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Part I	General Rules	4
---------------	---------------	----------

Part II	Alimentary Tract and Metabolism	5
	Blood and Blood Forming Organs	23
	Cardiovascular System	36
	Dermatologicals	51
	Genito-Urinary System	57
	Hormone Preparations	62
	Infections	72
	Musculoskeletal System	94
	Nervous System	106
	Oncology Agents and Immunosuppressants	130
	Respiratory System and Allergies	189
	Sensory Organs	197
	Various	204
	Extemporaneous Compounds (ECPs)	211
	Special Foods	214
	Vaccines	229

Part III	Optional Pharmaceuticals	240
-----------------	--------------------------	------------

	Index	241
--	-------	------------

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 - Restricted see terms below ⚡ Presentation A.....10.00	100	Brand A
	➡ Restricted Only for use in children under 12 years of age		Brand or manufacturer's name
Indicates only presentation B1 is Restricted	CHEMICAL B - Some items restricted see terms below ⚡ Presentation B1.....1,589,00 Presentation B2 ➡ Restricted 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 - -1% DV Limit Jan-12 to 201415.00	28	Brand C
	CHEMICAL D - Restricted see terms below ⚡ Presentation D - -1% DV Limit Mar-13 to 201438.65	500	Brand D
Standard national price excluding GST	➡ Restricted <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 bold			

PART I: GENERAL RULES

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
Antacids and Antiflatulents			
Antacids and Reflux Barrier Agents			
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)			
Phosphate Binding Agents			
ALUMINIUM HYDROXIDE			
Tab 600 mg			
CALCIUM CARBONATE – Restricted see terms below			
↓ Oral liq 250 mg per ml (100 mg elemental per ml)	39.00	500 ml	Roxane
➔ Restricted (RS1025)			
Initiation			
Only for use in children under 12 years of age for use as a phosphate binding agent.			
Antidiarrhoeals and Intestinal Anti-Inflammatory Agents			
Antipropulsives			
DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE			
Tab 2.5 mg with atropine sulphate 25 mcg			
LOPERAMIDE HYDROCHLORIDE			
Tab 2 mg – 1% DV Oct-16 to 2019	10.75	400	Nodia
Cap 2 mg – 1% DV Sep-16 to 2019	7.05	400	Diamide Relief
Rectal and Colonic Anti-Inflammatories			
BUDESONIDE – Restricted see terms below			
↓ Cap 3 mg			
➔ Restricted (RS1026)			
Initiation – Crohn's disease			
Both:			

continued...

ALIMENTARY TRACT AND METABOLISM

	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
Management of Anal Fissures			
GLYCERYL TRINITRATE			
Oint 0.2%.....	22.00	30 g	Rectogesic
Rectal Sclerosants			
OILY PHENOL [PHENOL OILY]			
Inj 5%, 5 ml vial			
Antispasmodics and Other Agents Altering Gut Motility			
GLYCOPYRRONIUM BROMIDE			
Inj 200 mcg per ml, 1 ml ampoule – 1% DV Jul-16 to 2019	17.14	10	Max Health
HYOSCINE BUTYLBROMIDE			
Tab 10 mg – 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
Antiulcerants			
Antisecretory and Cytoprotective			
MISOPROSTOL			
Tab 200 mcg – 1% DV Jun-16 to 2019	41.50	120	Cytotec
H2 Antagonists			
CIMETIDINE			
Tab 200 mg			
Tab 400 mg			
RANITIDINE			
Tab 150 mg – 1% DV 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
Proton Pump Inhibitors			
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
OMEPRAZOLE			
↓ Tab dispersible 20 mg			
➔ Restricted (RS1027)			
Initiation			
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
PANTOPRAZOLE			
Tab EC 20 mg – 1% DV Dec-16 to 2019	2.41	100	Panzop Relief
Tab EC 40 mg – 1% DV Dec-16 to 2019	3.35	100	Panzop Relief
Inj 40 mg vial			

Site Protective Agents

COLLOIDAL BISMUTH SUBCITRATE			
Tab 120 mg	14.51	50	Gastrodenol
SUCRALFATE			
Tab 1 g			

Bile and Liver Therapy

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

↓ Grans for oral liquid 3 g

➔ **Restricted (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

ACARBOSE			
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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ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
INSULIN GLULISINE			
Inj 100 u per ml, 10 ml vial.....	27.03	1	Apidra
Inj 100 u per ml, 3 ml cartridge.....	46.07	5	Apidra
Inj 100 u per ml, 3 ml disposable pen.....	46.07	5	Apidra Solostar
INSULIN LISPRO			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
Insulin - Short-Acting Preparations			
INSULIN NEUTRAL			
Inj human 100 u per ml, 10 ml vial			
Inj human 100 u per ml, 3 ml cartridge			
Oral Hypoglycaemic Agents			
GLIBENCLAMIDE			
Tab 5 mg – 1% DV Oct-18 to 2021.....	6.00	100	Daonil
GLICLAZIDE			
Tab 80 mg – 1% DV Sep-17 to 2020.....	10.29	500	Glizide
GLIPIZIDE			
Tab 5 mg – 1% DV Dec-18 to 2021.....	3.27	100	Minidiab
METFORMIN HYDROCHLORIDE			
Tab immediate-release 500 mg – 1% DV Feb-19 to 2021.....	8.63	1,000	Apotex
	9.59		Metckek
Tab immediate-release 850 mg.....	7.82	500	Metformin Mylan
<i>(Metckek Tab immediate-release 500 mg to be delisted 1 February 2019)</i>			
PIOGLITAZONE			
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
VILDAGLIPTIN			
Tab 50 mg.....	40.00	60	Galvus
VILDAGLIPTIN WITH METFORMIN HYDROCHLORIDE			
Tab 50 mg with 1,000 mg metformin hydrochloride.....	40.00	60	Galvumet
Tab 50 mg with 850 mg metformin hydrochloride.....	40.00	60	Galvumet
Digestives Including Enzymes			
PANCREATIC ENZYME			
Cap pancreatin (175 mg (25,000 U lipase, 22,500 U amylase, 1,250 U protease))			
Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) – 1% DV 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)			
URSODEOXYCHOLIC ACID – Restricted see terms on the next page			
⚡ Cap 250 mg – 1% DV Sep-17 to 2020.....	37.95	100	Ursosan

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

➔ Restricted (RS1647)

Initiation – Alagille syndrome or progressive familial intrahepatic cholestasis

Either:

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

Initiation – Chronic severe drug induced cholestatic liver injury

All of the following:

- 1 Patient has chronic severe drug induced cholestatic liver injury; and
- 2 Cholestatic liver injury not due to Total Parenteral Nutrition (TPN) use in adults; and
- 3 Treatment with ursodeoxycholic acid may prevent hospital admission or reduce duration of stay.

Initiation – Primary biliary cholangitis

Both:

- 1 Primary biliary cholangitis 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 umol/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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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STERCULIA WITH FRANGULA – **Restricted:** For continuation only

➔ Powder for oral soln

Faecal Softeners

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**

Opioid Receptor Antagonists - Peripheral

METHYLNALTREXONE BROMIDE – **Restricted** see terms [below](#)

‡ Inj 12 mg per 0.6 ml vial36.00 1 Relistor
246.00 7 Relistor

➔ **Restricted (RS1601)**

Initiation – Opioid induced constipation

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.

Osmotic Laxatives

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 ml26.72 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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
BETAINE – Restricted see terms below			
↓ Powder for oral soln.....	575.00	180 g	Cystadane
➔ Restricted (RS1639)			
Initiation			
Metabolic physician			
<i>Re-assessment required after 12 months</i>			
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			
<i>Re-assessment required after 12 months</i>			
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			
<i>Re-assessment required after 12 months</i>			
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			
<i>Re-assessment required after 12 months</i>			
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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
IDURSULFASE – Restricted see terms below			
⚡ Inj 2 mg per ml, 3 ml vial.....	4,608.30	1	Elaprase
➔ Restricted (RS1546)			
Initiation			
Metabolic physician			
<i>Limited to 24 weeks treatment</i>			
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			
<i>(Any Inj 40 iu per ml, 5 ml vial to be delisted 1 March 2019)</i>			
<i>(Any Inj 40 iu per ml, 10 ml vial to be delisted 1 March 2019)</i>			
➔ 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			
<i>Limited to 24 weeks treatment</i>			
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 on the next page			
⚡ Cap 500 mg			
⚡ Oral soln 1,000 mg per 10 ml			
⚡ Inj 200 mg per ml, 5 ml vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1035)			
Neurologist, metabolic physician or metabolic disorders dietitian			
PYRIDOXAL-5-PHOSPHATE – Restricted see terms below			
⚡ Tab 50 mg			
➔ Restricted (RS1331)			
Neurologist, metabolic physician or metabolic disorders dietitian			
SAPROPTERIN DIHYDROCHLORIDE – Restricted see terms below			
⚡ Tab soluble 100 mg.....	1,452.70	30	Kuvan
➔ Restricted (RS1656)			
Initiation			
Metabolic physician			
<i>Re-assessment required after 1 month</i>			
All of the following:			
1 Patient has phenylketonuria (PKU) and is pregnant or actively planning to become pregnant; and			
2 Treatment with sapropterin is required to support management of PKU during pregnancy; and			
3 Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and			
4 Sapropterin to be used alone or in combination with PKU dietary management; and			
5 Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery.			
Continuation			
Metabolic physician or any relevant practitioner on the recommendation of a metabolic physician			
<i>Re-assessment required after 12 months</i>			
All of the following:			
1 Either:			
1.1 Following the initial one-month approval, the patient has demonstrated an adequate response to a 2 to 4 week trial of sapropterin with a clinically appropriate reduction in phenylalanine levels to support management of PKU during pregnancy; or			
1.2 On subsequent renewal applications, the patient has previously demonstrated response to treatment with sapropterin and maintained adequate phenylalanine levels to support management of PKU during pregnancy; and			
2 Any of the following:			
2.1 Patient continues to be pregnant and treatment with sapropterin will not continue after delivery; or			
2.2 Patient is actively planning a pregnancy and this is the first renewal for treatment with sapropterin; or			
2.3 Treatment with sapropterin is required for a second or subsequent pregnancy to support management of their PKU during pregnancy; and			
3 Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and			
4 Sapropterin to be used alone or in combination with PKU dietary management; and			
5 Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery.			
SODIUM BENZOATE			
Cap 500 mg			
Powder			
Soln 100 mg per ml			
Inj 20%, 10 ml ampoule			
SODIUM PHENYLBUTYRATE – Some items restricted see terms on the next page			
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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1526)****Initiation**

Metabolic physician

Re-assessment required after 12 months

For the chronic management of a urea cycle disorder involving a deficiency of carbamylphosphate synthetase, ornithine transcarbamylase or argininosuccinate synthetase.

Continuation

Metabolic physician

Re-assessment required after 12 months

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

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

⚡ Inj 200 unit vial.....	1,072.00	1	Elelyso
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➔ **Restricted (RS1034)****Initiation**

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

TRIENTINE DIHYDROCHLORIDE

Cap 300 mg

Minerals**Calcium**

CALCIUM CARBONATE

Tab 1.25 g (500 mg elemental) – 1% DV Mar-18 to 2020	7.52	250	Arrow-Calcium Calsource
Tab eff 1.75 g (1 g elemental)	2.07	10	

Fluoride

SODIUM FLUORIDE

Tab 1.1 mg (0.5 mg elemental)

Iodine

POTASSIUM IODATE

Tab 253 mcg (150 mcg elemental iodine)	4.69	90	NeuroTabs
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POTASSIUM IODATE WITH IODINE

Oral liq 10% with iodine 5%

IronFERRIC CARBOXYMALTOSE – **Restricted** see terms [below](#)

⚡ Inj 50 mg per ml, 10 ml vial.....	150.00	1	Ferinject
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➔ **Restricted (RS1417)****Initiation**

Treatment with oral iron has proven ineffective or is clinically inappropriate.

FERROUS FUMARATE

Tab 200 mg (65 mg elemental) – 1% DV Jan-19 to 2021	3.09	100	Ferro-tab
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FERROUS FUMARATE WITH FOLIC ACID

Tab 310 mg (100 mg elemental) with folic acid 350 mcg – 1% DV Jun-18 to 2021	4.68	60	Ferro-F-Tabs
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ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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) – 1% DV Jun-18 to 2021	2.06	30	Ferrograd
Oral liq 30 mg (6 mg elemental) per ml – 1% DV Oct-16 to 2019	10.80	500 ml	Ferodan
FERROUS SULPHATE WITH ASCORBIC ACID Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg			
IRON POLYMALTOSE Inj 50 mg per ml, 2 ml ampoule	15.22	5	Ferrum H
<i>(Ferrum H Inj 50 mg per ml, 2 ml ampoule to be delisted 1 April 2019)</i>			
IRON SUCROSE Inj 20 mg per ml, 5 ml ampoule	100.00	5	Venofer

Magnesium

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 – 1% DV Sep-17 to 2020	10.21	10	DBL

Zinc

ZINC Oral liq 5 mg per 5 drops			
ZINC CHLORIDE Inj 5.3 mg per ml (5.1 mg per ml elemental), 2 ml ampoule			
ZINC SULPHATE Cap 137.4 mg (50 mg elemental)	11.00	100	Zincaps

Mouth and Throat

Agents Used in Mouth Ulceration

BENZYDAMINE HYDROCHLORIDE Soln 0.15% Spray 0.15% Spray 0.3%			
BENZYDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE Lozenge 3 mg with cetylpyridinium chloride			
CARBOXYMETHYLCELLULOSE Oral spray			
CARMELLOSE SODIUM WITH PECTIN AND GELATINE Paste Powder			

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

Oropharyngeal Anti-Infectives

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

Other Oral Agents

SODIUM HYALURONATE [HYALURONIC ACID] – **Restricted** see terms [below](#)

↓ Inj 20 mg per ml, 1 ml syringe

→ **Restricted (RS1175)**

Otolaryngologist

THYMOL GLYCERIN

Compound, BPC – **1% DV Aug-16 to 2019**..... 9.15 500 ml **PSM**

Vitamins

Multivitamin Preparations

MULTIVITAMIN AND MINERAL SUPPLEMENT – **Restricted** see terms [below](#)

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

→ **Restricted (RS1498)**

Initiation

Limited to 3 months treatment

Both:

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

MULTIVITAMIN RENAL – **Restricted** see terms [below](#)

↓ Cap..... 6.49 30 Clinicians Renal Vit

→ **Restricted (RS1499)**

Initiation

Either:

continued...

ALIMENTARY TRACT AND METABOLISM

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

- 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/1.73m² body surface area (BSA).

MULTIVITAMINS

Tab (BPC cap strength) – 1% DV Jan-17 to 2019	10.50	1,000	Mvite
↓ cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 11 mcg, alpha tocopherol 150 u, phytonadione 150 mcg, folic acid 0.2 mg, ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 mg, riboflavin 1.7 mg, niacin 20 mg, pyridoxine hydrochloride 1.9 mg, cyanocobalamin 3 mcg, zinc 7.5 mg and biotin 100 mcg			<i>e.g. Vitabdeck</i>
➔ Restricted (RS1620)			
Initiation			
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>

➔ **Restricted (RS1178)**

Initiation

Patient has inborn errors of metabolism.

Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg and glucose 1000 mg, 5 ml ampoule (1)			<i>e.g. Pabrinex IV</i>
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg, 2 ml ampoule (1)			<i>e.g. Pabrinex IM</i>
Inj thiamine hydrochloride 500 mg with riboflavin 8 mg and pyridoxine hydrochloride 100 mg, 10 ml ampoule (1) and inj ascorbic acid 1000 mg with nicotinamide 320 mg and glucose 2000 mg, 10 ml ampoule (1)			<i>e.g. Pabrinex IV</i>

VITAMIN A WITH VITAMINS D AND C

Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops			<i>e.g. Vitadol C</i>
<i>(e.g. Vitadol C Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops to be delisted 1 August 2019)</i>			

Vitamin A

RETINOL

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

Vitamin B

HYDROXOCOBALAMIN

Inj 1 mg per ml, 1 ml ampoule – 1% DV Sep-18 to 2021	1.89	3	Neo-B12
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PYRIDOXINE HYDROCHLORIDE			
Tab 25 mg – 1% DV Jan-18 to 2020	2.70	90	Vitamin B6 25
Tab 50 mg – 1% DV Oct-17 to 2020	13.63	500	Apo-Pyridoxine
Inj 100 mg per ml, 1 ml ampoule			
Inj 100 mg per ml, 30 ml vial			
THIAMINE HYDROCHLORIDE			
Tab 50 mg – 1% DV Nov-18 to 2020	4.89	100	Max Health
Tab 100 mg			
Inj 100 mg per ml, 1 ml vial			<i>e.g. Benerva</i>
Inj 100 mg per ml, 2 ml vial			
VITAMIN B COMPLEX			
Tab strong, BPC – 1% DV Jan-17 to 2019	7.15	500	Bplex

Vitamin C

ASCORBIC ACID			
Tab 100 mg – 1% DV Jan-17 to 2019	8.10	500	Cvite
Tab chewable 250 mg			

Vitamin D

ALFACALCIDOL			
Cap 0.25 mcg – 1% DV Aug-17 to 2020	26.32	100	One-Alpha
Cap 1 mcg – 1% DV Aug-17 to 2020	87.98	100	One-Alpha
Oral drops 2 mcg per ml – 1% DV Aug-17 to 2020	60.68	20 ml	One-Alpha
CALCITRIOL			
Cap 0.25 mcg – 1% DV Aug-16 to 2019	9.95	100	Calcitriol-AFT
Cap 0.5 mcg – 1% DV Aug-16 to 2019	18.39	100	Calcitriol-AFT
Oral liq 1 mcg per ml			
Inj 1 mcg per ml, 1 ml ampoule			
COLECALCIFEROL			
Cap 1.25 mg (50,000 iu) – 1% DV Oct-17 to 2020	2.50	12	Vit.D3

Vitamin E

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

↓ Oral liq 156 u per ml

→ **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:

continued...

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

continued...

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

→ **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) \$	Per	Brand or Generic Manufacturer
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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 – 1% DV Oct-18 to 2021.....	21.84	1,000	Apo-Folic Acid
Tab 5 mg – 1% DV Oct-18 to 2021.....	12.12	500	Apo-Folic Acid
Oral liq 50 mcg per ml	24.00	25 ml	Biomed
Inj 5 mg per ml, 10 ml vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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 1,550.00 28 Revolade

↓ Tab 50 mg 3,100.00 28 Revolade

→ **Restricted (RS1648)**

Initiation – idiopathic thrombocytopenic purpura - post-splenectomy

Haematologist

Re-assessment required after 6 weeks

All of the following:

- 1 Patient has had a splenectomy; and
- 2 Two immunosuppressive therapies have been trialed 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

Initiation – idiopathic thrombocytopenic purpura contraindicated to splenectomy

Haematologist

Re-assessment required after 3 months

All of the following:

- 1 Patient has a significant and well-documented contraindication to splenectomy for clinical reasons; and

continued...

BLOOD AND BLOOD FORMING ORGANS

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

- 2 Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab); and
- 3 Either:
 - 3.1 Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microliter; or
 - 3.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding.

Continuation – idiopathic thrombocytopenic purpura contraindicated to splenectomy

Haematologist

Re-assessment required after 12 months

All of the following:

- 1 The patient's significant contraindication to splenectomy remains; and
- 2 The patient has obtained a response from treatment during the initial approval period; and
- 3 Patient has maintained a platelet count of at least 50,000 platelets per microlitre on treatment; and
- 4 Further treatment with eltrombopag is required to maintain response.

Initiation – severe aplastic anaemia

Haematologist

Re-assessment required after 3 months

Both:

- 1 Two immunosuppressive therapies have been trialled and failed after therapy of at least 3 months duration; and
- 2 Either:
 - 2.1 Patient has severe aplastic anaemia with a platelet count of less than or equal to 20,000 platelets per microliter; or
 - 2.2 Patient has severe aplastic anaemia with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding.

Continuation – severe aplastic anaemia

Haematologist

Re-assessment required after 12 months

Both:

- 1 The patient has obtained a response from treatment of at least 20,000 platelets per microlitre above baseline during the initial approval period; and
- 2 Platelet transfusion independence for a minimum of 8 weeks during the initial approval period.

FERRIC SUBSULFATE

Gel 25.9%

Soln 500 ml

POLIDOCANOL

Inj 0.5%, 30 ml vial

SODIUM TETRADECYL SULPHATE

Inj 3%, 2 ml ampoule

THROMBIN

Powder

TRANEXAMIC ACID

Tab 500 mg – 1% DV Sep-16 to 2019 20.67

Inj 100 mg per ml, 5 ml ampoule – 1% DV Sep-18 to 2021 6.95

Inj 100 mg per ml, 10 ml ampoule – 1% DV Sep-18 to 2021 10.95

100

5

5

Cyklokapron

Tranexamic-AFT

Tranexamic-AFT

Anticoagulant Reversal Agents

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

⚡ Inj 50 mg per ml, 50 ml vial 4,250.00

2

Praxbind

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

⚡ 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

➔ 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 [on the next page](#)

⚡ 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

BLOOD AND BLOOD FORMING ORGANS

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

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

Vitamin K

PHYTOMENADIONE

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

Antithrombotics

Anticoagulants

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

⚡ Inj 250 mg vial

➔ Restricted (RS1181)

Initiation

Either:

continued...

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

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

CITRATE SODIUM

- 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

DABIGATRAN

Cap 75 mg.....	76.36	60	Pradaxa
Cap 110 mg.....	76.36	60	Pradaxa
Cap 150 mg.....	76.36	60	Pradaxa

DALTEPARIN

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

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

↓ Inj 750 u in 0.6 ml ampoule

→ **Restricted (RS1182)**

Initiation

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

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

↓ Inj 80 mg per ml, 2.5 ml ampoule

→ **Restricted (RS1183)**

Initiation

Haematologist

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

DEXTROSE WITH SODIUM CITRATE AND CITRIC ACID [ACID CITRATE DEXTROSE A]

- Inj 24.5 mg with sodium citrate 22 mg and citric acid 7.3 mg per ml,
100 ml bag

ENOXAPARIN SODIUM

Inj 20 mg in 0.2 ml syringe.....	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

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

↓ Inj 2.5 mg in 0.5 ml syringe

↓ Inj 7.5 mg in 0.6 ml syringe

→ **Restricted (RS1184)**

Initiation

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

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
HEPARIN SODIUM			
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	Pfizer
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	Pfizer
<i>(Any Inj 1,000 iu per ml, 35 ml vial to be delisted 1 May 2019)</i>			
HEPARINISED SALINE			
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			
PHENINDIONE			
Tab 10 mg			
Tab 25 mg			
Tab 50 mg			
PROTAMINE SULPHATE			
Inj 10 mg per ml, 5 ml ampoule			
RIVAROXABAN			
Tab 10 mg	83.10	30	Xarelto
Tab 15 mg	77.56	28	Xarelto
Tab 20 mg	77.56	28	Xarelto
SODIUM CITRATE WITH SODIUM CHLORIDE AND POTASSIUM CHLORIDE			
Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride 74.6 mcg per ml, 5,000 ml bag			
WARFARIN SODIUM			
Tab 1 mg	6.86	100	Marevan
Tab 2 mg			
Tab 3 mg	9.70	100	Marevan
Tab 5 mg	11.75	100	Marevan
Antiplatelets			
ASPIRIN			
Tab 100 mg – 10% DV Dec-16 to 2019	1.60	90	Ethics Aspirin EC
	12.50	990	Ethics Aspirin EC
Suppos 300 mg			
CLOPIDOGREL			
Tab 75 mg – 1% DV Mar-17 to 2019	5.44	84	Arrow - Clopid
DIPYRIDAMOLE			
Tab 25 mg			
Tab long-acting 150 mg – 1% DV Sep-16 to 2019	11.52	60	Pytazen SR
Inj 5 mg per ml, 2 ml ampoule			
EPTIFIBATIDE – Restricted see terms on the next page			
⚡ Inj 2 mg per ml, 10 ml vial – 1% DV Nov-18 to 2021	138.75	1	Integrilin
⚡ Inj 750 mcg per ml, 100 ml vial – 1% DV Nov-18 to 2021	405.00	1	Integrilin

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **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 syringe270.00 5 Zarzio

⚡ Inj 300 mcg in 1 ml vial520.00 4 Neupogen

⚡ Inj 480 mcg in 0.5 ml prefilled syringe432.00 5 Zarzio

➡ **Restricted (RS1188)**

Haematologist or oncologist

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

⚡ Inj 6 mg per 0.6 ml syringe1,080.00 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
Fluids and Electrolytes			
Intravenous Administration			
CALCIUM CHLORIDE			
Inj 100 mg per ml, 10 ml vial			
CALCIUM GLUCONATE			
Inj 10%, 10 ml ampoule	34.24	10	Hospira
COMPOUND ELECTROLYTES			
Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, 500 ml bag – 1% DV Jun-18 to 2021	44.10	18	Plasma-Lyte 148
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 – 1% DV Jun-18 to 2021	27.24	12	Plasma-Lyte 148
COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]			
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 – 1% DV Jun-18 to 2021	211.92	12	Plasma-Lyte 148 & 5% Glucose
COMPOUND SODIUM LACTATE [HARTMANN'S SOLUTION]			
Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, 500 ml bag – 1% DV Jun-18 to 2021	23.40	18	Baxter
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 – 1% DV Jun-18 to 2021	15.72	12	Baxter
GLUCOSE [DEXTROSE]			
Inj 5%, 1,000 ml bag – 1% DV Aug-18 to 2021	16.80	10	Fresenius Kabi
Inj 5%, 100 ml bag – 1% DV Aug-18 to 2021	77.50	50	Fresenius Kabi
Inj 5%, 250 ml bag – 1% DV Aug-18 to 2021	52.50	30	Fresenius Kabi
Inj 5%, 50 ml bag – 1% DV Jun-18 to 2021	143.40	60	Baxter Glucose 5%
Inj 5%, 500 ml bag – 1% DV Aug-18 to 2021	24.00	20	Fresenius Kabi
Inj 10%, 1,000 ml bag – 1% DV Jun-18 to 2021	111.96	12	Baxter Glucose 10%
Inj 10%, 500 ml bag – 1% DV Jun-18 to 2021	109.98	18	Baxter Glucose 10%
Inj 50%, 10 ml ampoule – 1% DV Oct-17 to 2020	29.50	5	Biomed
Inj 50%, 500 ml bag – 1% DV Jun-18 to 2021	337.32	18	Baxter Glucose 50%
Inj 50%, 90 ml bottle – 1% DV Oct-17 to 2020	14.50	1	Biomed
GLUCOSE WITH POTASSIUM CHLORIDE			
Inj 10% glucose with 20 mmol/l potassium chloride, 500 ml bag			
GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE			
Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag			
Inj 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 – 1% DV Jun-18 to 2021	203.40	12	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 1,000 ml bag – 1% DV Jun-18 to 2021	159.96	12	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, 1,000 ml bag – 1% DV Jun-18 to 2021	282.72	12	Baxter

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
GLUCOSE WITH SODIUM CHLORIDE			
Inj glucose 2.5% with sodium chloride 0.45%, 500 ml bag			
Inj 4% glucose and sodium chloride 0.18%, 1,000 ml bag – 1% DV			
Jun-18 to 2021	163.32	12	Baxter
Inj 5% glucose and sodium chloride 0.45%, 1,000 ml bag – 1% DV			
Jun-18 to 2021	163.20	12	Baxter
Inj 5% glucose and sodium chloride 0.9%, 1,000 ml bag – 1% DV			
Jun-18 to 2021	173.40	12	Baxter
POTASSIUM CHLORIDE			
Inj 75 mg (1 mmol) per ml, 10 ml ampoule			
Inj 225 mg (3 mmol) per ml, 20 ml ampoule			
POTASSIUM CHLORIDE WITH SODIUM CHLORIDE			
Inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag			
– 1% DV Jun-18 to 2021	476.64	48	Baxter
Inj 20 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag			
– 1% DV Jun-18 to 2021	163.08	12	Baxter
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag			
– 1% DV Jun-18 to 2021	253.32	12	Baxter
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag			
– 1% DV Jun-18 to 2021	772.32	48	Baxter
POTASSIUM DIHYDROGEN PHOSPHATE			
Inj 1 mmol per ml, 10 ml ampoule	151.80	10	Hospira
RINGER'S SOLUTION			
Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, 1,000 ml bag			
SODIUM ACETATE			
Inj 4 mmol per ml, 20 ml ampoule			
SODIUM BICARBONATE			
Inj 8.4%, 10 ml vial			
Inj 8.4%, 50 ml vial	19.95	1	Biomed
Inj 8.4%, 100 ml vial	20.50	1	Biomed
SODIUM CHLORIDE			
Inj 0.9%, 5 ml ampoule	7.00	50	InterPharma
Inj 0.9%, 10 ml ampoule – 1% DV Mar-17 to 2019	6.63	50	Pfizer
⚡ Inj 0.9%, 3 ml syringe, non-sterile pack – 1% DV Sep-18 to 2021	160.90	480	BD PosiFlush
➡ Restricted (RS1297)			
Initiation			
For use in flushing of in-situ vascular access devices only.			
⚡ Inj 0.9%, 5 ml syringe, non-sterile pack – 1% DV Sep-18 to 2021	162.91	480	BD PosiFlush
➡ Restricted (RS1297)			
Initiation			
For use in flushing of in-situ vascular access devices only.			
⚡ Inj 0.9%, 10 ml syringe, non-sterile pack – 1% DV Sep-18 to 2021	170.35	480	BD PosiFlush
➡ Restricted (RS1297)			
Initiation			
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	Biomed
Inj 0.45%, 500 ml bag – 1% DV Sep-16 to 2019	71.28	18	Baxter
Inj 3%, 1,000 ml bag – 1% DV Sep-16 to 2019	91.20	12	Baxter
Inj 0.9%, 50 ml bag – 1% DV Sep-16 to 2019	109.80	60	Baxter
Inj 0.9%, 100 ml bag – 1% DV Sep-16 to 2019	78.24	48	Baxter
Inj 0.9%, 250 ml bag – 1% DV Sep-16 to 2019	44.64	24	Baxter
Inj 0.9%, 500 ml bag – 1% DV Sep-16 to 2019	22.14	18	Baxter
Inj 0.9%, 1,000 ml bag – 1% DV Sep-16 to 2019	15.12	12	Baxter
Inj 1.8%, 500 ml bottle			
SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]			
Inj 1 mmol per ml, 20 ml ampoule – 1% DV Oct-18 to 2021.....	48.70	5	Biomed
WATER			
Inj 5 ml ampoule – 1% DV Mar-17 to 2019	7.00	50	InterPharma
Inj 10 ml ampoule – 1% DV Mar-17 to 2019	6.63	50	Pfizer
Inj 20 ml ampoule.....	7.50	30	InterPharma
	5.00	20	Multichem
Inj 250 ml bag			
Inj 500 ml bag			
Inj, 1,000 ml bag – 1% DV Sep-16 to 2019.....	19.08	12	Baxter
Oral Administration			
CALCIUM POLYSTYRENE SULPHONATE			
Powder	169.85	300 g	Calcium Resonium
COMPOUND ELECTROLYTES			
Powder for oral soln – 1% DV Dec-16 to 2019	2.30	10	Enerlyte
COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]			
Soln with electrolytes (2 x 500 ml) – 1% DV Nov-18 to 2021	6.55	1,000 ml	Pedialyte - Bubblegum
PHOSPHORUS			
Tab eff 500 mg (16 mmol)			
POTASSIUM CHLORIDE			
Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)			
Tab long-acting 600 mg (8 mmol) – 1% DV Oct-18 to 2021	8.90	200	Span-K
Oral liq 2 mmol per ml			
SODIUM BICARBONATE			
Cap 840 mg	8.52	100	Sodibic
SODIUM CHLORIDE			
Tab 600 mg			
Oral liq 2 mmol/ml			
SODIUM POLYSTYRENE SULPHONATE			
Powder – 1% DV Sep-18 to 2021	84.65	454 g	Resonium A
Plasma Volume Expanders			
GELATINE, SUCCINYLATED			
Inj 4%, 500 ml bag – 1% DV Jun-18 to 2021.....	120.00	10	Gelifusine

	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	Apo-Cilazapril
Tab 5 mg – 1% DV Dec-16 to 2019	12.00	200	Apo-Cilazapril

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% DV Dec-18 to 2021	2.07	90	Ethics Lisinopril
Tab 10 mg – 1% DV Dec-18 to 2021	2.36	90	Ethics Lisinopril
Tab 20 mg – 1% DV Dec-18 to 2021	3.17	90	Ethics Lisinopril

PERINDOPRIL

Tab 2 mg – 1% DV Sep-17 to 2020	3.75	30	Apo-Perindopril
Tab 4 mg – 1% DV Sep-17 to 2020	4.80	30	Apo-Perindopril

QUINAPRIL

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

TRANDOLAPRIL – **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	Apo-Cilazapril/ Hydrochlorothiazide
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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
QUINAPRIL WITH HYDROCHLOROTHIAZIDE			
Tab 10 mg with hydrochlorothiazide 12.5 mg – 1% DV Dec-18 to 2021	3.83	30	Accuretic 10
Tab 20 mg with hydrochlorothiazide 12.5 mg – 1% DV Dec-18 to 2021	4.92	30	Accuretic 20

Angiotensin II Antagonists

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

Angiotensin II Antagonists with Diuretics

LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE			
Tab 50 mg with hydrochlorothiazide 12.5 mg – 1% DV Jan-19 to 2021	1.88	30	Arrow-Losartan & Hydrochlorothiazide

Angiotensin II Antagonists with Neprilysin Inhibitors

SACUBITRIL WITH VALSARTAN – Restricted see terms below			
↓ Tab 24.3 mg with valsartan 25.7 mg	190.00	56	Entresto 24/26
↓ Tab 48.6 mg with valsartan 51.4 mg	190.00	56	Entresto 49/51
↓ Tab 97.2 mg with valsartan 102.8 mg	190.00	56	Entresto 97/103

→ **Restricted (RS1649)**

Initiation

Re-assessment required after 12 months

All of the following:

- 1 Patient has heart failure; and
- 2 Any of the following:
 - 2.1 Patient is in NYHA/WHO functional class II; or
 - 2.2 Patient is in NYHA/WHO functional class III; or
 - 2.3 Patient is in NYHA/WHO functional class IV; and
- 3 Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%; and
- 4 Patient is receiving concomitant optimal standard chronic heart failure treatments.

Continuation

Re-assessment required after 12 months

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

Note: Due to the angiotensin II receptor blocking activity of sacubitril with valsartan it should not be co-administered with an ACE inhibitor or another ARB.

Alpha-Adrenoceptor Blockers

DOXAZOSIN			
Tab 2 mg – 1% DV Sep-17 to 2020	6.75	500	Apo-Doxazosin
Tab 4 mg – 1% DV Sep-17 to 2020	9.09	500	Apo-Doxazosin

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PHENOXYBENZAMINE HYDROCHLORIDE			
Cap 10 mg			
Inj 50 mg per ml, 2 ml ampoule			
PHENTOLAMINE MESYLATE			
Inj 5 mg per ml, 1 ml ampoule			
Inj 10 mg per ml, 1 ml ampoule			
PRazosin			
Tab 1 mg	5.53	100	Apo-Prazosin
Tab 2 mg	7.00	100	Apo-Prazosin
Tab 5 mg	11.70	100	Apo-Prazosin
TERazosin			
Tab 1 mg – 1% DV Sep-16 to 2019	0.59	28	Actavis
Tab 2 mg – 1% DV Apr-17 to 2019	7.50	500	Apo-Terazosin
Tab 5 mg – 1% DV Feb-17 to 2019	10.90	500	Apo-Terazosin

Antiarrhythmics

ADENOSINE

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.

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

⚡ Inj 5 mg per ml, 10 ml ampoule

➡ **Restricted (RS1001)**

Cardiologist

AMIODARONE HYDROCHLORIDE

Tab 100 mg – 1% DV Oct-16 to 2019.....4.66

Tab 200 mg – 1% DV Oct-16 to 2019.....7.63

Inj 50 mg per ml, 3 ml ampoule – 1% DV Jun-17 to 2019.....9.98

30 **Cordarone-X**
30 **Cordarone-X**
5 **Lodi**

ATROPINE SULPHATE

Inj 600 mcg per ml, 1 ml ampoule – 1% DV Oct-18 to 2021.....12.07

10 **Martindale**

DIGOXIN

Tab 62.5 mcg – 1% DV Jun-16 to 2019.....6.67

Tab 250 mcg – 1% DV Jun-16 to 2019.....14.52

Oral liq 50 mcg per ml

Inj 250 mcg per ml, 2 ml vial

240 **Lanoxin PG**
240 **Lanoxin**

DISOPYRAMIDE PHOSPHATE

Cap 100 mg

FLECAINIDE ACETATE

Tab 50 mg38.95

Cap long-acting 100 mg38.95

Cap long-acting 200 mg68.78

Inj 10 mg per ml, 15 ml ampoule.....52.45

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

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

⚡ Tab 5 mg

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ Restricted (RS1566)
Initiation

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.

MEXILETINE HYDROCHLORIDE

Cap 150 mg	162.00	100	Mexiletine Hydrochloride USP
Cap 250 mg	202.00	100	Mexiletine Hydrochloride USP

PROPAFENONE HYDROCHLORIDE

Tab 150 mg

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

↓ Tab 2.5 mg

↓ Tab 5 mg

➔ Restricted (RS1427)
Initiation

Patient has disabling orthostatic hypotension not due to drugs.

Beta-Adrenoceptor Blockers
ATENOLOL

Tab 50 mg – 1% DV Sep-18 to 2021	4.26	500	Mylan Atenolol
Tab 100 mg – 1% DV Sep-18 to 2021	7.30	500	Mylan Atenolol
Oral liq 5 mg per ml	21.25	300 ml	Atenolol-AFT

BISOPROLOL FUMARATE

Tab 2.5 mg – 1% DV Dec-17 to 2020	3.53	90	Bosvate
Tab 5 mg – 1% DV Dec-17 to 2020	5.15	90	Bosvate
Tab 10 mg – 1% DV Dec-17 to 2020	9.40	90	Bosvate

CARVEDILOL

Tab 6.25 mg – 1% DV Dec-17 to 2020	2.24	60	Carvedilol Sandoz
Tab 12.5 mg – 1% DV Dec-17 to 2020	2.30	60	Carvedilol Sandoz
Tab 25 mg – 1% DV Dec-17 to 2020	2.95	60	Carvedilol Sandoz

CELIPROLOL

Tab 200 mg	21.40	180	Celol
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ESMOLOL HYDROCHLORIDE

Inj 10 mg per ml, 10 ml vial

LABETALOL

Tab 50 mg	8.99	100	Hybloc
Tab 100 mg	11.36	100	Hybloc
Tab 200 mg	29.74	100	Hybloc
Tab 400 mg			
Inj 5 mg per ml, 20 ml ampoule			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METOPROLOL SUCCINATE			
Tab long-acting 23.75 mg – 1% DV Mar-18 to 2020.....	1.03	30	Betaloc CR
Tab long-acting 47.5 mg – 1% DV Mar-18 to 2020.....	1.25	30	Betaloc CR
Tab long-acting 95 mg – 1% DV Mar-18 to 2020.....	1.99	30	Betaloc CR
Tab long-acting 190 mg – 1% DV Mar-18 to 2020.....	3.00	30	Betaloc CR
METOPROLOL TARTRATE			
Tab 50 mg – 1% DV Oct-18 to 2021.....	5.66	100	Apo-Metoprolol
Tab 100 mg – 1% DV Oct-18 to 2021.....	7.55	60	Apo-Metoprolol
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		Metoprolol IV Mylan
<i>(Lopresor Inj 1 mg per ml, 5 ml vial to be delisted 1 February 2019)</i>			
NADOLOL			
Tab 40 mg – 1% DV Oct-18 to 2021.....	16.69	100	Apo-Nadolol
Tab 80 mg – 1% DV Oct-18 to 2021.....	26.43	100	Apo-Nadolol
PINDOLOL			
Tab 5 mg – 1% DV Oct-18 to 2021.....	13.22	100	Apo-Pindolol
Tab 10 mg – 1% DV Oct-18 to 2021.....	23.12	100	Apo-Pindolol
Tab 15 mg – 1% DV Oct-18 to 2021.....	33.31	100	Apo-Pindolol
PROPRANOLOL			
Tab 10 mg – 1% DV Oct-18 to 2021.....	4.64	100	Apo-Propranolol
Tab 40 mg – 1% DV Oct-18 to 2021.....	5.72	100	Apo-Propranolol
Cap long-acting 160 mg	18.17	100	Cardinol LA
Oral liq 4 mg per ml			
Inj 1 mg per ml, 1 ml ampoule			
SOTALOL			
Tab 80 mg – 1% DV Oct-16 to 2019.....	39.53	500	Mylan
Tab 160 mg – 1% DV Oct-16 to 2019.....	12.48	100	Mylan
TIMOLOL MALEATE			
Tab 10 mg			

Calcium Channel Blockers

Dihydropyridine Calcium Channel Blockers

AMLODIPINE			
Tab 2.5 mg – 1% DV Sep-17 to 2020.....	1.72	100	Apo-Amlodipine
Tab 5 mg – 1% DV Sep-17 to 2020.....	3.33	250	Apo-Amlodipine
Tab 10 mg – 1% DV Sep-17 to 2020.....	4.40	250	Apo-Amlodipine
FELODIPINE			
Tab long-acting 2.5 mg – 1% DV Sep-18 to 2021	1.45	30	Plendil ER
Tab long-acting 5 mg – 1% DV Dec-18 to 2021	3.93	90	Felo 5 ER
	1.55	30	Plendil ER
Tab long-acting 10 mg – 1% DV Dec-18 to 2021	4.32	90	Felo 10 ER
	2.30	30	Plendil ER
<i>(Plendil ER Tab long-acting 5 mg to be delisted 1 December 2018)</i>			
<i>(Plendil ER Tab long-acting 10 mg to be delisted 1 December 2018)</i>			
ISRADIPINE			
Tab 2.5 mg			
Cap 2.5 mg			

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

NIFEDIPINE

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

NIMODIPINE

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

Other Calcium Channel Blockers
DILTIAZEM HYDROCHLORIDE

Tab 30 mg	4.60	100	Dilzem
Tab 60 mg	8.50	100	Dilzem
Cap long-acting 120 mg – 1% DV Oct-18 to 2021	33.42	500	Apo-Diltiazem CD
Cap long-acting 180 mg – 1% DV Oct-18 to 2021	50.05	500	Apo-Diltiazem CD
Cap long-acting 240 mg – 1% DV Oct-18 to 2021	66.76	500	Apo-Diltiazem CD
Inj 5 mg per ml, 5 ml vial			

PERHEXILINE MALEATE

Tab 100 mg – 1% DV Jun-16 to 2019	62.90	100	Pexsig
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VERAPAMIL HYDROCHLORIDE

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

Centrally-Acting Agents
CLONIDINE

Patch 2.5 mg, 100 mcg per day – 1% DV Sep-17 to 2020	7.40	4	Mylan
Patch 5 mg, 200 mcg per day – 1% DV Sep-17 to 2020	10.04	4	Mylan
Patch 7.5 mg, 300 mcg per day – 1% DV Sep-17 to 2020	12.34	4	Mylan

CLONIDINE HYDROCHLORIDE

Tab 25 mcg – 1% DV Oct-18 to 2021	8.75	112	Clonidine BNM
Tab 150 mcg	34.32	100	Catapres
Inj 150 mcg per ml, 1 ml ampoule – 1% DV Oct-18 to 2021	25.96	10	Medsurge

METHYLDOPA

Tab 250 mg	15.10	100	Methyldopa Mylan
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Diuretics			
Loop Diuretics			
BUMETANIDE			
Tab 1 mg	16.36	100	Burinex
Inj 500 mcg per ml, 4 ml vial			
FUROSEMIDE [FRUSEMIDE]			
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 – 1% DV Jun-16 to 2019	1.20	5	Frusemide-Claris
Inj 10 mg per ml, 25 ml ampoule			
Osmotic Diuretics			
MANNITOL			
Inj 10%, 1,000 ml bag – 1% DV Jun-18 to 2021	747.24	12	Baxter
Inj 20%, 500 ml bag – 1% DV Jun-18 to 2021	1,096.92	18	Baxter
Potassium Sparing Combination Diuretics			
AMILORIDE HYDROCHLORIDE WITH FUROSEMIDE			
Tab 5 mg with furosemide 40 mg			
AMILORIDE HYDROCHLORIDE WITH HYDROCHLOROTHIAZIDE			
Tab 5 mg with hydrochlorothiazide 50 mg			
Potassium Sparing Diuretics			
AMILORIDE HYDROCHLORIDE			
Tab 5 mg	15.00	100	Apo-Amiloride
Oral liq 1 mg per ml	30.00	25 ml	Biomed
<i>(Apo-Amiloride Tab 5 mg to be delisted 1 January 2019)</i>			
EPLERENONE – Restricted see terms below			
↓ Tab 25 mg – 1% DV Sep-18 to 2021	11.87	30	Inspra
↓ Tab 50 mg – 1% DV Dec-18 to 2021	17.00	30	Inspra
→ 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	Spiractin
Tab 100 mg – 1% DV Oct-16 to 2019	11.80	100	Spiractin
Oral liq 5 mg per ml	30.00	25 ml	Biomed

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Thiazide and Related Diuretics			
BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]			
Tab 2.5 mg – 1% DV Mar-18 to 2020	12.50	500	Arrow-Bendrofluazide
Tab 5 mg – 1% DV Mar-18 to 2020	20.42	500	Arrow-Bendrofluazide
CHLOROTHIAZIDE			
Oral liq 50 mg per ml	26.00	25 ml	Biomed
CHLORTALIDONE [CHLORTHALIDONE]			
Tab 25 mg	8.00	50	Hygroton
INDAPAMIDE			
Tab 2.5 mg – 1% DV Oct-16 to 2019	2.60	90	Dapa-Tabs
METOLAZONE – Restricted see terms below			
↓ Tab 5 mg			
➔ Restricted (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.			
Lipid-Modifying Agents			
Fibrates			
BEZAFIBRATE			
Tab 200 mg – 1% DV Dec-18 to 2021	19.01	90	Bezalip
Tab long-acting 400 mg – 1% DV Dec-18 to 2021	12.89	30	Bezalip Retard
GEMFIBROZIL			
Tab 600 mg – 1% DV Jan-17 to 2019	19.56	60	Lipazil
HMG CoA Reductase Inhibitors (Statins)			
ATORVASTATIN			
Tab 10 mg – 1% DV 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

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

➔ **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.

EZETIMIBE WITH SIMVASTATIN – **Restricted** see terms [below](#)

↓ 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 **Apo-Nicotinic Acid**

Tab 500 mg – **1% DV Oct-17 to 2020** 17.89 100 **Apo-Nicotinic Acid**

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Nitrates			
GLYCERYL TRINITRATE			
Tab 600 mcg.....	8.00	100	Lycinate
Inj 1 mg per ml, 5 ml ampoule			
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	Ismo-20
Tab long-acting 40 mg – 1% DV Jun-16 to 2019.....	7.50	30	Ismo 40 Retard
Tab long-acting 60 mg – 1% DV Sep-17 to 2020	8.29	90	Duride
Other Cardiac Agents			
LEVOSIMENDAN – Restricted see terms below			
↓ Inj 2.5 mg per ml, 5 ml vial			
↓ Inj 2.5 mg per ml, 10 ml vial			
➔ Restricted (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.			
Sympathomimetics			
ADRENALINE			
Inj 1 in 1,000, 1 ml ampoule	4.98	5	Aspen Adrenaline
	5.25		Hospira
Inj 1 in 1,000, 30 ml vial			
Inj 1 in 10,000, 10 ml ampoule	49.00	10	Aspen Adrenaline
	27.00	5	Hospira
Inj 1 in 10,000, 10 ml syringe			
DOBUTAMINE			
Inj 12.5 mg per ml, 20 ml ampoule – 1% DV Jan-19 to 2021	24.45	5	Dobutamine-Claris
	61.13		Dobutamine-hameln
<i>(Dobutamine-Claris Inj 12.5 mg per ml, 20 ml ampoule to be delisted 1 January 2019)</i>			
DOPAMINE HYDROCHLORIDE			
Inj 40 mg per ml, 5 ml ampoule – 1% DV Sep-18 to 2021	29.73	10	Max Health Ltd
EPHEDRINE			
Inj 3 mg per ml, 10 ml syringe			
Inj 30 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	36.04	10	Max Health

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ISOPRENALINE [ISOPROTERENOL]			
Inj 200 mcg per ml, 1 ml ampoule			
Inj 200 mcg per ml, 5 ml ampoule			
METARAMINOL			
Inj 0.5 mg per ml, 20 ml syringe			
Inj 1 mg per ml, 1 ml ampoule			
Inj 1 mg per ml, 10 ml syringe			
Inj 10 mg per ml, 1 ml ampoule			
NORADRENALINE			
Inj 0.06 mg per ml, 100 ml bag			
Inj 0.06 mg per ml, 50 ml syringe			
Inj 0.1 mg per ml, 100 ml bag			
Inj 0.12 mg per ml, 100 ml bag			
Inj 0.12 mg per ml, 50 ml syringe			
Inj 0.16 mg per ml, 50 ml syringe			
Inj 1 mg per ml, 100 ml bag			
Inj 1 mg per ml, 4 ml ampoule – 1% DV Sep-17 to 2019	125.00	10	Noradrenaline BNM
PHENYLEPHRINE HYDROCHLORIDE			
Inj 10 mg per ml, 1 ml ampoule	115.50	25	Neosynephrine HCL
Vasodilators			
ALPROSTADIL HYDROCHLORIDE			
Inj 500 mcg per ml, 1 ml ampoule – 1% DV Dec-18 to 2021	1,765.50	5	Prostin VR
DIAZOXIDE			
Inj 15 mg per ml, 20 ml ampoule			
HYDRALAZINE HYDROCHLORIDE			
↓ Tab 25 mg			
→ Restricted (RS1008)			
Initiation			
Either:			
1 For the treatment of refractory hypertension; or			
2 For the treatment of heart failure, in combination with a nitrate, in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers.			
Inj 20 mg ampoule	25.90	5	Apresoline
MILRINONE			
Inj 1 mg per ml, 10 ml ampoule – 1% DV Sep-18 to 2021	99.00	10	Primacor
MINOXIDIL			
Tab 10 mg	70.00	100	Loniten
NICORANDIL			
Tab 10 mg	27.95	60	Ikorel
Tab 20 mg	33.28	60	Ikorel
PAPAVERINE HYDROCHLORIDE			
Inj 30 mg per ml, 1 ml vial			
Inj 30 mg per ml, 10 ml ampoule	217.90	5	Hospira
PENTOXIFYLLINE [OXPENTIFYLLINE]			
Tab 400 mg			
SODIUM NITROPRUSSIDE			
Inj 50 mg vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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 – 1% DV Dec-18 to 2021	141.00	60	Bosentan Dr Reddy's
	401.79		Bosentan-Mylan
↓ Tab 125 mg – 1% DV Dec-18 to 2021	141.00	60	Bosentan Dr Reddy's
	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
 - 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

continued...

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

- 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.

Phosphodiesterase Type 5 Inhibitors

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

⚡ Tab 25 mg – 1% DV Sep-18 to 2021	0.64	4	Vedafil
⚡ Tab 50 mg – 1% DV Sep-18 to 2021	0.64	4	Vedafil
⚡ Tab 100 mg – 1% DV Sep-18 to 2021	6.60	12	Vedafil
⚡ 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:

continued...

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

continued...

- 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-5); 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:

- 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ILOPROST			
Inj 50 mcg in 0.5 ml ampoule – 1% DV Jan-17 to 2019	380.00	5	Ilomedin
↓ Nebuliser soln 10 mcg per ml, 2 ml	1,185.00	30	Ventavis

➡ **Restricted (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
Anti-Infective Preparations			
Antibacterials			
HYDROGEN PEROXIDE			
Crm 1%.....	8.56	15 g	Crystaderm
Soln 3% (10 vol)	1.40	100 ml	Pharmacy Health
MAFENIDE ACETATE – Restricted see terms below			
↓ Powder 50 g sachet			
➔ Restricted (RS1299)			
Initiation			
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
Antifungals			
AMOROLFINE			
Nail soln 5% – 1% DV Sep-17 to 2020	15.95	5 ml	MycoNail
CICLOPIROX OLAMINE			
Nail soln 8% – 1% DV Sep-18 to 2021	5.72	7 ml	Apo-Ciclopirox
➔ Soln 1% – Restricted: For continuation only			
CLOTRIMAZOLE			
Crm 1% – 1% DV Jan-18 to 2020	0.70	20 g	Clomazol
➔ Soln 1% – Restricted: For continuation only			
ECONAZOLE NITRATE			
➔ Crm 1% – Restricted: For continuation only			
Foaming soln 1%			
KETOCONAZOLE			
Shampoo 2% – 1% DV Sep-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% – Restricted: For continuation only			
Tinc 2%			
NYSTATIN			
Crm 100,000 u per g			
Antiparasitics			
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% – 1% DV Dec-17 to 2020	4.95	30 g	Lyderm
Lotn 5% – 1% DV Oct-17 to 2020	3.69	30 ml	A-Scabies
PHENOTHIRIN Shampoo 0.5%			

Antiacne Preparations

ADAPALENE Crm 0.1% Gel 0.1%			
BENZOYL PEROXIDE Soln 5%			
ISOTRETINOIN Cap 5 mg – 1% DV Oct-18 to 2021	8.14	60	Oratane
Cap 10 mg – 1% DV Oct-18 to 2021	13.34	120	Oratane
Cap 20 mg – 1% DV Oct-18 to 2021	20.49	120	Oratane
TRETINOIN Crm 0.05% – 1% DV Jun-18 to 2021	13.90	50 g	ReTrieve

Antipruritic Preparations

CALAMINE Crm, aqueous, BP – 1% DV Nov-18 to 2021	1.26	100 g	healthE Calamine Aqueous Cream BP
Lotn, BP	12.94	2,000 ml	PSM
CROTAMITON Crm 10% – 1% DV Sep-18 to 2021	3.29	20 g	Itch-Soothe

Barrier Creams and Emollients

Barrier Creams

DIMETHICONE Crm 5% tube – 1% DV Sep-16 to 2019	1.59	100 g	healthE Dimethicone 5%
Crm 5% pump bottle – 1% DV Sep-16 to 2019	4.59	500 ml	healthE Dimethicone 5%
Crm 10% pump bottle – 1% DV Sep-18 to 2021	4.52	500 ml	healthE Dimethicone 10%
ZINC Crm			e.g. Zinc Cream (Orion-) ;Zinc Cream (PSM)
Oint Paste			e.g. Zinc oxide (PSM)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ZINC AND CASTOR OIL			
Crm.....	1.63	20 g	Orion
Oint – 1% DV Jul-18 to 2020	4.25	500 g	Boucher
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	healthE
Note: DV limit applies to the pack sizes of 30 g or less.			
ZINC WITH WOOL FAT			
Crm zinc 15.25% with wool fat 4%			<i>e.g. Sudocrem</i>
Emollients			
AQUEOUS CREAM			
Crm 100 g – 1% DV Oct-18 to 2021	1.05	100 g	Pharmacy Health SLS-free
Note: DV limit applies to the pack sizes of 100 g or less.			
Crm 500 g – 1% DV Dec-18 to 2021	1.99	500 g	AFT SLS-free
	1.92		Boucher
Note: DV limit applies to the pack sizes of greater than 100 g.			
<i>(AFT SLS-free Crm 500 g to be delisted 1 December 2018)</i>			
CETOMACROGOL			
Crm BP, 500 g – 1% DV Sep-18 to 2021	2.48	500 g	healthE
Crm BP, 100 g – 1% DV Sep-18 to 2021	1.42	1	healthE
CETOMACROGOL WITH GLYCEROL			
Crm 90% with glycerol 10%,	3.20	100 g	healthE
Crm 90% with glycerol 10% – 1% DV Aug-16 to 2019	2.82	500 ml	Pharmacy Health Sorbolene with Glycerin
	3.87	1,000 ml	Pharmacy Health Sorbolene with Glycerin
EMULSIFYING OINTMENT			
Oint BP – 1% DV Oct-17 to 2020	1.84	100 g	Jaychem
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	AFT
Note: DV limit applies to pack sizes of greater than 200 g.			
GLYCEROL WITH PARAFFIN			
Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10%			<i>e.g. QV cream</i>
OIL IN WATER EMULSION			
Crm, 500 g – 1% DV Jan-19 to 2021	2.19	500 g	O/W Fatty Emulsion Cream
	2.63		healthE Fatty Cream
Note: DV limit applies to the pack sizes of greater than 100 g.			
Crm, 100 g – 1% DV Dec-18 to 2021	1.44	1	healthE Fatty Cream
<i>(healthE Fatty Cream Crm, 500 g to be delisted 1 January 2019)</i>			
PARAFFIN			
Oint liquid paraffin 50% with white soft paraffin 50% – 1% DV Jan-19 to 2021	1.97	100 g	healthE
Note: DV limit applies to the pack sizes of 100 g or greater.			
White soft – 1% DV Sep-18 to 2021	0.79	10 g	healthE
Note: DV limit applies to pack sizes of 30 g or less, and to both white soft paraffin and yellow soft paraffin.			
Yellow soft			

DERMATOLOGICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PARAFFIN WITH WOOL FAT			
Lotn liquid paraffin 15.9% with wool fat 0.6%			<i>e.g. AlphaKeri;BK ;DP; Hydroderm Lotn</i>
Lotn liquid paraffin 91.7% with wool fat 3%			<i>e.g. Alpha Keri Bath Oil</i>
UREA			
Crm 10% – 1% DV Sep-16 to 2019	1.37	100 g	healthE Urea Cream
WOOL FAT			
Crm			
Corticosteroids			
BETAMETHASONE DIPROPIONATE			
Crm 0.05%			
Oint 0.05%			
BETAMETHASONE VALERATE			
Crm 0.1% – 1% DV Oct-18 to 2021	3.45	50 g	Beta Cream
Oint 0.1% – 1% DV Oct-18 to 2021	3.45	50 g	Beta Ointment
Lotn 0.1% – 1% DV Dec-18 to 2021	18.00	50 ml	Betnovate
CLOBETASOL PROPIONATE			
Crm 0.05% – 1% DV Dec-16 to 2019	2.20	30 g	Dermol
Oint 0.05% – 1% DV Dec-16 to 2019	2.20	30 g	Dermol
CLOBETASONE BUTYRATE			
Crm 0.05%			
DIFLUCORTOLONE VALERATE – Restricted: For continuation only			
➡ Crm 0.1%			
➡ Fatty oint 0.1%			
HYDROCORTISONE			
Crm 1%, 30 g – 1% DV Feb-17 to 2019	1.11	30 g	DermAssist
Note: DV limit applies to the pack sizes of less than or equal to 100 g.			
Crm 1%, 500 g – 1% DV Dec-16 to 2019	16.25	500 g	Pharmacy Health
Note: DV limit applies to the pack sizes of greater than 100 g.			
HYDROCORTISONE ACETATE			
Crm 1%.....	2.48	14.2 g	AFT
HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN			
Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – 1% DV Sep-17 to 2020	10.57	250 ml	DP Lotn HC
HYDROCORTISONE BUTYRATE			
Crm 0.1%.....	2.30	30 g	Locoid Lipocream
	6.85	100 g	Locoid Lipocream
Oint 0.1%.....	6.85	100 g	Locoid
Milky emul 0.1%	6.85	100 ml	Locoid Crelo
METHYLPREDNISOLONE ACEPONATE			
Crm 0.1%.....	4.95	15 g	Advantan
Oint 0.1%.....	4.95	15 g	Advantan
MOMETASONE FUROATE			
Crm 0.1% – 1% DV Nov-18 to 2021	1.51	15 g	Elocon Alcohol Free
	2.50	50 g	Elocon Alcohol Free
Oint 0.1% – 1% DV Nov-18 to 2021	1.51	15 g	Elocon
	2.90	50 g	Elocon
Lotn 0.1% – 1% DV Nov-18 to 2021	6.30	30 ml	Elocon

↑ 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
TRIAMCINOLONE ACETONIDE			
Crm 0.02% – 1% DV Sep-17 to 2020	6.30	100 g	Aristocort
Oint 0.02% – 1% DV Sep-17 to 2020	6.35	100 g	Aristocort

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 **Novatretin**

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

BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL

Gel 500 mcg with calcipotriol 50 mcg per g – **1% DV Dec-18 to 2021** 52.24 60 g **Daivobet**

Oint 500 mcg with calcipotriol 50 mcg per g – **1% DV Dec-18 to 2021** 19.95 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-METHOXYPSORALEN]

Tab 10 mg

Lotn 1.2%

PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCIN

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**

DERMATOLOGICALS

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

Wart Preparations

IMIQUIMOD			
Crm 5%, 250 mg sachet – 1% DV Aug-18 to 2020	21.72	24	Perrigo
PODOPHYLLOTOXIN			
Soln 0.5%	33.60	3.5 ml	Condyline
SILVER NITRATE			
Sticks with applicator			

Other Skin Preparations

DIPHEMANIL METILSULFATE			
Powder 2%			
SUNSCREEN, PROPRIETARY			
Crm			
Lotn.....	3.30	100 g	Marine Blue Lotion SPF 50+
	5.10	200 g	Marine Blue Lotion SPF 50+

Antineoplastics

FLUOROURACIL SODIUM			
Crm 5% – 1% DV Sep-18 to 2021	7.95	20 g	Efudix
METHYL AMINOLEVULINATE HYDROCHLORIDE – Restricted see terms below			
↓ Crm 16%			
→ Restricted (RS1127)			
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
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	Levlén 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 x 23.2 mm width	31.60	1	Choice TT380 Short
IUD 33.6 mm length x 29.9 mm width	31.60	1	Choice TT380 Standard
IUD 35.5 mm length x 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
Progestogen-Only Contraceptives			
LEVONORGESTREL			
Tab 30 mcg			
Subdermal implant (2 x 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
NORETHISTERONE			
Tab 350 mcg – 1% DV Sep-18 to 2021	6.25	84	Noriday 28

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

Obstetric Preparations

Antiprogestogens

MIFEPRISTONE

Tab 200 mg

Oxytocics

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 250 mcg per ml, 1 ml ampoule

Inj 500 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020 105.00 5 DBL Ergometrine

(Any Inj 250 mcg per ml, 1 ml ampoule to be delisted 1 July 2019)

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

Tocolytics

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

↓ Cap 100 mg – 1% DV Aug-16 to 2019 16.50 30 Utrogestan

→ **Restricted (RS1533)**

Initiation

Gynaecologist or obstetrician

Re-assessment required after 12 months

Both:

1 For the prevention of pre-term labour*; and

2 Either:

2.1 The patient has a short cervix on ultrasound (defined as < 25mm at 16 to 28 weeks); or

2.2 The patient has a history of pre-term birth at less than 28 weeks.

Continuation

Gynaecologist or obstetrician

Re-assessment required after 12 months

All of the following:

1 For the prevention of pre-term labour*; and

2 Treatment is required for second or subsequent pregnancy; and

3 Either:

3.1 The patient has a short cervix on ultrasound (defined as < 25mm at 16 to 28 weeks); or

3.2 The patient has a history of pre-term birth at less than 28 weeks.

Note: Indications marked with * are unapproved indications.

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

↓ Inj 500 mcg ampoule

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1130)**

Obstetrician

Oestrogens

OESTRIOL

Crn 1 mg per g with applicator – 1% DV Oct-17 to 2020	6.62	15 g	Ovestin
Pessaries 500 mcg – 1% DV Oct-17 to 2020	6.86	15	Ovestin

Urologicals

5-Alpha Reductase Inhibitors

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

⚡ Tab 5 mg – 1% DV Dec-17 to 2020	4.81	100	Ricit
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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 – 1% DV Sep-18 to 2019	11.25	100	Tamsulosin-Rex
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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 – 1% DV Oct-18 to 2021	31.80	200 ml	Biomed
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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 – 1% DV Sep-17 to 2020	2.34	28	Ural
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Urinary Antispasmodics

OXYBUTYNIN

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SOLIFENACIN SUCCINATE – Some items restricted see terms below			
Tab 5 mg – 1% DV Dec-18 to 2021	3.00	30	Solifenacin Mylan
↓ Tablet 5 mg.....	37.50	30	Vesicare
Tab 10 mg – 1% DV Dec-18 to 2021	5.50	30	Solifenacin Mylan
↓ Tablet 10 mg.....	37.50	30	Vesicare

(Vesicare Tablet 5 mg to be delisted 1 December 2018)

(Vesicare Tablet 10 mg to be delisted 1 December 2018)

➔ **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) \$	Per	Brand or Generic Manufacturer
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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 – 1% DV Dec-18 to 2021	15.87	50	Procur
	13.17		Siterone
Tab 100 mg – 1% DV Dec-18 to 2021	30.40	50	Procur
	26.75		Siterone

(Procur Tab 50 mg to be delisted 1 December 2018)

(Procur Tab 100 mg to be delisted 1 December 2018)

TESTOSTERONE

Patch 5 mg per day	80.00	30	Androderm
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TESTOSTERONE CIPIONATE

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

Calcium Homeostasis

CALCITONIN

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

⚠ Tab 30 mg – 1% DV Sep-18 to 2021	210.30	28	Sensipar
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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

continued...

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

- 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.

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	30	Dexamethsone
Tab 4 mg – 1% DV Oct-18 to 2021	1.90	30	Dexamethsone
Oral liq 1 mg per ml	45.00	25 ml	Biomed

DEXAMETHASONE PHOSPHATE

Inj 4 mg per ml, 1 ml ampoule – 1% DV Jul-16 to 2019	14.19	10	Max Health
Inj 4 mg per ml, 2 ml ampoule – 1% DV Jul-16 to 2019	25.18	10	Max Health

HORMONE PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUDROCORTISONE ACETATE			
Tab 100 mcg.....	14.32	100	Florinef
HYDROCORTISONE			
Tab 5 mg – 1% DV Sep-18 to 2021	8.10	100	Douglas
Tab 20 mg – 1% DV Sep-18 to 2021	20.32	100	Douglas
Inj 100 mg vial – 1% DV Oct-16 to 2019.....	5.30	1	Solu-Cortef
METHYLPREDNISOLONE (AS SODIUM SUCCINATE)			
Tab 4 mg – 1% DV Dec-18 to 2021	112.00	100	Medrol
Tab 100 mg – 1% DV Dec-18 to 2021	194.00	20	Medrol
Inj 40 mg vial – 1% DV Dec-18 to 2021	18.90	1	Solu-Medrol Act-O-Vial
Inj 125 mg vial – 1% DV Dec-18 to 2021	28.90	1	Solu-Medrol Act-O-Vial
Inj 500 mg vial – 1% DV Dec-18 to 2021	22.78	1	Solu-Medrol Act-O-Vial
Inj 1 g vial – 1% DV Dec-18 to 2021	27.83	1	Solu-Medrol
METHYLPREDNISOLONE ACETATE			
Inj 40 mg per ml, 1 ml vial – 1% DV Dec-18 to 2021	44.40	5	Depo-Medrol
METHYLPREDNISOLONE ACETATE WITH LIDOCAINE [LIGNOCAINE]			
Inj 40 mg with lidocaine [lignocaine], 1 ml vial.....	9.25	1	Depo-Medrol with Lidocaine
PREDNISOLONE			
Oral liq 5 mg per ml – 1% DV Jun-18 to 2021	6.00	30 ml	Redipred
Enema 200 mcg per ml, 100 ml			
PREDNISONE			
Tab 1 mg – 1% DV Jun-17 to 2020	10.68	500	Apo-Prednisone
Tab 2.5 mg – 1% DV Jun-17 to 2020	12.09	500	Apo-Prednisone
Tab 5 mg – 1% DV Jun-17 to 2020	11.09	500	Apo-Prednisone
Tab 20 mg – 1% DV Jun-17 to 2020	29.03	500	Apo-Prednisone
TRIAMCINOLONE ACETONIDE			
Inj 10 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020.....	20.80	5	Kenacort-A 10
Inj 40 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020.....	51.10	5	Kenacort-A 40
TRIAMCINOLONE HEXACETONIDE			
Inj 20 mg per ml, 1 ml vial			

Hormone Replacement Therapy

Oestrogens

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

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

Progestogen and Oestrogen Combined Preparations

OESTRADIOL WITH NORETHISTERONE ACETATE

Tab 1 mg with 0.5 mg norethisterone acetate

Tab 2 mg with 1 mg norethisterone acetate

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

OESTROGENS WITH MEDROXYPROGESTERONE ACETATE

Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate

Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate

Progestogens

MEDROXYPROGESTERONE ACETATE

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

Other Endocrine Agents

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

↓ Tab 0.5 mg – 1% DV Sep-18 to 2021	3.75	2	Dostinex
	15.20	8	Dostinex

→ **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 Clomiphene 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

METYRAPONE

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	NZ Medical and Scientific
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OESTRADIOL

Implant 50 mg

HORMONE PREPARATIONS

	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	Provera HD
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	Zoladex
Implant 10.8 mg, syringe – 1% DV Dec-16 to 2019	177.50	1	Zoladex
LEUPRORELIN ACETATE Inj 3.75 mg prefilled dual chamber syringe	221.60	1	Lucrin Depot 1-month
Inj 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 – Restricted see terms below			
⚡ Inj 5 mg cartridge – 1% DV Oct-18 to 2021	34.88	1	Omnitrope
⚡ Inj 10 mg cartridge – 1% DV Oct-18 to 2021	69.75	1	Omnitrope
⚡ Inj 15 mg cartridge – 1% DV Oct-18 to 2021	104.63	1	Omnitrope

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

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 m² as measured by the Schwartz method (Height(cm)/plasma creatinine (umol/l × 40 = corrected GFR (ml/min/1.73 m²) 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/ m² /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) \$	Brand or Generic Manufacturer
	Per	

continued...

- The patient has not received renal transplantation since starting growth hormone treatment; and
- 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:

- The patient has a diagnosis of Prader-Willi syndrome that has been confirmed by genetic testing or clinical scoring criteria; and
- The patient is aged six months or older; and
- A current bone age is < 14 years (female patients) or < 16 years (male patients); and
- 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
- Either:
 - Both:
 - The patient is aged two years or older; and
 - 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
 - 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:

- 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
- Height velocity is greater than or equal to 2 cm per year as calculated over six months; and
- A current bone age is 14 years or under (female patients) or 16 years or under (male patients); and
- No serious adverse effect that the patient’s specialist considers is likely to be attributable to growth hormone treatment has occurred; and
- No malignancy has developed after growth hormone therapy was commenced; and
- 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:

- 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
- The patient has undergone appropriate treatment of other hormonal deficiencies and psychological illnesses; and
- The patient has severe growth hormone deficiency (see notes); and
- The patient’s serum IGF-I is more than 1 standard deviation below the mean for age and sex; and
- 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...

HORMONE PREPARATIONS

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

➔ **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	Minirin
↓ Tab 200 mcg – 1% DV Jun-16 to 2019	54.45	30	Minirin
Nasal spray 10 mcg per dose – 1% DV Oct-17 to 2020	23.95	6 ml	Desmopressin-PH&T
Inj 4 mcg per ml, 1 ml ampoule			
Inj 15 mcg per ml, 1 ml ampoule			
Nasal drops 100 mcg per ml			

➔ **Restricted (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
Antibacterials			
Aminoglycosides			
AMIKACIN – Restricted see terms below			
⚡ Inj 5 mg per ml, 10 ml syringe			
⚡ Inj 5 mg per ml, 5 ml syringe	176.00	10	Biomed
⚡ Inj 15 mg per ml, 5 ml syringe			
⚡ Inj 250 mg per ml, 2 ml vial – 1% DV Aug-18 to 2021	265.00	5	DBL Amikacin
➡ Restricted (RS1041)			
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 – Restricted see terms below			
⚡ Cap 250 mg	126.00	16	Humatin
➡ Restricted (RS1603)			
Clinical microbiologist, infectious disease specialist or gastroenterologist			
STREPTOMYCIN SULPHATE – Restricted see terms below			
⚡ Inj 400 mg per ml, 2.5 ml ampoule			
➡ Restricted (RS1043)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
TOBRAMYCIN			
⚡ Powder			
➡ Restricted (RS1475)			
Initiation			
For addition to orthopaedic bone cement.			
⚡ Inj 40 mg per ml, 2 ml vial – 1% DV Sep-18 to 2021	15.00	5	Tobramycin Mylan
➡ Restricted (RS1044)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
⚡ Inj 100 mg per ml, 5 ml vial			
➡ Restricted (RS1044)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
⚡ Solution for inhalation 60 mg per ml, 5 ml	2,200.00	56 dose	TOBI
➡ Restricted (RS1435)			
Initiation			
Patient has cystic fibrosis.			
Carbapenems			
ERTAPENEM – Restricted see terms below			
⚡ Inj 1 g vial	73.50	1	Invanz
➡ Restricted (RS1045)			
Clinical microbiologist or infectious disease specialist			
IMIPENEM WITH CILASTATIN – Restricted see terms on the next page			
⚡ Inj 500 mg with 500 mg cilastatin vial	60.00	1	Imipenem+Cilastatin RBX

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1046)**

Clinical microbiologist or infectious disease specialist

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

↓ Inj 500 mg vial – 1% DV Oct-18 to 2020.....	4.00	1	Meropenem Ranbaxy
↓ Inj 1 g vial – 1% DV Oct-18 to 2020.....	8.00	1	Meropenem Ranbaxy

➔ **Restricted (RS1047)**

Clinical microbiologist or infectious disease specialist

Cephalosporins and Cephamycins - 1st Generation

CEFALEXIN

Cap 250 mg – 1% DV Dec-16 to 2019.....	3.50	20	Cephalexin ABM
Cap 500 mg – 1% DV Oct-16 to 2019.....	3.95	20	Cephalexin ABM
Grans for oral liq 25 mg per ml – 1% DV Oct-18 to 2021.....	8.75	100 ml	Cefalexin Sandoz
Grans for oral liq 50 mg per ml – 1% DV Oct-18 to 2021.....	11.75	100 ml	Cefalexin Sandoz

CEFAZOLIN

Inj 500 mg vial – 1% DV Sep-17 to 2020.....	3.39	5	AFT
Inj 1 g vial – 1% DV Sep-17 to 2020.....	3.29	5	AFT

Cephalosporins and Cephamycins - 2nd Generation

CEFACLOR

Cap 250 mg – 1% DV Sep-16 to 2019.....	24.70	100	Ranbaxy-Cefaclor
Grans for oral liq 25 mg per ml – 1% DV Sep-16 to 2019.....	3.53	100 ml	Ranbaxy-Cefaclor

CEFOXITIN

Inj 1 g vial.....	58.00	10	Cefoxitin Actavis
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CEFUROXIME

Tab 250 mg.....	29.40	50	Zinnat
Inj 750 mg vial – 1% DV Feb-18 to 2020.....	9.85	10	Cefuroxime Actavis
Inj 1.5 g vial – 1% DV Feb-18 to 2020.....	14.36	10	Cefuroxime Actavis

Cephalosporins and Cephamycins - 3rd Generation

CEFOTAXIME

Inj 500 mg vial.....	1.90	1	Cefotaxime Sandoz
Inj 1 g vial – 1% DV Sep-17 to 2020.....	14.60	10	DBL Cefotaxime

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

↓ Inj 1 g vial.....	23.00	5	Ceftazidime Mylan
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➔ **Restricted (RS1048)**

Clinical microbiologist, infectious disease specialist or respiratory specialist

CEFTRIAXONE

Inj 500 mg vial – 1% DV Nov-16 to 2019.....	1.20	1	DEVA
Inj 1 g vial – 1% DV Dec-16 to 2019.....	0.84	1	DEVA
Inj 2 g vial.....	2.75	1	Ceftriaxone-AFT

Cephalosporins and Cephamycins - 4th Generation

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

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

➔ **Restricted (RS1049)**

Clinical microbiologist or infectious disease specialist

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Cephalosporins and Cephamycins - 5th Generation

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

⚡ Inj 600 mg vial 1,450.00 10 Zinforo

➡ **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 **Apo-Azithromycin**

⚡ Tab 500 mg – 1% DV Sep-18 to 2021 0.93 2 **Apo-Azithromycin**

⚡ Grans for oral liq 200 mg per 5 ml (40 mg per ml) – 1% DV Dec-18 to 2021 14.38 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.

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).

continued...

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

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
Penicillins			
AMOXICILLIN			
Cap 250 mg – 1% DV Sep-16 to 2019.....	14.97	500	Apo-Amoxi
Cap 500 mg – 1% DV Sep-16 to 2019.....	16.75	500	Apo-Amoxi
Grans for oral liq 125 mg per 5 ml – 1% DV Feb-18 to 2020.....	1.20	100 ml	Alphamox 125
Grans for oral liq 250 mg per 5 ml – 1% DV Feb-18 to 2020.....	1.31	100 ml	Alphamox 250
Inj 250 mg vial – 1% DV Sep-17 to 2020.....	10.67	10	Ibiamox
Inj 500 mg vial – 1% DV Sep-17 to 2020.....	12.41	10	Ibiamox
Inj 1 g vial – 1% DV Sep-17 to 2020.....	17.29	10	Ibiamox
AMOXICILLIN WITH CLAVULANIC ACID			
Tab 500 mg with clavulanic acid 125 mg – 1% DV Oct-17 to 2020.....	1.88	20	Augmentin
Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml	3.83	100 ml	Augmentin
Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml – 1% DV Aug-17 to 2019.....	2.20	100 ml	Curam
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
BENZATHINE BENZYL PENICILLIN			
Inj 900 mg (1.2 million units) in 2.3 ml syringe – 1% DV Dec-18 to 2021	344.93	10	Bicillin LA
BENZYL PENICILLIN SODIUM [PENICILLIN G]			
Inj 600 mg (1 million units) vial – 1% DV Sep-17 to 2020.....	10.35	10	Sandoz
FLUCLOXACILLIN			
Cap 250 mg – 1% DV Sep-18 to 2021.....	16.83	250	Staphlex
Cap 500 mg – 1% DV Sep-18 to 2021.....	56.61	500	Staphlex
Grans for oral liq 25 mg per ml – 1% DV Oct-18 to 2021	2.29	100 ml	AFT
Grans for oral liq 50 mg per ml – 1% DV Oct-18 to 2021	3.68	100 ml	AFT
Inj 250 mg vial – 1% DV Sep-17 to 2020.....	9.00	10	Flucloxin
Inj 500 mg vial – 1% DV Sep-17 to 2020.....	9.40	10	Flucloxin
Inj 1 g vial – 1% DV Sep-17 to 2020.....	5.22	5	Flucil
PHENOXYMETHYL PENICILLIN [PENICILLIN V]			
Cap 250 mg – 1% DV Sep-18 to 2021.....	2.59	50	Cilicaine VK
Cap 500 mg – 1% DV Sep-18 to 2021.....	4.26	50	Cilicaine VK
Grans for oral liq 125 mg per 5 ml – 1% DV Sep-16 to 2019.....	1.48	100 ml	AFT
Grans for oral liq 250 mg per 5 ml – 1% DV Sep-16 to 2019.....	1.58	100 ml	AFT
PIPERACILLIN WITH TAZOBACTAM – Restricted see terms below			
⚡ Inj 4 g with tazobactam 0.5 g vial	38.00	10	PipTaz Sandoz
	15.50	1	Tazocin EF
➡ Restricted (RS1053)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
PROCAINE PENICILLIN			
Inj 1.5 g in 3.4 ml syringe – 1% DV Sep-17 to 2020.....	123.50	5	Cilicaine
TICARCILLIN WITH CLAVULANIC ACID – Restricted see terms below			
⚡ Inj 3 g with clavulanic acid 0.1 mg vial			
➡ Restricted (RS1054)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Quinolones			
CIPROFLOXACIN – Restricted see terms below			
↓ Tab 250 mg – 1% DV Sep-17 to 2020	1.45	28	Cipflox
↓ Tab 500 mg – 1% DV Sep-17 to 2020	1.99	28	Cipflox
↓ Tab 750 mg – 1% DV Sep-17 to 2020	3.15	28	Cipflox
↓ 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	Cipflox
→ Restricted (RS1055)			
Clinical microbiologist or infectious disease specialist			
MOXIFLOXACIN – Restricted see terms below			
↓ Tab 400 mg	52.00	5	Avelox
↓ Inj 1.6 mg per ml, 250 ml bottle	70.00	1	Avelox IV 400
→ Restricted (RS1644)			
Initiation – Mycobacterium infection			
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.			
Initiation – Pneumonia			
Infectious disease specialist or clinical microbiologist			
Either:			
1 Immunocompromised patient with pneumonia that is unresponsive to first-line treatment; or			
2 Pneumococcal pneumonia or other invasive pneumococcal disease highly resistant to other antibiotics.			
Initiation – Penetrating eye injury			
Ophthalmologist			
Five days treatment for patients requiring prophylaxis following a penetrating eye injury.			
Initiation – Mycoplasma genitalium			
All of the following:			
1 Has nucleic acid amplification test (NAAT) confirmed Mycoplasma genitalium and 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.			
NORFLOXACIN			
Tab 400 mg	135.00	100	Arrow-Norfloxacin

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
→ Restricted (RS1315)			
Clinical microbiologist or infectious disease specialist			
HEXAMINE HIPPURATE			
Tab 1 g			
LINECOMYCIN – Restricted see terms below			
↓ Inj 300 mg per ml, 2 ml vial			
→ Restricted (RS1065)			
Clinical microbiologist or infectious disease specialist			
LINEZOLID – Restricted see terms below			
↓ Tab 600 mg – 1% DV Oct-18 to 2021.....	553.77	10	Zyvox
↓ Oral liq 20 mg per ml – 1% DV Dec-18 to 2021.....	1,879.00	150 ml	Zyvox
↓ Inj 2 mg per ml, 300 ml bag.....	1,650.00	10	Zyvox
→ Restricted (RS1066)			
Clinical microbiologist or infectious disease specialist			
NITROFURANTOIN			
Tab 50 mg			
Tab 100 mg			
PIVMECILLINAM – Restricted see terms below			
↓ Tab 200 mg			
→ Restricted (RS1322)			
Clinical microbiologist or infectious disease specialist			
SODIUM FUSIDATE [FUSIDIC ACID] – Restricted see terms below			
↓ Tab 250 mg – 1% DV Jun-17 to 2020.....	34.50	12	Fucidin
→ Restricted (RS1064)			
Clinical microbiologist or infectious disease specialist			
SULPHADIAZINE – Restricted see terms below			
↓ Tab 500 mg			
→ Restricted (RS1067)			
Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist			
TEICOPLANIN – Restricted see terms below			
↓ Inj 400 mg vial			
→ Restricted (RS1068)			
Clinical microbiologist or infectious disease specialist			
TRIMETHOPRIM			
Tab 100 mg			
Tab 300 mg – 1% DV Oct-18 to 2021.....	16.50	50	TMP
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	Deprim
Inj 16 mg with sulphamethoxazole 80 mg per ml, 5 ml ampoule			
VANCOMYCIN – Restricted see terms below			
↓ Inj 500 mg vial – 1% DV Sep-17 to 2020.....	2.37	1	Mylan
→ Restricted (RS1069)			
Clinical microbiologist or infectious disease specialist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Antifungals			
Imidazoles			
KETOCONAZOLE			
↓ Tab 200 mg			
→ Restricted (RS1410)			
Oncologist			
Polyene Antimycotics			
AMPHOTERICIN B			
↓ Inj (liposomal) 50 mg vial.....	3,450.00	10	AmBisome
→ 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	Mylan
↓ Cap 150 mg – 1% DV Feb-18 to 2020	0.33	1	Mylan
↓ Cap 200 mg – 1% DV Feb-18 to 2020	5.08	28	Mylan
↓ Oral liquid 50 mg per 5 ml	98.50	35 ml	Diflucan
↓ Inj 2 mg per ml, 50 ml vial – 1% DV Sep-16 to 2019	4.95	1	Fluconazole-Claris
↓ Inj 2 mg per ml, 100 ml vial – 1% DV Sep-16 to 2019	6.47	1	Fluconazole-Claris
→ Restricted (RS1072)			
Consultant			
ITRACONAZOLE – Restricted see terms below			
↓ Cap 100 mg – 1% DV Sep-16 to 2019	2.79	15	Itrazole
↓ Oral liquid 10 mg per ml			
→ Restricted (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)		Brand or Generic Manufacturer
	\$	Per	

➔ 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% DV Dec-18 to 2021	1,437.00	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
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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
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➔ 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
PARA-AMINOSALICYLIC ACID – Restricted see terms below			
↓ Grans for oral liq 4 g.....	280.00	30	Paser
→ Restricted (RS1083)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
PROTIONAMIDE – Restricted see terms below			
↓ Tab 250 mg.....	305.00	100	Peteha
→ Restricted (RS1084)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
PYRAZINAMIDE – Restricted see terms below			
↓ Tab 500 mg.....			
→ Restricted (RS1085)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
RIFABUTIN – Restricted see terms below			
↓ Cap 150 mg – 1% DV Oct-16 to 2019.....	275.00	30	Mycobutin
→ Restricted (RS1086)			
Clinical microbiologist, gastroenterologist, infectious disease specialist or respiratory specialist			
RIFAMPICIN – Restricted see terms below			
↓ 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
→ Restricted (RS1087)			
Clinical microbiologist, dermatologist, internal medicine physician, paediatrician or public health physician			

Antiparasitics

Anthelmintics

ALBENDAZOLE – Restricted see terms below			
↓ Tab 200 mg.....			
↓ Tab 400 mg.....			
→ Restricted (RS1088)			
Clinical microbiologist or infectious disease specialist			
IVERMECTIN – Restricted see terms below			
↓ Tab 3 mg.....	17.20	4	Stromectol
→ Restricted (RS1283)			
Clinical microbiologist, dermatologist or infectious disease specialist			
MEBENDAZOLE			
Tab 100 mg.....	24.19	24	De-Worm
Oral liq 100 mg per 5 ml			
PRAZIQUANTEL			
Tab 600 mg			

Antiprotozoals

ARTEMETHER WITH LUMEFANTRINE – Restricted see terms below			
↓ Tab 20 mg with lumefantrine 120 mg			
→ Restricted (RS1090)			
Clinical microbiologist or infectious disease specialist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ARTESUNATE – Restricted see terms below			
⚡ Inj 60 mg vial			
➡ Restricted (RS1091)			
Clinical microbiologist or infectious disease specialist			
ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE – Restricted see terms below			
⚡ 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
➡ Restricted (RS1092)			
Clinical microbiologist or infectious disease specialist			
CHLOROQUINE PHOSPHATE – Restricted see terms below			
⚡ Tab 250 mg			
➡ Restricted (RS1093)			
Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist			
MEFLOQUINE – Restricted see terms below			
⚡ Tab 250 mg	33.48	8	Lariam
<i>(Lariam Tab 250 mg to be delisted 1 January 2019)</i>			
➡ Restricted (RS1094)			
Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist			
METRONIDAZOLE			
Tab 200 mg	10.45	100	Trichazole
Tab 400 mg	18.15	100	Trichazole
Oral liq benzoate 200 mg per 5 ml	25.00	100 ml	Flagyl-S
Inj 5 mg per ml, 100 ml 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
NITAZOXANIDE – Restricted see terms below			
⚡ Tab 500 mg	1,680.00	30	Alinia
⚡ Oral liq 100 mg per 5 ml			
➡ Restricted (RS1095)			
Clinical microbiologist or infectious disease specialist			
ORNIDAZOLE			
Tab 500 mg – 1% DV Oct-16 to 2019.....	23.00	10	Arrow-Ornidazole
PENTAMIDINE ISETHIONATE – Restricted see terms below			
⚡ Inj 300 mg vial	180.00	5	Pentacarinat
➡ Restricted (RS1096)			
Clinical microbiologist or infectious disease specialist			
PRIMAQUINE PHOSPHATE – Restricted see terms below			
⚡ Tab 7.5 mg			
➡ Restricted (RS1097)			
Clinical microbiologist or infectious disease specialist			
PYRIMETHAMINE – Restricted see terms below			
⚡ Tab 25 mg			
➡ Restricted (RS1098)			
Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist			
QUININE DIHYDROCHLORIDE – Restricted see terms below			
⚡ Inj 60 mg per ml, 10 ml ampoule			
⚡ Inj 300 mg per ml, 2 ml vial			
➡ Restricted (RS1099)			
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 – Restricted see terms below			
↓ Inj 100 mg per ml, 1 ml vial			
→ Restricted (RS1100)			
Clinical microbiologist or infectious disease specialist			
SPIRAMYCIN – Restricted see terms below			
↓ Tab 500 mg			
→ Restricted (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
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continued...

Initiation – Prevention of maternal transmission

Either:

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

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

Both:

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

Initiation – Percutaneous exposure

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

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

† Tab 300 mg	229.00	60	Ziagen
† Oral liq 20 mg per ml	256.31	240 ml	Ziagen

ABACAVIR SULPHATE WITH LAMIVUDINE – **Restricted** see terms [on the previous page](#)

† Tab 600 mg with lamivudine 300 mg	427.29	30	Kivexa
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EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE – **Restricted** see terms [on the previous page](#)

† Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg	237.52	30	Atripla
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EMTRICITABINE – **Restricted** see terms [on the previous page](#)

† Cap 200 mg	307.20	30	Emtriva
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LAMIVUDINE – **Restricted** see terms [on the previous page](#)

† Oral liq 10 mg per ml			
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STAVUDINE – **Restricted** see terms [on the previous page](#)

† Cap 30 mg			
† Cap 40 mg			
† Powder for oral soln 1 mg per ml			

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

† Cap 100 mg – 1% DV Sep-16 to 2019	152.25	100	Retrovir
† Oral liq 10 mg per ml – 1% DV Sep-16 to 2019	30.45	200 ml	Retrovir
† Inj 10 mg per ml, 20 ml vial	750.00	5	Retrovir IV

ZIDOVUDINE [AZT] WITH LAMIVUDINE – **Restricted** see terms [on the previous page](#)

† Tab 300 mg with lamivudine 150 mg – 1% DV Sep-17 to 2020	33.00	60	Alphapharm
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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
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	Prezista
† Tab 600 mg – 1% DV Jun-17 to 2020	476.00	60	Prezista
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	Kaletra
† 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

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
DOLUTEGRAVIR – Restricted see terms on the previous page			
⚡ Tab 50 mg	1,090.00	30	Tivicay
RALTEGRAVIR POTASSIUM – Restricted see terms on the previous page			
⚡ Tab 400 mg	1,090.00	60	Isentress

Antivirals

Hepatitis B

ADEFOVIR DIPIVOXIL – Restricted see terms [below](#)

⚡ Tab 10 mg 670.00 30 Hepsera

➡ **Restricted (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** 52.00 30 **Entecavir Sandoz**

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).

PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR AND RIBAVIRIN			
Note: Only for use in patients who have received supply of treatment via PHARMAC's approved direct distribution supply. Application details for accessing treatment may be obtained from PHARMAC's website http://www.pharmac.govt.nz/hepatitis-c-treatments/ .			
Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56) with dasabuvir tab 250 mg (56) and ribavirin tab 200 mg (168).....	16,500.00	1	Viekira Pak-RBV

Herpesviridae

ACICLOVIR

Tab dispersible 200 mg – 1% DV Sep-16 to 2019	1.60	25	Lovir
Tab dispersible 400 mg – 1% DV Sep-16 to 2019	5.38	56	Lovir
Tab dispersible 800 mg – 1% DV Sep-16 to 2019	5.98	35	Lovir
Inj 250 mg vial – 1% DV Sep-18 to 2021	9.60	5	Aciclovir-Claris

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	Vaclovir
Tab 1,000 mg – 1% DV Sep-18 to 2021	11.35	30	Vaclovir

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
 - 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.

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

continued...

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

- 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.

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

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

1

1

Pegasys

Pegasys RBV

Combination Pack

Pegasys RBV

Combination Pack

(Any Inj 135 mcg prefilled syringe (4) with ribavirin tab 200 mg (168) to be delisted 1 December 2018)

(Pegasys RBV Combination Pack Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (112) to be delisted 1 December 2018)

(Pegasys RBV Combination Pack Inj 180 mcg prefilled syringe (4) with ribavirin tab 200 mg (168) to be delisted 1 December 2018)

➡ **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:

- 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

continued...

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

- 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 log10 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 (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Anticholinesterases

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

- ⚡ Inj 10 mg per ml, 15 ml vial
- ⚡ Inj 10 mg per ml, 1 ml ampoule

➔ **Restricted** (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 mg67.23 100 D-Penamine

Tab 250 mg110.12 100 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 mg133.00 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
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continued...

- 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
- 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
- History of two significant osteoporotic fractures demonstrated radiologically; or
- Documented T-Score less than or equal to -3.0 (see Note); or
- 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
- 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:

- 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
- Any of the following:
 - 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
 - The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
 - 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:

- 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.
- 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.
- 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.

ETIDRONATE DISODIUM

Tab 200 mg	13.50	100	Arrow-Etidronate
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(Arrow-Etidronate Tab 200 mg to be delisted 1 January 2019)

PAMIDRONATE DISODIUM

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

RISEDRONATE SODIUM

Tab 35 mg – 1% DV Mar-17 to 2019	3.80	4	Risedronate Sandoz
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	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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	Price		Brand or
	(ex man. excl. GST)		Generic
	\$	Per	Manufacturer

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) \$	Brand or Generic Manufacturer
Per	

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- 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
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➡ **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).

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

continued...

- 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) \$	Per	Brand or Generic Manufacturer
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➔ 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/

COLCHICINE

Tab 500 mcg – 1% DV Jan-19 to 2021.....	9.58	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

continued...

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

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	Tracrium
Inj 10 mg per ml, 5 ml ampoule – 1% DV Jun-18 to 2021	12.50	5	Tracrium

BACLOFEN

Tab 10 mg – 1% DV Oct-18 to 2021	4.20	100	Pacifen
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	Norflex
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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	DBL Rocuronium Bromide
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SUXAMETHONIUM CHLORIDE

Inj 50 mg per ml, 2 ml ampoule – 1% DV Nov-17 to 2020	78.00	50	AstraZeneca
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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 (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ 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 – 1% DV Aug-17 to 2020	3.63	60	Celecoxib Pfizer
Cap 200 mg – 1% DV Aug-17 to 2020	2.30	30	Celecoxib Pfizer

DICLOFENAC SODIUM

Tab EC 25 mg – 1% DV Oct-18 to 2021	1.23	50	Diclofenac Sandoz
Tab 50 mg dispersible	1.50	20	Voltaren D
Tab EC 50 mg – 1% DV Oct-18 to 2021	1.23	50	Diclofenac Sandoz
Tab long-acting 75 mg – 1% DV Oct-18 to 2021	22.80	500	Apo-Diclo SR
Tab long-acting 100 mg – 1% DV Oct-18 to 2021	25.15	500	Apo-Diclo SR
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 – 1% DV Feb-18 to 2020	11.71	1,000	Relieve
➔ Tab 400 mg – Restricted: For continuation only			
➔ Tab 600 mg – Restricted: 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
KETOPROFEN			
Cap long-acting 200 mg	12.07	28	Oruvail SR
MEFENAMIC ACID – Restricted: For continuation only			
➔ Cap 250 mg			
NAPROXEN			
Tab 250 mg – 1% DV Dec-18 to 2021	32.69	500	Noflam 250
Tab 500 mg – 1% DV Dec-18 to 2021	22.19	250	Noflam 500
Tab long-acting 750 mg – 1% DV Oct-18 to 2021	6.16	28	Naprosyn SR 750
Tab long-acting 1 g – 1% DV Oct-18 to 2021	8.21	28	Naprosyn SR 1000
PARECOXIB			
Inj 40 mg vial	100.00	10	Dynastat
SULINDAC			
Tab 100 mg			
Tab 200 mg			
TENOXICAM			
Tab 20 mg – 1% DV Sep-16 to 2019	10.95	100	Tilcotil
Inj 20 mg vial	9.95	1	AFT

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.

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	Rilutek
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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	Motetis
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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	Movapo

BROMOCRIPTINE

Tab 2.5 mg
Cap 5 mg

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

Anaesthetics

General Anaesthetics

DESFLURANE			
Soln for inhalation 100%, 240 ml bottle – 1% DV Sep-16 to 2019	1,350.00	6	Suprane
DEXMEDETOMIDINE			
Inj 100 mcg per ml, 2 ml vial – 1% DV Sep-17 to 2020	357.00	5	Precedex
ETOMIDATE			
Inj 2 mg per ml, 10 ml ampoule			
ISOFLURANE			
Soln for inhalation 100%, 250 ml bottle – 1% DV Sep-16 to 2019	1,020.00	6	Aerrane
KETAMINE			
Inj 1 mg per ml, 100 ml bag	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-Clarix
Inj 100 mg per ml, 2 ml vial – 1% DV Jan-19 to 2021	31.50	5	Ketalar
<i>(Ketamine-Clarix Inj 100 mg per ml, 2 ml ampoule to be delisted 1 January 2019)</i>			
METHOHEXITAL SODIUM			
Inj 10 mg per ml, 50 ml vial			
PROPOFOL			
Inj 10 mg per ml, 20 ml vial – 10% DV Jun-16 to 2019	5.27	5	Provide MCT-LCT 1%
Inj 10 mg per ml, 50 ml vial – 10% DV Jun-16 to 2019	24.50	10	Fresofol 1% MCT/LCT
Inj 10 mg per ml, 100 ml vial – 10% DV Jun-16 to 2019	49.00	10	Fresofol 1% MCT/LCT

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SEVOFLURANE Soln for inhalation 100%, 250 ml bottle – 1% DV Sep-16 to 2019	840.00	6	Baxter
THIOPENTAL [THIOPENTONE] SODIUM Inj 500 mg ampoule			
Local Anaesthetics			
ARTICAINE HYDROCHLORIDE Inj 1%			
ARTICAINE HYDROCHLORIDE WITH ADRENALINE Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge			
BENZOCAINE Gel 20%			
BUPIVACAINE HYDROCHLORIDE Inj 5 mg per ml, 4 ml ampoule – 1% DV Sep-17 to 2020 Inj 2.5 mg per ml, 20 ml ampoule Inj 2.5 mg per ml, 20 ml ampoule sterile pack..... Inj 5 mg per ml, 10 ml ampoule sterile pack..... Inj 5 mg per ml, 20 ml ampoule Inj 5 mg per ml, 20 ml ampoule sterile pack..... Inj 1.25 mg per ml, 100 ml bag Inj 1.25 mg per ml, 200 ml bag Inj 2.5 mg per ml, 100 ml bag – 1% DV Sep-17 to 2020 Inj 2.5 mg per ml, 200 ml bag Inj 1.25 mg per ml, 500 ml bag	50.00 29.20 20.25 20.70 150.00	5 5 5 5 5	Marcaïn Isobaric Marcaïn Marcaïn Marcaïn Marcaïn
BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial	135.00 115.00	5 5	Marcaïn with Adrenaline Marcaïn with Adrenaline
BUPIVACAINE HYDROCHLORIDE WITH FENTANYL Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml syringe Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag 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..... Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe.....	 210.00 210.00 72.00 92.00	10 10 10 10	Bupafen Bupafen Biomed Biomed
BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE Inj 0.5% with glucose 8%, 4 ml ampoule.....	38.00	5	Marcaïn Heavy
COCAINE HYDROCHLORIDE Paste 5% Soln 15%, 2 ml syringe Soln 4%, 2 ml syringe.....	 25.46	1	Biomed
COCAINE HYDROCHLORIDE WITH ADRENALINE Paste 15% with adrenaline 0.06% Paste 25% with adrenaline 0.06%			

↑ 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
ETHYL CHLORIDE Spray 100%			
LIDOCAINE [LIGNOCAINE] Crm 4%.....	5.40 27.00	5 g 30 g	LMX4 LMX4
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE 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	6.75	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
<i>(Lidocaine-Claris Inj 1%, 20 ml ampoule to be delisted 1 February 2019)</i>			
<i>(Lidocaine-Claris Inj 2%, 20 ml ampoule to be delisted 1 February 2019)</i>			
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE Inj 1% with adrenaline 1:100,000, 5 ml ampoule	27.00	10	Xylocaine
Inj 1% with adrenaline 1:200,000, 20 ml vial	50.00	5	Xylocaine
Inj 2% with adrenaline 1:80,000, 1.7 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 1.8 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 2.2 ml dental cartridge			
Inj 2% with adrenaline 1:200,000, 20 ml vial	60.00	5	Xylocaine
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe – 1% DV Sep-17 to 2020	17.50	1	Topicaïne
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe	81.50	10	Pfizer
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE Nasal spray 5% with phenylephrine hydrochloride 0.5%			
LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE Crm 2.5% with prilocaine 2.5%	45.00	30 g	EMLA
Patch 25 mcg with prilocaine 25 mcg	115.00	20	EMLA
Crm 2.5% with prilocaine 2.5%, 5 g	45.00	5	EMLA
MEPIVACAINE HYDROCHLORIDE Inj 3%, 1.8 ml dental cartridge	43.60	50	Scandonest 3%
Inj 3%, 2.2 ml dental cartridge	43.60	50	Scandonest 3%
PRILOCAINE HYDROCHLORIDE Inj 0.5%, 50 ml vial	100.00	5	Citanest
Inj 2%, 5 ml ampoule	55.00	10	Citanest
PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge			
Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge			

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

Analgesics

Non-Opioid Analgesics

ASPIRIN

Tab dispersible 300 mg – **1% DV Dec-16 to 2019**.....3.90 100 **Ethics Aspirin**

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

‡ Crm 0.075%.....12.50 45 g **Zostrix HP**

➔ **Restricted (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 mg56.35 20 **Biomed**

Suppos 50 mg56.35 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 mg12.60 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
SUCROSE			
Oral liq 25%			
Opioid Analgesics			
ALFENTANIL			
Inj 0.5 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020	34.38	10	Hameln
CODEINE PHOSPHATE			
Tab 15 mg – 1% DV Apr-17 to 2019	5.75	100	PSM
Tab 30 mg – 1% DV Apr-17 to 2019	6.80	100	PSM
Tab 60 mg – 1% DV Apr-17 to 2019	13.50	100	PSM
DIHYDROCODEINE TARTRATE			
Tab long-acting 60 mg – 1% DV Sep-16 to 2019	9.55	60	DHC Continus
FENTANYL			
Inj 10 mcg per ml, 10 ml syringe			
Inj 50 mcg per ml, 2 ml ampoule – 1% DV 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
METHADONE HYDROCHLORIDE			
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
MORPHINE HYDROCHLORIDE			
Oral liq 1 mg per ml – 1% DV Dec-18 to 2021	9.28	200 ml	RA-Morph
Oral liq 2 mg per ml – 1% DV Dec-18 to 2021	16.24	200 ml	RA-Morph
Oral liq 5 mg per ml – 1% DV Dec-18 to 2021	19.44	200 ml	RA-Morph
Oral liq 10 mg per ml – 1% DV Dec-18 to 2021	27.74	200 ml	RA-Morph

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MORPHINE SULPHATE			
Tab long-acting 10 mg – 1% DV Sep-16 to 2019	1.93	10	Arrow-Morphine LA
Tab immediate-release 10 mg – 1% DV Sep-17 to 2020	2.80	10	Sevredol
Tab immediate-release 20 mg – 1% DV Sep-17 to 2020	5.52	10	Sevredol
Tab long-acting 30 mg – 1% DV Sep-16 to 2019	2.85	10	Arrow-Morphine LA
Tab long-acting 60 mg – 1% DV Sep-16 to 2019	5.60	10	Arrow-Morphine LA
Tab long-acting 100 mg – 1% DV Sep-16 to 2019	6.10	10	Arrow-Morphine LA
Cap long-acting 10 mg	1.70	10	m-Eslon
Cap long-acting 30 mg	2.50	10	m-Eslon
Cap long-acting 60 mg	5.40	10	m-Eslon
Cap long-acting 100 mg	6.38	10	m-Eslon
Inj 1 mg per ml, 100 ml bag – 1% DV Oct-17 to 2020	97.25	5	Biomed
Inj 1 mg per ml, 10 ml syringe – 1% DV Oct-17 to 2020	24.00	5	Biomed
Inj 1 mg per ml, 50 ml syringe – 1% DV Oct-17 to 2020	50.75	5	Biomed
Inj 1 mg per ml, 2 ml syringe			
Inj 2 mg per ml, 30 ml syringe	135.00	10	Biomed
Inj 5 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	6.27	5	DBL Morphine Sulphate
Inj 10 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	4.47	5	DBL Morphine Sulphate
Inj 10 mg per ml, 100 mg cassette			
Inj 10 mg per ml, 100 ml bag			
Inj 15 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	4.76	5	DBL Morphine Sulphate
Inj 30 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	6.19	5	DBL Morphine Sulphate
Inj 200 mcg in 0.4 ml syringe			
Inj 300 mcg in 0.3 ml syringe			
MORPHINE TARTRATE			
Inj 80 mg per ml, 1.5 ml ampoule – 1% DV Oct-16 to 2019	42.72	5	DBL Morphine Tartrate
OXYCODONE HYDROCHLORIDE			
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 – 1% DV Sep-18 to 2021	1.88	20	OxyNorm
Cap immediate-release 10 mg – 1% DV Sep-18 to 2021	3.32	20	OxyNorm
Cap immediate-release 20 mg – 1% DV Sep-18 to 2021	5.81	20	OxyNorm
Oral liq 5 mg per 5 ml	11.20	250 ml	OxyNorm
Inj 1 mg per ml, 100 ml bag			
Inj 10 mg per ml, 1 ml ampoule – 1% DV Sep-18 to 2021	7.28	5	OxyNorm
Inj 10 mg per ml, 2 ml ampoule – 1% DV Sep-18 to 2021	14.36	5	OxyNorm
Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-18 to 2021	30.60	5	OxyNorm
PARACETAMOL WITH CODEINE			
Tab paracetamol 500 mg with codeine phosphate 8 mg – 1% DV Sep-17 to 2020	18.21	1,000	Paracetamol + Codeine (Relieve)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PETHIDINE HYDROCHLORIDE			
Tab 50 mg – 1% DV Sep-18 to 2021	4.46	10	PSM
Inj 5 mg per ml, 10 ml syringe			
Inj 5 mg per ml, 100 ml bag			
Inj 10 mg per ml, 100 ml bag			
Inj 10 mg per ml, 50 ml syringe			
Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	4.98	5	DBL Pethidine Hydrochloride
Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020	5.12	5	DBL Pethidine Hydrochloride
REMIFENTANIL			
Inj 1 mg vial – 1% DV Oct-17 to 2020	13.95	5	Remifentanil-AFT
Inj 2 mg vial – 1% DV Oct-17 to 2020	19.95	5	Remifentanil-AFT
TRAMADOL HYDROCHLORIDE			
Tab sustained-release 100 mg – 1% DV Sep-17 to 2020	1.55	20	Tramal SR 100
Tab sustained-release 150 mg – 1% DV Sep-17 to 2020	2.10	20	Tramal SR 150
Tab sustained-release 200 mg – 1% DV Sep-17 to 2020	2.75	20	Tramal SR 200
Cap 50 mg – 1% DV Sep-17 to 2020	2.25	100	Arrow-Tramadol
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	Tramal 50
Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020	4.50	5	Tramal 100
Antidepressants			
Cyclic and Related Agents			
AMITRIPTYLINE			
Tab 10 mg – 1% DV Apr-18 to 2020	1.96	100	Arrow-Amitriptyline
Tab 25 mg – 1% DV Apr-18 to 2020	1.52	100	Arrow-Amitriptyline
Tab 50 mg – 1% DV Apr-18 to 2020	2.51	100	Arrow-Amitriptyline
CLOMIPRAMINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Oct-18 to 2021	13.99	100	Apo-Clomipramine
Tab 25 mg – 1% DV Oct-18 to 2021	9.46	100	Apo-Clomipramine
DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE			
Tab 75 mg	11.19	100	Dopress
Cap 25 mg	6.45	100	Dopress
DOXEPIN HYDROCHLORIDE			
Cap 10 mg			
Cap 25 mg			
Cap 50 mg			
IMIPRAMINE HYDROCHLORIDE			
Tab 10 mg	5.48	50	Tofranil
	6.58	60	Tofranil
Tab 25 mg	8.80	50	Tofranil
MAPROTYLINE HYDROCHLORIDE			
Tab 25 mg			
Tab 75 mg			
MIANSERIN HYDROCHLORIDE – Restricted: For continuation only			
➡ Tab 30 mg			

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

Monoamine-Oxidase Inhibitors - Non-Selective

PHENELZINE SULPHATE			
Tab 15 mg			
TRANLYCYPROMINE SULPHATE			
Tab 10 mg			

Monoamine-Oxidase Type A Inhibitors

MOCLOBEMIDE			
Tab 150 mg	85.10	500	Apo-Moclobemide
Tab 300 mg	30.70	100	Apo-Moclobemide

Other Antidepressants

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

Selective Serotonin Reuptake Inhibitors

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

Antiepilepsy Drugs

Agents for the Control of Status Epilepticus

CLONAZEPAM			
Inj 1 mg per ml, 1 ml ampoule	21.00	5	Rivotril

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DIAZEPAM			
Inj 5 mg per ml, 2 ml ampoule	11.83	5	Hospira
Rectal tubes 5 mg.....	33.07	5	Stesolid
Rectal tubes 10 mg.....	40.87	5	Stesolid
LORAZEPAM			
Inj 2 mg vial			
Inj 4 mg per ml, 1 ml vial			
PARALDEHYDE			
Inj 5 ml ampoule			
PHENYTOIN SODIUM			
Inj 50 mg per ml, 2 ml ampoule	88.63	5	Hospira
Inj 50 mg per ml, 5 ml ampoule	133.92	5	Hospira

Control of Epilepsy

CARBAMAZEPINE			
Tab 200 mg	14.53	100	Tegretol
Tab long-acting 200 mg.....	16.98	100	Tegretol CR
Tab 400 mg	34.58	100	Tegretol
Tab long-acting 400 mg.....	39.17	100	Tegretol CR
Oral liq 20 mg per ml	26.37	250 ml	Tegretol
CLOBAZAM			
Tab 10 mg			
CLONAZEPAM			
Oral drops 2.5 mg per ml			
ETHOSUXIMIDE			
Cap 250 mg	281.75	200	Zarontin
Oral liq 50 mg per ml	56.35	200 ml	Zarontin
GABAPENTIN			
Note: Gabapentin not to be given in combination with pregabalin			
Cap 100 mg – 1% DV Aug-18 to 2021	2.65	100	Apo-Gabapentin
Cap 300 mg – 1% DV Aug-18 to 2021	4.07	100	Apo-Gabapentin
Cap 400 mg – 1% DV Aug-18 to 2021	5.64	100	Apo-Gabapentin
LACOSAMIDE – Restricted see terms below			
↓ Tab 50 mg	25.04	14	Vimpat
↓ Tab 100 mg	50.06	14	Vimpat
	200.24	56	Vimpat
↓ Tab 150 mg	75.10	14	Vimpat
	300.40	56	Vimpat
↓ Tab 200 mg	400.55	56	Vimpat
↓ Inj 10 mg per ml, 20 ml vial			
→ Restricted (RS1151)			

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...

NERVOUS SYSTEM

	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.			
Continuation			
Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life compared with that prior to starting lacosamide treatment (see Note).			
Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective			
LAMOTRIGINE			
Tab dispersible 2 mg	6.74	30	Lamictal
Tab dispersible 5 mg	15.00	56	Arrow-Lamotrigine
	9.64	30	Lamictal
Tab dispersible 25 mg	20.40	56	Arrow-Lamotrigine
	29.09		Lamictal
	19.38		Logem
Tab dispersible 50 mg	34.70	56	Arrow-Lamotrigine
	47.89		Lamictal
	32.97		Logem
Tab dispersible 100 mg	59.90	56	Arrow-Lamotrigine
	79.16		Lamictal
	56.91		Logem
LEVETIRACETAM			
Tab 250 mg	24.03	60	Everet
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
PHENOBARBITONE			
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
PHENYTOIN			
Tab 50 mg			
PHENYTOIN SODIUM			
Cap 30 mg			
Cap 100 mg			
Oral liq 6 mg per ml			
PREGABALIN			
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
PRIMIDONE			
Tab 250 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM VALPROATE			
Tab 100 mg			
Tab EC 200 mg			
Tab EC 500 mg			
Oral liq 40 mg per ml			
Inj 100 mg per ml, 4 ml vial – 1% DV Sep-18 to 2021	9.98	1	Epilim IV
STIRIPENTOL – Restricted see terms below			
↓ Cap 250 mg	509.29	60	Diacomit
↓ Powder for oral liq 250 mg sachet	509.29	60	Diacomit
→ Restricted (RS1152)			
Initiation			
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.			
Continuation			
Paediatric neurologist			
Patient continues to benefit from treatment as measured by reduced seizure frequency from baseline.			
TOPIRAMATE			
Tab 25 mg	11.07	60	Arrow-Topiramate
	26.04		Topamax
	11.07		Topiramate Actavis
Tab 50 mg	18.81	60	Arrow-Topiramate
	44.26		Topamax
	18.81		Topiramate Actavis
Tab 100 mg	31.99	60	Arrow-Topiramate
	75.25		Topamax
	31.99		Topiramate Actavis
Tab 200 mg	55.19	60	Arrow-Topiramate
	129.85		Topamax
	55.19		Topiramate Actavis
Cap sprinkle 15 mg	20.84	60	Topamax
Cap sprinkle 25 mg	26.04	60	Topamax

VIGABATRIN – Restricted see terms [below](#)

↓ Tab 500 mg

→ **Restricted (RS1153)**

Initiation

Re-assessment required after 15 months

Both:

1 Either:

1.1 Patient has infantile spasms; or

1.2 Both:

1.2.1 Patient has epilepsy; and

1.2.2 Either:

1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or

1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from

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
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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
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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
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➡ **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
BETAHISTINE DIHYDROCHLORIDE			
Tab 16 mg – 1% DV Sep-17 to 2020	2.89	84	Vergo 16
CYCLIZINE HYDROCHLORIDE			
Tab 50 mg – 1% DV Jan-19 to 2021	0.55	10	Nausicalm
	0.59	20	Nauzene
<i>(Nauzene Tab 50 mg to be delisted 1 January 2019)</i>			
CYCLIZINE LACTATE			
Inj 50 mg per ml, 1 ml ampoule	14.95	5	Nausicalm
DOMPERIDONE			
Tab 10 mg	3.20	100	Prokinex
DROPERIDOL			
Inj 2.5 mg per ml, 1 ml ampoule – 1% DV Jun-18 to 2019	35.00	10	Droperidol Panpharma
GRANISETRON			
Inj 1 mg per ml, 3 ml ampoule – 1% DV Dec-18 to 2020	0.40	1	Deva
HYOSCINE HYDROBROMIDE			
Inj 400 mcg per ml, 1 ml ampoule	46.50	5	Hospira
↓ Patch 1.5 mg	11.95	2	Scopoderm TTS
➔ Restricted (RS1155)			
Initiation			
Any of the following:			
1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or			
2 Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective; or			
3 For treatment of post-operative nausea and vomiting where cyclizine, droperidol and a 5HT ₃ antagonist have proven ineffective, are not tolerated or are contraindicated.			
METOCLOPRAMIDE HYDROCHLORIDE			
Tab 10 mg – 1% DV Jan-18 to 2020	1.30	100	Metoclopramide Actavis 10
Oral liq 5 mg per 5 ml			
Inj 5 mg per ml, 2 ml ampoule	4.50	10	Pfizer
ONDANSETRON			
Tab 4 mg – 1% DV May-17 to 2019	3.36	50	Apo-Ondansetron
Tab dispersible 4 mg – 1% DV Apr-18 to 2020	0.95	10	Ondansetron ODT-DRLA
Tab 8 mg – 1% DV May-17 to 2019	4.77	50	Apo-Ondansetron
Tab dispersible 8 mg – 1% DV Apr-18 to 2020	1.43	10	Ondansetron ODT-DRLA
Inj 2 mg per ml, 2 ml ampoule – 1% DV Sep-16 to 2019	1.50	5	Ondansetron-Claris
Inj 2 mg per ml, 4 ml ampoule – 1% DV Nov-16 to 2019	2.20	5	Ondansetron Kabi
PROCHLORPERAZINE			
Tab buccal 3 mg			
Tab 5 mg – 1% DV Mar-18 to 2020	6.35	250	Nausafix
Inj 12.5 mg per ml, 1 ml ampoule			
Suppos 25 mg			
PROMETHAZINE THEOCLATE – Restricted: For continuation only			
➔ Tab 25 mg			
<i>(Any Tab 25 mg to be delisted 1 December 2018)</i>			

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TROPISETRON			
Inj 1 mg per ml, 2 ml ampoule – 1% DV Sep-18 to 2021	8.95	1	Tropisetron-AFT
Inj 1 mg per ml, 5 ml ampoule	13.95	1	Tropisetron-AFT

Antipsychotic Agents

General

AMISULPRIDE			
Tab 100 mg – 1% DV Nov-16 to 2019	4.56	30	Sulprix
Tab 200 mg – 1% DV Nov-16 to 2019	14.75	60	Sulprix
Tab 400 mg – 1% DV Nov-16 to 2019	27.70	60	Sulprix
Oral liq 100 mg per ml – 1% DV Oct-16 to 2019	65.53	60 ml	Solian
ARIPRAZOLE			
Tab 5 mg – 1% DV Aug-18 to 2021	17.50	30	Aripiprazole Sandoz
Tab 10 mg – 1% DV Aug-18 to 2021	17.50	30	Aripiprazole Sandoz
Tab 15 mg – 1% DV Aug-18 to 2021	17.50	30	Aripiprazole Sandoz
Tab 20 mg – 1% DV Aug-18 to 2021	17.50	30	Aripiprazole Sandoz
Tab 30 mg – 1% DV Aug-18 to 2021	17.50	30	Aripiprazole Sandoz
CHLORPROMAZINE HYDROCHLORIDE			
Tab 10 mg			
Tab 25 mg			
Tab 100 mg			
Oral liq 10 mg per ml			
Oral liq 20 mg per ml			
Inj 25 mg per ml, 2 ml ampoule			
CLOZAPINE			
Tab 25 mg	6.69	50	Clopine
	13.37	100	Clopine
	5.69	50	Clozaril
	11.36	100	Clozaril
Tab 50 mg	8.67	50	Clopine
	17.33	100	Clopine
Tab 100 mg	17.33	50	Clopine
	34.65	100	Clopine
	14.73	50	Clozaril
	29.45	100	Clozaril
Tab 200 mg	34.65	50	Clopine
	69.30	100	Clopine
Oral liq 50 mg per ml	17.33	100 ml	Clopine
HALOPERIDOL			
Tab 500 mcg – 1% DV Oct-16 to 2019	6.23	100	Serenace
Tab 1.5 mg – 1% DV Oct-16 to 2019	9.43	100	Serenace
Tab 5 mg – 1% DV Oct-16 to 2019	29.72	100	Serenace
Oral liq 2 mg per ml – 1% DV Oct-16 to 2019	23.84	100 ml	Serenace
Inj 5 mg per ml, 1ml ampoule – 1% DV Oct-16 to 2019	21.55	10	Serenace
LEVOMEPROMAZINE			
Tab 25 mg			
Tab 100 mg			
LEVOMEPROMAZINE HYDROCHLORIDE			
Inj 25 mg per ml, 1 ml ampoule – 1% DV Sep-16 to 2019	47.89	10	Wockhardt

↑ 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
LITHIUM CARBONATE			
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
<i>(Lithicarb FC Tab 400 mg to be delisted 1 March 2019)</i>			
OLANZAPINE			
Tab 2.5 mg – 1% DV Sep-17 to 2020	0.64	28	Zypine
Tab 5 mg – 1% DV Sep-17 to 2020	1.15	28	Zypine
Tab orodispersible 5 mg – 1% DV Sep-17 to 2020	1.25	28	Zypine ODT
Tab 10 mg – 1% DV Sep-17 to 2020	1.65	28	Zypine
Tab orodispersible 10 mg – 1% DV Sep-17 to 2020	2.05	28	Zypine ODT
Inj 10 mg vial			
PERICYAZINE			
Tab 2.5 mg			
Tab 10 mg			
QUETIAPINE			
Tab 25 mg – 1% DV Sep-17 to 2020	1.79	90	Quetapel
Tab 100 mg – 1% DV Sep-17 to 2020	3.45	90	Quetapel
Tab 200 mg – 1% DV Sep-17 to 2020	5.75	90	Quetapel
Tab 300 mg – 1% DV Sep-17 to 2020	9.60	90	Quetapel
RISPERIDONE			
Tab 0.5 mg – 1% DV Dec-17 to 2020	1.86	60	Actavis
Tab 1 mg – 1% DV Dec-17 to 2020	2.06	60	Actavis
Tab 2 mg – 1% DV Dec-17 to 2020	2.29	60	Actavis
Tab 3 mg – 1% DV Dec-17 to 2020	2.50	60	Actavis
Tab 4 mg – 1% DV Dec-17 to 2020	3.43	60	Actavis
Oral liq 1 mg per ml – 1% DV Sep-17 to 2020	7.66	30 ml	Risperon
ZIPRASIDONE			
Cap 20 mg	14.50	60	Zusdone
Cap 40 mg – 1% DV Sep-18 to 2021	24.70	60	Zusdone
Cap 60 mg – 1% DV Sep-18 to 2021	33.80	60	Zusdone
Cap 80 mg – 1% DV Sep-18 to 2021	39.70	60	Zusdone
ZUCLOPENTHIXOL ACETATE			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			
ZUCLOPENTHIXOL HYDROCHLORIDE			
Tab 10 mg	31.45	100	Clopixol

Depot Injections

FLUPENTHIXOL DECANOATE			
Inj 20 mg per ml, 1 ml ampoule	13.14	5	Fluanxol
Inj 20 mg per ml, 2 ml ampoule	20.90	5	Fluanxol
Inj 100 mg per ml, 1 ml ampoule	40.87	5	Fluanxol
HALOPERIDOL DECANOATE			
Inj 50 mg per ml, 1 ml ampoule	28.39	5	Haldol
Inj 100 mg per ml, 1 ml ampoule	55.90	5	Haldol Concentrate

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

⚡ Inj 210 mg vial – 1% DV Oct-18 to 2021	252.00	1	Zyprexa Relprevv
⚡ Inj 300 mg vial – 1% DV Oct-18 to 2021	414.00	1	Zyprexa Relprevv
⚡ Inj 405 mg vial – 1% DV Oct-18 to 2021	504.00	1	Zyprexa Relprevv

➡ **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.

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

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

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

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

➡ **Restricted (RS1380)**

Initiation

Re-assessment required after 12 months

Either:

continued...

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

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

Continuation*Re-assessment required after 12 months*

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

ZUCLOPENTHIXOL DECANOATE

Inj 200 mg per ml, 1 ml ampoule	19.80	5	Clopixol
Inj 500 mg per ml, 1 ml ampoule			e.g. <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	2,200.00	28	Gilenya
➡ 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).

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

⚡ Inj 20 mg per ml, 15 ml vial..... 1,750.00 1 Tysabri

➡ **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

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
(including, but not limited to, autism spectrum disorder or attention deficit hyperactivity disorder); and			
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.			
Continuation – insomnia secondary to neurodevelopmental disorder			
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.			
Initiation – insomnia where benzodiazepines and zopiclone are contraindicated			
Both:			
1 Patient has insomnia and benzodiazepines and zopiclone are contraindicated; and			
2 For in-hospital use only.			
MIDAZOLAM			
Tab 7.5 mg	40.00	100	Hypnovel
Oral liq 2 mg per ml			
Inj 1 mg per ml, 5 ml ampoule – 1% DV Jan-19 to 2021	4.30	10	Midazolam-Claris
	2.98		Mylan Midazolam
Inj 5 mg per ml, 3 ml ampoule – 1% DV Jan-19 to 2021	2.50	5	Midazolam-Claris
	2.36		Mylan Midazolam
<i>(Midazolam-Claris Inj 1 mg per ml, 5 ml ampoule to be delisted 1 January 2019)</i>			
<i>(Midazolam-Claris Inj 5 mg per ml, 3 ml ampoule to be delisted 1 January 2019)</i>			
NITRAZEPAM			
Tab 5 mg	5.22	100	Nitrados
PHENOBARBITONE			
Inj 200 mg per ml, 1 ml ampoule			
TEMAZEPAM			
Tab 10 mg – 1% DV Sep-17 to 2020	1.27	25	Normison
TRIAZOLAM – Restricted: For continuation only			
➡ Tab 125 mcg			
➡ Tab 250 mcg			
ZOPICLONE			
Tab 7.5 mg	0.98	30	Zopiclone Actavis

Stimulants / ADHD Treatments

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ Restricted (RS1371)

Initiation

All of the following:

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

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

CAFFEINE

Tab 100 mg

DEXAMFETAMINE SULFATE – **Restricted** see terms [below](#)

⚡ Tab 5 mg – 1% DV 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	Brand or
(ex man. excl. GST)		Generic
\$	Per	Manufacturer

➔ 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

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ 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 – 1% DV Jun-17 to 2020	11.00	30	Zyban
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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 – 1% DV Sep-17 to 2020	112.55	30	Nalttraccord
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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
NICOTINE – Some items restricted see terms below			
Patch 7 mg per 24 hours – 1% DV Apr-18 to 2020	16.00	28	Habitrol
Patch 14 mg per 24 hours – 1% DV Apr-18 to 2020	17.59	28	Habitrol
Patch 21 mg per 24 hours – 1% DV Apr-18 to 2020	20.16	28	Habitrol
↓ Oral spray 1 mg per dose			<i>e.g. Nicorette QuickMist Mouth Spray</i>
Lozenge 1 mg – 1% DV Apr-18 to 2020	16.61	216	Habitrol
Lozenge 2 mg – 1% DV Apr-18 to 2020	18.20	216	Habitrol
↓ Soln for inhalation 15 mg cartridge			<i>e.g. Nicorette Inhalator</i>
Gum 2 mg – 1% DV Apr-18 to 2020	33.69	384	Habitrol (Fruit)
			Habitrol (Mint)
Gum 4 mg – 1% DV Apr-18 to 2020	38.95	384	Habitrol (Fruit)
			Habitrol (Mint)

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

	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.			
BUSULFAN			
Tab 2 mg	89.25	100	Myleran
Inj 6 mg per ml, 10 ml ampoule			
CARMUSTINE			
Inj 100 mg vial	532.00	1	BiCNU
CHLORAMBUCIL			
Tab 2 mg			
CYCLOPHOSPHAMIDE			
Tab 50 mg	79.00	50	Endoxan
	158.00	100	Procytox
Inj 1 g vial – 1% DV Oct-18 to 2021	35.65	1	Endoxan
Inj 2 g vial – 1% DV Oct-18 to 2021	71.25	1	Endoxan
IFOSFAMIDE			
Inj 1 g vial	96.00	1	Holoxan
Inj 2 g vial	180.00	1	Holoxan
LOMUSTINE			
Cap 10 mg	132.59	20	Ceenu
Cap 40 mg	399.15	20	Ceenu
MELPHALAN			
Tab 2 mg			
Inj 50 mg vial			
THIOTEPA			
Inj 15 mg vial			
Inj 100 mg vial			

Anthracyclines and Other Cytotoxic Antibiotics

BLEOMYCIN SULPHATE			
Inj 15,000 iu vial – 1% DV Dec-18 to 2021	161.01	1	DBL Bleomycin Sulfate
DACTINOMYCIN [ACTINOMYCIN D]			
Inj 0.5 mg vial	166.75	1	Cosmegen
DAUNORUBICIN			
Inj 2 mg per ml, 10 ml vial.....	130.00	1	Pfizer
DOXORUBICIN HYDROCHLORIDE			
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 – 1% DV Jan-19 to 2021	56.15	1	Doxorubicin Ebewe
EPIRUBICIN HYDROCHLORIDE			
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

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

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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
IDARUBICIN HYDROCHLORIDE			
Inj 5 mg vial – 1% DV Sep-18 to 2021	93.00	1	Zavedos
Inj 10 mg vial – 1% DV Sep-18 to 2021	198.00	1	Zavedos
MITOMYCIN C			
Inj 5 mg vial – 1% DV Oct-16 to 2019	204.08	1	Arrow
MITOZANTRONE			
Inj 2 mg per ml, 10 ml vial	97.50	1	Mitozantrone Ebewe
Antimetabolites			
AZACITIDINE – Restricted see terms below			
⚡ Inj 100 mg vial – 1% DV Dec-18 to 2021	139.00	1	Azacitidine Dr. Reddy's
	605.00		Vidaza
<i>(Vidaza Inj 100 mg vial to be delisted 1 December 2018)</i>			
➡ Restricted (RS1418)			
Initiation			
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.			
Continuation			
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.			
CAPECITABINE			
Tab 150 mg – 1% DV Jan-17 to 2019	11.15	60	Brinov
Tab 500 mg – 1% DV Jan-17 to 2019	62.28	120	Brinov
CLADRIBINE			
Inj 2 mg per ml, 5 ml vial			
Inj 1 mg per ml, 10 ml vial	5,249.72	7	Leustatin
CYTARABINE			
Inj 20 mg per ml, 5 ml vial	400.00	5	Pfizer
Inj 100 mg per ml, 20 ml vial – 1% DV Dec-18 to 2021	41.36	1	Pfizer
FLUDARABINE PHOSPHATE			
Tab 10 mg – 1% DV Sep-18 to 2021	412.00	20	Fludara Oral
Inj 50 mg vial – 1% DV Dec-16 to 2019	525.00	5	Fludarabine Ebewe

⚡ 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
FLUOROURACIL			
Inj 50 mg per ml, 20 ml vial – 1% DV Oct-18 to 2021	12.00	1	Fluorouracil Ebewe
Inj 50 mg per ml, 50 ml vial.....	17.00	1	Fluorouracil Ebewe
Inj 50 mg per ml, 100 ml vial – 1% DV Oct-18 to 2021	30.00	1	Fluorouracil Ebewe
<i>(Fluorouracil Ebewe Inj 50 mg per ml, 50 ml vial to be delisted 1 March 2019)</i>			
GEMCITABINE			
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
MERCAPTOPURINE			
Tab 50 mg	49.41	25	Puri-nethol
↓ Oral suspension 20 mg per ml.....	428.00	100 ml	Allmercap
→ Restricted (RS1635)			
Initiation			
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.			
Continuation			
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.			
METHOTREXATE			
Tab 2.5 mg – 1% DV Jan-19 to 2021	8.05	90	Trexate
Tab 10 mg – 1% DV Jan-19 to 2021	31.75	90	Trexate
Inj 2.5 mg per ml, 2 ml vial			
Inj 7.5 mg prefilled syringe.....	14.61	1	Methotrexate Sandoz
Inj 10 mg prefilled syringe.....	14.66	1	Methotrexate Sandoz
Inj 15 mg prefilled syringe.....	14.77	1	Methotrexate Sandoz
Inj 20 mg prefilled syringe.....	14.88	1	Methotrexate Sandoz
Inj 25 mg prefilled syringe.....	14.99	1	Methotrexate Sandoz
Inj 30 mg prefilled syringe.....	15.09	1	Methotrexate Sandoz
Inj 25 mg per ml, 2 ml vial – 1% DV Oct-16 to 2019	30.00	5	DBL Methotrexate
			Onco-Vial
Inj 25 mg per ml, 20 ml vial – 1% DV Oct-16 to 2019	45.00	1	DBL Methotrexate
			Onco-Vial
Inj 100 mg per ml, 10 ml vial.....	25.00	1	Methotrexate Ebewe
Inj 100 mg per ml, 50 ml vial – 1% DV Sep-17 to 2020	79.99	1	Methotrexate Ebewe
PEMETREXED – Restricted see terms below			
↓ Inj 100 mg vial – 1% DV Jan-18 to 2019	60.89	1	Juno Pemetrexed
↓ Inj 500 mg vial – 1% DV Jan-18 to 2019	217.77	1	Juno Pemetrexed
→ Restricted (RS1596)			
Initiation – Mesothelioma			
<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/m² 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/m² 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/m² 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/m² 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/m² 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 naive 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/m² 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/m² 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

(DBL Carboplatin Inj 10 mg per ml, 5 ml vial to be delisted 1 March 2019)

(DBL Carboplatin Inj 10 mg per ml, 15 ml vial to be delisted 1 March 2019)

CISPLATIN

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

OXALIPLATIN

Inj 5 mg per ml, 10 ml vial	13.32	1	Oxaliccord
Inj 5 mg per ml, 20 ml vial – 1% DV Jan-19 to 2021	46.32	1	Oxaliccord

(Oxaliccord Inj 5 mg per ml, 10 ml vial to be delisted 1 January 2019)

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

continued...

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

3 Either:

3.1 Patient is treatment naive; or

3.2 Both:

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

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

⚡ Tab 250 mg 1,899.00 70 Tykerb

➡ **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 [on the next page](#)

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

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

➔ 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.

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

↓ 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RUXOLITINIB – Restricted see terms below			
⚡ Tab 5 mg	2,500.00	56	Jakavi
⚡ Tab 15 mg	5,000.00	56	Jakavi
⚡ Tab 20 mg	5,000.00	56	Jakavi

➡ **Restricted (RS1650)**

Initiation

Haematologist

Re-assessment required after 12 months

All of the following:

- 1 The patient has primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis; and
- 2 A classification of risk of intermediate-2 or high-risk myelofibrosis according to either the International Prognostic Scoring System (IPSS), Dynamic International Prognostic Scoring System (DIPSS), or the Age-Adjusted DIPSS; and
- 3 A maximum dose of 20 mg twice daily is to be given.

Continuation

Haematologist

Re-assessment required after 12 months

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 A maximum dose of 20 mg twice daily is to be given.

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
- 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.

continued...

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

continued...

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	DBL Docetaxel
Inj 10 mg per ml, 8 ml vial – 1% DV Sep-17 to 2020	26.95	1	DBL Docetaxel

PACLITAXEL

Inj 6 mg per ml, 5 ml vial – 1% DV Oct-17 to 2020	47.30	5	Paclitaxel Ebewe
Inj 6 mg per ml, 16.7 ml vial – 1% DV Oct-17 to 2020	20.00	1	Paclitaxel Ebewe
Inj 6 mg per ml, 25 ml vial	26.69	1	Paclitaxel Ebewe
Inj 6 mg per ml, 50 ml vial – 1% DV Oct-17 to 2020	35.35	1	Paclitaxel Ebewe

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Treatment of Cytotoxic-Induced Side Effects			
CALCIUM FOLINATE			
Tab 15 mg	104.26	10	DBL Leucovorin Calcium
Inj 3 mg per ml, 1 ml ampoule			
Inj 10 mg per ml, 5 ml ampoule	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
MESNA			
Tab 400 mg – 1% DV Oct-16 to 2019	273.00	50	Uromitexan
Tab 600 mg – 1% DV Oct-16 to 2019	407.50	50	Uromitexan
Inj 100 mg per ml, 4 ml ampoule – 1% DV Oct-16 to 2019	161.25	15	Uromitexan
Inj 100 mg per ml, 10 ml ampoule – 1% DV Oct-16 to 2019	370.35	15	Uromitexan
Vinca Alkaloids			
VINBLASTINE SULPHATE			
Inj 1 mg per ml, 10 ml vial	186.46	5	Hospira
VINCRIStINE SULPHATE			
Inj 1 mg per ml, 1 ml vial – 1% DV Oct-16 to 2019	74.52	5	DBL Vincristine Sulfate
Inj 1 mg per ml, 2 ml vial – 1% DV Oct-16 to 2019	85.61	5	DBL Vincristine Sulfate
VINORELBINE			
Inj 10 mg per ml, 1 ml vial	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:
 - 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:

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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 – 1% DV Jan-19 to 2020	19.50	100	Genox
	11.75	60	Tamoxifen Sandoz
Tab 20 mg – 1% DV Jan-19 to 2020	2.63	30	Genox
	12.50	100	Genox
	5.60	60	Tamoxifen Sandoz

(Genox Tab 10 mg to be delisted 1 January 2019)

(Genox Tab 20 mg to be delisted 1 January 2019)

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:

- 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.

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

Calcineurin Inhibitors

CICLOSPORIN

Cap 25 mg.....	44.63	50	Neoral
Cap 50 mg.....	88.91	50	Neoral
Cap 100 mg.....	177.81	50	Neoral
Oral liq 100 mg per ml.....	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.....	55.64	100	Tacrolimus Sandoz
↓ Cap 1 mg.....	111.28	100	Tacrolimus Sandoz
↓ Cap 5 mg.....	278.20	50	Tacrolimus Sandoz
↓ Inj 5 mg per ml, 1 ml ampoule			

→ **Restricted** ([RS1651](#))

Initiation – organ transplant recipients

Any specialist

For use in organ transplant recipients.

Initiation – non-transplant indications*

Any specialist

Both:

- 1 Patient requires long-term systemic immunosuppression; and
- 2 Ciclosporin has been trialled and discontinued treatment because of unacceptable side effects or inadequate clinical response.

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:

- 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
- 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
- 2.5 Both:
 - 2.5.1 Either:
 - 2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
 - 2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
 - 2.5.2 Physician's global assessment indicating severe disease.

Continuation – juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Both:

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

Initiation – rheumatoid arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
 - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for rheumatoid arthritis; or
- 2 All of the following:
 - 2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
 - 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
 - 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
 - 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with 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

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

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leflunomide alone or in combination with oral or parenteral methotrexate; and

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

Continuation – rheumatoid arthritis

Rheumatologist

Re-assessment required after 6 months

All of the following:

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

Initiation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
 - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for ankylosing spondylitis; or
- 2 All of the following:
 - 2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
 - 2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
 - 2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
 - 2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of 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

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

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

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- 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 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.

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

- 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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 syringe1,599.96 2 Humira

↓ Inj 40 mg per 0.8 ml pen.....1,599.96 2 HumiraPen

↓ Inj 40 mg per 0.8 ml syringe1,599.96 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

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

2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and

2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and

2.5 Both:

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

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2.5.1 Either:

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

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

2.5.2 Physician's global assessment indicating severe disease.

Continuation – juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Both:

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

2 Either:

2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or

2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initiation – fistulising Crohn's disease

Gastroenterologist

Re-assessment required after 4 months

All of the following:

1 Patient has confirmed Crohn's disease; and

2 Either:

2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or

2.2 Patient has one or more rectovaginal fistula(e); and

3 A Baseline Fistula Assessment (a copy of which is available at www.pharmac.govt.nz/latest/BaselineFistulaAssessment.pdf) has been completed and is no more than 1 month old at the time of application.

Continuation – fistulising Crohn's disease

Gastroenterologist

Re-assessment required after 6 months

Either:

1 The number of open draining fistulae have decreased from baseline by at least 50%; or

2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain.

Initiation – Crohn's disease - 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

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	Price	Brand or
(ex man. excl. GST)		Generic
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- 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:
 - 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

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

- 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

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

- 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

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

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

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

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 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 vial2,560.00 1 Simulect

→ **Restricted (RS1203)**

Initiation

For use in solid organ transplants.

BEVACIZUMAB – Restricted see terms [below](#)

↓ Inj 25 mg per ml, 4 ml vial

↓ Inj 25 mg per ml, 16 ml vial

→ **Restricted (RS1115)**

Initiation

Either:

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

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

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

➡ **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.

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.

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

- 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:

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

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

Initiation – Crohn's disease (children)

Gastroenterologist

Re-assessment required after 3 months

All of the following:

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

Continuation – Crohn's disease (children)

Gastroenterologist

Re-assessment required after 6 months

Both:

- 1 Any of the following:
 - 1.1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on infliximab; or
 - 1.2 PCDAI score is 15 or less; or
 - 1.3 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

Initiation – fistulising Crohn's disease

Gastroenterologist

Re-assessment required after 4 months

Both:

- 1 Patient has confirmed Crohn's disease; and
- 2 Either:
 - 2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
 - 2.2 Patient has one or more rectovaginal fistula(e).

Continuation – fistulising Crohn's disease

Gastroenterologist

Re-assessment required after 6 months

Both:

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

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- psoriasis; and
- 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or
 - 1.2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis; or
- 2 All of the following:
 - 2.1 Either:
 - 2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
 - 2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
 - 2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and
 - 2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
 - 2.4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

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

Continuation – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Both:

- 1 Either:
 - 1.1 Both:
 - 1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
 - 1.1.2 Following each prior infliximab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-infliximab treatment baseline value; or
 - 1.2 Both:
 - 1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
 - 1.2.2 Either:
 - 1.2.2.1 Following each prior infliximab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
 - 1.2.2.2 Following each prior infliximab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-infliximab treatment baseline value; and
- 2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

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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:

- 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 [on the next page](#)

† Inj 25 mg per ml, 40 ml vial.....	5,910.00	1	Gazyva
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➔ **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 [below](#)

↓ Inj 150 mg prefilled syringe.....	450.00	1	Xolair
↓ Inj 150 mg vial	450.00	1	Xolair

➔ **Restricted (RS1652)**

Initiation – severe asthma

Clinical immunologist or respiratory specialist

Re-assessment required after 6 months

All of the following:

- 1 Patient must be aged 6 years or older ; and
- 2 Patient has a diagnosis of severe 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 adherence with optimal inhaled therapy including high dose inhaled corticosteroid (budesonide 1,600 mcg per day or fluticasone propionate 1,000 mcg per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 mcg bd or eformoterol 12 mcg bd) for at least 12 months, unless contraindicated or not tolerated; and
- 6 Either:
 - 6.1 Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; or
 - 6.2 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral steroids; and
- 7 Patient has an Asthma Control Test (ACT) score of 10 or less; and
- 8 Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 26 weeks after the first dose to assess response to treatment.

Continuation – severe asthma

Respiratory specialist

Re-assessment required after 6 months

Both:

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

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- 1 An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and
- 2 A reduction in the maintenance oral corticosteroid dose or number of exacerbations of at least 50% from baseline.

Initiation – severe chronic spontaneous urticaria

Clinical immunologist or dermatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient must be aged 12 years or older; and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 Patient is symptomatic with Urticaria Activity Score 7 (UAS7) of 20 or above; and
 - 2.1.2 Patient has a Dermatology life quality index (DLQI) of 10 or greater; and
- 3 Any of the following:
 - 3.1 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and ciclosporin (> 3 mg/kg day) for at least 6 weeks; or
 - 3.2 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and at least 3 courses of systemic corticosteroids (> 20 mg prednisone per day for at least 5 days) in the previous 6 months; or
 - 3.3 Patient has developed significant adverse effects whilst on corticosteroids or ciclosporin; and
- 4 Either:
 - 4.1 Treatment to be stopped if inadequate response* following 4 doses; or
 - 4.2 Complete response* to 6 doses of omalizumab.

Continuation – severe chronic spontaneous urticaria

Clinical immunologist or dermatologist

Re-assessment required after 6 months

Either:

- 1 Patient has previously had a complete response* to 6 doses of omalizumab; or
- 2 Both:
 - 2.1 Patient has previously had a complete response* to 6 doses of omalizumab; and
 - 2.2 Patient has relapsed after cessation of omalizumab therapy.

Note: *Inadequate response defined as less than 50% reduction in baseline UAS7 and DLQI score, or an increase in Urticaria Control Test (UCT) score of less than 4 from baseline. Patient is to be reassessed for response after 4 doses of omalizumab. Complete response is defined as UAS7 less than or equal to 6 and DLQI less than or equal to 5; or UCT of 16. Relapse of chronic urticaria on stopping prednisone/ciclosporin does not justify the funding of omalizumab.

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

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

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- 5 Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks; and
- 6 Pertuzumab to be discontinued at disease progression.

Continuation

Re-assessment required after 12 months

Both:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab.

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

↓ Inj 10 mg per ml, 0.23 ml vial

↓ Inj 10 mg per ml, 0.3 ml vial

→ **Restricted (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

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

2 Mabthera

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 3 Patient has acquired haemophilia.

Continuation – haemophilia with inhibitors

Haematologist

All of the following:

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

Initiation – post-transplant

Both:

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

Note: Indications marked with * are unapproved indications.

Continuation – post-transplant

All of the following:

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

Note: Indications marked with * are unapproved indications.

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

Re-assessment required after 9 months

Either:

- 1 Both:
 - 1.1 The patient has indolent low grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
 - 1.2 To be used for a maximum of 6 treatment cycles; or
- 2 Both:
 - 2.1 The patient has indolent, low grade lymphoma or hairy cell leukaemia* requiring first-line systemic chemotherapy; and
 - 2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

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

Re-assessment required after 9 months

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has indolent, low-grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
- 3 To be used for no more than 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

Initiation – aggressive CD20 positive NHL

Either:

- 1 All of the following:
 - 1.1 The patient has treatment naive aggressive CD20 positive NHL; and
 - 1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
 - 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

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

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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:

- 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:

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- 1.1 The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis; and
- 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
 - 1.2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis; and
- 2 Either:
 - 2.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
 - 2.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
- 3 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Initiation – rheumatoid arthritis - TNF inhibitors contraindicated

Rheumatologist

Limited to 4 months treatment

All of the following:

- 1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and
- 2 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
- 3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with 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:

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Per	

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- 1.1 At 4 months following the initial course of rituximab infusions the patient had between a 30% and 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 1.2 At 4 months following the second course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 1.3 At 4 months following the third and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and

3 Either:

- 3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
- 3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Continuation – rheumatoid arthritis - re-treatment in 'responders' to rituximab

Rheumatologist

Re-assessment required after 4 months

All of the following:

1 Either:

- 1.1 At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 1.2 At 4 months following the second and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and

3 Either:

- 3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
- 3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Initiation – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 4 weeks

Both:

- 1 Patient has cold haemagglutinin disease*; and
- 2 Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms.

Note: Indications marked with * are unapproved indications.

Continuation – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 4 weeks

Either:

- 1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² 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.

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	Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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Initiation – warm autoimmune haemolytic anaemia (warm AIHA)

Haematologist

Re-assessment required after 4 weeks

Both:

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

Note: Indications marked with * are unapproved indications.

Continuation – warm autoimmune haemolytic anaemia (warm AIHA)

Haematologist

Re-assessment required after 4 weeks

Either:

- 1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned; or
- 2 All of the following:
 - 2.1 Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*; and
 - 2.2 An initial response lasting at least 12 months was demonstrated; and
 - 2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initiation – immune thrombocytopenic purpura (ITP)

Haematologist

Re-assessment required after 4 weeks

Both:

- 1 Either:
 - 1.1 Patient has immune thrombocytopenic purpura* with a platelet count of 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/m² weekly for 4 weeks) is now planned; or
- 2 All of the following:
 - 2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and
 - 2.2 An initial response lasting at least 12 months was demonstrated; and
 - 2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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Initiation – thrombotic thrombocytopenic purpura (TTP)

Haematologist

Re-assessment required after 4 weeks

Either:

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

Note: Indications marked with * are unapproved indications.

Continuation – thrombotic thrombocytopenic purpura (TTP)

Haematologist

Re-assessment required after 4 weeks

All of the following:

- 1 Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and
- 2 An initial response lasting at least 12 months was demonstrated; and
- 3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initiation – pure red cell aplasia (PRCA)

Haematologist

Re-assessment required after 6 weeks

Patient has autoimmune pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder.

Note: Indications marked with * are unapproved indications.

Continuation – pure red cell aplasia (PRCA)

Haematologist

Re-assessment required after 6 weeks

Patient was previously treated with rituximab for pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder and demonstrated an initial response lasting at least 12 months.

Note: Indications marked with * are unapproved indications.

Initiation – ANCA associated vasculitis

Re-assessment required after 4 weeks

All of the following:

- 1 Patient has been diagnosed with ANCA associated vasculitis*; and
- 2 The total rituximab dose would not exceed the equivalent of 375 mg/m² 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/m² of body-surface area per week for a total of

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

Note: Indications marked with * are unapproved indications.

Initiation – treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

- 1 The patient has severe, immediately life- or organ-threatening SLE*; and
- 2 The disease has proved refractory to treatment with steroids at a dose of at least 1 mg/kg; and
- 3 The disease has relapsed following prior treatment for at least 6 months with maximal tolerated doses of azathioprine, mycophenolate mofetil and high dose cyclophosphamide, or cyclophosphamide is contraindicated; and
- 4 Maximum of four 1000 mg infusions of rituximab.

Note: Indications marked with * are unapproved indications.

Continuation – treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

- 1 Patient's SLE* achieved at least a partial response to the previous round of prior rituximab treatment; and
- 2 The disease has subsequently relapsed; and
- 3 Maximum of two 1000 mg infusions of rituximab.

Note: Indications marked with * are unapproved indications.

Initiation – Antibody-mediated renal transplant rejection

Nephrologist

Patient has been diagnosed with antibody-mediated renal transplant rejection*.

Note: Indications marked with * are unapproved indications.

Initiation – ABO-incompatible renal transplant

Nephrologist

Patient is to undergo an ABO-incompatible renal transplant*.

Note: Indications marked with * are unapproved indications.

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

Nephrologist

Re-assessment required after 4 weeks

All of the following:

- 1 Patient is a child with SDNS* or FRNS*; and
- 2 Treatment with steroids for at least a period of 3 months has been ineffective or associated with evidence of steroid toxicity; and
- 3 Treatment with ciclosporin for at least a period of 3 months has been ineffective and/or discontinued due to unacceptable side effects; and
- 4 Treatment with mycophenolate for at least a period of 3 months with no reduction in disease relapses; and
- 5 The total rituximab dose used would not exceed the equivalent of 375 mg/m² 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/m² of body surface area per week for a total of 4 weeks.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Note: Indications marked with a * are unapproved indications.

Initiation – Steroid resistant nephrotic syndrome (SRNS)

Nephrologist

Re-assessment required after 4 weeks

All of the following:

- 1 Patient is a child with SRNS* where treatment with steroids and ciclosporin for at least 3 months have been ineffective; and
- 2 Treatment with tacrolimus for at least 3 months has been ineffective; and
- 3 Genetic causes of nephrotic syndrome have been excluded; and
- 4 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

Continuation – Steroid resistant nephrotic syndrome (SRNS)

Nephrologist

Re-assessment required after 4 weeks

All of the following:

- 1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
- 2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

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

⬇ Inj 150 mg per ml, 1 ml prefilled syringe..... 1,599.00 2 Cosentyx

➡ **Restricted (RS1653)**

Initiation – severe chronic plaque psoriasis, second-line biologic

Dermatologist

Re-assessment required after 4 months

All of the following:

- 1 The patient has had an initial Special Authority approval for adalimumab or etanercept, or has trialled infliximab in a DHB hospital in accordance with the General Rules of the Pharmaceutical Schedule, for severe chronic plaque psoriasis; and
- 2 Either:
 - 2.1 The patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or
 - 2.2 The patient has received insufficient benefit from adalimumab, etanercept or infliximab; and
- 3 A Psoriasis Area and Severity Index (PASI) assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI or DQLI assessment is no more than 1 month old at the time of application.

Continuation – severe chronic plaque psoriasis, second-line biologic

Dermatologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or
 - 1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and

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

- 2 Secukinumab to be administered at a maximum dose of 300 mg monthly.

Initiation – severe chronic plaque psoriasis, first-line biologic

Dermatologist

Re-assessment required after 4 months

All of the following:

- 1 Either:
 - 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, 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 or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI or DQI assessment is no more than 1 month old at the time of application.

Note: A treatment course is defined as a minimum of 12 weeks of treatment. "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, 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 sub scores 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 – severe chronic plaque psoriasis, first-line biologic

Dermatologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or
 - 1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and
- 2 Secukinumab to be administered at a maximum dose of 300 mg monthly.

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.

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

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

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.

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

continued...

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/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
- 2.4 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; 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 – 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.

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

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

continued...

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

Continuation – metastatic breast cancer

Re-assessment required after 12 months

All of the following:

- 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 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 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 vial2,340.00 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:

continued...

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

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

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	Imuran
Tab 50 mg – 1% DV Jul-17 to 2019	10.58	100	Imuran
Inj 50 mg vial – 1% DV Jan-17 to 2019	60.00	1	Imuran

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
BACILLUS CALMETTE-GUERIN (BCG) – Restricted see terms below			
↓ Inj 2-8 x 10 ⁸ CFU vial	149.37	1	OncoTICE
➔ 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			
<i>Re-assessment required after 3 months</i>			
Both:			
1 Patient has tuberous sclerosis; and			
2 Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment.			
Continuation			
Neurologist or oncologist			
<i>Re-assessment required after 12 months</i>			
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) \$	Brand or Generic Manufacturer
Per	

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

RESPIRATORY SYSTEM AND ALLERGIES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
BUDESONIDE			
Nasal spray 50 mcg per dose – 1% DV Oct-18 to 2020	2.59	200 dose	SteroClear
Nasal spray 100 mcg per dose – 1% DV Oct-18 to 2020	2.87	200 dose	SteroClear
FLUTICASONE PROPIONATE			
Nasal spray 50 mcg per dose – 1% DV Nov-18 to 2021	1.98	120 dose	Flixonase Hayfever & Allergy
IPRATROPIUM BROMIDE			
Aqueous nasal spray 0.03% – 1% DV Oct-17 to 2020	4.61	15 ml	Univent
SODIUM CROMOGLICATE			
Nasal spray 4%			

Antihistamines

CETIRIZINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Mar-17 to 2019	1.01	100	Zista
Oral liq 1 mg per ml	2.99	200 ml	Histaclear
CHLORPHENIRAMINE MALEATE			
Oral liq 0.4 mg per ml			
Inj 10 mg per ml, 1 ml ampoule			
CYPROHEPTADINE HYDROCHLORIDE			
Tab 4 mg			
FEXOFENADINE HYDROCHLORIDE			
Tab 60 mg			
Tab 120 mg			
Tab 180 mg			
LORATADINE			
Tab 10 mg – 1% DV Sep-16 to 2019	1.28	100	Lorafix
Oral liq 1 mg per ml – 1% DV Feb-17 to 2019	2.15	120 ml	Lorfast
PROMETHAZINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Sep-18 to 2021	1.68	50	Allersoothe
Tab 25 mg – 1% DV Sep-18 to 2021	1.89	50	Allersoothe
Oral liq 1 mg per ml – 1% DV Sep-18 to 2021	2.69	100 ml	Allersoothe
Inj 25 mg per ml, 2 ml ampoule – 1% DV Oct-16 to 2019	15.54	5	Hospira

Anticholinergic Agents

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

Anticholinergic Agents with Beta-Adrenoceptor Agonists

SALBUTAMOL WITH IPRATROPIUM BROMIDE			
Aerosol inhaler 100 mcg with ipratropium bromide 20 mcg per dose			
Nebuliser soln 2.5 mg with ipratropium bromide 0.5 mg per 2.5 ml ampoule – 1% DV Oct-18 to 2021	5.20	20	Duolin

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

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

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

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.

Continuation

Re-assessment required after 2 years

Both:

- 1 Patient is compliant with the medication; and
- 2 Patient has experienced improved COPD symptom control (prescriber determined).

Note: Combination long acting muscarinic antagonist and long acting beta-2 agonist must not be used if the patient is also receiving treatment with a combination inhaled corticosteroid and long acting beta-2 agonist.

GLYCOPYRRONIUM WITH INDACATEROL – **Restricted** see terms [above](#)

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

TIOTROPIUM BROMIDE WITH OLODATEROL – **Restricted** see terms [above](#)

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

UMECLIDINIUM WITH VILANTEROL – **Restricted** see terms [above](#)

† Powder for inhalation 62.5 mcg with vilanterol 25 mcg 77.00 30 dose Anoro Ellipta

Antifibrotics

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

↓ Cap 100 mg 2,554.00 60 Ofev

↓ Cap 150 mg 3,870.00 60 Ofev

➔ Restricted (RS1654)

Initiation – idiopathic pulmonary fibrosis

Respiratory specialist

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

Patient has been diagnosed with idiopathic pulmonary fibrosis by a multidisciplinary team including a radiologist; and
- 2

Forced vital capacity is between 50% and 90% predicted; and
- 3

Nintedanib is to be discontinued at disease progression (See Note); and
- 4

Nintedanib is not to be used in combination with subsidised pirfenidone; and
- 5

Any of the following:

5.1

The patient has not previously received treatment with pirfenidone; or

5.2

Patient has previously received pirfenidone, but discontinued pirfenidone within 12 weeks due to intolerance; or

5.3

Patient has previously received pirfenidone, but the patient's disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with pirfenidone).

Continuation – idiopathic pulmonary fibrosis

Respiratory specialist
Re-assessment required after 12 months
All of the following:

- 1

Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
- 2

Nintedanib is not to be used in combination with subsidised pirfenidone; and
- 3

Nintedanib is to be discontinued at disease progression (See Note).

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

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

⚡ Cap 267 mg.....3,645.00 270 Esbriet

➡ **Restricted (RS1655)**

Initiation – idiopathic pulmonary fibrosis

Respiratory specialist
Re-assessment required after 12 months
All of the following:

- 1

Patient has been diagnosed with idiopathic pulmonary fibrosis by a multidisciplinary team including a radiologist; and
- 2

Forced vital capacity is between 50% and 80% predicted; and
- 3

Pirfenidone is to be discontinued at disease progression (See Notes); and
- 4

Pirfenidone is not to be used in combination with subsidised nintedanib; and
- 5

Any of the following:

5.1

The patient has not previously received treatment with nintedanib; or

5.2

Patient has previously received nintedanib, but discontinued nintedanib within 12 weeks due to intolerance; or

5.3

Patient has previously received nintedanib, but the patient's disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with nintedanib).

Continuation – idiopathic pulmonary fibrosis

Respiratory specialist
Re-assessment required after 12 months
All of the following:

- 1

Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
- 2

Pirfenidone is not to be used in combination with subsidised nintedanib; and
- 3

Pirfenidone is to be discontinued at disease progression (See Note).

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

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

RESPIRATORY SYSTEM AND ALLERGIES

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

Leukotriene Receptor Antagonists

MONTELUKAST			
Tab 4 mg – 1% DV Jan-17 to 2019	5.25	28	Apo-Montelukast
Tab 5 mg – 1% DV Jan-17 to 2019	5.50	28	Apo-Montelukast
Tab 10 mg – 1% DV Jan-17 to 2019	5.65	28	Apo-Montelukast

Long-Acting Beta-Adrenoceptor Agonists

EFORMOTEROL FUMARATE

- Powder for inhalation 6 mcg per dose
- Powder for inhalation 12 mcg per dose

(Any Powder for inhalation 6 mcg per dose to be delisted 1 April 2019)

EFORMOTEROL FUMARATE DIHYDRATE

- Powder for inhalation 4.5 mcg per dose, breath activated (equivalent to eformoterol fumarate 6 mcg metered 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 mcg44.08 30 dose Breo Ellipta

FLUTICASONE WITH SALMETEROL

- Aerosol inhaler 50 mcg with salmeterol 25 mcg14.58 120 dose RexAir
- 33.74 | | Seretide |
- Powder for inhalation 100 mcg with salmeterol 50 mcg33.74 60 dose Seretide Accuhaler
- Aerosol inhaler 125 mcg with salmeterol 25 mcg16.83 120 dose RexAir
- 44.08 | | Seretide |
- Powder for inhalation 250 mcg with salmeterol 50 mcg44.08 60 dose Seretide Accuhaler

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

CAFFEINE CITRATE

Oral liq 20 mg per ml (caffeine 10 mg per ml) 14.85 25 ml Biomed

Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule 55.75 5 Biomed

THEOPHYLLINE

Tab long-acting 250 mg

Oral liq 80 mg per 15 ml

Mucolytics and Expectorants

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

↓ Nebuliser soln 2.5 mg per 2.5 ml ampoule 250.00 6 Pulmozyme

→ **Restricted (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 emphysema

Limited to 3 days treatment

Both:

- 1 Patient is an in-patient; and
- 2 Patient diagnoses with pleural emphysema.

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 Surventa

(Surventa 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

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Anti-Infective Preparations			
Antibacterials			
CHLORAMPHENICOL			
Eye oint 1% – 1% DV Jul-16 to 2019	2.48	4 g	Chlorsig
Ear drops 0.5%			
Eye drops 0.5%	0.98	10 ml	Chlorafast
Eye drops 0.5%, single dose			
CIPROFLOXACIN			
Eye drops 0.3% – 1% DV Jun-18 to 2020	9.99	5 ml	Ciprofloxacin Teva
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
Antifungals			
NATAMYCIN			
Eye drops 5%			
Antivirals			
ACICLOVIR			
Eye oint 3% – 1% DV Oct-16 to 2019	14.92	4.5 g	ViruPOS
Combination Preparations			
CIPROFLOXACIN WITH HYDROCORTISONE			
Ear drops ciprofloxacin 0.2% with 1% hydrocortisone	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
FLUOROMETHOLONE			
Eye drops 0.1%	3.09	5 ml	FML
PREDNISOLONE ACETATE			
Eye drops 0.12%	7.00	5 ml	Pred Forte
Eye drops 1%	3.93	10 ml	Prednisolone- AFT
PREDNISOLONE SODIUM PHOSPHATE			
Eye drops 0.5%, single dose (preservative free)	38.50	20 dose	Minims Prednisolone

Non-Steroidal Anti-Inflammatory Drugs

DICLOFENAC SODIUM			
Eye drops 0.1%	13.80	5 ml	Voltaren Ophtha
KETOROLAC TROMETAMOL			
Eye drops 0.5%			

Decongestants and Antiallergics

Antiallergic Preparations

LEVOCABASTINE			
Eye drops 0.05%			
LODOXAMIDE			
Eye drops 0.1%	8.71	10 ml	Lomide
OLOPATADINE			
Eye drops 0.1%	10.00	5 ml	Patanol
SODIUM CROMOGLICATE			
Eye drops 2%			

Decongestants

NAPHAZOLINE HYDROCHLORIDE			
Eye drops 0.1%	4.15	15 ml	Naphcon Forte

Diagnostic and Surgical Preparations

Diagnostic Dyes

FLUORESCEIN SODIUM			
Eye drops 2%, single dose			
Inj 10%, 5 ml vial	125.00	12	Fluorescite
Ophthalmic strips 1 mg			
FLUORESCEIN SODIUM WITH LIGNOCAINE HYDROCHLORIDE			
Eye drops 0.25% with lignocaine hydrochloride 4%, single dose			
LISSAMINE GREEN			
Ophthalmic strips 1.5 mg			
ROSE BENGAL SODIUM			
Ophthalmic strips 1%			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Irrigation Solutions			
MIXED SALT SOLUTION FOR EYE IRRIGATION			
Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 15 ml dropper bottle	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
Ocular Anaesthetics			
OXYBUPROCAINE HYDROCHLORIDE			
Eye drops 0.4%, single dose			
PROXYMETACAINE HYDROCHLORIDE			
Eye drops 0.5%			
TETRACAINE [AMETHOCAINE] HYDROCHLORIDE			
Eye drops 0.5%, single dose			
Eye drops 1%, single dose			
Viscoelastic Substances			
HYPROMELLOSE			
Inj 2%, 1 ml syringe			
Inj 2%, 2 ml syringe			
SODIUM HYALURONATE [HYALURONIC ACID]			
Inj 14 mg per ml, 0.85 ml syringe – 1% DV Sep-16 to 2019	50.00	1	Healon GV
Inj 14 mg per ml, 0.55 ml syringe – 1% DV Sep-16 to 2019	50.00	1	Healon GV
Inj 23 mg per ml, 0.6 ml syringe – 1% DV Sep-16 to 2019	60.00	1	Healon 5
Inj 10 mg per ml, 0.85 ml syringe – 1% DV Sep-16 to 2019	28.50	1	Healon
SODIUM HYALURONATE [HYALURONIC ACID] WITH CHONDROITIN SULPHATE			
Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.35 ml syringe and inj 10 mg sodium hyaluronate [hyaluronic acid] per ml, 0.4 ml syringe	64.00	1	Duovisc
Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.5 ml syringe and inj 10 mg sodium hyaluronate [hyaluronic acid] per ml, 0.55 ml syringe – 1% DV Sep-16 to 2019	74.00	1	Duovisc
Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.75 ml syringe – 1% DV Sep-16 to 2019	67.00	1	Viscoat
Other			
DISODIUM EDETATE			
Inj 150 mg per ml, 20 ml ampoule			
Inj 150 mg per ml, 20 ml vial			
Inj 150 mg per ml, 100 ml vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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% – 1% DV Jan-19 to 2021	3.45	5 ml	Arrow-Dortim
	2.87		Dortimopt
<i>(Arrow-Dortim Eye drops 2% with timolol 0.5% to be delisted 1 January 2019)</i>			
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

SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TRAVOPROST			
Eye drops 0.004% – 1% DV Jan-18 to 2020	7.30	5 ml	Travopt
Sympathomimetics			
APRACLOPIDINE			
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%			
Mydriatics and Cycloplegics			
Anticholinergic Agents			
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			
Sympathomimetics			
PHENYLEPHRINE HYDROCHLORIDE			
Eye drops 2.5%, single dose			
Eye drops 10%, single dose			
Ocular Lubricants			
CARBOMER			
Ophthalmic gel 0.3%, single dose	8.25	30	Poly Gel
Ophthalmic gel 0.2%			
CARMELLOSE SODIUM 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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MACROGOL 400 AND PROPYLENE GLYCOL			
Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose.....	4.30	24	Systane Unit Dose
PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN			
Eye oint 42.5% with soft white paraffin 57.3%			
PARAFFIN LIQUID WITH WOOL FAT			
Eye oint 3% with wool fat 3%	3.63	3.5 g	Poly-Visc
POLYVINYL ALCOHOL			
Eye drops 1.4% – 1% DV Jun-16 to 2019	2.62	15 ml	Vistil
Eye drops 3% – 1% DV Jun-16 to 2019	3.68	15 ml	Vistil Forte
POLYVINYL ALCOHOL WITH POVIDONE			
Eye drops 1.4% with povidone 0.6%, single dose			
RETINOL PALMITATE			
Oint 138 mcg per g	3.80	5 g	VitA-POS
SODIUM HYALURONATE [HYALURONIC ACID]			
Eye drops 1 mg per ml	22.00	10 ml	Hylo-Fresh

Other Otological Preparations

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Agents Used in the Treatment of Poisonings			
Antidotes			
ACETYLCYSTEINE			
Tab eff 200 mg			
Inj 200 mg per ml, 10 ml ampoule – 1% DV Sep-18 to 2021	58.76	10	DBL Acetylcysteine
AMYL NITRITE			
Liq 98% in 3 ml capsule			
DIGOXIN IMMUNE FAB			
Inj 38 mg vial			
Inj 40 mg vial			
ETHANOL			
Liq 96%			
ETHANOL WITH GLUCOSE			
Inj 10% with glucose 5%, 500 ml bottle			
ETHANOL, DEHYDRATED			
Inj 100%, 5 ml ampoule			
Inj 96%			
FLUMAZENIL			
Inj 0.1 mg per ml, 5 ml ampoule – 1% DV Dec-18 to 2021	85.05	5	Anexate
	66.34		Hameln
<i>(Anexate Inj 0.1 mg per ml, 5 ml ampoule to be delisted 1 December 2018)</i>			
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
PRALDOXIME IODIDE			
Inj 25 mg per ml, 20 ml ampoule			
SODIUM NITRITE			
Inj 30 mg per ml, 10 ml ampoule			
SODIUM THIOSULFATE			
Inj 250 mg per ml, 10 ml vial			
Inj 250 mg per ml. 50 ml vial			
Inj 500 mg per ml, 10 ml vial			
Inj 500 mg per ml, 20 ml ampoule			
SOYA OIL			
Inj 20%, 500 ml bag			
Inj 20%, 500 ml bottle			
Antitoxins			
BOTULISM ANTITOXIN			
Inj 250 ml vial			
DIPHThERIA ANTITOXIN			
Inj 10,000 iu vial			

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

RED BACK SPIDER ANTIVENOM

Inj 500 u vial

SNAKE ANTIVENOM

Inj 50 ml vial

Removal and Elimination

CHARCOAL

Oral liq 200 mg per ml43.50 250 ml Carbasorb-X

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

↓ Tab 125 mg dispersible	276.00	28	Exjade
↓ Tab 250 mg dispersible	552.00	28	Exjade
↓ Tab 500 mg dispersible	1,105.00	28	Exjade

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

Continuation

Haematologist

Re-assessment required after 2 years

Either:

- 1 For the first renewal following 2 years of therapy, the treatment has been tolerated and has resulted in clinical improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels; or
- 2 For subsequent renewals, the treatment has been tolerated and has resulted in clinical stability or continued improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels. .

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

↓ Tab 500 mg	533.17	100	Ferriprox
↓ Oral liq 100 mg per ml	266.59	250 ml	Ferriprox

→ **Restricted (RS1445)**

Initiation

Patient has been diagnosed with chronic iron overload due to congenital inherited anaemia or acquired red cell aplasia.

DESFERRIOXAMINE MESILATE

Inj 500 mg vial51.52 10 Desferal

DICOBALT EDETATE

Inj 15 mg per ml, 20 ml ampoule

DIMERCAPROL

Inj 50 mg per ml, 2 ml ampoule

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DIMERCAPTOSUCCINIC ACID			
Cap 100 mg			e.g. PCNZ, Optimus Healthcare, Chemet
Cap 200 mg			e.g. PCNZ, Optimus Healthcare, Chemet
SODIUM CALCIUM 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
Contrast Media			
Iodinated X-ray Contrast Media			
DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE			
Oral liq 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle.....	22.50	100 ml	Gastrografin
Inj 260 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle.....	80.00	1	Urografin
DIATRIZOATE SODIUM			
Oral liq 370 mg per ml, 10 ml sachet.....	156.12	50	Ioscan
IODISED OIL			
Inj 38% w/w (480 mg per ml), 10 ml ampoule	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
Non-iodinated X-ray Contrast Media			
BARIUM SULPHATE			
Powder for oral liq 20 mg per g (2% w/w), 22.1 g sachet.....	507.50	50	E-Z-Cat Dry
Oral liq 400 mg per ml (40% w/v, 30% w/w), bottle	17.39	148 g	Varibar - Thin Liquid
Oral liq 600 mg per g (60% w/w), tube	36.51	454 g	E-Z-Paste
Oral liq 400 mg per ml (40% w/v), bottle	155.35	250 ml	Varibar - Honey
	38.40	240 ml	Varibar - Nectar
	145.04	230 ml	Varibar - Pudding
Enema 1,250 mg per ml (125% w/v), 500 ml bag	282.30	12	Liquibar
Oral liq 22 mg per g (2.2% w/w), 250 ml bottle.....	175.00	24	CT Plus+
Oral liq 22 mg per g (2.2% w/w), 450 ml bottle.....	220.00	24	CT Plus+
Oral liq 1 mg per ml (0.1% w/v, 0.1% w/w), 450 ml bottle	441.12	24	VoLumen
Oral liq 20.9 mg per ml (2.1% w/v, 2% w/w), 250 ml bottle	140.94	24	Readi-CAT 2
Powder for oral soln 97.65% w/w, 300 g bottle	237.76	24	X-Opaque-HD
Oral liq 400 mg per ml (40% w/v, 30% w/w), 20 ml bottle	52.35	3	Tagitol V
Oral liq 1,250 mg per ml (125% w/v), 2,000 ml bottle.....	91.77	1	Liquibar
BARIUM SULPHATE WITH SODIUM BICARBONATE			
Grans eff 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet	102.93	50	E-Z-Gas II

VARIOUS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CITRIC ACID WITH SODIUM BICARBONATE			
Powder 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet			<i>e.g. E-Z-GAS II</i>

Paramagnetic Contrast Media

GADOBENIC ACID			
Inj 334 mg per ml, 10 ml vial.....	324.74	10	Multihance
Inj 334 mg per ml, 20 ml vial.....	636.28	10	Multihance
GADOBUTROL			
Inj 1 mmol per ml, 15 ml vial			
Inj 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
GADODIAMIDE			
Inj 287 mg per ml, 10 ml prefilled syringe.....	200.00	10	Omniscan
Inj 287 mg per ml, 10 ml vial.....	170.00	10	Omniscan
Inj 287 mg per ml, 5 ml vial.....	120.00	10	Omniscan
Inj 287 mg per ml, 15 ml prefilled syringe.....	320.00	10	Omniscan
GADOTERIC ACID			
Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml prefilled syringe.....	24.50	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml bottle.....	34.50	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml prefilled syringe.....	41.00	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml prefilled syringe.....	55.00	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml bottle.....	23.20	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml bottle.....	46.30	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 5 ml bottle.....	12.30	1	Dotarem
GADOXETATE DISODIUM			
Inj 181.43 mg per ml (equivalent to 0.25 mmol per ml), 10 ml prefilled syringe.....	300.00	1	Primovist
MEGLUMINE GADOPENTETATE			
Inj 469 mg per ml, 10 ml prefilled syringe.....	95.00	5	Magnevist
Inj 469 mg per ml, 10 ml vial.....	185.00	10	Magnevist
MEGLUMINE IOTROXATE			
Inj 105 mg per ml, 100 ml bottle.....	150.00	100 ml	Biliscopin

Ultrasound Contrast Media

PERFLUTREN			
Inj 1.1 mg per ml, 1.5 ml vial.....	180.00	1	Definity
	720.00	4	Definity

Diagnostic Agents

ARGININE			
Inj 50 mg per ml, 500 ml bottle			
Inj 100 mg per ml, 300 ml bottle			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
HISTAMINE ACID PHOSPHATE			
Nebuliser soln 0.6%, 10 ml vial			
Nebuliser soln 2.5%, 10 ml vial			
Nebuliser soln 5%, 10 ml vial			
MANNITOL			
Powder for inhalation			<i>e.g. Aridol</i>
METHACHOLINE CHLORIDE			
Powder 100 mg			
SECRETIN PENTAHYDROCHLORIDE			
Inj 100 u ampoule			
SINCALIDE			
Inj 5 mcg per vial			

Diagnostic Dyes

BONNEY'S BLUE DYE			
Soln			
INDIGO CARMINE			
Inj 4 mg per ml, 5 ml ampoule			
Inj 8 mg per ml, 5 ml ampoule			
INDOCYANINE GREEN			
Inj 25 mg vial			
METHYLTHIONINIUM CHLORIDE [METHYLENE BLUE]			
Inj 5 mg per ml, 10 ml ampoule	240.35	5	Proveblue
PATENT BLUE V			
Inj 2.5%, 2 ml ampoule	440.00	5	Obex Medical

Irrigation Solutions

CHLORHEXIDINE WITH CETRIMIDE			
Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule – 1% DV			
Aug-18 to 2021	29.76	30	Pfizer
GLYCINE			
Irrigation soln 1.5%, 3,000 ml bag – 1% DV Sep-18 to 2021	31.20	4	B Braun
SODIUM CHLORIDE			
Irrigation soln 0.9%, 3,000 ml bag – 1% DV Sep-18 to 2021	26.80	4	B Braun
Irrigation soln 0.9%, 30 ml ampoule – 1% DV Sep-18 to 2021	7.00	20	Interpharma
Irrigation soln 0.9%, 1,000 ml bottle – 1% DV Jun-18 to 2021	14.90	10	Baxter Sodium
			Chloride 0.9%
Irrigation soln 0.9%, 250 ml bottle – 1% DV Aug-18 to 2021	17.64	12	Fresenius Kabi
WATER			
Irrigation soln, 3,000 ml bag – 1% DV Sep-18 to 2021	28.80	4	B Braun
Irrigation soln, 1,000 ml bottle – 1% DV Jun-18 to 2021	17.30	10	Baxter Water for
			Irrigation
Irrigation soln, 250 ml bottle – 1% DV Aug-18 to 2021	17.64	12	Fresenius Kabi

Surgical Preparations

BISMUTH SUBNITRATE AND IODOFORM PARAFFIN
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
Extemporaneously Compounded Preparations			
ACETIC ACID Liq			
ALUM Powder BP			
ARACHIS OIL [PEANUT OIL] Liq			
ASCORBIC ACID Powder			
BENZOIN Tincture compound BP			
BISMUTH SUBGALLATE Powder			
BORIC ACID Powder			
CARBOXYMETHYLCELLULOSE Soln 1.5%			
CETRIMIDE Soln 40%			
CHLORHEXIDINE GLUCONATE Soln 20 %			
CHLOROFORM Liq BP			
CITRIC ACID Powder BP			
CLOVE OIL Liq			
COAL TAR Soln BP – 1% DV Dec-16 to 2019	32.95	200 ml	Midwest
CODEINE PHOSPHATE Powder			
COLLODION FLEXIBLE Liq			
COMPOUND HYDROXYBENZOATE Soln			
CYSTEAMINE HYDROCHLORIDE Powder			
DISODIUM HYDROGEN PHOSPHATE WITH SODIUM DIHYDROGEN PHOSPHATE Inj 37.46 mg with sodium dihydrogen phosphate 47.7 mg in 1.5 ml ampoule			
DITHRANOL Powder			
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) \$	Brand or Generic Manufacturer
Per	

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
MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT – Restricted see terms on the previous page			
† 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>

WALNUT OIL – Restricted see terms [on the previous page](#)

† 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

Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet

Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet

e.g. *FM 85*

e.g. *S26 Human Milk Fortifier*

e.g. *Nutricia Breast Milk Fortifier*

CARBOHYDRATE AND FAT SUPPLEMENT – Restricted see terms [below](#)

† Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can

e.g. *Super Soluble Duocal*

➔ **Restricted (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; Nuttilis

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
Phenylketonuria Products			
AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – Restricted see terms on page 216			
† 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)
(e.g. XP Maxamaid Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can to be delisted 1 April 2019)			
Propionic Acidaemia and Methylmalonic Acidaemia Products			
AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – Restricted see terms on page 216			
† 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 216](#)

† 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 216](#)

- † 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 216](#)

- † 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 216](#)

- † Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE – **Restricted** see terms [on page 216](#)

- † 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
LOW-GI ENTERAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 1,000 ml bottle.....	7.50	1,000 ml	Glucerna Select RTH (Vanilla)
† Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bag			<i>e.g. Nutrison Advanced Diason</i>
LOW-GI ORAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 4.5 g protein, 9.8 g carbohydrate, 4.4 g fat and 1.9 g fibre per 100 ml, can.....	2.10	237 ml	Sustagen Diabetic (Vanilla)
† Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 250 ml bottle.....	1.88	250 ml	Glucerna Select (Vanilla)
† Liquid 6 g protein, 9.5 g carbohydrate, 4.7 g fat and 2.6 g fibre per 100 ml, can.....	2.10	237 ml	Resource Diabetic (Vanilla)
† Liquid 4.9 g protein, 11.7 g carbohydrate, 3.8 g fat and 2 g fibre per 100 ml, 200 ml bottle			<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
PEPTIDE-BASED ORAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 5 g protein, 16 g carbohydrate and 1.69 g fat per 100 ml, carton	4.95	237 ml	Peptamen OS 1.0 (Vanilla)

Fat Modified Products

FAT-MODIFIED FEED – Restricted see terms [below](#)

↓ Powder 12.9 g protein, 69.1 g carbohydrate and 12.9 g fat per 100 g,
400 g can

e.g. Monogen

➔ **Restricted (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
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High Protein Products

HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML – **Restricted** see terms [below](#)

- ⚡ Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml,
1,000 ml bag

e.g. *Nutrison Protein Plus*

➡ **Restricted (RS1327)**

Initiation

Both:

- 1 The patient has a high protein requirement; and
- 2 Any of the following:
 - 2.1 Patient has liver disease; or
 - 2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
 - 2.3 Patient is fluid restricted; or
 - 2.4 Patient's needs cannot be more appropriately met using high calorie product.

HIGH PROTEIN ENTERAL FEED 1.28 KCAL/ML – **Restricted** see terms [below](#)

- ⚡ Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat and 1.5 g fibre per
100 ml, 1,000 ml bag

e.g. *Nutrison Protein Plus Multi Fibre*

➡ **Restricted (RS1327)**

Initiation

Both:

- 1 The patient has a high protein requirement; and
- 2 Any of the following:
 - 2.1 Patient has liver disease; or
 - 2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
 - 2.3 Patient is fluid restricted; or
 - 2.4 Patient's needs cannot be more appropriately met using high calorie product.

Infant Formulas

AMINO ACID FORMULA – **Restricted** see terms [on the next page](#)

- ⚡ Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml,
400 g can

e.g. *Neocate*

- ⚡ Powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, 400 g
can

e.g. *Neocate SYNEO unflavoured*

- ⚡ Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g,
400 g can

e.g. *Neocate LCP*

- ⚡ Powder 13.3 g protein, 56 g carbohydrate and 22 g fat per 100 g, 400 g
can

e.g. *Neocate Junior Unflavoured*

- ⚡ Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can53.00

400 g

Neocate Gold (Unflavoured)

- ⚡ Powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can43.60

400 g

Alfamino Junior

- ⚡ Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can53.00

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)

(e.g. *Neocate LCP Powder 13 g protein, 52.5 g carbohydrate and 24.5 g fat per 100 g, 400 g can to be delisted 1 May 2019*)

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

➔ Restricted (RS1471)

Initiation

Any of the following:

- 1 Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
- 2 History of anaphylaxis to cows' milk protein formula or dairy products; or
- 3 Eosinophilic oesophagitis.

Note: A reasonable trial is defined as a 2-4 week trial.

Continuation

Both:

- 1 An assessment as to whether the infant can be transitioned to a cows' milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and
- 2 The outcome of the assessment is that the infant continues to require an amino acid infant formula.

EXTENSIVELY HYDROLYSED FORMULA – **Restricted** see terms [below](#)

↓ Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g,
450 g can

e.g. Aptamil Gold+ Pepti Junior

➔ Restricted (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 malabsorption; 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 – Restricted see terms on the previous page			
† Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat and 0.7 g fibre per 100 ml, bag.....	4.00	500 ml	Nutrini Low Energy Multifibre RTH
PAEDIATRIC ENTERAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag	2.68	500 ml	Pediasure RTH
† Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bag			<i>e.g. Nutrini RTH</i>
PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – Restricted see terms on the previous page			
† Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bag.....	6.00	500 ml	Nutrini Energy Multi Fibre
† Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bag			<i>e.g. Nutrini Energy RTH</i>
PAEDIATRIC ORAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle	1.07	200 ml	Pediasure (Chocolate) Pediasure (Strawberry) Pediasure (Vanilla) 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 – Restricted see terms on the previous page			
† Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml bottle			<i>e.g. Fortini</i>
† Liquid 4.0 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle			<i>e.g. Fortini Multifibre</i>

Renal Products

LOW ELECTROLYTE ENTERAL FEED 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
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→ **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			<i>e.g. Kindergen</i>
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→ **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.			
ENTERAL FEED 1.5 KCAL/ML – Restricted see terms on the previous page			
† 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
ENTERAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, bottle	5.29	1,000 ml	Osmolite RTH
† Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, bottle	5.29	1,000 ml	Jevity RTH
† Liquid 4 g protein, 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>
ENTERAL FEED 1.2 KCAL/ML – Restricted see terms on the previous page			
† Liquid 5.55 g protein, 15.1 g carbohydrate, 3.93 g fat and 2 g fibre per 100 ml, 1,000 ml bag			<i>e.g. Jevity Plus RTH</i>
ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Restricted see terms on the previous page			
† Liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre per 100 ml, bag	5.29	1,000 ml	Nutrison 800 Complete Multi Fibre

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ORAL FEED – Restricted see terms on page 226			
† 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 – Restricted see terms on page 226			
† 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 – Restricted see terms on page 226			
† 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](#)

¶ 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

DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – **Restricted** see terms [below](#)

¶ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe – 0% DV Sep-17 to 2020	0.00	1	Boostrix
		10	Boostrix

➔ **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](#)

¶ Haemophilus Influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml – 0% DV Sep-17 to 2020	0.00	1	Hiberix
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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
MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE – Restricted see terms below			
↓ Inj 4 mcg or each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – 0% DV Jul-17 to 2020	0.00	1	Menactra
→ Restricted (RS1481)			
Initiation			
Any of the following:			
1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or			
2 One dose for close contacts of meningococcal cases; or			
3 A maximum of two doses for bone marrow transplant patients; or			
4 A maximum of two doses for patients following immunosuppression*.			
Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.			
*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.			
MENINGOCOCCAL C CONJUGATE VACCINE – Restricted see terms below			
↓ Inj 10 mcg in 0.5 ml syringe – 0% DV Jul-17 to 2020	0.00	1	Neisvac-C
→ Restricted (RS1482)			
Initiation			
Any of the following:			
1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or			
2 One dose for close contacts of meningococcal cases; or			
3 A maximum of two doses for bone marrow transplant patients; or			
4 A maximum of two doses for patients following immunosuppression*.			
Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.			
*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.			
PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – Restricted see terms below			
↓ 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 – 0% DV Sep-17 to 2020	0.00	10	Synflorix
→ Restricted (RS1585)			
Initiation			
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			
PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – Restricted see terms below			
↓ 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
→ Restricted (RS1586)			
Initiation – High risk children who have received PCV10			
<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...

continued...

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	1	Havrix Junior
↓ Inj 1440 ELISA units in 1 ml syringe – 0% DV Sep-17 to 2020	0.00	1	Havrix

→ **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	1	HBvaxPRO
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→ **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

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.

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](#)

↓ Injection, measles virus 1,000 CCID ₅₀ , mumps virus 5,012 CCID ₅₀ , Rubella virus 1,000 CCID ₅₀ ; prefilled syringe/ampoule of diluent 0.5 ml – 0% DV Sep-17 to 2020 0.00	10	Priorix
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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 – 0% DV Jul-17 to 2020	0.00	1	Tubersol
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PART III: OPTIONAL PHARMACEUTICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Optional Pharmaceuticals			
NOTE:			
In addition to the products expressly listed here in Part III: Optional Pharmaceuticals, a range of hospital medical devices are listed in an addendum to Part III which is available at www.pharmac.govt.nz . The Optional Pharmaceuticals listed in the addendum are deemed to be listed in Part III, and the Rules of the Pharmaceutical Schedule applying to products listed in Part III apply to them.			
BLOOD GLUCOSE DIAGNOSTIC TEST METER			
1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips	20.00	1	CareSens N Premier
	10.00		Caresens N
			Caresens N POP
BLOOD GLUCOSE DIAGNOSTIC TEST STRIP			
Blood glucose test strips.....	10.56	50 test	CareSens N
Test strips.....	10.56	50 test	CareSens PRO
BLOOD KETONE DIAGNOSTIC TEST STRIP			
Test strips.....	15.50	10 strip	KetoSens
DUAL BLOOD GLUCOSE AND BLOOD KETONE DIAGNOSTIC TEST METER			
Meter with 50 lancets, a lancing device, and 10 blood glucose diagnostic test strips	20.00	1	CareSens Dual
INSULIN PEN NEEDLES			
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
INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE			
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
MASK FOR SPACER DEVICE			
Small.....	2.20	1	e-chamber Mask
PEAK FLOW METER			
Low Range	9.54	1	Mini-Wright AFS Low Range
Normal Range	9.54	1	Mini-Wright Standard
PREGNANCY TEST - HCG URINE			
Cassette	12.00	40 test	Smith BioMed Rapid Pregnancy Test
SODIUM NITROPRUSSIDE			
Test strip.....	22.00	50 strip	Ketostix
SPACER DEVICE			
220 ml (single patient)	2.95	1	e-chamber Turbo
510 ml (single patient)	5.12	1	e-chamber La Grande
800 ml.....	6.50	1	Volumatic

- Symbols -		
8-methoxypsoralen	55	
- A -		
A-Scabies	52	
Abacavir sulphate	86	
Abacavir sulphate with lamivudine	86	
Abciximab	153	
Abiraterone acetate	144	
Acarbose	8	
Accuretic 10	37	
Accuretic 20	37	
Acetazolamide	201	
Acetic acid		
Extemporaneously Compounded Preparations	211	
Genito-Urinary	57	
Acetic acid with hydroxyquinoline, glycerol and ricinoleic acid	57	
Acetic acid with propylene glycol	203	
Acetylcholine chloride	201	
Acetylcysteine	204	
Aciclovir		
Infections	89	
Sensory	197	
Aciclovir-Clarix	89	
Acid Citrate Dextrose A	29	
Acidex	5	
Acipimox	44	
Acitretin	55	
Aclasta	97	
Actemra	181	
Actinomycin D	131	
Adalat 10	41	
Adalat Oros	41	
Adalimumab	153	
Adapalene	52	
Adefovir dipivoxil	88	
Adenosine	38	
Adenuric	102	
Adrenaline	45	
ADT Booster	229	
Adult diphtheria and tetanus vaccine	229	
Advantan	54	
Advate	28	
Aerrane	107	
Afinitor	188	
Aflibercept	160	
AFT SLS-free	53	
Agents Affecting the Renin-Angiotensin System	36	
Agents for Parkinsonism and Related Disorders	106	
Agents Used in the Treatment of Poisonings	204	
Ajmaline	38	
Alanase	189	
Albendazole	83	
Aldurazyme	15	
Alendronate sodium	94	
Alendronate sodium with colecalciferol	95	
Alfacalcidol	21	
Alfamino Junior	222	
Alfentanil	111	
Alglucosidase alfa	13	
Alinia	84	
Allersoothe	190	
Allmercap	133	
Allopurinol	101	
Alpha tocopheryl	21	
Alpha tocopheryl acetate	22	
Alpha-Adrenoceptor Blockers	37	
Alphamox 125	76	
Alphamox 250	76	
Alprostadil hydrochloride	46	
Alteplase	31	
Alum	211	
Aluminium chloride	25	
Aluminium hydroxide	5	
Aluminium hydroxide with magnesium hydroxide and simeticone	5	
Amantadine hydrochloride	106	
AmBisome	80	
Ambrisentan	47	
Amethocaine		
Nervous	110	
Sensory	200	
Amikacin	72	
Amiloride hydrochloride	42	
Amiloride hydrochloride with furosemide	42	
Amiloride hydrochloride with hydrochlorothiazide	42	
Aminolevulinic acid hydrochloride	146	
Aminophylline	195	
Amiodarone hydrochloride	38	
Amisulpride	120	
Amitriptyline	113	
Amiodipine	40	
Amorolfine	51	
Amoxicillin	76	
Amoxicillin with clavulanic acid	76	
Amphotericin B		
Alimentary	19	
Infections	80	
Amsacrine	134	
Amyl nitrite	204	
Anabolic Agents	62	
Anaesthetics	107	
Anagrelide hydrochloride	134	
Analgesics	110	
Anastrozole	146	
Andriol Testocaps	62	
Androderm	62	
Androgen Agonists and Antagonists	62	
Anexate	204	
Anoro Ellipta	191	
Antabuse	128	
Antacids and Antiflatulents	5	
Anti-Infective Agents	57	
Anti-Infective Preparations		
Dermatological	51	
Sensory	197	
Anti-Inflammatory Preparations	198	
Antiacne Preparations	52	
Antiallergy Preparations	189	
Antianaemics	23	
Antiarrhythmics	38	
Antibacterials	72	
Anticholinergic Agents	190	
Anticholinesterases	94	
Antidepressants	113	
Antidiarrhoeals and Intestinal Anti-Inflammatory Agents	5	
Antiepilepsy Drugs	114	
Antifibrinolytics, Haemostatics and Local Sclerosants	25	
Antifibrotics	191	
Antifungals	80	
Antihypotensives	39	
Antimigraine Preparations	118	
Antimycobacterials	82	
Antinausea and Vertigo Agents	118	
Antiparasitics	83	
Antipruritic Preparations	52	
Antipsychotic Agents	120	
Antiretrovirals	85	
Antirheumatoid Agents	94	
Antiseptics and Disinfectants	206	
Antispasmodics and Other Agents Altering Gut Motility	7	
Antithrombotics	28	
Antithymocyte globulin (equine)	187	

Antithymocyte globulin (rabbit).....	187	Arrow - Clopid.....	30	Aubagio.....	124
Antilucerants.....	7	Arrow-Amitriptyline.....	113	Augmentin.....	76
Antivirals.....	88	Arrow-Bendrofluazide.....	43	Avelox.....	77
Anxiolytics.....	123	Arrow-Brimonidine.....	202	Avelox IV 400.....	77
Apidra.....	10	Arrow-Calcium.....	17	Avonex.....	124
Apidra Solostar.....	10	Arrow-Diazepam.....	123	Avonex Pen.....	124
Apo-Amiloride.....	42	Arrow-Dortin.....	201	Azacitidine.....	132
Apo-Amlodipine.....	40	Arrow-Etidronate.....	96	Azacitidine Dr. Reddy's.....	132
Apo-Amoxi.....	76	Arrow-Fluoxetine.....	114	Azactam.....	78
Apo-Azithromycin.....	74	Arrow-Lamotrigine.....	116	Azathioprine.....	187
Apo-Ciclopirox.....	51	Arrow-Losartan & Hydrochlorothiazide.....	37	Azithromycin.....	74
Apo-Cilazapril.....	36	Arrow-Morphine LA.....	112	Azol.....	65
Apo-Cilazapril/ Hydrochlorothiazide.....	36	Arrow-Norfloxacin.....	77	AZT.....	86
Apo-Clarithromycin.....	75	Arrow-Ornidazole.....	84	Aztreonam.....	78
Apo-Clomipramine.....	113	Arrow-Quinapril 10.....	36		
Apo-Diclo SR.....	104	Arrow-Quinapril 20.....	36	- B -	
Apo-Diltiazem CD.....	41	Arrow-Quinapril 5.....	36	B-D Micro-Fine.....	240
Apo-Doxazosin.....	37	Arrow-Roxithromycin.....	75	B-D Ultra Fine.....	240
Apo-Folic Acid.....	24	Arrow-Sertraline.....	114	B-D Ultra Fine II.....	240
Apo-Gabapentin.....	115	Arrow-Timolol.....	201	Bacillus calmette-guerin (BCG).....	188
Apo-Leflunomide.....	94	Arrow-Tolterodine.....	61	Bacillus calmette-guerin vaccine.....	230
Apo-Megestrol.....	145	Arrow-Topiramate.....	117	Baclofen.....	103
Apo-Metoprolol.....	40	Arrow-Tramadol.....	113	Bacterial and Viral Vaccines.....	229
Apo-Mirtazapine.....	114	Arsenic trioxide.....	134	Bacterial Vaccines.....	229
Apo-Moclobemide.....	114	Artemether with lumefantrine.....	83	Balanced Salt Solution.....	200
Apo-Montelukast.....	194	Artesunate.....	84	Barium sulphate.....	207
Apo-Nadolol.....	40	Articaine hydrochloride.....	108	Barium sulphate with sodium bicarbonate.....	207
Apo-Nicotinic Acid.....	44	Articaine hydrochloride with adrenaline.....	108	Barrier Creams and Emollients.....	52
Apo-Ondansetron.....	119	Asacol.....	6	Basiliximab.....	161
Apo-Oxybutynin.....	60	Asamax.....	6	BCG Vaccine.....	230
Apo-Paroxetine.....	114	Ascorbic acid.....		BD PosiFlush.....	34
Apo-Perindopril.....	36	Alimentary.....	21	Beclazone 100.....	193
Apo-Pindolol.....	40	Extemporaneously Compounded Preparations.....	211	Beclazone 250.....	193
Apo-Pravastatin.....	43	Aspen Adrenaline.....	45	Beclazone 50.....	193
Apo-Prazosin.....	38	Aspirin.....		Beclomethasone dipropionate.....	189, 193
Apo-Prednisone.....	64	Blood.....	30	Bee venom.....	189
Apo-Propranolol.....	40	Nervous.....	110	Bendamustine hydrochloride.....	130
Apo-Pyridoxine.....	21	Asthalin.....	193	Bendrofluazide.....	43
Apo-Ropinirole.....	107	Atazanavir sulphate.....	87	Bendroflumethiazide [Bendrofluazide].....	43
Apo-Sumatriptan.....	118	Atenolol.....	39	BeneFIX.....	27
Apo-Terazosin.....	38	Atenolol-AFT.....	39	Benzathine benzylpenicillin.....	76
Apomorphine hydrochloride.....	106	ATGAM.....	187	Benzatropine mesylate.....	106
Apraclonidine.....	202	Ativan.....	123	Benzbromaron AL 100.....	101
Aprepitant.....	118	Atomoxetine.....	125	Benzbromarone.....	101
Apresoline.....	46	Atorvastatin.....	43	Benzocaine.....	108
Aprotinin.....	25	Atovaquone with proguanil hydrochloride.....	84	Benzoin.....	211
Aqueous cream.....	53	Atracurium besylate.....	103	Benzoyl peroxide.....	52
Arachis oil [Peanut oil].....	211	Atripia.....	86	Benzotrop.....	106
Arginine.....		Atropine sulphate.....		Benzydamine hydrochloride.....	18
Alimentary.....	13	Cardiovascular.....	38	Benzydamine hydrochloride with cetylpyridinium chloride.....	18
Various.....	208	Sensory.....	202	Benzylpenicillin sodium [Penicillin G].....	76
Argipressin [Vasopressin].....	71	Atropt.....	202		
Aripiprazole.....	120				
Aripiprazole Sandoz.....	120				
Aristocort.....	55				

Beractant.....	195	Bonney's blue dye.....	209	Calcium Folate Sandoz.....	144	
Beta Cream.....	54	Boostrix.....	230	Calcium gluconate		
Beta Ointment.....	54	Boric acid.....	211	Blood.....	33	
Beta Scalp.....	55	Bortezomib.....	134	Dermatological.....	56	
Beta-Adrenoceptor Agonists.....	193	Bosentan.....	47	Calcium Homeostasis.....	62	
Beta-Adrenoceptor Blockers.....	39	Bosentan Dr Reddy's.....	47	Calcium polystyrene sulphonate.....	35	
Betadine.....	206	Bosentan-Mylan.....	47	Calcium Resonium.....	35	
Betadine Skin Prep.....	206	Bosvate.....	39	Calsource.....	17	
Betagan.....	201	Botox.....	103	Cancidas.....	81	
Betahistine dihydrochloride.....	119	Botulism antitoxin.....	204	Candesartan cilexetil.....	37	
Betaine.....	14	Boucher.....	53	Candestar.....	37	
Betaloc CR.....	40	Bplex.....	21	Capecitabine.....	132	
Betamethasone.....	63	Breo Ellipta.....	194	Capoten.....	36	
Betamethasone dipropionate.....	54	Bridion.....	103	Capsaicin		
Betamethasone dipropionate with		Brilinta.....	31	Musculoskeletal.....	105	
calcipotriol.....	55	Brimonidine tartrate.....	202	Nervous.....	110	
Betamethasone sodium phosphate		Brimonidine tartrate with		Captopril.....	36	
with betamethasone acetate.....	63	timolol.....	202	Carbamazepine.....	115	
Betamethasone valerate.....	54-55	Brinov.....	132	Carbasorb-X.....	205	
Betamethasone valerate with		Brinzolamide.....	201	Carbimazole.....	70	
clioquinol.....	55	Bromocriptine.....	106	Carbomer.....	202	
Betamethasone valerate with sodium		Brufen SR.....	104	Carboplatin.....	138	
fusidate [Fusidic acid].....	55	Budesonide		Carboprost trometamol.....	59	
Betaxolol.....	201	Alimentary.....	5	Carboxymethylcellulose		
Betnovate.....	54	Respiratory.....	190, 193	Alimentary.....	18	
Betoptic.....	201	Budesonide with eformoterol.....	194	Extemporaneously Compounded		
Betoptic S.....	201	Bumetanide.....	42	Preparations.....	211	
Bevacizumab.....	161	Bupafen.....	108	Cardinol LA.....	40	
Bezafibrate.....	43	Bupivacaine hydrochloride.....	108	CareSens Dual.....	240	
Bezalip.....	43	Bupivacaine hydrochloride with		Caresens N.....	240	
Bezalip Retard.....	43	adrenaline.....	108	Caresens N POP.....	240	
Bicalutamide.....	145	Bupivacaine hydrochloride with		CareSens N Premier.....	240	
Bicillin LA.....	76	fentanyl.....	108	CareSens PRO.....	240	
BiCNU.....	131	Bupivacaine hydrochloride with		Carmellose sodium with pectin and		
Bile and Liver Therapy.....	8	glucose.....	108	gelatine		
Biisocopin.....	208	Buprenorphine with naloxone.....	128	Alimentary.....	18	
Bimatoprost.....	201	Bupropion hydrochloride.....	128	Sensory.....	202	
Bimatoprost Actavis.....	201	Burinex.....	42	Carmustine.....	131	
Binarex.....	145	Buscopan.....	7	Carvedilol.....	39	
Biodone.....	111	Buserelin.....	66	Carvedilol Sandoz.....	39	
Biodone Extra Forte.....	111	Buspirone hydrochloride.....	123	Casprofungin.....	81	
Biodone Forte.....	111	Busulfan.....	131	Catapres.....	41	
Biotin.....	14	- C -			Cathejell.....	109
Bisacodyl.....	13	Cabergoline.....	65	Ceenu.....	131	
Bismuth subgallate.....	211	Caffeine.....	126	Cefaclor.....	73	
Bismuth subnitrate and iodoform		Caffeine citrate.....	195	Cefalexin.....	73	
paraffin.....	209	Calamine.....	52	Cefalexin Sandoz.....	73	
Bisoprolol fumarate.....	39	Calcipotriol.....	55	Cefazolin.....	73	
Bivalirudin.....	28	Calcitonin.....	62	Cefepime.....	73	
Bleomycin sulphate.....	131	Calcitriol.....	21	Cefepime-AFT.....	73	
Blood glucose diagnostic test		Calcitriol-AFT.....	21	Cefotaxime.....	73	
meter.....	240	Calcium carbonate.....	5, 17	Cefotaxime Sandoz.....	73	
Blood glucose diagnostic test		Calcium Channel Blockers.....	40	Cefoxitin.....	73	
strip.....	240	Calcium chloride.....	33	Cefoxitin Actavis.....	73	
Blood ketone diagnostic test		Calcium folinate.....	144	Ceftaroline fosamil.....	74	
strip.....	240	Calcium Folate Ebewe.....	144	Ceftazidime.....	73	

Ceftazidime Mylan.....	73	Cilicaine.....	76	Clustran.....	118
Ceftriaxone.....	73	Cilicaine VK.....	76	Co-trimoxazole.....	79
Ceftriaxone-AFT.....	73	Cimetidine.....	7	Coal tar.....	211
Cefuroxime.....	73	Cinacalcet.....	62	Coal tar with salicylic acid and sulphur.....	55
Cefuroxime Actavis.....	73	Cinchocaine hydrochloride with hydrocortisone.....	6	Cocaine hydrochloride.....	108
Celecoxib.....	104	Ciproflox.....	77	Cocaine hydrochloride with adrenaline.....	108
Celiprolol.....	39	Ciprofloxacin.....	77	Codeine phosphate	
CellCept.....	188	Infections.....	197	Extemporaneously Compounded	
Celol.....	39	Sensory.....	197	Preparations.....	211
Centrally-Acting Agents.....	41	Ciprofloxacin Teva.....	197	Nervous.....	111
Cephalexin ABM.....	73	Ciprofloxacin with hydrocortisone.....	197	Cogentin.....	106
Cetirizine hydrochloride.....	190	Ciproxin HC Otic.....	197	Colaspase [L-asparaginase].....	135
Cetomacrogol.....	53	Circadin.....	124	Colchicine.....	102
Cetomacrogol with glycerol.....	53	Cisplatin.....	138	Colecalciferol.....	21
Cetrimide.....	211	Citalopram hydrobromide.....	114	Colestimethate.....	78
Cetuximab.....	162	Citanest.....	109	Colestipol hydrochloride.....	44
Champix.....	129	Citrate sodium.....	29	Colgout.....	102
Charcoal.....	205	Citric acid.....	211	Colifoam.....	6
Chemotherapeutic Agents.....	130	Citric acid with magnesium oxide and sodium picosulfate.....	11	Colistin sulphomethate	
Chickenpox vaccine.....	238	Citric acid with sodium bicarbonate.....	208	[Colestimethate].....	78
Chlorafast.....	197	Cladribine.....	132	Colistin-Link.....	78
Chloral hydrate.....	124	Clarithromycin.....	75	Collodion flexible.....	211
Chlorambucil.....	131	Clexane.....	29	Colloidal bismuth subcitrate.....	8
Chloramphenicol		Clindamycin.....	78	Colofac.....	7
Infections.....	78	Clindamycin ABM.....	78	Colony-Stimulating Factors.....	32
Sensory.....	197	Clinicians Multivit & Mineral		Coloxyl.....	12
Chlorhexidine.....	206	Boost.....	19	Compound electrolytes.....	33, 35
Chlorhexidine gluconate		Clinicians Renal Vit.....	19	Compound electrolytes with glucose	
Alimentary.....	19	Clobazam.....	115	[Dextrose].....	33, 35
Extemporaneously Compounded		Clobetasol propionate.....	54, 56	Compound hydroxybenzoate.....	211
Preparations.....	211	Clobetasone butyrate.....	54	Compound sodium lactate	
Genito-Urinary.....	57	Clofazimine.....	82	[Hartmann's solution].....	33
Chlorhexidine with		Clomazol		Concerta.....	126
cetrimide.....	206, 209	Dermatological.....	51	Condyline.....	56
Chlorhexidine with ethanol.....	206	Genito-Urinary.....	57	Contraceptives.....	57
Chloroform.....	211	Clomifene citrate.....	65	Contrast Media.....	207
Chloroquine phosphate.....	84	Clomipramine hydrochloride.....	113	Cordarone-X.....	38
Chlorothiazide.....	43	Clonazepam.....	114-115, 123	Corticosteroids	
Chlorpheniramine maleate.....	190	Clonidine.....	41	Dermatological.....	54
Chlorpromazine hydrochloride.....	120	Clonidine BNM.....	41	Hormone Preparations.....	63
Chlorsig.....	197	Clonidine hydrochloride.....	41	Corticotorelin (ovine).....	66
Chlorthalidone [Chlorthalidone].....	43	Clopidogrel.....	30	Cosentyx.....	179
Chlorthalidone.....	43	Clopine.....	120	Cosmegen.....	131
Choice Load 375.....	58	Clopirol.....	121, 123	Cough Suppressants.....	193
Choice TT380 Short.....	58	Clostridium botulinum type A		Creon 10000.....	10
Choice TT380 Standard.....	58	toxin.....	103	Creon 25000.....	10
Cholestyramine.....	44	Clotrimazole		Crotamiton.....	52
Choline salicylate with cetalkonium		Dermatological.....	51	Crystaderm.....	51
chloride.....	19	Genito-Urinary.....	57	CT Plus+.....	207
Choriogonadotropin alfa.....	66	Clove oil.....	211	Cubicin.....	78
Ciclopirox olamine.....	51	Clozapine.....	120	Curam.....	76
Ciclosporin.....	147	Clozaril.....	120	Curosurf.....	195
Cidofovir.....	89			Cvite.....	21
Cilazapril.....	36			Cyclizine hydrochloride.....	119
Cilazapril with					
hydrochlorothiazide.....	36				

Cyclizine lactate.....	119	De-Worm.....	83	Diamide Relief.....	5
Cyclogyl.....	202	Decongestants.....	193	Diamox.....	201
Cyclopentolate hydrochloride.....	202	Decongestants and		Diatrizoate meglumine with sodium	
Cyclophosphamide.....	131	Antiallergics.....	199	amidotrizoate.....	207
Cycloserine.....	82	Decozol.....	19	Diatrizoate sodium.....	207
Cyklokapron.....	26	Deferasirox.....	205	Diazepam.....	115, 123
Cymevene.....	89	Deferiprone.....	205	Diazoxide	
Cyproheptadine hydrochloride.....	190	Defibrotide.....	29	Alimentary.....	8
Cyproterone acetate.....	62	Definity.....	208	Cardiovascular.....	46
Cyproterone acetate with		Demeclocycline hydrochloride.....	78	Dichlorobenzyl alcohol with	
ethinylloestradiol.....	57	Denosumab.....	99	amylmetacresol.....	19
Cystadane.....	14	Deolate.....	82	Diclofenac Sandoz.....	104
Cysteamine hydrochloride.....	211	Deoxycoformycin.....	136	Diclofenac sodium	
Cytarabine.....	132	Depo-Medrol.....	64	Musculoskeletal.....	104
Cytotec.....	7	Depo-Medrol with Lidocaine.....	64	Sensory.....	199
- D -		Depo-Provera.....	58	Dicobalt edetate.....	205
D-Penamine.....	94	Depo-Testosterone.....	62	Diflucan.....	80
Dabigatran.....	29	Deprim.....	79	Diflucortolone valerate.....	54
Dacarbazine.....	135	DermAssist.....	54	Digestives Including Enzymes.....	10
Dactinomycin [Actinomycin D].....	131	Dermol.....	54, 56	Digoxin.....	38
Daivobet.....	55	Desferal.....	205	Digoxin immune Fab.....	204
Daivonex.....	55	Desferrioxamine mesilate.....	205	Dihydrocodeine tartrate.....	111
Dalacin C.....	78	Desflurane.....	107	Dihydroergotamine mesylate.....	118
Dalteparin.....	29	Desmopressin acetate.....	71	Diltiazem hydrochloride.....	41
Danaparoid.....	29	Desmopressin-PH&T.....	71	Dilzem.....	41
Danazol.....	65	Deva.....	119	Dimercaprol.....	205
Dantrium.....	103	Dexamethasone		Dimercaptosuccinic acid.....	206
Dantrium IV.....	103	Hormone Preparations.....	63	Dimethicone.....	51-52
Dantrolene.....	103	Sensory.....	198	Dimethyl fumarate.....	123
Daonil.....	10	Dexamethasone phosphate.....	63	Dimethyl sulfoxide.....	210
Dapa-Tabs.....	43	Dexamethasone with framycetin and		Dinoprostone.....	59
Dapsone.....	82	gramicidin.....	197	Dipentum.....	6
Daptomycin.....	78	Dexamethasone with neomycin		Diphemanil metilsulfate.....	56
Darunavir.....	87	sulphate and polymyxin B		Diphenoxylate hydrochloride with	
Dasatinib.....	138	sulphate.....	197	atropine sulphate.....	5
Daunorubicin.....	131	Dexamethasone with		Diphtheria antitoxin.....	204
DBL Acetylcysteine.....	204	tobramycin.....	197	Diphtheria, tetanus and pertussis	
DBL Amikacin.....	72	Dexamfetamine sulfate.....	126	vaccine.....	230
DBL Aminophylline.....	195	Dexmedetomidine.....	107	Diphtheria, tetanus, pertussis and	
DBL Bleomycin Sulfate.....	131	Dexmethsone.....	63	polio vaccine.....	229
DBL Carboplatin.....	138	Dextrose		Diphtheria, tetanus, pertussis, polio,	
DBL Cefotaxime.....	73	Alimentary.....	9	hepatitis B and haemophilus	
DBL Cisplatin.....	138	Blood.....	33, 35	influenzae type B vaccine.....	229
DBL Dacarbazine.....	135	Extemporaneously Compounded		Dipyridamole.....	30
DBL Docetaxel.....	143	Preparations.....	211	Disodium edetate.....	200
DBL Ergometrine.....	59	Dextrose with sodium citrate and		Disodium hydrogen phosphate with	
DBL Gentamicin.....	72	citric acid [Acid Citrate Dextrose		sodium dihydrogen	
DBL Leucovorin Calcium.....	144	A].....	29	phosphate.....	211
DBL Methotrexate Onco-Vial.....	133	DHC Continus.....	111	Disopyramide phosphate.....	38
DBL Morphine Sulphate.....	112	Diabetes.....	8	Disulfiram.....	128
DBL Morphine Tartrate.....	112	Diacomit.....	117	Dithranol.....	211
DBL Naloxone Hydrochloride.....	204	Diagnostic Agents		Diuretics.....	42
DBL Octreotide.....	145	Vaccines.....	239	Diurin 40.....	42
DBL Pethidine Hydrochloride.....	113	Various.....	208	Dobutamine.....	45
DBL Rocuronium Bromide.....	103	Diagnostic and Surgical		Dobutamine-Claris.....	45
DBL Vincristine Sulfate.....	144	Preparations.....	199	Dobutamine-hameln.....	45

Docetaxel.....	143	Effient.....	31	Eprex.....	23
Docusate sodium		Eformoterol fumarate.....	194	Eptacog alfa [Recombinant factor	
Alimentary.....	12	Eformoterol fumarate dihydrate.....	194	Vlla].....	27
Sensory.....	203	Efudix.....	56	Eptifibatide.....	30
Docusate sodium with		Elaprase.....	15	Erbixut.....	162
sennosides.....	12	Elecare (Unflavoured).....	222	Ergometrine maleate.....	59
Dolutegravir.....	88	Elecare (Vanilla).....	222	Ergotamine tartrate with	
Domperidone.....	119	Elecare LCP (Unflavoured).....	222	caffeine.....	118
Donepezil hydrochloride.....	127	Electrolytes.....	210	Erlotinib.....	138
Donepezil-Rex.....	127	Elelyso.....	17	Ertapenem.....	72
Dopamine hydrochloride.....	45	Elocon.....	54	Erythrocin IV.....	75
Dopress.....	113	Elocon Alcohol Free.....	54	Erythromycin (as	
Dornase alfa.....	195	Eltrombopag.....	25	ethylsuccinate).....	75
Dortimopt.....	201	Emend Tri-Pack.....	118	Erythromycin (as lactobionate).....	75
Dorzolamide.....	201	EMLA.....	109	Erythromycin (as stearate).....	75
Dorzolamide with timolol.....	201	Emtricitabine.....	86	Erythropoietin alfa.....	23
Dostinex.....	65	Emtricitabine with tenofovir disoproxil		Erythropoietin beta.....	24
Dosulepin [Dothiepin]		fumarate.....	90	Esbriet.....	192
hydrochloride.....	113	Emtriva.....	86	Escitalopram.....	114
Dotarem.....	208	Emulsifying ointment.....	53	Escitalopram-Apotex.....	114
Dothiepin.....	113	Enalapril maleate.....	36	Esmolol hydrochloride.....	39
Doxapram.....	195	Enalapril maleate with		Estradot.....	64
Doxazosin.....	37	hydrochlorothiazide.....	36	Etanercept.....	147
Doxepin hydrochloride.....	113	Enbrel.....	147	Ethambutol hydrochloride.....	82
Doxine.....	78	Endocrine Therapy.....	144	Ethanol.....	204
Doxorubicin Ebewe.....	131	Endoxan.....	131	Ethanol with glucose.....	204
Doxorubicin hydrochloride.....	131	Enerlyte.....	35	Ethanol, dehydrated.....	204
Doxycycline.....	78	Engerix-B.....	234	Ethics Aspirin.....	110
DP Fusidic Acid Cream.....	51	Enlaxaf XR.....	114	Ethics Aspirin EC.....	30
DP Lotn HC.....	54	Enoxaparin sodium.....	29	Ethics Enalapril.....	36
DP-Allopurinol.....	101	Ensure (Chocolate).....	228	Ethics Lisinopril.....	36
Dr Reddy's Omeprazole.....	8	Ensure (Vanilla).....	228	Ethinylloestradiol.....	65
Droperidol.....	119	Ensure Plus (Banana).....	228	Ethinylloestradiol with	
Droperidol Panpharma.....	119	Ensure Plus (Chocolate).....	228	desogestrel.....	57
Drugs Affecting Bone		Ensure Plus (Fruit of the		Ethinylloestradiol with	
Metabolism.....	94	Forest).....	228	levonorgestrel.....	57
Dual blood glucose and blood ketone		Ensure Plus (Vanilla).....	228	Ethinylloestradiol with	
diagnostic test meter.....	240	Ensure Plus HN.....	227	norethisterone.....	57
Duolin.....	190	Ensure Plus HN RTH.....	227	Ethosuximide.....	115
Duovisc.....	200	Entacapone.....	107	Ethyl chloride.....	109
Duride.....	45	Entapone.....	107	Etidronate disodium.....	96
Dynastat.....	105	Entecavir.....	88	Etomidate.....	107
Dysport.....	103	Entecavir Sandoz.....	88	Etopophos.....	135
- E -		Entresto 24/26.....	37	Etoposide.....	135
e-chamber La Grande.....	240	Entresto 49/51.....	37	Etoposide (as phosphate).....	135
e-chamber Mask.....	240	Entresto 97/103.....	37	Etoricoxib.....	104
e-chamber Turbo.....	240	Enzymes.....	101	Etravirine.....	85
E-Mycin.....	75	Ephedrine.....	45	Everet.....	116
E-Z-Cat Dry.....	207	Epilim IV.....	117	Everolimus.....	188
E-Z-Gas II.....	207	Epirubicin Ebewe.....	131	Evista.....	100
E-Z-Paste.....	207	Epirubicin hydrochloride.....	131	Exelon.....	127
Econazole nitrate.....	51	Eplerenone.....	42	Exemestane.....	146
Edrophonium chloride.....	94	Epoetin alfa [Erythropoietin alfa].....	23	Exjade.....	205
Efavirenz.....	85	Epoetin beta [Erythropoietin		Extemporaneously Compounded	
Efavirenz with emtricitabine and		beta].....	24	Preparations.....	211
tenofovir disoproxil fumarate.....	86	Epoprostenol.....	49	Eylea.....	160

Ezetimibe.....	44	Fludrocortisone acetate.....	64	Gadobenic acid.....	208
Ezetimibe Sandoz.....	44	Fluids and Electrolytes.....	33	Gadobutrol.....	208
Ezetimibe with simvastatin.....	44	Flumazenil.....	204	Gadodiamide.....	208
- F -					
Factor eight inhibitor bypassing fraction.....	27	Flumetasone pivalate with clioquinol.....	198	Gadoteric acid.....	208
Febuxostat.....	102	Fluocortolone caproate with fluocortolone pivalate and cinchocaine.....	6	Gadovist 1.0.....	208
FEIBA NF.....	27	Fluorescein sodium.....	199	Gadoxetate disodium.....	208
Felo 10 ER.....	40	Fluorescein sodium with lignocaine hydrochloride.....	199	Galsulfase.....	14
Felo 5 ER.....	40	Fluorescein.....	199	Galvumet.....	10
Felodipine.....	40	Fluorometholone.....	199	Galvus.....	10
Fenpaed.....	104	Fluorouracil.....	133	Ganciclovir.....	89
Fentanyl.....	111	Fluorouracil Ebewe.....	133	Gardasil 9.....	234
Fentanyl Sandoz.....	111	Fluorouracil sodium.....	56	Gastrodenol.....	8
Ferinject.....	17	Fluoxetine hydrochloride.....	114	Gastrografin.....	207
Ferrodan.....	18	Flupenthixol decanoate.....	121	Gazyva.....	168
Ferric carboxymaltose.....	17	Flutamide.....	145	Gefitinib.....	139
Ferric subsulfate.....	26	Flutamin.....	145	Gelatine, succinylated.....	35
Ferriprox.....	205	Fluticasone.....	194	Gelofusine.....	35
Ferro-F-Tabs.....	17	Fluticasone furoate with vilanterol.....	194	Gemcitabine.....	133
Ferro-tab.....	17	Fluticasone propionate.....	190	Gemcitabine Ebewe.....	133
Ferrograd.....	18	Fluticasone with salmeterol.....	194	Gemfibrozil.....	43
Ferrous fumarate.....	17	FML.....	199	Genoptic.....	197
Ferrous fumarate with folic acid.....	17	Foban.....	51	Genox.....	146
Ferrous gluconate with ascorbic acid.....	18	Folic acid.....	24	Gentamicin sulphate	
Ferrous sulphate.....	18	Fondaparinux sodium.....	29	Infections.....	72
Ferrous sulphate with ascorbic acid.....	18	Food Modules.....	214	Sensory.....	197
Ferrum H.....	18	Food/Fluid Thickeners.....	216	Gestrinone.....	65
Fexofenadine hydrochloride.....	190	Forteo.....	101	Gilenya.....	123
Filgrastim.....	32	Fortisip (Vanilla).....	228	Ginet.....	57
Finasteride.....	60	Fosamax.....	94-95	Glatiramer acetate.....	124
Fingolimod.....	123	Fosamax Plus.....	95	Glaucoma Preparations.....	201
Firazyr.....	189	Foscarnet sodium.....	89	Glibenclamide.....	10
Flagyl.....	84	Fosfomycin.....	78	Gliclazide.....	10
Flagyl-S.....	84	Fragmin.....	29	Gliolan.....	146
Flamazine.....	51	Framycetin sulphate.....	197	Glipizide.....	10
Flecainide acetate.....	38	Fresenius Kabi		Glivec.....	139
Fleet Phosphate Enema.....	12	Blood.....	33	Glizide.....	10
Flixonase Hayfever & Allergy.....	190	Various.....	209	Glucagon Hypokit.....	9
Flixotide.....	194	Fresofol 1% MCT/LCT.....	107	Glucagon hydrochloride.....	9
Flixotide Accuhaler.....	194	Frusemide.....	42	Glucerna Select (Vanilla).....	220
Floair.....	194	Frusemide-Claris.....	42	Glucerna Select RTH (Vanilla).....	220
Florinef.....	64	Fucidin.....	79	Glucobay.....	8
Fluanxol.....	121	Fucithalmic.....	197	Glucose [Dextrose]	
Fluarix Tetra.....	236	Fungilin.....	19	Alimentary.....	9
Flucil.....	76	Furosemide [Frusemide].....	42	Blood.....	33
Flucloxacillin.....	76	Fusidic acid		Extemporaneously Compounded Preparations.....	211
Flucloxin.....	76	Dermatological.....	51, 55	Glucose with potassium chloride.....	33
Fluconazole.....	80	Infections.....	79	Glucose with potassium chloride and sodium chloride.....	33
Fluconazole-Claris.....	80	Sensory.....	197	Glucose with sodium chloride.....	34
Flucytosine.....	82	- G -			
Fludara Oral.....	132	Gabapentin.....	115	Glucose with sucrose and fructose.....	9
Fludarabine Ebewe.....	132	Gacet.....	110	Glycerin with sodium saccharin.....	212
Fludarabine phosphate.....	132			Glycerin with sucrose.....	212
				Glycerol	
				Alimentary.....	12

Extemporaneously Compounded Preparations.....	212	Hormone Replacement Therapy.....	64	Iloprost.....	50
Glycerol with paraffin.....	53	HPV.....	234	Imaging Agents.....	146
Glyceryl trinitrate.....		Humalog Mix 25.....	9	Imatinib mesilate.....	139
Alimentary.....	7	Humalog Mix 50.....	9	Imatinib-AFT.....	139
Cardiovascular.....	45	Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV].....	234	Imiglucerase.....	15
Glycine.....	209	Humatin.....	72	Imipenem with cilastatin.....	72
Glycopyrronium.....	191	Humira.....	153	Imipenem+Cilastatin RBX.....	72
Glycopyrronium bromide.....	7	HumiraPen.....	153	Imipramine hydrochloride.....	113
Glycopyrronium with indacaterol.....	191	Hyaluronic acid.....		Imiquimod.....	56
Glypressin.....	71	Alimentary.....	19	Immune Modulators.....	91
Glytrin.....	45	Sensory.....	200, 203	Immunosuppressants.....	147
Gonadorelin.....	66	Hyaluronidase.....	101	Impact Advanced Recovery.....	226
Goserelin.....	66	Hybloc.....	39	Imuran.....	187
Granisetron.....	119	Hydralazine hydrochloride.....	46	Incruse Ellipta.....	191
- H -		Hydrea.....	135	Indacaterol.....	194
Habitrol.....	129	Hydrocortisone.....		Indapamide.....	43
Habitrol (Fruit).....	129	Dermatological.....	54	Indigo carmine.....	209
Habitrol (Mint).....	129	Extemporaneously Compounded Preparations.....	212	Indinavir.....	87
Haem arginate.....	14	Hormone Preparations.....	64	Indocyanine green.....	209
Haemophilus influenzae type B vaccine.....	230	Hydrocortisone acetate.....		Indomethacin.....	104
Haldol.....	121	Alimentary.....	6	Infanrix IPV.....	229
Haldol Concentrate.....	121	Dermatological.....	54	Infanrix-hexa.....	229
Haloperidol.....	120	Hydrocortisone and paraffin liquid and lanolin.....	54	Infatrin.....	224
Haloperidol decanoate.....	121	Hydrocortisone butyrate.....	54, 56	Infliximab.....	162
Hartmann's solution.....	33	Hydrocortisone with miconazole.....	55	Influenza vaccine.....	235
Harvoni.....	88	Hydrocortisone with natamycin and neomycin.....	55	Influvac.....	235
Havrix.....	233	Hydrogen peroxide.....	51	Influvac Tetra.....	236
Havrix Junior.....	233	Hydroxocobalamin.....		Inhaled Corticosteroids.....	193
HBvaxPRO.....	233-234	Alimentary.....	20	Inspra.....	42
Healon.....	200	Various.....	204	Insulin aspart.....	9
Healon 5.....	200	Hydroxychloroquine.....	94	Insulin aspart with insulin aspart protamine.....	9
Healon GV.....	200	Hydroxyurea.....	135	Insulin glargine.....	9
healthE Calamine Aqueous Cream BP.....	52	Hygroton.....	43	Insulin glulisine.....	10
healthE Dimethicone 10%.....	52	Hylo-Fresh.....	203	Insulin isophane.....	9
healthE Dimethicone 4% Lotion.....	51	Hyoscine butylbromide.....	7	Insulin lispro.....	10
healthE Dimethicone 5%.....	52	Hyoscine hydrobromide.....	119	Insulin lispro with insulin lispro protamine.....	9
healthE Fatty Cream.....	53	Hyperuricaemia and Antigout.....	101	Insulin neutral.....	10
healthE Glycerol BP Liquid.....	212	Hypnovel.....	125	Insulin neutral with insulin isophane.....	9
healthE Urea Cream.....	54	Hypromellose.....	200, 202	Insulin pen needles.....	240
Heparin sodium.....	30	Hypromellose with dextran.....	202	Insulin syringes, disposable with attached needle.....	240
Heparinised saline.....	30	Hysite.....	201	Integrilin.....	30
Heparon Junior.....	221	- I -		Intelence.....	85
Hepatitis A vaccine.....	233	Ibiamox.....	76	Interferon alfa-2a.....	91
Hepatitis B recombinant vaccine.....	233	Ibuprofen.....	104	Interferon alfa-2b.....	91
Hepsera.....	88	Icatibant.....	189	Interferon beta-1-alpha.....	124
Herceptin.....	184	Idarubicin hydrochloride.....	132	Interferon beta-1-beta.....	124
Hexamine hippurate.....	79	Idarucizumab.....	26	Interferon gamma.....	92
Hiberix.....	230	Idursulfase.....	15	Interpharma.....	209
Histaclear.....	190	Ifostramide.....	131	Intra-uterine device.....	58
Histamine acid phosphate.....	209	Ikorel.....	46	Invanz.....	72
Holoxan.....	131	Ilomedin.....	50	Invega Sustenna.....	122
				Iodine.....	70

Iodine with ethanol.....	206	Ketoprofen.....	105	Levomepromazine	
Iodised oil.....	207	Ketorolac trometamol.....	199	hydrochloride.....	120
Iodixanol.....	207	KetoSens.....	240	Levonorgestrel.....	58
Iohexol.....	207	Ketostix.....	240	Levosimendan.....	45
Iopidine.....	202	Keytruda.....	186	Levothyroxine.....	70
Ioscan.....	207	Kivexa.....	86	Lidocaine [Lignocaine].....	109
IPOL.....	238	Klacid.....	75	Lidocaine [Lignocaine]	
Ipratropium bromide.....	190	Klean Prep.....	11	hydrochloride.....	109
Iressa.....	139	Kogenate FS.....	28	Lidocaine [Lignocaine] hydrochloride	
Irinotecan Actavis 100.....	135	Konakion MM.....	28	with adrenaline.....	109
Irinotecan Actavis 40.....	135	Konsyl-D.....	11	Lidocaine [Lignocaine] hydrochloride	
Irinotecan hydrochloride.....	135	Kuvan.....	16	with adrenaline and tetracaine	
Iron polymaltose.....	18			hydrochloride.....	109
Iron sucrose.....	18	- L -		Lidocaine [Lignocaine] hydrochloride	
Irrigation Solutions.....	209	L-asparaginase.....	135	with chlorhexidine.....	109
Isentress.....	88	L-ornithine L-aspartate.....	8	Lidocaine [Lignocaine] hydrochloride	
Ismo 40 Retard.....	45	Labetalol.....	39	with phenylephrine	
Ismo-20.....	45	Lacosamide.....	115	hydrochloride.....	109
Isoflurane.....	107	Lactose.....	212	Lidocaine [Lignocaine] with	
Isoniazid.....	82	Lactulose.....	12	prilocaine.....	109
Isoniazid with rifampicin.....	82	Laevolac.....	12	Lidocaine-Claris.....	109
Isoprenaline [Isoproterenol].....	46	Lamictal.....	116	Lignocaine	
Isopropyl alcohol.....	206	Lamivudine.....	86, 88	Hormone Preparations.....	64
Isoproterenol.....	46	Lamotrigine.....	116	Nervous.....	109
Isoptin.....	41	Lanoxin.....	38	Lincomycin.....	79
Isopto Carpine.....	201	Lanoxin PG.....	38	Linezolid.....	79
Isosorbide mononitrate.....	45	Lansoprazole.....	7	Lioresal Intrathecal.....	103
Isotretinoin.....	52	Lantus.....	9	Liothyronine sodium.....	70
Ispaghula (psyllium) husk.....	11	Lantus SoloStar.....	9	Lipazil.....	43
Isradipine.....	40	Lanzol Relief.....	7	Lipid-Modifying Agents.....	43
Itch-Soothe.....	52	Lapatinib.....	140	Lipiodol Ultra Fluid.....	207
Itraconazole.....	80	Lariam.....	84	Liquibar.....	207
Itrazole.....	80	Laronidase.....	15	Lisinopril.....	36
Ivabradine.....	38	Latanoprost.....	201	Lissamine green.....	199
Ivermectin.....	83	Lax-Suppositories.....	13	Lithicarb FC.....	121
		Lax-Tabs.....	13	Lithium carbonate.....	121
- J -		Laxatives.....	11	LMX4.....	109
Jadelle.....	58	Laxsol.....	12	Local Preparations for Anal and	
Jakavi.....	142	Ledipasvir with sofosbuvir.....	88	Rectal Disorders.....	6
Jevity HiCal RTH.....	227	Leflunomide.....	94	Locoid.....	54, 56
Jevity RTH.....	227	Lenalidomide.....	135	Locoid Crelo.....	54
Juno Pemetrexed.....	133	Letrole.....	146	Locoid Lipocream.....	54
		Letrozole.....	146	Lodi.....	38
- K -		Leukotriene Receptor		Lodoxamide.....	199
Kaletra.....	87	Antagonists.....	194	Logem.....	116
Kenacomb.....	198	Leunase.....	135	Lomide.....	199
Kenacort-A 10.....	64	Leuprorelin acetate.....	66	Lomustine.....	131
Kenacort-A 40.....	64	Leustatin.....	132	Long-Acting Beta-Adrenoceptor	
Kenalog in Orabase.....	19	Levetiracetam.....	116	Agonists.....	194
Ketalar.....	107	Levetiracetam-AFT.....	116	Loniten.....	46
Ketamine.....	107	Levlen ED.....	57	Loperamide hydrochloride.....	5
Ketamine-Clarix.....	107	Levobunolol hydrochloride.....	201	Lopinavir with ritonavir.....	87
Ketocal 3:1 (Unflavoured).....	224	Levocabastine.....	199	Lopresor.....	40
Ketocal 4:1 (Unflavoured).....	224	Levodopa.....	15	Lorafix.....	190
Ketocal 4:1 (Vanilla).....	224	Levodopa with benserazide.....	107	Loratadine.....	190
Ketoconazole		Levodopa with carbidopa.....	107	Lorazepam.....	115, 123
Dermatological.....	51	Levomepromazine.....	120		
Infections.....	80				

Lorfast.....	190	Marine Blue Lotion SPF 50+	56	Methyl aminolevulinate	
Lormetazepam.....	124	Mask for spacer device.....	240	hydrochloride.....	56
Lorstat.....	43	Mast Cell Stabilisers.....	195	Methyl hydroxybenzoate.....	212
Losartan Actavis.....	37	Maxidex.....	198	Methylcellulose	212
Losartan potassium.....	37	Maxitrol.....	197	Methylcellulose with glycerin and	
Losartan potassium with		Measles, mumps and rubella		sodium saccharin.....	212
hydrochlorothiazide	37	vaccine	237	Methylcellulose with glycerin and	
Lovir.....	89	Mebendazole.....	83	sucrose	212
Lucrin Depot 1-month.....	66	Mebeverine hydrochloride	7	Methyldopa.....	41
Lucrin Depot 3-month.....	66	Medrol.....	64	Methyldopa Mylan	41
Lycinate.....	45	Medroxyprogesterone.....	66	Methylene blue	209
Lyderm.....	52	Medroxyprogesterone acetate		Methylnaltrexone bromide.....	12
- M -		Genito-Urinary.....	58	Methylphenidate hydrochloride.....	126
m-Amoxiclav.....	76	Hormone Preparations.....	65	Methylprednisolone (as sodium	
m-Eslon.....	112	Medsurge.....	41	succinate).....	64
Mabthera.....	171	Mefenamic acid	105	Methylprednisolone aceponate.....	54
Macroglol 3350 with ascorbic acid,		Mefloquine.....	84	Methylprednisolone acetate.....	64
potassium chloride and sodium		Megestrol acetate	145	Methylprednisolone acetate with	
chloride	11	Meglumine gadopentetate	208	lidocaine [Lignocaine].....	64
Macroglol 3350 with potassium		Meglumine iotroxate	208	Methylthionium chloride [Methylene	
chloride, sodium bicarbonate and		Melatonin.....	124	blue].....	209
sodium chloride	12	Melphalan.....	131	Methylxanthines.....	195
Macroglol 3350 with potassium		Menactra.....	231	Metoclopramide Actavis 10	119
chloride, sodium bicarbonate,		Meningococcal (A, C, Y and W-135)		Metoclopramide hydrochloride	119
sodium chloride and sodium		conjugate vaccine.....	231	Metoclopramide hydrochloride with	
sulphate	11	Meningococcal C conjugate		paracetamol.....	118
Macroglol 400 and propylene		vaccine	231	Metolazone.....	43
glycol	203	Menthol.....	212	Metoprolol succinate.....	40
Madopar 125.....	107	Mepivacaine hydrochloride.....	109	Metoprolol tartrate.....	40
Madopar 250.....	107	Mercaptopurine.....	133	Metronidazole	
Madopar 62.5.....	107	Meropenem.....	73	Dermatological.....	51
Madopar HBS.....	107	Meropenem Ranbaxy.....	73	Infections.....	84
Madopar Rapid.....	107	Mesalazine.....	6	Metoprolol IV Mylan.....	40
Mafenide acetate.....	51	Mesna.....	144	Metyrapone.....	65
Magnesium chloride	18	Mestinon.....	94	Mexiletine hydrochloride.....	39
Magnesium hydroxide		Metabolic Disorder Agents.....	13	Mexiletine Hydrochloride USP.....	39
Alimentary.....	18	Metabolic Products.....	216	Miacalcic.....	62
Extemporaneously Compounded		Metaraminol.....	46	Mianserin hydrochloride	113
Preparations	212	Metchek.....	10	Micolette.....	12
Magnesium oxide.....	18	Meterol.....	194	Miconazole.....	19
Magnesium sulphate	18	Metformin hydrochloride.....	10	Miconazole nitrate	
Magnevist.....	208	Metformin Mylan.....	10	Dermatological.....	51
Malarone.....	84	Methacholine chloride.....	209	Genito-Urinary.....	57
Malarone Junior.....	84	Methadone hydrochloride		Micreme.....	57
Malathion [Maldison].....	52	Extemporaneously Compounded		Micreme H.....	55
Maldison.....	52	Preparations	212	Microgynon 20 ED.....	57
Mannitol		Nervous.....	111	Microgynon 50 ED.....	57
Cardiovascular.....	42	Methatabs.....	111	Midazolam.....	125
Various.....	209	Methohexital sodium.....	107	Midazolam-Claris.....	125
Mantoux.....	239	Methopt.....	202	Midodrine.....	39
Maprotiline hydrochloride	113	Methotrexate.....	133	Mifepristone.....	59
Marcaïn.....	108	Methotrexate Ebewe.....	133	Milrinone.....	46
Marcaïn Heavy.....	108	Methotrexate Sandoz	133	Minerals.....	17
Marcaïn Isobaric.....	108	Methoxsalen		Mini-Wright AFS Low Range.....	240
Marcaïn with Adrenaline	108	[8-methoxypsoralen].....	55	Mini-Wright Standard.....	240
Marevan.....	30	Methoxyflurane.....	110	Minidiab.....	10

Minims Prednisolone	199	Nadolol	40	Nitrolingual Pump Spray.....	45
Minirin	71	Naglazyme.....	14	Nivolumab.....	185
Minocycline.....	78	Naloxone hydrochloride.....	204	Nodia	5
Minoxidil.....	46	Naltracord	128	Noflam 250.....	105
Mirena.....	58	Naltrexone hydrochloride.....	128	Noflam 500.....	105
Mirtazapine	114	Naphazoline hydrochloride.....	199	Non-Steroidal Anti-Inflammatory Drugs.....	104
Misoprostol	7	Naphcon Forte.....	199	Nonacog alfa [Recombinant factor IX]	27
Mitomycin C.....	132	Naprosyn SR 1000	105	Nonacog gamma, [Recombinant factor IX]	27
Mitozantrone.....	132	Naprosyn SR 750	105	Noradrenaline.....	46
Mitozantrone Ebewe.....	132	Naproxen	105	Noradrenaline BNM	46
Mivacron	103	Naropin	110	Norethisterone	
Mivacurium chloride.....	103	Natalizumab.....	124	Genito-Urinary.....	58
Mixed salt solution for eye irrigation.....	200	Natamycin.....	197	Hormone Preparations.....	66
Moclobemide	114	Natulan	136	Norethisterone with mestranol.....	57
Modafinil	127	Nausafix.....	119	Norflex	103
Molaxole	12	Nausicalm.....	119	Norfloxacin.....	77
Mometasone furoate.....	54	Nauzene	119	Noriday 28	58
Monosodium glutamate with sodium aspartate.....	210	Navelbine.....	144	Normison	125
Monosodium l-aspartate.....	210	Nedocromil	195	Norpress	114
Montelukast	194	Nefopam hydrochloride	110	Nortriptyline hydrochloride.....	114
Moroctocog alfa [Recombinant factor VIII]	27	Neisvac-C.....	231	Norvir	87
Morphine hydrochloride	111	Neo-B12	20	Novasource Renal (Vanilla).....	226
Morphine sulphate	112	Neocate Gold (Unflavoured).....	222	Novatretin	55
Morphine tartrate	112	Neocate Junior Vanilla.....	222	NovoMix 30 FlexPen	9
Motetis.....	106	Neoral	147	NovoRapid FlexPen.....	9
Mouth and Throat.....	18	Neostigmine metilsulfate	94	NovoSeven RT	27
Movapo.....	106	Neostigmine metilsulfate with glycopyrronium bromide	94	Noxafil.....	80
Moxifloxacin.....	77	Neosyneprine HCL.....	46	Nutrini Energy Multi Fibre.....	225
Mozobil	32	Nepro HP (Strawberry).....	226	Nutrini Low Energy Multifibre RTH.....	225
Mucolytics and Expectorants.....	195	Nepro HP (Vanilla).....	226	Nutrison 800 Complete Multi Fibre	227
Mucosoothe	109	Nepro HP RTH	225	Nutrison Concentrated.....	221
Multihance	208	Neplastim	32	Nutrison Energy.....	227
Multiple Sclerosis Treatments	123	Neupogen.....	32	Nyefax Retard.....	41
Multivitamin and mineral supplement.....	19	NeuroTabs.....	17	Nystatin	
Multivitamin renal.....	19	Nevirapine	85	Alimentary.....	19
Multivitamins.....	20	Nevirapine Alphapharm.....	85	Dermatological.....	51
Mupirocin.....	51	Nicardipine hydrochloride.....	41	Genito-Urinary.....	57
Muscle Relaxants and Related Agents	103	Nicorandil.....	46	Infections.....	80
Mvite	20	Nicotine.....	129	- O -	
Myambutol	82	Nicotinic acid	44	O/W Fatty Emulsion Cream.....	53
Mycobutin	83	Nifedipine.....	41	Obex Medical.....	209
MycosNail.....	51	Nilotinib.....	140	Obinutuzumab	168
Mycophenolate mofetil.....	188	Nilstat		Obstetric Preparations.....	59
Mydriacyl	202	Alimentary.....	19	Octocog alfa [Recombinant factor VIII] (Advate).....	28
Mydriatics and Cycloplegics	202	Genito-Urinary.....	57	Octocog alfa [Recombinant factor VIII] (Kogenate FS).....	28
Mylan Atenolol.....	39	Infections.....	80	Octreotide	145
Mylan Clomiphen.....	65	Nimodipine.....	41	Ocular Lubricants	202
Mylan Midazolam.....	125	Nintedanib.....	191	Oestradiol	64-65
Myleran.....	131	Nitazoxanide.....	84	Oestradiol valerate	64
Myozyme	13	Nitrados	125		
- N -		Nitrates	45		
		Nitrazepam.....	125		
		Nitroderm TTS 10.....	45		
		Nitroderm TTS 5.....	45		
		Nitrofurantoin	79		

Oestradiol with norethisterone acetate.....	65	Ox-Pam	123	Pazopanib.....	141	
Oestriol		Oxalliccord.....	138	Peak flow meter.....	240	
Genito-Urinary.....	60	Oxaliplatin.....	138	Peanut oil.....	211	
Hormone Preparations.....	66	Oxandrolone.....	62	Pedialyte - Bubblegum	35	
Oestrogens.....	60	Oxazepam.....	123	Pediasure (Chocolate).....	225	
Oestrogens (conjugated equine)	64	Oxpentifylline.....	46	Pediasure (Strawberry).....	225	
Oestrogens with medroxyprogesterone acetate.....	65	Oxybuprocaine hydrochloride.....	200	Pediasure (Vanilla).....	225	
Ofev.....	191	Oxybutynin.....	60	Pediasure RTH.....	225	
Oil in water emulsion.....	53	Oxycodone hydrochloride.....	112	Pegaspargase.....	136	
Oil phenol [Phenol oily].....	7	Oxymetazoline hydrochloride.....	193	Pegasys.....	92	
Olanzapine.....	121-122	OxyNorm.....	112	Pegasys RBV Combination Pack.....	92	
Olive oil.....	212	Oxytocin.....	59	Pegfilgrastim.....	32	
Olopatadine.....	199	Oxytocin BNM.....	59	Pegylated interferon alfa-2a	92	
Olsalazine.....	6	Oxytocin with ergometrine maleate.....	59	Pembrolizumab.....	186	
Omalizumab.....	169	Ozurdex.....	198	Pemetrexed.....	133	
Omeprazole.....	8	- P -			Penicillamine	94
Omeprazole actavis 10.....	8	Pacifen.....	103	Penicillin G.....	76	
Omeprazole actavis 20.....	8	Paclitaxel.....	143	Penicillin V.....	76	
Omeprazole actavis 40.....	8	Paclitaxel Ebewe.....	143	Pentacarinat.....	84	
Omezol IV.....	8	Paliperidone.....	122	Pentagastrin.....	65	
Omnipaque.....	207	Pamidronate disodium.....	96	Pentamidine isethionate.....	84	
Omniscan.....	208	Pamisol.....	96	Pentasa.....	6	
Omnitrope.....	66	Pancreatic enzyme.....	10	Pentostatin [Deoxycoformycin].....	136	
Onbrez Breezhaler.....	194	Pancuronium bromide.....	103	Pentoxifylline [Oxpentifylline].....	46	
Oncaspar.....	136	Pantoprazole.....	8	Peptamen OS 1.0 (Vanilla).....	221	
OncoTICE.....	188	Panzop Relief.....	8	Peptisoothe.....	7	
Ondansetron.....	119	Papaverine hydrochloride.....	46	Perflutren.....	208	
Ondansetron Kabi.....	119	Paper wasp venom.....	189	Perhexiline maleate.....	41	
Ondansetron ODT-DRLA.....	119	Para-aminosalicylic Acid.....	83	Pericyazine.....	121	
Ondansetron-Claris.....	119	Paracare.....	110	Perindopril.....	36	
One-Alpha.....	21	Paracare Double Strength.....	110	Perjeta.....	170	
Opdivo.....	185	Paracetamol.....	110	Permethrin.....	52	
Optional Pharmaceuticals.....	240	Paracetamol Kabi.....	110	Perrigo.....	56	
Ora-Blend.....	212	Paracetamol with codeine.....	112	Pertuzumab.....	170	
Ora-Blend SF.....	212	Paraffin.....		Peteha.....	83	
Ora-Plus.....	212	Alimentary.....	12	Pethidine hydrochloride.....	113	
Ora-Sweet.....	212	Dermatological.....	53	Pexsig.....	41	
Ora-Sweet SF.....	212	Extemporaneously Compounded Preparations.....	212	Pfizer Exemestane.....	146	
Oratane.....	52	Paraffin liquid with soft white paraffin.....	203	Pharmacy Health SLS-free.....	53	
Orion Temozolomide.....	136	Paraffin liquid with wool fat.....	203	Pharmacy Health Sorbolene with Glycerin.....	53	
Ornidazole.....	84	Paraffin with wool fat.....	54	Pheburane.....	16	
Orphenadrine citrate.....	103	Paraldehyde.....	115	Phenelzine sulphate.....	114	
Oruvail SR.....	105	Parecoxib.....	105	Phenindione.....	30	
Oseltamivir.....	91	Paritaprevir, ritonavir and oimbitasvir with dasabuvir.....	88	Phenobarbitone.....	116, 125	
Osmolite RTH.....	227	Paritaprevir, ritonavir and ombitasvir with dasabuvir and ribavirin.....	89	Phenobarbitone sodium.....	212	
Other Cardiac Agents.....	45	Paromomycin.....	72	Phenol.....		
Other Endocrine Agents.....	65	Paroxetine.....	114	Extemporaneously Compounded Preparations.....	212	
Other Oestrogen Preparations.....	65	Paser.....	83	Various.....	210	
Other Otological Preparations.....	203	Patanol.....	199	Phenol oily.....	7	
Other Progestogen Preparations.....	66	Patent blue V.....	209	Phenol with ioxaglic acid.....	210	
Other Skin Preparations.....	56	Paxam.....	123	Phenothrin.....	52	
Ovestin.....	60			Phenoxybenzamine hydrochloride.....	38	

Phenoxymethylpenicillin [Penicillin V]	76	Posaconazole	80	Proglicem.....	8
Phentolamine mesylate	38	Postinor-1	58	Proglycem.....	8
Phenylephrine hydrochloride		Potassium chloride	34–35	Progynova	64
Cardiovascular	46	Potassium chloride with sodium chloride	34	Prokinex.....	119
Sensory	202	Potassium citrate	60	Prolia	99
Phenytoin.....	116	Potassium dihydrogen phosphate	34	Promethazine hydrochloride.....	190
Phenytoin sodium.....	115–116	Potassium iodate		Promethazine theoclate.....	119
Pholcodine.....	193	Alimentary	17	Propafenone hydrochloride	39
Phosphorus	35	Hormone Preparations.....	70	Propamidine isethionate.....	197
Phytomenadione.....	28	Potassium iodate with iodine	17	Propofol	107
Picibanil	188	Potassium perchlorate	70	Propranolol	40
Pilocarpine hydrochloride	201	Potassium permanganate.....	55	Propylene glycol	212
Pilocarpine nitrate.....	212	Povidone K30	212	Propylthiouracil	70
Pimafucort	55	Povidone-iodine.....	206	Prostin E2	59
Pindolol.....	40	Povidone-iodine with ethanol.....	206	Prostin VR	46
Pine tar with trolamine laurilsulfate and fluorescein	55	Pradaxa	29	Protamine sulphate.....	30
Pinetarsol.....	55	Pralidoxime iodide	204	Protionamide	83
Pioglitazone	10	Pramipexole hydrochloride	107	Protirelin	71
Piperacillin with tazobactam	76	Prasugrel	31	Proveblue	209
Pipothiazine palmitate	122	Pravastatin.....	43	Provera	65
PipTaz Sandoz	76	Praxbind	26	Provera HD	66
Pirfenidone	192	Praziquantel.....	83	Provive MCT-LCT 1%.....	107
Pituitary and Hypothalamic Hormones and Analogues	66	Prazosin.....	38	Proxymetacaine hydrochloride	200
Pivmecillinam.....	79	Precedex.....	107	Pseudoephedrine hydrochloride	193
Pizotifen	118	Pred Forte.....	199	PSM Citalopram	114
PKU Anamix Junior LQ (Berry).....	218	Prednisolone.....	64	Psoriasis and Eczema Preparations	55
PKU Anamix Junior LQ (Orange)	218	Prednisolone acetate.....	199	PTU	70
PKU Anamix Junior LQ (Unflavoured)	218	Prednisolone sodium phosphate	199	Pulmocare (Vanilla).....	226
Plaquenil.....	94	Prednisolone- AFT.....	199	Pulmonary Surfactants	195
Plasma-Lyte 148.....	33	Prednisone	64	Pulmozyme	195
Plasma-Lyte 148 & 5% Glucose.....	33	Pregabalin	116	Puri-nethol	133
Plendil ER.....	40	Pregnancy test - hCG urine.....	240	Pyrazinamide.....	83
Plerixafor	32	preOp.....	226	Pyridostigmine bromide.....	94
Pneumococcal (PCV10) conjugate vaccine	231	Prevenar 13.....	231	Pyridoxal-5-phosphate.....	16
Pneumococcal (PCV13) conjugate vaccine	231	Prezista	87	Pyridoxine hydrochloride	21
Pneumococcal (PPV23) polysaccharide vaccine	232	Prilocaine hydrochloride	109	Pyrimethamine	84
Pneumovax 23.....	232	Prilocaine hydrochloride with felypressin	109	Pytazen SR.....	30
Podophyllotoxin	56	Primacor	46		
Polidocanol	26	Primaquine phosphate.....	84	- Q -	
Poliomyelitis vaccine	238	Primidone	116	Q 300	85
Poloxamer	12	Primolut N.....	66	Quetapel.....	121
Poly Gel	202	Primovist.....	208	Quetiapine	121
Poly-Tears	202	Priorix	237	Quinapril	36
Poly-Visc.....	203	Probenecid	103	Quinapril with hydrochlorothiazide	37
Polyhexamethylene biguanide.....	212	Procaine penicillin.....	76	Quinine dihydrochloride.....	84
Polyvinyl alcohol	203	Procabazine hydrochloride.....	136	Quinine sulphate.....	85
Polyvinyl alcohol with povidone	203	Prochlorperazine	119	Qvar	193
Poractant alfa	195	Proctosedyl	6		
		Procur	62	- R -	
		Procyclidine hydrochloride.....	106	RA-Morph	111
		Procytox.....	131	Rabies vaccine	238
		Progesterone	59	Raloxifene.....	100
				Raltegravir potassium.....	88
				Ramipex	107
				Ranbaxy-Cefaclor.....	73

Ranibizumab.....	171	Rivotril.....	114	Sevredol.....	112
Ranitidine.....	7	RIXUBIS.....	27	Shingles vaccine.....	239
Ranitidine Relief.....	7	Rizamelt.....	118	Sildenafil.....	48
Rapamune.....	188	Rizatriptan.....	118	Siltuximab.....	180
Rasburicase.....	103	Rocuronium bromide.....	103	Silver nitrate	
Readi-CAT 2.....	207	Rolin.....	146	Dermatological.....	56
Reandron 1000.....	62	Ropinirole hydrochloride.....	107	Extemporaneously Compounded	
Recombinant factor IX.....	27	Ropivacaine hydrochloride.....	110	Preparations.....	212
Recombinant factor VIIa.....	27	Ropivacaine hydrochloride with		Simeticone.....	5
Recombinant factor VIII.....	27–28	fentanyl.....	110	Simulect.....	161
Rectogesic.....	7	Ropivacaine Kabi.....	110	Simvastatin.....	43
Red back spider antivenom.....	205	Rose bengal sodium.....	199	Simvastatin Mylan.....	43
Redipred.....	64	Rotarix.....	238	Sinacalide.....	209
Relenza Rotadisk.....	91	Rotavirus oral vaccine.....	238	Sinemet.....	107
Relistor.....	12	Roxane.....	5	Sinemet CR.....	107
Remicade.....	162	Roxithromycin.....	75	Sirolimus.....	188
Remifentanyl.....	113	Rubifen.....	126	Siterone.....	62
Remifentanyl-AFT.....	113	Rubifen SR.....	126	Slow-Lopresor.....	40
ReoPro.....	153	Rulide D.....	75	Smith BioMed Rapid Pregnancy	
Resonium A.....	35	Ruxolitinib.....	142	Test.....	240
Resource Beneprotein.....	215	- S -		Snake antivenom.....	205
Resource Diabetic (Vanilla).....	220	S26 LBW Gold RTF.....	224	Sodibic.....	35
Respiratory Stimulants.....	195	Sacubitril with valsartan.....	37	Sodium acetate.....	34
Retinol.....	20	SalAir.....	193	Sodium acid phosphate.....	35
Retinol Palmitate.....	203	Salazopyrin.....	6	Sodium alginate with magnesium	
ReTrieve.....	52	Salazopyrin EN.....	6	alginate.....	5
Retrovir.....	86	Salbutamol.....	193	Sodium alginate with sodium	
Retrovir IV.....	86	Salbutamol with ipratropium		bicarbonate and calcium	
Revlimid.....	135	bromide.....	190	carbonate.....	5
Revolade.....	25	Salicylic acid.....	212	Sodium aurothiomalate.....	94
RexAir.....	194	Salmeterol.....	194	Sodium benzoate.....	16
Reyataz.....	87	Salmonella typhi vaccine.....	233	Sodium bicarbonate	
Riboflavin 5-phosphate.....	201	Sandimmun.....	147	Blood.....	34–35
Ribomustin.....	130	Sandomigran.....	118	Extemporaneously Compounded	
Ricit.....	60	Sandostatatin LAR.....	145	Preparations.....	213
Rifabutin.....	83	Sapropterin Dihydrochloride.....	16	Sodium calcium edetate.....	206
Rifadin.....	83	Scalp Preparations.....	55	Sodium chloride	
Rifampicin.....	83	Scandonest 3%.....	109	Blood.....	34–35
Rifaximin.....	8	Sclerosing Agents.....	196	Respiratory.....	193, 195
Rifinah.....	82	Scopoderm TTS.....	119	Various.....	209
Rilutek.....	106	Sebizole.....	51	Sodium chloride with sodium	
Riluzole.....	106	Secretin pentahydrochloride.....	209	bicarbonate.....	193
Ringer's solution.....	34	Secukinumab.....	179	Sodium citrate	
Riodine.....	206	Sedatives and Hypnotics.....	124	Alimentary.....	5
Risedronate Sandoz.....	96	Seebri Breezhaler.....	191	Extemporaneously Compounded	
Risedronate sodium.....	96	Selegiline hydrochloride.....	107	Preparations.....	213
Risperdal Consta.....	122	Sennosides.....	13	Sodium citrate with sodium chloride	
Risperidone.....	121–122	Sensipar.....	62	and potassium chloride.....	30
Risperon.....	121	Serenace.....	120	Sodium citrate with sodium lauryl	
Ritalin.....	126	Seretide.....	194	sulphoacetate.....	12
Ritalin LA.....	126	Seretide Accuhaler.....	194	Sodium citro-tartrate.....	60
Ritalin SR.....	126	Serevent.....	194	Sodium cromoglicate	
Ritonavir.....	87	Serevent Accuhaler.....	194	Alimentary.....	6
Rituximab.....	171	Serophene.....	65	Respiratory.....	190, 195
Rivaroxaban.....	30	Sertraline.....	114	Sensory.....	199
Rivastigmine.....	127	Sevoflurane.....	108	Sodium dihydrogen phosphate	

[Sodium acid phosphate].....	35	Streptomycin sulphate.....	72	Temozolomide.....	136
Sodium fluoride.....	17	Stromectol.....	83	Tenecteplase.....	31
Sodium fusidate [Fusidic acid]		Suboxone.....	128	Tenofovir disoproxil.....	88
Dermatological.....	51	Sucralfate.....	8	Tenofovir Disoproxil Teva.....	88
Infections.....	79	Sucrose.....	111	Tenoxicam.....	105
Sensory.....	197	Sugammadex.....	103	Terazosin.....	38
Sodium hyaluronate [Hyaluronic acid]		Sulfadiazine silver.....	51	Terbinafine.....	82
Alimentary.....	19	Sulfasalazine.....	6	Terbutaline.....	59
Sensory.....	200, 203	Sulindac.....	105	Terbutaline sulphate.....	193
Sodium hyaluronate [Hyaluronic acid]		Sulphacetamide sodium.....	197	Teriflunomide.....	124
with chondroitin sulphate.....	200	Sulphadiazine.....	79	Teriparatide.....	101
Sodium hypochlorite.....	206	Sulphur.....	213	Terlipressin.....	71
Sodium metabisulfite.....	213	Sulprix.....	120	Testosterone.....	62
Sodium nitrite.....	204	Sumatriptan.....	118	Testosterone cipionate.....	62
Sodium nitroprusside.....		Sunitinib.....	142	Testosterone esters.....	62
Cardiovascular.....	46	Sunscreen, proprietary.....	56	Testosterone undecanoate.....	62
Optional Pharmaceuticals.....	240	Suprane.....	107	Tetrabenazine.....	106
Sodium phenylbutyrate.....	16	Surgical Preparations.....	209	Tetracaine [Amethocaine] hydrochloride	
Sodium phosphate with phosphoric		Survanta.....	195	Nervous.....	110
acid.....	12	Sustagen Diabetic (Vanilla).....	220	Sensory.....	200
Sodium polystyrene sulphonate.....	35	Sustagen Hospital Formula Active		Tetracosactide [Tetracosactrin].....	66
Sodium stibogluconate.....	85	(Choc).....	228	Tetracosactrin.....	66
Sodium tetradecyl sulphate.....	26	Sustagen Hospital Formula Active		Tetracyclin Wolff.....	78
Sodium thiosulfate.....	204	(Van).....	228	Tetracycline.....	78
Sodium valproate.....	117	Sutent.....	142	Thalidomide.....	137
Sodium with potassium.....	210	Suxamethonium chloride.....	103	Thalomid.....	137
Solian.....	120	Sylvant.....	180	Theobroma oil.....	213
Solifenacin Mylan.....	61	Symmetrel.....	106	Theophylline.....	195
Solifenacin succinate.....	61	Sympathomimetics.....	45	Thiamine hydrochloride.....	21
Solu-Cortef.....	64	Synacthen.....	66	Thioguanine.....	134
Solu-Medrol.....	64	Synacthen Depot.....	66	Thiopental [Thiopentone]	
Solu-Medrol Act-O-Vial.....	64	Synflorix.....	231	sodium.....	108
Somatropin.....	66	Syntometrine.....	59	Thiopentone.....	108
Sotalol.....	40	Syrup.....	213	Thiotepa.....	131
Soya oil.....	204	Systane Unit Dose.....	203	Thrombin.....	26
Spacer device.....	240			Thymol glycerin.....	19
Span-K.....	35	- T -		Thyroid and Antithyroid	
Specialised Formulas.....	219	Tacrolimus.....	147	Preparations.....	70
Spiolto RespiMAT.....	191	Tacrolimus Sandoz.....	147	Thyrotropin alfa.....	66
Spiractin.....	42	Tagitol V.....	207	Ticagrelor.....	31
Spiramycin.....	85	Talc.....	196	Ticarcillin with clavulanic acid.....	76
Spiriva.....	191	Taliglucerase alfa.....	17	Ticlopidine.....	31
Spiriva RespiMAT.....	191	Tambacor.....	38	Tigecycline.....	78
Spironolactone.....	42	Tambacor CR.....	38	Tilcotil.....	105
Sprycel.....	138	Tamoxifen citrate.....	146	Timolol.....	201
Standard Feeds.....	226	Tamoxifen Sandoz.....	146	Timolol maleate.....	40
Staphlex.....	76	Tamsulosin hydrochloride.....	60	Timoptol XE.....	201
Starch.....	213	Tamsulosin-Rex.....	60	Tiotropium bromide.....	191
Stavudine.....	86	Tarceva.....	138	Tiotropium bromide with	
Sterculia with frangula.....	12	Tasigna.....	140	olodaterol.....	191
SteroClear.....	190	Tasmar.....	107	Tivicay.....	88
Stesolid.....	115	Tazocin EF.....	76	TMP.....	79
Stimulants / ADHD Treatments.....	125	Tecfidera.....	123	TOBI.....	72
Stiripentol.....	117	Tegretol.....	115	Tobradex.....	197
Stocrin.....	85	Tegretol CR.....	115	Tobramycin	
Strattera.....	125	Teicoplanin.....	79	Infections.....	72
		Temazepam.....	125		

Sensory.....	197	Tropisetron.....	120	Verapamil hydrochloride.....	41
Tobramycin Mylan.....	72	Tropisetron-AFT.....	120	Vergo 16.....	119
Tobrex.....	197	Truvada.....	90	Verpamil SR.....	41
Tocilizumab.....	181	Tuberculin PPD [Mantoux] test.....	239	Vesanoid.....	138
Tofranil.....	113	Tubersol.....	239	Vesicare.....	61
Tolcapone.....	107	Two Cal HN.....	221	Vexazone.....	10
Tolterodine tartrate.....	61	TwoCal HN RTH (Vanilla).....	221	Vfend.....	81
Topamax.....	117	Tykerb.....	140	Vidaza.....	132
Topical Products for Joint and Muscular Pain.....	109	Tysabri.....	124	Viekira Pak.....	88
Topiramate.....	117	- U -			89
Topiramate Actavis.....	117	Ultibro Breezhaler.....	191	Vigabatrin.....	117
Tracrium.....	103	Ultraproct.....	6	Vildagliptin.....	10
Tramadol hydrochloride.....	113	Umeclidinium.....	191	Vildagliptin with metformin hydrochloride.....	10
Tramal 100.....	113	Umeclidinium with vilanterol.....	191	Vimpat.....	115
Tramal 50.....	113	Univent.....	190	Vinblastine sulphate.....	144
Tramal SR 100.....	113	Ural.....	60	Vincristine sulphate.....	144
Tramal SR 150.....	113	Urea.....		Vinorelbine.....	144
Tramal SR 200.....	113	Dermatological.....	54	Viral Vaccines.....	233
Trandolapril.....	36	Extemporaneously Compounded Preparations.....	213	Viramune Suspension.....	85
Tranexamic acid.....	26	Urex Forte.....	42	ViruPOS.....	197
Tranexamic-AFT.....	26	Urografin.....	207	Viscoat.....	200
Tranylcypromine sulphate.....	114	Urokinase.....	31	Visipaque.....	207
Trastuzumab.....	184	Urologicals.....	60	Vistil.....	203
Travoprost.....	202	Uromitexan.....	144	Vistil Forte.....	203
Travopt.....	202	Ursodeoxycholic acid.....	10	Vit.D3.....	21
Treatments for Dementia.....	127	Ursosan.....	10	VitA-POS.....	203
Treatments for Substance Dependence.....	128	Utrogestan.....	59	Vital.....	220
Tretinoin.....		- V -			20
Dermatological.....	52	Vaclovir.....	89	Vitamin A with vitamins D and C.....	21
Oncology.....	138	Valaciclovir.....	89	Vitamin B complex.....	21
Trexate.....	133	Valcyte.....	89	Vitamin B6 25.....	21
Tri-sodium citrate.....	213	Valganciclovir.....	89	Vitamins.....	19
Triamcinolone acetonide.....		Vancomycin.....	79	Vivonex TEN.....	220
Alimentary.....	19	Varenicline.....	129	Volibris.....	47
Dermatological.....	55	Varibar - Honey.....	207	Voltaren.....	104
Hormone Preparations.....	64	Varibar - Nectar.....	207	Voltaren D.....	104
Triamcinolone acetonide with gramicidin, neomycin and nystatin.....	198	Varibar - Pudding.....	207	Voltaren Ophtha.....	199
Triamcinolone acetonide with neomycin sulphate, gramicidin and nystatin.....	55	Varibar - Thin Liquid.....	207	Volumatic.....	240
Triamcinolone hexacetoneide.....	64	Varicella vaccine [Chickenpox vaccine].....	238	VoLumen.....	207
Triazolam.....	125	Varicella zoster vaccine [Shingles vaccine].....	239	Voriconazole.....	81
Trichloroacetic acid.....	213	Varilrix.....	238	Votrient.....	141
Trichozole.....	84	Vasodilators.....	46	Vttack.....	81
Trientine dihydrochloride.....	17	Vasopressin.....	71	- W -	
Trimethoprim.....	79	Vasopressin Agents.....	71	Warfarin sodium.....	30
Trimethoprim with sulphamethoxazole [Co-trimoxazole].....	79	Vecuronium bromide.....	103	Wart Preparations.....	56
Trometamol.....	210	Vedafil.....	48	Water.....	
Tropicamide.....	202	Velcade.....	134	Blood.....	35
		Veletri.....	49	Various.....	209
		Venlafaxine.....	114	Wool fat.....	
		Venofer.....	18	Dermatological.....	54
		Ventavis.....	50	Extemporaneously Compounded Preparations.....	213
		Ventolin.....	193	- X -	
		Vepesid.....	135	X-Opaque-HD.....	207
				Xanthan.....	213
				Xarelto.....	30

Xifaxan.....	8
Xolair	169
Xylocaine.....	109
Xylometazoline hydrochloride.....	193
Xyntha	27
- Y -	
Yellow jacket wasp venom	189
- Z -	
Zanamivir.....	91
Zantac.....	7
Zapril.....	36
Zarontin	115
Zarzio.....	32
Zavedos.....	132
Zeffix.....	88
Zetlam.....	88
Ziagen.....	86
Zidovudine [AZT]	86
Zidovudine [AZT] with lamivudine	86
Zimye.....	44
Zinc	
Alimentary	18
Dermatological.....	52
Zinc and castor oil	53
Zinc chloride	18
Zinc oxide	213
Zinc sulphate	18
Zinc with wool fat.....	53
Zincaps.....	18
Zinfo.....	74
Zinnat.....	73
Ziprasidone.....	121
Zista.....	190
Zithromax.....	74
Zoladex.....	66
Zoledronic acid	
Hormone Preparations.....	63
Musculoskeletal	97
Zoledronic acid Mylan.....	63
Zometa	63
Zopiclone.....	125
Zopiclone Actavis	125
Zostavax.....	239
Zostrix.....	105
Zostrix HP.....	110
Zuclopenthixol acetate.....	121
Zuclopenthixol decanoate.....	123
Zuclopenthixol hydrochloride.....	121
Zusdone.....	121
Zyban.....	128
Zypine.....	121
Zypine ODT	121
Zyprexa Relprevv	122
Zytiga.....	144
Zyvox.....	79

























