b>LODOXAMIDE</b>			
Eye drops 0.1% .....	8.71	10 ml	Lomide
<b>OLOPATADINE</b>			
Eye drops 0.1% .....	10.00	5 ml	Patanol
<b>SODIUM CROMOGLICATE</b>			
Eye drops 2% .....			

#### Decongestants

<b>NAPHAZOLINE HYDROCHLORIDE</b>			
Eye drops 0.1% .....	4.15	15 ml	Naphcon Forte

### Diagnostic and Surgical Preparations

#### Diagnostic Dyes

<b>FLUORESCEIN SODIUM</b>			
Eye drops 2%, single dose .....			
Inj 10%, 5 ml vial .....	125.00	12	Fluorescite
Ophthalmic strips 1 mg .....			
<b>FLUORESCEIN SODIUM WITH LIGNOCAINE HYDROCHLORIDE</b>			
Eye drops 0.25% with lignocaine hydrochloride 4%, single dose .....			
<b>LISSAMINE GREEN</b>			
Ophthalmic strips 1.5 mg .....			
<b>ROSE BENGAL SODIUM</b>			
Ophthalmic strips 1% .....			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Irrigation Solutions</b>			
<b>MIXED SALT SOLUTION FOR EYE IRRIGATION</b>			
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 .....	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			<i>e.g. Balanced Salt Solution</i>
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.....	10.50	500 ml	Balanced Salt Solution
<b>Ocular Anaesthetics</b>			
<b>OXYBUPROCAINE HYDROCHLORIDE</b>			
Eye drops 0.4%, single dose			
<b>PROXYMETACAINE HYDROCHLORIDE</b>			
Eye drops 0.5%			
<b>TETRACAINE [AMETHOCAINE] HYDROCHLORIDE</b>			
Eye drops 0.5%, single dose			
Eye drops 1%, single dose			
<b>Viscoelastic Substances</b>			
<b>HYPROMELLOSE</b>			
Inj 2%, 1 ml syringe			
Inj 2%, 2 ml syringe			
<b>SODIUM HYALURONATE [HYALURONIC ACID]</b>			
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
<b>SODIUM HYALURONATE [HYALURONIC ACID] WITH CHONDROITIN SULPHATE</b>			
Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.35 ml syringe and inj 10 mg sodium hyaluronate [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
<b>Other</b>			
<b>DISODIUM EDETATE</b>			
Inj 150 mg per ml, 20 ml ampoule			
Inj 150 mg per ml, 20 ml vial			
Inj 150 mg per ml, 100 ml vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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**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% ..... 11.80 5 ml Betoptic S

Eye drops 0.5% ..... 7.50 5 ml Betoptic

**LEVOBUNOLOL HYDROCHLORIDE**

Eye drops 0.5% ..... 7.00 5 ml Betagan

**TIMOLOL**

 Eye drops 0.25% – **1% DV Sep-17 to 2020** ..... 1.43 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-17 to 2020** ..... 1.43 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-17 to 2020** ..... 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% ..... 3.45 5 ml Arrow-Dortim

**Miotics**
**ACETYLCHOLINE CHLORIDE**

Inj 20 mg vial with diluent

**PILOCARPINE HYDROCHLORIDE**

Eye drops 1% ..... 4.26 15 ml Isopto Carpine

Eye drops 2% ..... 5.35 15 ml Isopto Carpine

Eye drops 2%, single dose

Eye drops 4% ..... 7.99 15 ml Isopto Carpine

**Prostaglandin Analogues**
**BIMATOPROST**

Eye drops 0.03% ..... 3.65 3 ml Bimatoprost Actavis

**LATANOPROST**

Eye drops 0.005% ..... 1.50 2.5 ml Hysite

**TRAVOPROST**

 Eye drops 0.004% – **1% DV Jan-18 to 2020** ..... 7.30 5 ml **Travopt**

## SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Sympathomimetics</b>			
APRACLONIDINE			
Eye drops 0.5% .....	19.77	5 ml	Iopidine
BRIMONIDINE TARTRATE			
Eye drops 0.2% – 1% DV Feb-18 to 2020 .....	4.29	5 ml	Arrow-Brimonidine
BRIMONIDINE TARTRATE WITH TIMOLOL			
Eye drops 0.2% with timolol 0.5%			
<b>Mydriatics and Cycloplegics</b>			
<b>Anticholinergic Agents</b>			
ATROPINE SULPHATE			
Eye drops 0.5%			
Eye drops 1%, single dose			
Eye drops 1% – 1% DV Sep-17 to 2020 .....	17.36	15 ml	Atropt
CYCLOPENTOLATE HYDROCHLORIDE			
Eye drops 0.5%, single dose			
Eye drops 1% .....	8.76	15 ml	Cyclogyl
Eye drops 1%, single dose			
TROPICAMIDE			
Eye drops 0.5% .....	7.15	15 ml	Mydriacyl
Eye drops 0.5%, single dose			
Eye drops 1% .....	8.66	15 ml	Mydriacyl
Eye drops 1%, single dose			
<b>Sympathomimetics</b>			
PHENYLEPHRINE HYDROCHLORIDE			
Eye drops 2.5%, single dose			
Eye drops 10%, single dose			
<b>Ocular Lubricants</b>			
CARBOMER			
Ophthalmic gel 0.3%, single dose .....	8.25	30	Poly Gel
Ophthalmic gel 0.2%			
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

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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% .....	3.63	3.5 g	Poly-Visc
POLYVINYL ALCOHOL Eye drops 1.4% – <b>1% DV Jun-16 to 2019</b> .....	2.62	15 ml	<b>Vistil</b>
Eye drops 3% – <b>1% DV Jun-16 to 2019</b> .....	3.68	15 ml	<b>Vistil Forte</b>
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
<b>Agents Used in the Treatment of Poisonings</b>			
<b>Antidotes</b>			
ACETYLCYSTEINE			
Tab eff 200 mg			
Inj 200 mg per ml, 10 ml ampoule – 1% DV Sep-18 to 2021 .....	58.76	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 .....	85.05	5	Anexate
HYDROXOCOBALAMIN			
Inj 5 g vial			
Inj 2.5 g vial			
NALOXONE HYDROCHLORIDE			
Inj 400 mcg per ml, 1 ml ampoule – 1% DV Aug-18 to 2021 .....	22.60	5	DBL Naloxone Hydrochloride
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			
<b>Antitoxins</b>			
BOTULISM ANTITOXIN			
Inj 250 ml vial			
DIPHThERIA ANTITOXIN			
Inj 10,000 iu vial			
<b>Antivenoms</b>			
RED BACK SPIDER ANTIVENOM			
Inj 500 u vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SNAKE ANTIVENOM</b>			
Inj 50 ml vial			

## Removal and Elimination

### CHARCOAL

Oral liq 200 mg per ml .....	43.50	250 ml	Carbasorb-X
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### 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 (RS1444)**

### Initiation

Haematologist

*Re-assessment required after 2 years*

All of the following:

- 1 The patient has been diagnosed with chronic iron overload due to congenital inherited anaemia; and
- 2 Deferasirox is to be given at a daily dose not exceeding 40 mg/kg/day; and
- 3 Any of the following:
  - 3.1 Treatment with maximum tolerated doses of deferiprone monotherapy or deferiprone and desferrioxamine combination therapy have proven ineffective as measured by serum ferritin levels, liver or cardiac MRI T2\*; or
  - 3.2 Treatment with deferiprone has resulted in severe persistent vomiting or diarrhoea; or
  - 3.3 Treatment with deferiprone has resulted in arthritis; or
  - 3.4 Treatment with deferiprone is contraindicated due to a history of agranulocytosis (defined as an absolute neutrophil count (ANC) of < 0.5 cells per  $\mu$ L) or recurrent episodes (greater than 2 episodes) of moderate neutropenia (ANC 0.5 - 1.0 cells per  $\mu$ L).

### Continuation

Haematologist

*Re-assessment required after 2 years*

Either:

- 1 For the first renewal following 2 years of therapy, the treatment has been tolerated and has resulted in clinical improvement in all three parameters namely serum ferritin, cardiac MRI T2\* and liver MRI T2\* levels; or
- 2 For subsequent renewals, the treatment has been tolerated and has resulted in clinical stability or continued improvement in all three parameters namely serum ferritin, cardiac MRI T2\* and liver MRI T2\* levels. .

### DEFERIPRONE – **Restricted** see terms [below](#)

↓ Tab 500 mg .....	533.17	100	Ferriprox
↓ Oral liq 100 mg per ml .....	266.59	250 ml	Ferriprox

→ **Restricted (RS1445)**

### Initiation

Patient has been diagnosed with chronic iron overload due to congenital inherited anaemia or acquired red cell aplasia.

### DEFERRIOXAMINE MESILATE

Inj 500 mg vial .....	51.52	10	Desferal
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### 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 EDEATE			
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 (RS1354)			
Initiation			
Rectal administration pre-prostate biopsy.			
Oint 10% .....	3.27	25 g	Betadine
Soln 10% .....	6.20	500 ml	Betadine
	2.95	100 ml	Riodine
	6.20	500 ml	Riodine
Soln 5%			
Soln 7.5%			
Pad 10%			
Swab set 10%			
POVIDONE-IODINE WITH ETHANOL			
Soln 10% with ethanol 30% .....	10.00	500 ml	Betadine Skin Prep
Soln 10% with ethanol 70%			
SODIUM HYPOCHLORITE			
Soln			



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Contrast Media</b>			
<b>Iodinated X-ray Contrast Media</b>			
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 .....	280.00	1	Lipiodol Ultra Fluid
IODIXANOL			
Inj 270 mg per ml (iodine equivalent), 50 ml bottle.....	220.00	10	Visipaque
Inj 270 mg per ml (iodine equivalent), 100 ml bottle.....	430.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 50 ml bottle.....	220.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 100 ml bottle.....	430.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 200 ml bottle.....	850.00	10	Visipaque
IOHEXOL			
Inj 240 mg per ml (iodine equivalent), 50 ml bottle.....	75.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 20 ml bottle.....	57.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 50 ml bottle.....	75.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 100 ml bottle.....	150.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 20 ml bottle.....	59.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 50 ml bottle.....	75.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 75 ml bottle.....	114.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 100 ml bottle.....	150.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 200 ml bottle.....	290.00	10	Omnipaque
<b>Non-iodinated X-ray Contrast Media</b>			
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

## VARIOUS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CITRIC ACID WITH SODIUM BICARBONATE</b>			
Powder 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet			<i>e.g. E-Z-GAS II</i>

### Paramagnetic Contrast Media

<b>GADOBENIC ACID</b>			
Inj 334 mg per ml, 10 ml vial.....	324.74	10	Multihance
Inj 334 mg per ml, 20 ml vial.....	636.28	10	Multihance
<b>GADOBUTROL</b>			
Inj 1 mmol per ml, 15 ml vial			
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 5 ml prefilled syringe.....	120.00	5	Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe.....	180.00	5	Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe.....	700.00	10	Gadovist 1.0
<b>GADODIAMIDE</b>			
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
<b>GADOTERIC ACID</b>			
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
<b>GADOXETATE DISODIUM</b>			
Inj 181.43 mg per ml (equivalent to 0.25 mmol per ml), 10 ml prefilled syringe.....	300.00	1	Primovist
<b>MEGLUMINE GADOPENTETATE</b>			
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
<b>MEGLUMINE IOTROXATE</b>			
Inj 105 mg per ml, 100 ml bottle.....	150.00	100 ml	Biliscopin

### Ultrasound Contrast Media

<b>PERFLUTREN</b>			
Inj 1.1 mg per ml, 1.5 ml vial.....	180.00	1	Definity
	720.00	4	Definity

### Diagnostic Agents

<b>ARGININE</b>			
Inj 50 mg per ml, 500 ml bottle			
Inj 100 mg per ml, 300 ml bottle			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>HISTAMINE ACID PHOSPHATE</b>			
Nebuliser soln 0.6%, 10 ml vial			
Nebuliser soln 2.5%, 10 ml vial			
Nebuliser soln 5%, 10 ml vial			
<b>MANNITOL</b>			
Powder for inhalation			<i>e.g. Aridol</i>
<b>METHACHOLINE CHLORIDE</b>			
Powder 100 mg			
<b>SECRETIN PENTAHYDROCHLORIDE</b>			
Inj 100 u ampoule			
<b>SINCALIDE</b>			
Inj 5 mcg per vial			

### Diagnostic Dyes

<b>BONNEY'S BLUE DYE</b>			
Soln			
<b>INDIGO CARMINE</b>			
Inj 4 mg per ml, 5 ml ampoule			
Inj 8 mg per ml, 5 ml ampoule			
<b>INDOCYANINE GREEN</b>			
Inj 25 mg vial			
<b>METHYLTHIONINIUM CHLORIDE [METHYLENE BLUE]</b>			
Inj 5 mg per ml, 10 ml ampoule .....	240.35	5	Proveblue
<b>PATENT BLUE V</b>			
Inj 2.5%, 2 ml ampoule .....	440.00	5	Obex Medical

### Irrigation Solutions

<b>CHLORHEXIDINE WITH CETRIMIDE</b>			
Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule – <b>1% DV</b>			
<b>Aug-18 to 2021</b> .....	29.76	30	<b>Pfizer</b>
<b>GLYCINE</b>			
Irrigation soln 1.5%, 3,000 ml bag – <b>1% DV Sep-18 to 2021</b> .....	31.20	4	<b>B Braun</b>
<b>SODIUM CHLORIDE</b>			
Irrigation soln 0.9%, 3,000 ml bag – <b>1% DV Sep-18 to 2021</b> .....	26.80	4	<b>B Braun</b>
Irrigation soln 0.9%, 30 ml ampoule – <b>1% DV Sep-18 to 2021</b> .....	7.00	20	<b>Interpharma</b>
Irrigation soln 0.9%, 1,000 ml bottle – <b>1% DV Jun-18 to 2021</b> .....	14.90	10	<b>Baxter Sodium</b>
Irrigation soln 0.9%, 250 ml bottle – <b>1% DV Aug-18 to 2021</b> .....	17.64	12	<b>Chloride 0.9% Fresenius Kabi</b>
<b>WATER</b>			
Irrigation soln, 3,000 ml bag – <b>1% DV Sep-18 to 2021</b> .....	28.80	4	<b>B Braun</b>
Irrigation soln, 1,000 ml bottle – <b>1% DV Jun-18 to 2021</b> .....	17.30	10	<b>Baxter Water for Irrigation</b>
Irrigation soln, 250 ml bottle – <b>1% DV Aug-18 to 2021</b> .....	17.64	12	<b>Fresenius Kabi</b>

### Surgical Preparations

<b>BISMUTH SUBNITRATE AND IODOFORM PARAFFIN</b>
Paste

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

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
<b>Extemporaneously Compounded Preparations</b>			
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	<b>Midwest</b>
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			
GLUCOSE [DEXTROSE] Powder			

## EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
GLYCERIN WITH SODIUM SACCHARIN			
Suspension.....	32.50	473 ml	Ora-Sweet SF
GLYCERIN WITH SUCROSE			
Suspension.....	32.50	473 ml	Ora-Sweet
GLYCEROL			
Liq – 1% DV Sep-17 to 2020 .....	3.28	500 ml	healthE Glycerol BP Liquid
HYDROCORTISONE			
Powder – 1% DV Sep-17 to 2020 .....	49.95	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
SALICYLIC ACID			
Powder			
SILVER NITRATE			
Crystals			

# EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

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

Carbohydrate

➡ **Restricted (RS1467)**

**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 (RS1468)**

**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



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT – Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 50 g fat per 100 ml, 250 ml bottle			e.g. <i>Liquigen</i>
† Liquid 95 g fat per 100 ml, 500 ml bottle			e.g. <i>MCT Oil</i>
<b>WALNUT OIL – Restricted</b> see terms <a href="#">on the previous page</a>			
† Liq			

## Protein

### → Restricted (RS1469)

#### 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. <i>Protifar</i>

## Other Supplements

#### BREAST MILK FORTIFIER

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

#### CARBOHYDRATE AND FAT SUPPLEMENT – Restricted

 see terms [below](#)

† Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can			e.g. <i>Super Soluble Duocal</i>
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### → Restricted (RS1212)

#### 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## Food/Fluid Thickeners

### NOTE:

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

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

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

#### CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN

Powder

e.g. *Feed Thickener*  
*Karicare Aptamil*

#### 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 ([RS1232](#))

#### Initiation

Any of the following:

- 1 For the dietary management of homocystinuria, maple syrup urine disease, phenylketonuria (PKU), glutaric aciduria, isovaleric acidemia, propionic acidemia, methylmalonic acidemia, tyrosinaemia or urea cycle disorders; or
- 2 Patient has adrenoleukodystrophy; or
- 3 For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

## Glutaric Aciduria Type 1 Products

AMINO ACID FORMULA (WITHOUT LYSINE AND LOW TRYPTOPHAN) – **Restricted** see terms [above](#)

⚡ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can

e.g. *GA1 Anamix Infant*

⚡ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can

e.g. *XLYS Low TRY*  
*Maxamaid*

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

AMINO ACID FORMULA (WITHOUT METHIONINE) – **Restricted** see terms [on the previous 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. 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 [on the previous 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. 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

Maple Syrup Urine Disease Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE) – **Restricted** see terms [on the previous 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 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Phenylketonuria Products</b>			
AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – <b>Restricted</b> see terms on page 210			
† Tab 8.33 mg			e.g. Phlexy-10
† Powder 20 g protein, 2.5 g carbohydrate and 0.22 g fibre per 27.8 g sachet			e.g. PKU Lophlex Powder (unflavoured)
† 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
† Semi-solid 18.3 g protein, 18.5 g carbohydrate and 0.92 g fibre per 100 g, 109 g pot			e.g. PKU Lophlex Sensations 20 (berries)

## Propionic Acidaemia and Methylmalonic Acidaemia Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – **Restricted** see terms on page 210

† 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

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

PROTEIN FREE SUPPLEMENT – **Restricted** see terms [on page 210](#)

† 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 210](#)

- † 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 210](#)

- † 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 210](#)

- † Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE – **Restricted** see terms [on page 210](#)

- † Liquid, 500 ml bottle

Specialised Formulas

Diabetic Products

➔ **Restricted (RS1215)**

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
- 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LOW-GI ENTERAL FEED 1 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 1,000 ml bottle.....	7.50	1,000 ml	Glucerna Select RTH (Vanilla)
† Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bag			<i>e.g. Nutrison Advanced Diason</i>
<b>LOW-GI ORAL FEED 1 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† 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			<i>e.g. Diasip</i>

## Elemental and Semi-Elemental Products

### ➔ **Restricted (RS1216)**

#### 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*

#### PEPTIDE-BASED ENTERAL FEED 1.5 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 6.75 g protein, 18.4 g carbohydrate and 5.5 g fat per 100 ml, bottle.... 18.06      1,000 ml      Vital

#### PEPTIDE-BASED ORAL FEED – **Restricted** see terms [above](#)

† Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 100 g, 400 g can      *e.g. Peptamen Junior*

† Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can      *e.g. MCT Peptide; MCT Peptide 1+*

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PEPTIDE-BASED ORAL FEED 1 KCAL/ML – <b>Restricted</b> see terms <a href="#">on the previous page</a></b>			
† 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 (RS1470)**

### 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 (RS1217)**

### 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 (RS1317)**

### 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.

**ENTERAL FEED 2 KCAL/ML – **Restricted** see terms [above](#)**

† Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, bottle .....	5.50	500 ml	Nutrison Concentrated
† Liquid 8.4 g protein, 21.9 g carbohydrate, 9.1 g fat and 0.5 g fibre per 100 ml, bottle .....	11.00	1,000 ml	TwoCal HN RTH (Vanilla)

**ORAL FEED 2 KCAL/ML – **Restricted** see terms [above](#)**

† Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml, bottle .....	1.90	200 ml	Two Cal HN
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>High Protein Products</b>			
HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml, 1,000 ml bag			e.g. <i>Nutrison Protein Plus</i>
➡ <b>Restricted (RS1327)</b>			
<b>Initiation</b>			
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 – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ 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. <i>Nutrison Protein Plus Multi Fibre</i>
➡ <b>Restricted (RS1327)</b>			
<b>Initiation</b>			
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.			
<b>Infant Formulas</b>			
AMINO ACID FORMULA – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can			e.g. <i>Neocate</i>
⚡ Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can			e.g. <i>Neocate LCP</i>
⚡ Powder 13.3 g protein, 56 g carbohydrate and 22 g fat per 100 g, 400 g can			e.g. <i>Neocate Junior Unflavoured</i>
⚡ 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 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 Junior 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)
➡ <b>Restricted (RS1471)</b>			
<b>Initiation</b>			
Any of the following:			
			continued...



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

- 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 (RS1502)**

**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
- 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*

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## 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/ENTERAL 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, bottle ..... 2.35

125 ml

Infatrini

➡ **Restricted (RS1614)**

## Initiation – Fluid restricted or volume intolerance with faltering growth

Both:

1 Either:

1.1 The patient is fluid restricted or volume intolerant; 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.

Note: 'Volume intolerant' patients are those who are unable to tolerate an adequate volume of infant formula to achieve expected growth rate. These patients should have first trialled appropriate clinical alternative treatments, such as concentrating, fortifying and adjusting the frequency of feeding.

## PRETERM FORMULA – **Restricted** see terms [below](#)

⚡ 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 (RS1224)**

## 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*

## 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 (RS1225)**

## 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 (RS1473)**

## Initiation

Both:

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
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 ENTERAL FEED 0.76 KCAL/ML – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† 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 – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag .....	2.68	500 ml	Pediasure RTH
† Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bag			<i>e.g. Nutrini RTH</i>
PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bag.....	6.00	500 ml	Nutrini Energy Multi Fibre
† Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bag			<i>e.g. Nutrini Energy RTH</i>
PAEDIATRIC ORAL FEED 1 KCAL/ML – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† 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) Pediasure (Vanilla)
† Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, can .....	1.34	250 ml	
PAEDIATRIC ORAL FEED 1.5 KCAL/ML – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml bottle			<i>e.g. Fortini</i>
† Liquid 4.0 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle			<i>e.g. Fortini Multifibre</i>

## Renal Products

LOW ELECTROLYTE ENTERAL FEED 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 (RS1229)**

### 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 (RS1227)**

### Initiation

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## 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)
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➡ **Restricted** (RS1228)

### 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			<i>e.g. Renilon 7.5</i>

➡ **Restricted** (RS1228)

### 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)
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➡ **Restricted** (RS1230)

### Initiation

For patients with CORD and hypercapnia, defined as a CO2 value exceeding 55 mmHg.

## Surgical Products

### HIGH ARGININE ORAL FEED 1.4 KCAL/ML – **Restricted** see terms [below](#)

⚡ Liquid 10.1 g protein, 15 g carbohydrate, 4.5 g fat and 0 g fibre per 100 ml, carton.....	4.00	178 ml	Impact Advanced Recovery
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➡ **Restricted** (RS1231)

### 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
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➡ **Restricted** (RS1415)

### 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** (RS1214)

### Initiation

Any of the following:

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
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.			
<b>ENTERAL FEED 1.5 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, bag .....	7.00	1,000 ml	Nutrison Energy
† Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag			<i>e.g. Nutrison Energy Multi Fibre</i>
† Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, can .....	1.75	250 ml	Ensure Plus HN
† Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag .....	7.00	1,000 ml	Ensure Plus HN RTH
† Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per 100 ml, bag .....	7.00	1,000 ml	Jevity HiCal RTH
<b>ENTERAL FEED 1 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† 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, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bag			<i>e.g. NutrisonStdRTH; NutrisonLowSodium</i>
† Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1000 ml bag			<i>e.g. Nutrison Multi Fibre</i>
<b>ENTERAL FEED 1.2 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 5.55 g protein, 15.1 g carbohydrate, 3.93 g fat and 2 g fibre per 100 ml, 1,000 ml bag			<i>e.g. Jevity Plus RTH</i>
<b>ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† 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

## SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ORAL FEED – <b>Restricted</b> see terms <a href="#">on page 220</a>			
† 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 20.8 g protein, 61 g carbohydrate and 9.4 g fat per 100 g, can .....	8.54	857 g	Fortisip (Vanilla)
† Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can .....	26.00	840 g	Sustagen Hospital Formula Active (Choc) Sustagen Hospital Formula Active (Van)
Note: Community subsidy of Sustagen Hospital Formula is subject to both Special Authority criteria and a manufacturer's surcharge. Higher subsidy by endorsement is available for patients meeting the following endorsement criteria; fat malabsorption, fat intolerance or chyle leak.			
ORAL FEED 1 KCAL/ML – <b>Restricted</b> see terms <a href="#">on page 220</a>			
† Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml carton			<i>e.g. Resource Fruit Beverage</i>
ORAL FEED 1.5 KCAL/ML – <b>Restricted</b> see terms <a href="#">on page 220</a>			
† 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) <i>e.g. Fortijuice</i>
† Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle			<i>e.g. Fortisip</i>
† Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle			<i>e.g. Fortisip</i>
† Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle			<i>e.g. Fortisip Multi Fibre</i>

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

## 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 haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe – **0% DV Sep-17 to 2020** ..... 0.00 10 **Infanrix IPV**

→ **Restricted (RS1387)**

### 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 haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe (1) and inj 10 mcg haemophilus influenzae type B vaccine vial – **0% DV Sep-17 to 2020** ..... 0.00 10 **Infanrix-hexa**

→ **Restricted (RS1478)**

### 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 – **0% DV Jul-17 to 2020** ..... 0.00 5 **ADT Booster**

→ **Restricted (RS1386)**

### 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

continued...

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

- 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.

## BACILLUS CALMETTE-GUERIN VACCINE – **Restricted** see terms [below](#)

<b>¶</b> Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial Danish strain 1331, live attenuated, vial with diluent.....	0.00	10	BCG Vaccine
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➔ **Restricted (RS1233)**

### 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](http://www.bcgatlas.org/index.php)

## DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – **Restricted** see terms [below](#)

<b>¶</b> Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe – <b>0% DV Sep-17 to 2020</b> .....	0.00	1	<b>Boostrix</b>
		10	<b>Boostrix</b>

➔ **Restricted (RS1493)**

### 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](#)

<b>¶</b> Haemophilus Influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml – <b>0% DV Sep-17 to 2020</b> .....	0.00	1	<b>Hiberix</b>
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➔ **Restricted (RS1520)**

### 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.



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE – Restricted</b> see terms <a href="#">below</a>			
<b>↓</b> Inj 4 mcg or each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – <b>0% DV Jul-17 to 2020</b> .....	0.00	1	<b>Menactra</b>
<b>→ Restricted (RS1481)</b>			
<b>Initiation</b>			
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.			
<b>MENINGOCOCCAL C CONJUGATE VACCINE – Restricted</b> see terms <a href="#">below</a>			
<b>↓</b> Inj 10 mcg in 0.5 ml syringe – <b>0% DV Jul-17 to 2020</b> .....	0.00	1	<b>Neisvac-C</b>
<b>→ Restricted (RS1482)</b>			
<b>Initiation</b>			
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.			
<b>PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – Restricted</b> see terms <a href="#">below</a>			
<b>↓</b> mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe – <b>0% DV Sep-17 to 2020</b> .....	0.00	10	<b>Synflorix</b>
<b>→ Restricted (RS1585)</b>			
<b>Initiation</b>			
Either:			
1 A primary course of 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 PCV13.			
Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes			
<b>PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – Restricted</b> see terms <a href="#">below</a>			
<b>↓</b> Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5 ml syringe .....	0.00	1 10	Prevenar 13 Prevenar 13
<b>→ Restricted (RS1586)</b>			
<b>Initiation – High risk children who have received PCV10</b>			
<i>Therapy limited to 1 dose</i>			
One dose is funded for high risk children (over the age of 17 months and under 18 years) who have previously received four doses of PCV10.			

continued...

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## Initiation – High risk children aged under 5 years

Therapy limited to 4 doses

Both:

- 1 Up to an additional four doses (as appropriate) are funded for children aged under 5 years for (re-)immunisation; and
- 2 Any of the following:
  - 2.1 On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
  - 2.2 With primary immune deficiencies; or
  - 2.3 With HIV infection; or
  - 2.4 With renal failure, or nephrotic syndrome; or
  - 2.5 Who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
  - 2.6 With cochlear implants or intracranial shunts; or
  - 2.7 With cerebrospinal fluid leaks; or
  - 2.8 Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
  - 2.9 With chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
  - 2.10 Pre term infants, born before 28 weeks gestation; or
  - 2.11 With cardiac disease, with cyanosis or failure; or
  - 2.12 With diabetes; or
  - 2.13 With Down syndrome; or
  - 2.14 Who are pre-or post-splenectomy, or with functional asplenia.

## Initiation – High risk adults and children 5 years and over

Therapy limited to 4 doses

Up to an additional four doses (as appropriate) are funded for (re-)immunisation of patients 5 years and over with HIV, for patients pre or 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, or primary immunodeficiency.

## Initiation – Testing for primary immunodeficiency diseases

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 [below](#)

‡ Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) – 0% DV Jul-17 to 2020..... 0.00 1 **Pneumovax 23**

➔ **Restricted (RS1587)**

## Initiation – High risk patients

Therapy limited to 3 doses

For patients with HIV, for patients post haematopoietic stem cell transplant, or chemotherapy; pre- or post-splenectomy; or with functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency.

## Initiation – High risk children

Therapy limited to 2 doses

Both:

- 1 Patient is a child under 18 years for (re-)immunisation; and
- 2 Any of the following:
  - 2.1 On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune

continued...

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

- response; or
- 2.2 With primary immune deficiencies; or
- 2.3 With HIV infection; or
- 2.4 With renal failure, or nephrotic syndrome; or
- 2.5 Who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
- 2.6 With cochlear implants or intracranial shunts; or
- 2.7 With cerebrospinal fluid leaks; or
- 2.8 Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
- 2.9 With chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
- 2.10 Pre term infants, born before 28 weeks gestation; or
- 2.11 With cardiac disease, with cyanosis or failure; or
- 2.12 With diabetes; or
- 2.13 With Down syndrome; or
- 2.14 Who are pre-or post-splenectomy, or with functional asplenia.

**Initiation – Testing for primary immunodeficiency diseases**

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 (RS1243)**

**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 – **0% DV Sep-17 to 2020** ..... 0.00

↓ Inj 1440 ELISA units in 1 ml syringe – **0% DV Sep-17 to 2020** ..... 0.00

→ **Restricted (RS1638)**

**Initiation**

Any of the following:

- 1 Two vaccinations for use in transplant patients; or
- 2 Two vaccinations for use in children with chronic liver disease; or
- 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 – **0% DV Jul-17 to 2020** ..... 0.00

→ **Restricted (RS1588)** ..... 1 **HBvaxPRO**

**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 require a primary course of vaccination; or
- 4 For HIV positive patients; or
- 5 For hepatitis C positive patients; or

continued...

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

- 6 for patients following non-consensual sexual intercourse; or
- 7 For patients following immunosuppression; or
- 8 For solid organ transplant patients; or
- 9 For post-haematopoietic stem cell transplant (HSCT) patients; or
- 10 Following needle stick injury.

⚡ Inj 10 mcg in 1 ml vial ..... 0.00 1 HBvaxPRO  
 ➡ **Restricted (RS1588)**

## 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 require a primary course of 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 solid organ transplant patients; or
- 9 For post-haematopoietic stem cell transplant (HSCT) patients; or
- 10 Following needle stick injury.

⚡ Inj 20 mcg per 1 ml prefilled syringe ..... 0.00 1 Engerix-B  
 ➡ **Restricted (RS1588)**

## 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 require a primary course of 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 solid organ transplant patients; or
- 9 For post-haematopoietic stem cell transplant (HSCT) patients; or
- 10 Following needle stick injury.

⚡ Inj 40 mcg per 1 ml vial – 0% DV Jul-17 to 2020 ..... 0.00 1 HBvaxPRO  
 ➡ **Restricted (RS1413)**

## Initiation

Both:

- 1 For dialysis patients; and
- 2 For liver or kidney transplant patient.

(Engerix-B Inj 20 mcg per 1 ml prefilled syringe to be delisted 1 December 2018)

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 Jun-17 to 2020 ..... 0.00 10 Gardasil 9  
 ➡ **Restricted (RS1556)**

## Initiation – Children aged 14 years and under

Therapy limited to 2 doses

Children aged 14 years and under.

continued...

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

### 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

↓ Inj 45 mcg in 0.5 ml syringe (trivalent vaccine).....90.00 10 Influvac

→ **Restricted (RS1642)**

### Initiation – People over 65

The patient is 65 years of age or over.

### Initiation – cardiovascular disease

Any of the following:

- 1 Ischaemic heart disease; or
- 2 Congestive heart failure; or
- 3 Rheumatic heart disease; or
- 4 Congenital 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

Any of the following:

- 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

continued...

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

- 2 Patients in a long-stay inpatient mental health care unit or who are compulsorily detained long-term in a forensic unit within a DHB hospital; or
- 3 People under 18 years of age living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board); or
- 4 People under 18 years of age who have been displaced from their homes in Edgecumbe and the surrounding region.

⚡ Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) ..... 9.00      1      Fluarix Tetra

➡ **Restricted (RS1618)**

## Initiation – cardiovascular disease for patients aged 6 months to 35 months

Any of the following:

- 1 Ischaemic heart disease; or
- 2 Congestive heart failure; or
- 3 Rheumatic heart disease; or
- 4 Congenital 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 for patients aged 6 months to 35 months

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 for patients aged 6 months to 35 months

Any of the following:

- 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 Child who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or
- 2 Child is living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board); or
- 3 Child has been displaced from their homes in Edgecumbe and the surrounding region.

⚡ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) ..... 90.00      10      Influvac Tetra

➡ **Restricted (RS1617)**

## Initiation – People over 65

The patient is 65 years of age or over.

## Initiation – cardiovascular disease for patients 3 years and over

Any of the following:

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

- 1 Ischaemic heart disease; or
- 2 Congestive heart failure; or
- 3 Rheumatic heart disease; or
- 4 Congenital 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 for patients 3 years and over**

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 for patients 3 years and over**

Any of the following:

- 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 in a long-stay inpatient mental health care unit or who are compulsorily detained long-term in a forensic unit within a DHB hospital; or
- 3 People under 18 years of age living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board); or
- 4 People under 18 years of age who have been displaced from their homes in Edgumbe and the surrounding region.

**MEASLES, MUMPS AND RUBELLA VACCINE – Restricted** see terms [below](#)

<p>↓ Injection, measles virus 1,000 CCID<sub>50</sub>, mumps virus 5,012 CCID<sub>50</sub>, Rubella virus 1,000 CCID<sub>50</sub>; prefilled syringe/ampoule of diluent 0.5 ml – <b>0% DV Sep-17 to 2020</b> .....</p>	0.00	10	<b>Priorix</b>
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→ **Restricted (RS1487)**

**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

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

- 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 [below](#)

⚡ Inj 80 D-antigen units in 0.5 ml syringe – **0% DV Jul-17 to 2020** ..... 0.00 1 **IPOL**

➡ **Restricted (RS1398)**

## 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 ORAL VACCINE – **Restricted** see terms [below](#)

⚡ Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose,  
prefilled oral applicator – **0% DV Sep-17 to 2020** ..... 0.00 10 **Rotarix**

➡ **Restricted (RS1590)**

## Initiation

*Therapy limited to 2 doses*

Both:

- 1 First dose to be administered in infants aged under 14 weeks of age; and
- 2 No vaccination being administered to children aged 24 weeks or over.

VARICELLA VACCINE [CHICKENPOX VACCINE] – **Restricted** see terms [below](#)

⚡ Inj 2000 PFU prefilled syringe plus vial – **0% DV Sep-17 to 2020** ..... 0.00 1 **Varilrix**  
10 **Varilrix**

➡ **Restricted (RS1591)**

## Initiation – primary vaccinations

*Therapy limited to 1 dose*

Either:

- 1 Any infant born on or after 1 April 2016; or
- 2 For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox).

## Initiation – other conditions

*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

continued...



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

- 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 patients 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

VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] – **Restricted** see terms [below](#)

↓ Varicella zoster virus (Oka strain) live attenuated vaccine [shingles vaccine] .....	0.00	1	Zostavax
		10	Zostavax

⇒ **Restricted (RS1619)**

**Initiation – people aged 65 years**

*Therapy limited to 1 dose*

One dose for all people aged 65 years.

**Initiation – people aged between 66 and 80 years**

*Therapy limited to 1 dose*

One dose for all people aged between 66 and 80 years inclusive from 1 April 2018 and 31 March 2020.

## Diagnostic Agents

TUBERCULIN PPD [MANTOUX] TEST

Inj 5 TU per 0.1 ml, 1 ml vial – <b>0% DV Jul-17 to 2020</b> .....	0.00	1	<b>Tubersol</b>
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## PART III: OPTIONAL PHARMACEUTICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Optional Pharmaceuticals</b>			
<b>NOTE:</b>			
In addition to the products expressly listed here in Part III: Optional Pharmaceuticals, a range of hospital medical devices are listed in an addendum to Part III which is available at <a href="http://www.pharmac.govt.nz">www.pharmac.govt.nz</a> . 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.			
<b>BLOOD GLUCOSE DIAGNOSTIC TEST METER</b>			
1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips .....	20.00	1	CareSens N Premier
	10.00		Caresens N
			Caresens N POP
<b>BLOOD GLUCOSE DIAGNOSTIC TEST STRIP</b>			
Blood glucose test strips.....	10.56	50 test	CareSens N
Test strips.....	10.56	50 test	CareSens PRO
<b>BLOOD KETONE DIAGNOSTIC TEST STRIP</b>			
Test strips.....	15.50	10 strip	KetoSens
<b>DUAL BLOOD GLUCOSE AND BLOOD KETONE DIAGNOSTIC TEST METER</b>			
Meter with 50 lancets, a lancing device, and 10 blood glucose diagnostic test strips .....	20.00	1	CareSens Dual
<b>INSULIN PEN NEEDLES</b>			
29 g x 12.7 mm .....	10.50	100	B-D Micro-Fine
31 g x 5 mm .....	11.75	100	B-D Micro-Fine
31 g x 6 mm .....	10.50	100	ABM
31 g x 8 mm .....	10.50	100	B-D Micro-Fine
32 g x 4 mm .....	10.50	100	B-D Micro-Fine
<b>INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE</b>			
Syringe 0.3 ml with 29 g x 12.7 mm needle .....	13.00	100	B-D Ultra Fine
Syringe 0.3 ml with 31 g x 8 mm needle .....	13.00	100	B-D Ultra Fine II
Syringe 0.5 ml with 29 g x 12.7 mm needle .....	13.00	100	B-D Ultra Fine
Syringe 0.5 ml with 31 g x 8 mm needle .....	13.00	100	B-D Ultra Fine II
Syringe 1 ml with 29 g x 12.7 mm needle .....	13.00	100	B-D Ultra Fine
Syringe 1 ml with 31 g x 8 mm needle .....	13.00	100	B-D Ultra Fine II
<b>MASK FOR SPACER DEVICE</b>			
Small.....	2.20	1	e-chamber Mask
<b>PEAK FLOW METER</b>			
Low Range .....	9.54	1	Mini-Wright AFS Low Range
Normal Range .....	9.54	1	Mini-Wright Standard
<b>PREGNANCY TEST - HCG URINE</b>			
Cassette .....	12.00	40 test	Smith BioMed Rapid Pregnancy Test
<b>SODIUM NITROPRUSSIDE</b>			
Test strip.....	22.00	50 strip	Ketostix
<b>SPACER DEVICE</b>			
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

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

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

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Acarbose	8	
Accuretic 10	35	
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Acetic acid with propylene glycol	197	
Acetylcholine chloride	195	
Acetylcysteine	198	
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Sensory	191	
Aciclovir-Clarix	86	
Acid Citrate Dextrose A	27	
Acidex	5	
Acipimox	42	
Acitretin	52	
Aclasta	94	
Actemra	175	
Actinomycin D	128	
Adalat 10	38	
Adalat Oros	38	
Adalimumab	149	
Adapalene	49	
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Adenosine	35	
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ADT Booster	223	
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Allopurinol	98	
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Amiloride hydrochloride with hydrochlorothiazide	40	
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Apo-Cilazapril/ Hydrochlorothiazide.....	34	Arrow-Norfloxacin.....	74	Aztreonam.....	75
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Apo-Doxazosin.....	35	Arrow-Roxithromycin.....	72	Bacillus calmette-guerin (BCG).....	182
Apo-Folic Acid.....	23	Arrow-Sertraline.....	111	Bacillus calmette-guerin vaccine.....	224
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Apo-Leflunomide.....	91	Arrow-Tolterodine.....	58	Bacterial and Viral Vaccines.....	223
Apo-Megestrol.....	141	Arrow-Topiramate.....	114	Bacterial Vaccines.....	223
Apo-Metoprolol.....	37	Arrow-Tramadol.....	110	Balanced Salt Solution.....	194
Apo-Mirtazapine.....	111	Arsenic trioxide.....	131	Baraclude.....	85
Apo-Moclobemide.....	111	Artemether with lumefantrine.....	80	Barium sulphate.....	201
Apo-Montelukast.....	189	Artesunate.....	81	Barium sulphate with sodium bicarbonate.....	201
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