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Editor:

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

Freephone Information Line

0800 66 00 50 (9am – 5pm weekdays)

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Programmers

Anrik Drenth & John Geering

email: texschedule@pharmac.govt.nz

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Introducing PHARMAC

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

PHARMAC's role:

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

New Zealand Public Health and Disability Act 2000

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

Glossary

Units of Measure

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

Abbreviations

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

HSS Hospital Supply Status

Guide to Section H listings

Example

ANATOMICAL HEADING			
	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
THERAPEUTIC HEADING			
Generic name listed by therapeutic group and subgroup	CHEMICAL A - 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...

	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
Tab immediate-release 850 mg – 1% DV Feb-19 to 2021.....	7.04	500	Apotex
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 – **1% DV Aug-19 to 2022** 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, 10 ml vial			
<i>(Any Inj 40 iu per ml, 10 ml vial to be delisted 1 September 2019)</i>			
➔ Restricted (RS1034)			
Initiation			
Only for use in patients with approval by the Gaucher 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 below			
⚡ Cap 500 mg			
⚡ Oral soln 1,000 mg per 10 ml			
⚡ Inj 200 mg per ml, 5 ml vial			
➔ Restricted (RS1035)			
Neurologist, metabolic physician or metabolic disorders dietitian			

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

Re-assessment required after 1 month

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

Re-assessment required after 12 months

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 [below](#)

Tab 500 mg

↓ Grans 483 mg per g 1,920.00 174 g Pheburane

Oral liq 250 mg per ml

Inj 200 mg per ml, 10 ml ampoule

→ **Restricted** (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 continued...

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

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

→ **Restricted (RS1034)**

Initiation

Only for use in patients with approval by the Gaucher 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**

Tab eff 1.75 g (1 g elemental) 2.07 10 Calsource

(Calsource Tab eff 1.75 g (1 g elemental) to be delisted 1 September 2019)

Fluoride

SODIUM FLUORIDE

Tab 1.1 mg (0.5 mg elemental)

Iodine

POTASSIUM IODATE

Tab 253 mcg (150 mcg elemental iodine) – **1% DV Mar-19 to 2020** 4.69 90 **NeuroTabs**

POTASSIUM IODATE WITH IODINE

Oral liq 10% with iodine 5%

Iron

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

↓ Inj 50 mg per ml, 10 ml vial..... 150.00 1 Ferinject

→ **Restricted (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**

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**

FERROUS GLUCONATE WITH ASCORBIC ACID

Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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			
	34.50	5	Ferrosig
	15.22		Ferrum H
<i>(Ferrum H Inj 50 mg per ml, 2 ml ampoule to be delisted 1 July 2019)</i>			
IRON SUCROSE			
Inj 20 mg per ml, 5 ml ampoule	100.00	5	Venofer

Magnesium

MAGNESIUM AMINO ACID CHELATE			
Cap 750 mg (150 mg elemental)			
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)			
Cap 696 mg (420 mg elemental)			
MAGNESIUM OXIDE WITH MAGNESIUM ASPARTATE, MAGNESIUM AMINO ACID CHELATE AND MAGNESIUM CITRATE			
Cap 500 mg with magnesium aspartate 100 mg, magnesium amino acid chelate 100 mg and magnesium citrate 100 mg (360 mg elemental magnesium)			
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%

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
BENZDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE Lozenge 3 mg with cetylpyridinium chloride			
CARBOXYMETHYLCELLULOSE Oral spray			
CARMELLOSE SODIUM WITH PECTIN AND GELATINE Paste Powder			
CHLORHEXIDINE GLUCONATE Mouthwash 0.2%.....	2.57	200 ml	healthE
CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE Adhesive gel 8.7% with cetalkonium chloride 0.01%			
DICHLOROBENZYL ALCOHOL WITH AMYLMETACRESOL Lozenge 1.2 mg with amylmetacresol 0.6 mg			
TRIAMCINOLONE ACETONIDE Paste 0.1% – 1% DV Sep-17 to 2020.....	5.33	5 g	Kenalog in Orabase

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
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Vitamins

Multivitamin Preparations

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MULTIVITAMIN RENAL – Restricted see terms below			
⚡ Cap.....	6.49	30	Clinicians Renal Vit
➡ Restricted (RS1499)			
Initiation			
Either:			
1 The patient has chronic kidney disease and is receiving either peritoneal dialysis or haemodialysis; or			
2 The patient has chronic kidney disease grade 5, defined as patient with an estimated glomerular filtration rate of < 15 ml/min/1.73m ² body surface area (BSA).			
MULTIVITAMINS			
Tab (BPC cap strength) – 1% DV Jan-17 to 2019	10.50	1,000	Mvite
⚡ cap vitamin A 2500 u, betacarotene 3 mg, 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Vitamin B			
HYDROXOCOBALAMIN			
Inj 1 mg per ml, 1 ml ampoule – 1% DV Sep-18 to 2021	1.89	3	Neo-B12
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			e.g. Benerva
Inj 100 mg per ml, 2 ml vial			
VITAMIN B COMPLEX			
Tab strong, BPC – 1% DV Jan-17 to 2019	7.15	500	Bplex
Vitamin C			
ASCORBIC ACID			
Tab 100 mg – 1% DV Jan-17 to 2019	8.10	500	Cvite
Tab chewable 250 mg			
Vitamin D			
ALFACALCIDOL			
Cap 0.25 mcg – 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
Oral liq 188 mcg per ml (7,500 iu per ml)	9.00	4.8 ml	Puria
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			

continued...

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

continued...

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

Initiation – Osteoradionecrosis

For the treatment of osteoradionecrosis.

Initiation – Other indications

All of the following:

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

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

↓ Cap 100 u

↓ Cap 500 u

↓ Oral liq 156 u per ml

→ **Restricted** ([RS1176](#))

Initiation – Cystic fibrosis

Both:

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

Initiation – Osteoradionecrosis

For the treatment of osteoradionecrosis.

Initiation – Other indications

All of the following:

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

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

Hypoplastic and Haemolytic

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

↓ Inj 1,000 iu in 0.5 ml syringe – 1% DV Apr-19 to 2022	250.00	6	Binocrit
↓ Inj 2,000 iu in 1 ml syringe – 1% DV Apr-19 to 2022	100.00	6	Binocrit
↓ Inj 3,000 iu in 0.3 ml syringe – 1% DV Apr-19 to 2022	150.00	6	Binocrit
↓ Inj 4,000 iu in 0.4 ml syringe – 1% DV Apr-19 to 2022	96.50	6	Binocrit
↓ Inj 5,000 iu in 0.5 ml syringe – 1% DV Apr-19 to 2022	125.00	6	Binocrit
↓ Inj 6,000 iu in 0.6 ml syringe – 1% DV Apr-19 to 2022	145.00	6	Binocrit
↓ Inj 8,000 iu in 0.8 ml syringe – 1% DV Apr-19 to 2022	175.00	6	Binocrit
↓ Inj 10,000 iu in 1 ml syringe – 1% DV Apr-19 to 2022	197.50	6	Binocrit
↓ Inj 40,000 iu in 1 ml syringe – 1% DV Apr-19 to 2022	250.00	1	Binocrit

→ **Restricted (RS1660)**

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 epoetin level of < 500 IU/L; and
- 6 The minimum necessary dose of epoetin 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 epoetin treatment; and
- 2 Transformation to acute myeloid leukaemia has not occurred; and
- 3 The minimum necessary dose of epoetin 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 – **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 (RS1661)**

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 epoetin level of < 500 IU/L; and
- 6 The minimum necessary dose of epoetin 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 epoetin treatment; and
- 2 Transformation to acute myeloid leukaemia has not occurred; and
- 3 The minimum necessary dose of epoetin 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	26.00	25 ml	Biomed
Inj 5 mg per ml, 10 ml vial			

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

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
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			
<i>Re-assessment required after 12 months</i>			
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			
<i>Re-assessment required after 3 months</i>			
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			
<i>Re-assessment required after 12 months</i>			
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	100	Cyklokapron
Inj 100 mg per ml, 5 ml ampoule – 1% DV Sep-18 to 2021	6.95	5	Tranexamic-AFT
Inj 100 mg per ml, 10 ml ampoule – 1% DV Sep-18 to 2021	10.95	5	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

EFTRENONACOG ALFA [RECOMBINANT FACTOR IX] – **Restricted** see terms [below](#)

↓ Inj 250 iu vial.....	612.50	1	Alprolix
↓ Inj 500 iu vial.....	1,225.00	1	Alprolix
↓ Inj 1,000 iu vial.....	2,450.00	1	Alprolix
↓ Inj 2,000 iu vial.....	4,900.00	1	Alprolix
↓ Inj 3,000 iu vial.....	7,350.00	1	Alprolix

➔ Restricted (RS1684)

Initiation

For patients with haemophilia B receiving prophylaxis treatment. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

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 (RS1676)

Initiation

For patients with 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.....	1,315.50	1	FEIBA NF
↓ Inj 1,000 U.....	2,630.00	1	FEIBA NF
↓ Inj 2,500 U.....	6,575.00	1	FEIBA NF

➔ Restricted (RS1677)

Initiation

For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

MOROTOCOG 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 (RS1678)

Initiation

For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

BLOOD AND BLOOD FORMING ORGANS

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

(BeneFIX Inj 250 iu vial to be delisted 1 November 2019)

(BeneFIX Inj 500 iu vial to be delisted 1 November 2019)

(BeneFIX Inj 1,000 iu vial to be delisted 1 November 2019)

(BeneFIX Inj 2,000 iu vial to be delisted 1 November 2019)

(BeneFIX Inj 3,000 iu vial to be delisted 1 November 2019)

➔ **Restricted (RS1495)**

Initiation

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

NONACOG GAMMA, [RECOMBINANT FACTOR IX] – Restricted see terms [below](#)

‡ Inj 500 iu vial.....	435.00	1	RIXUBIS
‡ Inj 1,000 iu vial.....	870.00	1	RIXUBIS
‡ Inj 2,000 iu vial.....	1,740.00	1	RIXUBIS
‡ Inj 3,000 iu vial.....	2,610.00	1	RIXUBIS

➔ **Restricted (RS1679)**

Initiation

For patients with haemophilia. Access to funded 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.....	210.00	1	Advate
‡ Inj 500 iu vial.....	420.00	1	Advate
‡ Inj 1,000 iu vial.....	840.00	1	Advate
‡ Inj 1,500 iu vial.....	1,260.00	1	Advate
‡ Inj 2,000 iu vial.....	1,680.00	1	Advate
‡ Inj 3,000 iu vial.....	2,520.00	1	Advate

➔ **Restricted (RS1680)**

Initiation

For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

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 (RS1681)**

Initiation

For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

RURIOCTOCOG ALFA PEGOL [RECOMBINANT FACTOR VIII] – Restricted see terms [on the next page](#)

‡ Inj 250 iu vial.....	300.00	1	Adynovate
‡ Inj 500 iu vial.....	600.00	1	Adynovate
‡ Inj 1,000 iu vial.....	1,200.00	1	Adynovate
‡ Inj 2,000 iu vial.....	2,400.00	1	Adynovate

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1682)**

Initiation

For patients with haemophilia A receiving prophylaxis treatment. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Vitamin K

PHYTOMENADIONE

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

Antithrombotics

Anticoagulants

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

⚡ Inj 250 mg vial

➔ **Restricted (RS1181)**

Initiation

Either:

- 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.

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DEXTROSE WITH SODIUM CITRATE AND CITRIC ACID [ACID CITRATE DEXTROSE A]			
Inj 24.5 mg with sodium citrate 22 mg and citric acid 7.3 mg per ml, 100 ml bag			
ENOXAPARIN 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 thrombocytopaenia, heparin resistance or heparin intolerance.			
HEPARIN SODIUM			
Inj 100 iu per ml, 250 ml bag			
Inj 1,000 iu per ml, 1 ml ampoule	98.53	50	Hospira
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
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

⚡ 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
Antiplatelets			
ASPIRIN			
Tab 100 mg – 10% DV Dec-16 to 2019	1.60	90	Ethics Aspirin EC
Suppos 300 mg	12.50	990	Ethics Aspirin EC
CLOPIDOGREL			
Tab 75 mg – 1% DV Mar-17 to 2019	5.44	84	Arrow - Clopid
DIPYRIDAMOLE			
Tab 25 mg			
Tab long-acting 150 mg – 1% DV Sep-16 to 2019	11.52	60	Pytazen SR
Inj 5 mg per ml, 2 ml ampoule			
EPTIFIBATIDE – Restricted see terms below			
↓ Inj 2 mg per ml, 10 ml vial – 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
→ 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			
<i>Limited to 6 months treatment</i>			
Patient has undergone coronary angioplasty in the previous 4 weeks and is clopidogrel-allergic.			
Initiation – Drug-eluting stents			
<i>Limited to 12 months treatment</i>			
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			
<i>Limited to 1 week treatment</i>			
For short term use while in hospital following ST-elevated myocardial infarction.			
Note: Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment			
TICAGRELOR – Restricted see terms below			
↓ Tab 90 mg	90.00	56	Brilinta
→ Restricted (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			

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

ALTEPLASE

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

TENECTEPLASE

- Inj 50 mg vial

UROKINASE

- Inj 10,000 iu vial
- Inj 50,000 iu vial
- Inj 100,000 iu vial
- Inj 500,000 iu vial

Colony-Stimulating Factors

Drugs Used to Mobilise Stem Cells

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

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

➡ **Restricted (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 [on the next page](#)

⚡ Inj 300 mcg in 0.5 ml prefilled syringe – 1% DV May-19 to 2021	96.22	10	Nivestim
⚡ Inj 300 mcg in 1 ml vial	520.00	4	Neupogen
⚡ Inj 480 mcg in 0.5 ml prefilled syringe – 1% DV Mar-19 to 2021	161.50	10	Nivestim

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1188)			
Haematologist or oncologist			
PEGFILGRASTIM – Restricted see terms below			
↓ Inj 6 mg per 0.6 ml syringe	1,080.00	1	Neulastim
➔ Restricted (RS1262)			
Initiation			
For prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk greater than or equal to 20%*).			
Note: *Febrile neutropenia risk greater than or equal to 20% after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines			
Fluids and Electrolytes			
Intravenous Administration			
CALCIUM CHLORIDE			
Inj 100 mg per ml, 10 ml vial			
CALCIUM GLUCONATE			
Inj 10%, 10 ml ampoule			e.g. Max Health
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			

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE			
Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag			
Inj 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
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

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

BLOOD AND BLOOD FORMING ORGANS

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

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

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	3.84	100	Ethics Enalapril
Tab 10 mg	4.96	100	Ethics Enalapril
Tab 20 mg	7.12	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

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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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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 11.98

30

30

6

9.98

5

Cordarone-X

Cordarone-X

Cordarone-X

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

240

Lanoxin PG

Lanoxin

DISOPYRAMIDE PHOSPHATE

Cap 100 mg

FLECAINIDE ACETATE

Tab 50 mg 38.95

Cap long-acting 100 mg 38.95

Cap long-acting 200 mg 68.78

Inj 10 mg per ml, 15 ml ampoule 52.45

60

30

30

5

Tambocor

Tambocor CR

Tambocor CR

Tambocor

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

↓ Tab 5 mg

→ **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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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
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			
(Hybloc Tab 50 mg to be delisted 1 August 2019)			
(Hybloc Tab 100 mg to be delisted 1 December 2019)			
(Hybloc Tab 200 mg to be delisted 1 February 2020)			
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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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.....	29.50	5	Metoprolol IV Mylan
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
Tab long-acting 10 mg – 1% DV Dec-18 to 2021.....	4.32	90	Felo 10 ER
ISRADIPINE			
Tab 2.5 mg			
Cap 2.5 mg			

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.

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

Diuretics

Loop Diuretics

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FUROSEMIDE [FRUSEMIDE]			
Tab 40 mg	8.00	1,000	Diurin 40
Tab 500 mg – 1% DV Mar-19 to 2021	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			
Oral liq 1 mg per ml	30.00	25 ml	Biomed
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
Thiazide and Related Diuretics			
BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]			
Tab 2.5 mg – 1% DV Mar-18 to 2020	12.50	500	Arrow-Bendrofluaizide
Tab 5 mg – 1% DV Mar-18 to 2020	20.42	500	Arrow-Bendrofluaizide
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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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METOLAZONE
Tab 5 mg

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
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HMG CoA Reductase Inhibitors (Statins)

ATORVASTATIN

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

PRAVASTATIN

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

SIMVASTATIN

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

Resins

CHOLESTYRAMINE

Powder for oral liq 4 g

COLESTIPOL HYDROCHLORIDE

Grans for oral liq 5 g

Selective Cholesterol Absorption Inhibitors

EZETIMIBE – Restricted see terms [below](#)

⚡ Tab 10 mg – 1% DV Mar-18 to 2020	2.00	30	Ezetimibe Sandoz
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➡ Restricted (RS1005)

Initiation

All of the following:

- 1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and
- 2 Patient's LDL cholesterol is 2.0 mmol/litre or greater; and
- 3 Any of the following:
 - 3.1 The patient has rhabdomyolysis (defined as muscle aches and creatine kinase more than 10 × normal) when treated with one statin; or
 - 3.2 The patient is intolerant to both simvastatin and atorvastatin; or
 - 3.3 The patient has not reduced their LDL cholesterol to less than 2.0 mmol/litre with the use of the maximal tolerated dose of atorvastatin.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
EZETIMIBE WITH SIMVASTATIN – Restricted see terms below			
↓ Tab 10 mg with simvastatin 10 mg.....	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

Nitrates

GLYCERYL TRINITRATE

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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Sympathomimetics			
ADRENALINE			
Inj 1 in 1,000, 1 ml ampoule	4.98	5	Aspen Adrenaline
	5.25		Hospira
Inj 1 in 1,000, 30 ml vial			
Inj 1 in 10,000, 10 ml ampoule	49.00	10	Aspen Adrenaline
	27.00	5	Hospira
Inj 1 in 10,000, 10 ml syringe			
DOBUTAMINE			
Inj 12.5 mg per ml, 20 ml ampoule – 1% DV Jan-19 to 2021	61.13	5	Dobutamine-hameln
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
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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 12 mg per ml, 10 ml ampoule	217.90	5	Hospira
PENTOXIFYLLINE [OXPENTIFYLLINE]			
Tab 400 mg			
SODIUM NITROPRUSSIDE			
Inj 50 mg vial			

Endothelin Receptor Antagonists

AMBRISENTAN – Restricted see terms below			
↓ Tab 5 mg	4,585.00	30	Volibris
↓ Tab 10 mg	4,585.00	30	Volibris
→ Restricted (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
↓ Tab 125 mg – 1% DV Dec-18 to 2021	141.00	60	Bosentan Dr Reddy's
→ Restricted (RS1622)			
Initiation – Pulmonary arterial hypertension			
<i>Re-assessment required after 6 months</i>			
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:			

continued...

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

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

2 In-hospital stabilisation in emergency situations.

Continuation – Pulmonary arterial hypertension

Re-assessment required after 6 months

Any of the following:

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

Phosphodiesterase Type 5 Inhibitors

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

♣ 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			

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

➔ **Restricted (RS1643)**

Initiation – tablets Raynaud's Phenomenon

All of the following:

- 1 Patient has Raynaud's phenomenon; and
- 2 Patient has severe digital ischaemia (defined as severe pain requiring hospital admission or with a high likelihood of digital ulceration; digital ulcers; or gangrene); and
- 3 Patient is following lifestyle management (proper body insulation, avoidance of cold exposure, smoking cessation support, avoidance of sympathomimetic drugs); and
- 4 Patient has persisting severe symptoms despite treatment with calcium channel blockers and nitrates (unless contraindicated or not tolerated).

Initiation – tablets Pulmonary arterial hypertension

Any of the following:

- 1 All of the following:
 - 1.1 Patient has pulmonary arterial hypertension (PAH); and
 - 1.2 Any of the following:
 - 1.2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or
 - 1.2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications; or
 - 1.2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and
 - 1.3 Any of the following:
 - 1.3.1 PAH is in NYHA/WHO functional class II; or
 - 1.3.2 PAH is in NYHA/WHO functional class III; or
 - 1.3.3 PAH is in NYHA/WHO functional class IV; and
 - 1.4 Either:
 - 1.4.1 All of the following:
 - 1.4.1.1 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
 - 1.4.1.2 Either:
 - 1.4.1.2.1 Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or
 - 1.4.1.2.2 Patient is peri Fontan repair; and
 - 1.4.1.3 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm⁻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.

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

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

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

➡ **Restricted** ([RS1624](#))

Initiation

Either:

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

ILOPROST

Inj 50 mcg in 0.5 ml ampoule – 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% – 1% DV May-19 to 2021	1.59	5 g	Foban
Oint 2% – 1% DV May-19 to 2021	1.59	5 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	1.92	500 g	Boucher
Note: DV limit applies to the pack sizes of greater than 100 g.			
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
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
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			
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>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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%.....	3.42	30 g	Locoid Lipocream
	6.85	100 g	Locoid Lipocream
Oint 0.1% – 1% DV Mar-19 to 2021	13.70	100 g	Locoid
Milky emul 0.1% – 1% DV Mar-19 to 2021	13.70	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
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

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

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% 3.35 15 g Pimafucort

Oint 1% with natamycin 1% and neomycin sulphate 0.5% 3.35 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**

CLOBETASOL PROPIONATE

Scalp app 0.05% 6.96 30 ml **Dermol**

DERMATOLOGICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
HYDROCORTISONE BUTYRATE			
Scalp lotn 0.1% – 1% DV Mar-19 to 2021	7.30	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
Tab 10 mg – 1% DV Dec-18 to 2021	5.50	30	Solifenacin Mylan

➔ **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** 13.17 50 **Siterone**

Tab 100 mg – **1% DV Dec-18 to 2021** 26.75 50 **Siterone**

TESTOSTERONE

Patch 5 mg per day 90.00 30 **Androderm**

TESTOSTERONE CIPIONATE

Inj 100 mg per ml, 10 ml vial – **1% DV Sep-17 to 2020** 76.50 1 **Depo-Testosterone**

TESTOSTERONE ESTERS

Inj testosterone decanoate 100 mg, testosterone isocarproate 60 mg,
testosterone phenylpropionate 60 mg and testosterone propionate
30 mg per ml, 1 ml ampoule

TESTOSTERONE UNDECANOATE

Cap 40 mg – **1% DV 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**

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

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

→ **Restricted (RS1540)**

Initiation

Nephrologist or endocrinologist

Re-assessment required after 6 months

Either:

- 1 All of the following:
 - 1.1 The patient has been diagnosed with a parathyroid carcinoma (see Note); and
 - 1.2 The patient has persistent hypercalcaemia (serum calcium greater than or equal to 3 mmol/L) despite previous first-line treatments including sodium thiosulfate (where appropriate) and bisphosphonates; and
 - 1.3 The patient is symptomatic; or
- 2 All of the following:
 - 2.1 The patient has been diagnosed with calciphylaxis (calcific uraemic arteriopathy); and
 - 2.2 The patient has symptomatic (e.g. painful skin ulcers) hypercalcaemia (serum calcium greater than or equal to 3 mmol/L); and
 - 2.3 The patient's condition has not responded to previous first-line treatments including bisphosphonates and sodium thiosulfate.

continued...

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

continued...

Continuation

Nephrologist or endocrinologist

Both:

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

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

ZOLEDRONIC ACID

↓ Inj 4 mg per 5 ml, vial – 1% DV May-19 to 2021 38.03 1 **Zoledronic acid Mylan**

→ **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

FLUDROCORTISONE ACETATE

Tab 100 mcg.....	14.32	100	Florinef
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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

HORMONE PREPARATIONS

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

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)			

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

OESTRIOL

Tab 2 mg

Other Progestogen Preparations

MEDROXYPROGESTERONE

Tab 100 mg – 1% DV Oct-16 to 2019.....	101.00	100	Provera HD
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NORETHISTERONE

Tab 5 mg	18.29	100	Primolut N
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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

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:

- 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

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

continued...

- 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:

- 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.

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

continued...

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

Initiation – Prader-Willi syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

continued...

- 1 The patient has a diagnosis of Prader-Willi syndrome that has been confirmed by genetic testing or clinical scoring criteria; and
- 2 The patient is aged six months or older; and
- 3 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
- 4 Sleep studies or overnight oximetry have been performed and there is no obstructive sleep disorder requiring treatment, or if an obstructive sleep disorder is found, it has been adequately treated under the care of a paediatric respiratory physician and/or ENT surgeon; and
- 5 Either:
 - 5.1 Both:
 - 5.1.1 The patient is aged two years or older; and
 - 5.1.2 There is no evidence of type II diabetes or uncontrolled obesity defined by BMI that has increased by greater than or equal to 0.5 standard deviations in the preceding 12 months; or
 - 5.2 The patient is aged between six months and two years and a thorough upper airway assessment is planned to be undertaken prior to treatment commencement and at six to 12 weeks following treatment initiation.

Continuation – Prader-Willi syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Initiation – adults and adolescents

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

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

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.

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

↓ Tab 50 mg 35.00 100 PTU

→ **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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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	18.50	1	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 40 mg per ml, 2 ml ampoule	6.00	10	Pfizer
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 – 1% DV Aug-19 to 2022	70.00	1	Invanz
➔ Restricted (RS1045)			
Clinical microbiologist or infectious disease specialist			
IMIPENEM WITH CILASTATIN – Restricted see terms below			
‡ Inj 500 mg with 500 mg cilastatin vial – 1% DV Jul-19 to 2022	60.00	1	Imipenem+Cilastatin RBX
➔ Restricted (RS1046)			
Clinical microbiologist or infectious disease specialist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MEROPENEM – Restricted see terms below			
↓ Inj 500 mg vial – 1% DV Oct-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
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	34.00	5	Ceftazidime Mylan
➔ 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) \$	Brand or Generic Manufacturer
Per	

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.....	28.18	10	m-Amoxiclav
Inj 1,000 mg with clavulanic acid 200 mg vial.....	43.30	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
➡ 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	64.43	500	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			
LINCOMYCIN – 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 bottle – 1% DV Feb-19 to 2021	18.50	1	Linezolid Kabi
➔ Restricted (RS1066)			
Clinical microbiologist or infectious disease specialist			
NITROFURANTOIN			
Tab 50 mg – 1% DV Apr-19 to 2021	22.20	100	Nifuran
Tab 100 mg – 1% DV Apr-19 to 2021	37.50	100	Nifuran
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
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Antifungals

Imidazoles

KETOCONAZOLE

⚡ Tab 200 mg

➡ **Restricted (RS1410)**

Oncologist

Polyene Antimycotics

AMPHOTERICIN B

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

Initiation

Clinical microbiologist, haematologist, infectious disease specialist, oncologist, respiratory specialist or transplant specialist

Either:

- 1 Proven or probable invasive fungal infection, to be prescribed under an established protocol; or
- 2 Both:
 - 2.1 Possible invasive fungal infection; and
 - 2.2 A multidisciplinary team (including an infectious disease physician or a clinical microbiologist) considers the treatment to be appropriate.

⚡ Inj 50 mg vial

➡ **Restricted (RS1316)**

Clinical microbiologist, haematologist, infectious disease specialist, oncologist, respiratory specialist or transplant specialist

NYSTATIN

Tab 500,000 u	17.09	50	Nilstat
Cap 500,000 u	15.47	50	Nilstat

Triazoles

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

⚡ Cap 50 mg – 1% DV Feb-18 to 2020	2.09	28	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-Clarix
⚡ Inj 2 mg per ml, 100 ml vial – 1% DV Sep-16 to 2019	6.47	1	Fluconazole-Clarix

➡ **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) \$	Per	Brand or Generic Manufacturer
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➔ Restricted (RS1074)

Initiation

Haematologist or infectious disease specialist

Re-assessment required after 6 weeks

Both:

- 1 Either:
 - 1.1 Patient has acute myeloid leukaemia; or
 - 1.2 Patient is planned to receive a stem cell transplant and is at high risk for aspergillus infection; and
- 2 Patient is to be treated with high dose remission induction therapy or re-induction therapy.

Continuation

Haematologist or infectious disease specialist

Re-assessment required after 6 weeks

Both:

- 1 Patient has previously received posaconazole prophylaxis during remission induction therapy; and
- 2 Any of the following:
 - 2.1 Patient is to be treated with high dose remission re-induction therapy; or
 - 2.2 Patient is to be treated with high dose consolidation therapy; or
 - 2.3 Patient is receiving a high risk stem cell transplant.

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

↓ Tab 50 mg – 1% DV Sep-18 to 2021	91.00	56	Vttack
↓ Tab 200 mg – 1% DV Sep-18 to 2021	350.00	56	Vttack
↓ Powder for oral suspension 40 mg per ml – 1% 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			
⚡ 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			
➡ Restricted (RS1094)			
Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist			
METRONIDAZOLE			
Tab 200 mg	10.45	100	Trichozole
Tab 400 mg	18.15	100	Trichozole
Oral liq benzoate 200 mg per 5 ml	25.00	100 ml	Flagyl-S
Inj 5 mg per ml, 100 ml bottle	1.39	100 ml	AFT
Inj 5 mg per ml, 100 ml bag	264.00	48	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 – **Restricted** see terms [on the previous page](#)

† Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) – 1% DV Jun-19 to 2022	106.88	30	Mylan
† Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate)	237.52	30	Atripla

(Atripla Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate) to be delisted 1 June 2019)

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.

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.

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

† Cap 150 mg – 1% DV Jun-19 to 2022.....	568.34	60	Reyataz
	141.68		Teva
† Cap 200 mg – 1% DV Jun-19 to 2022.....	757.79	60	Reyataz
	188.91		Teva

*(Reyataz Cap 150 mg to be delisted 1 June 2019)**(Reyataz Cap 200 mg to be delisted 1 June 2019)*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
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Strand Transfer Inhibitors➔ **Restricted (RS1574)****Initiation – Confirmed HIV**

Patient has confirmed HIV infection.

Initiation – Prevention of maternal transmission

Either:

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

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

Both:

continued...

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

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

Initiation – Percutaneous exposure

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

DOLUTEGRAVIR – Restricted see terms [on the 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 × 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

GLECAPREVIR WITH PIBRENTASVIR

Note: the supply of treatment is via PHARMAC's approved direct distribution supply. Further details can be found on PHARMAC's website <https://www.pharmac.govt.nz/hepatitis-c-treatments/>.

Tab 100 mg with pibrentasvir 40 mg 24,750.00 84 **Maviret**

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

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% DV May-19 to 2021..... 225.00 60 **Valganciclovir Mylan**

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

↓ Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) – 1% DV Jun-19 to 2022	61.15	30	Teva
↓ Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a fumarate).....	190.02	30	Truvada

(Truvada Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a fumarate) to be delisted 1 June 2019)

➡ **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

continued...

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

continued...

- 3 Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 12 months; and
- 4 Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; and
- 5 Patient has tested HIV negative; and
- 6 Either:
 - 6.1 All of the following:
 - 6.1.1 Patient is male or transgender; and
 - 6.1.2 Patient has sex with men; and
 - 6.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and
 - 6.1.4 All 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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INTERFERON ALFA-2B

- Inj 18 m iu, 1.2 ml multidose pen
- Inj 30 m iu, 1.2 ml multidose pen
- Inj 60 m iu, 1.2 ml multidose pen

INTERFERON GAMMA – **Restricted** see terms [below](#)

↓ Inj 100 mcg in 0.5 ml vial

→ **Restricted (RS1113)**

Initiation

Patient has chronic granulomatous disease and requires interferon gamma.

PEGYLATED INTERFERON ALFA-2A – **Restricted** see terms [below](#)

↓ Inj 180 mcg prefilled syringe – 1% DV Oct-17 to 2020500.00 4 **Pegasys**

→ **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
- 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.

continued...

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

continued...

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 mg 67.23 100 **D-Penamine**

Tab 250 mg 110.12 100 **D-Penamine**

SODIUM AUROTHIOMALATE

Inj 10 mg in 0.5 ml ampoule

Inj 20 mg in 0.5 ml ampoule

Inj 50 mg in 0.5 ml ampoule

Drugs Affecting Bone Metabolism

Bisphosphonates

ALENDRONATE SODIUM

Tab 70 mg – **1% DV Apr-19 to 2022** 2.44 4 **Fosamax**

ALENDRONATE SODIUM WITH COLECALCIFEROL

Tab 70 mg with colecalciferol 5,600 iu – **1% DV Apr-19 to 2022** 1.51 4 **Fosamax Plus**

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**

ZOLEDRONIC ACID

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

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

➔ **Restricted (RS1663)**

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) prior to 1 February 2019 or has had a Special Authority approval for 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) prior to 1 February 2019 or has had a Special Authority approval for raloxifene; 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

continued...

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

2 Any of the following:

- 2.1 Bone or articular pain; or
- 2.2 Bone deformity; or
- 2.3 Bone, articular or neurological complications; or
- 2.4 Asymptomatic disease, but risk of complications; or
- 2.5 Preparation for orthopaedic surgery; and

3 The patient will not be prescribed more than 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 (RS1665)**

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

continued...

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

- 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
- 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) prior to 1 February 2019 or has had a Special Authority approval for 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 trialled so that the patient achieves the minimum requirement of 12 months' continuous therapy.

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

⬇ Tab 60 mg53.76 28 Evista

➡ **Restricted (RS1666)**

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

continued...

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

- 6 Patient has had a Special Authority approval for zoledronic acid (Underlying cause - Osteoporosis) or has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) prior to 1 February 2019.

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

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

↓ Inj 250 mcg per ml, 2.4 ml cartridge490.00 1 Forteo

→ **Restricted (RS1143)**

Initiation

Limited to 18 months treatment

All of the following:

- 1 The patient has severe, established osteoporosis; and
- 2 The patient has a documented T-score less than or equal to -3.0 (see Notes); and
- 3 The patient has had two or more fractures due to minimal trauma; and
- 4 The patient has experienced at least one symptomatic new fracture after at least 12 months' continuous therapy with a funded antiresorptive agent at adequate doses (see Notes).

Notes:

- 1 The bone mineral density (BMD) measurement used to derive the T-score must be made using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable
- 2 Antiresorptive agents and their adequate doses for the purposes of this restriction are defined as: alendronate sodium tab 70 mg or tab 70 mg with colecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily; zoledronic acid 5 mg per year. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months' continuous therapy.
- 3 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Enzymes

HYALURONIDASE

Inj 1,500 iu ampoule

Hyperuricaemia and Antigout

ALLOPURINOL

Tab 100 mg – 1% DV Jan-18 to 2020	4.54	500	DP-Allopurinol
Tab 300 mg – 1% DV Jan-18 to 2020	10.35	500	DP-Allopurinol

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

↓ Tab 100 mg45.00 100 Benzbromaron AL 100

→ **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 20219.58 100 **Colgout**

FEBUXOSTAT – Restricted see terms [below](#)

↓ Tab 80 mg39.50 28 Adenuric

↓ Tab 120 mg39.50 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

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MUSCULOSKELETAL SYSTEM

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

effective. The efficacy and safety of febuxostat have not been fully evaluated in patients with severe renal impairment (creatinine clearance less than 30 ml/minute). No dosage adjustment of febuxostat is necessary in patients with mild or moderate renal impairment. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

PROBENECID

Tab 500 mg

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

⚡ Inj 1.5 mg vial

➡ **Restricted** (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 – 1% DV Apr-19 to 2021	372.98	5	Medsurge

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

➔ **Restricted (RS1370)**

Initiation

Any of the following:

- 1 Patient requires reversal of profound neuromuscular blockade following rapid sequence induction that has been undertaken using rocuronium (i.e. suxamethonium is contraindicated or undesirable); or
- 2 Severe neuromuscular degenerative disease where the use of neuromuscular blockade is required; or
- 3 Patient has an unexpectedly difficult airway that cannot be intubated and requires a rapid reversal of anaesthesia and neuromuscular blockade; or
- 4 The duration of the patient's surgery is unexpectedly short; or
- 5 Neostigmine or a neostigmine/anticholinergic combination is contraindicated (for example the patient has ischaemic heart disease, morbid obesity or COPD); or
- 6 Patient has a partial residual block after conventional reversal.

Non-Steroidal Anti-Inflammatory Drugs

CELECOXIB

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

Cap 100 mg	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 – 1% DV May-19 to 2021	1.88	200 ml	Ethics
Inj 5 mg per ml, 2 ml ampoule			
Inj 10 mg per ml, 2 ml vial			

INDOMETHACIN

- Cap 25 mg
- Cap 50 mg
- Cap long-acting 75 mg
- Inj 1 mg vial
- Suppos 100 mg

MUSCULOSKELETAL SYSTEM

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Agents for Parkinsonism and Related Disorders

Agents for Essential Tremor, Chorea and Related Disorders

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

↓ Tab 50 mg – 1% DV Aug-18 to 2021 130.00 56 **Rilutek**
→ **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**

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**

APOMORPHINE HYDROCHLORIDE

Inj 10 mg per ml, 2 ml ampoule 119.00 5 **Movapo**

BROMOCRIPTINE

Tab 2.5 mg
Cap 5 mg

ENTACAPONE

Tab 200 mg – 1% DV Sep-18 to 2021 22.00 100 **Entapone**

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 100 mg with carbidopa 25 mg			
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 2020	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 2020	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 vial – 1% DV Jan-19 to 2021	31.50	5	Ketalar
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	Proville 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
SEVOFLURANE			
Soln for inhalation 100%, 250 ml bottle – 1% DV Sep-16 to 2020	840.00	6	Baxter

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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	50.00	5	Marcaïn Isobaric
Inj 2.5 mg per ml, 20 ml ampoule			
Inj 2.5 mg per ml, 20 ml ampoule sterile pack	29.20	5	Marcaïn
Inj 5 mg per ml, 10 ml ampoule sterile pack	20.25	5	Marcaïn
Inj 5 mg per ml, 20 ml ampoule			
Inj 5 mg per ml, 20 ml ampoule sterile pack	20.70	5	Marcaïn
Inj 1.25 mg per ml, 100 ml bag			
Inj 1.25 mg per ml, 200 ml bag			
Inj 2.5 mg per ml, 100 ml bag – 1% DV Sep-17 to 2020	150.00	5	Marcaïn
Inj 2.5 mg per ml, 200 ml bag			
Inj 1.25 mg per ml, 500 ml bag			
BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial – 1% DV Aug-19 to 2022	94.50	5	Marcaïn with Adrenaline
Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial – 1% DV Aug-19 to 2022	80.50	5	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	210.00	10	Bupafen
Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag	210.00	10	Bupafen
Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe			
Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe	72.00	10	Biomed
Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe	92.00	10	Biomed
BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE			
Inj 0.5% with glucose 8%, 4 ml ampoule	38.00	5	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%			

NERVOUS SYSTEM

	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% – 1% DV Jul-19 to 2022	75.00	50 ml	Xylocaine
Oral (gel) soln 2% – 1% DV Oct-17 to 2020	38.00	200 ml	Mucosooth
Inj 1%, 20 ml ampoule, sterile pack			
Inj 2%, 20 ml ampoule, sterile pack			
Inj 1%, 5 ml ampoule	8.75	25	Lidocaine-Clar
Inj 1%, 20 ml vial – 1% DV Jul-19 to 2022	6.20	5	Lidocaine-Clar
Inj 2%, 5 ml ampoule	6.75	25	Lidocaine-Clar
Inj 2%, 20 ml vial – 1% DV Jul-19 to 2022	6.45	5	Lidocaine-Clar
Gel 2%, 10 ml urethral syringe	160.00 81.50	25 10	Cathejell Pfizer
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE Inj 1% with adrenaline 1:100,000, 5 ml ampoule.....	27.00	10	Xylocaine
Inj 1% with adrenaline 1:200,000, 20 ml vial	50.00	5	Xylocaine
Inj 2% with adrenaline 1:80,000, 1.7 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 1.8 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 2.2 ml dental cartridge			
Inj 2% with adrenaline 1:200,000, 20 ml vial	60.00	5	Xylocaine
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe – 1% DV Sep-17 to 2020	17.50	1	Topica
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
(Citanest Inj 2%, 5 ml ampoule to be delisted 1 October 2019)			
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			

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

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	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-Opoid Analgesics

ASPIRIN

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

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

↓ Crm 0.075%..... 12.50 45 g Zostrix HP

→ **Restricted (RS1145)**

Initiation

For post-herpetic neuralgia or diabetic peripheral neuropathy.

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

↓ Soln for inhalation 99.9%, 3 ml bottle

→ **Restricted (RS1292)**

Initiation

Both:

- 1 Patient is undergoing a painful procedure with an expected duration of less than one hour; and
- 2 Only to be used under supervision by a medical practitioner or nurse who is trained in the use of methoxyflurane.

NEFOPAM HYDROCHLORIDE

Tab 30 mg

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

Tab soluble 500 mg

Tab 500 mg

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

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

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

Suppos 25 mg 56.35 20 Biomed

Suppos 50 mg 56.35 20 Biomed

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

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

Suppos 500 mg – **1% DV Feb-19 to 2021**..... 12.40 50 **Gacet**

→ **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

	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 – 1% DV May-19 to 2021	2.15	20	Oxycodone Sandoz
Tab controlled-release 10 mg – 1% DV May-19 to 2021	2.15	20	Oxycodone Sandoz
Tab controlled-release 20 mg – 1% DV May-19 to 2021	2.15	20	Oxycodone Sandoz
Tab controlled-release 40 mg – 1% DV May-19 to 2021	3.20	20	Oxycodone Sandoz
Tab controlled-release 80 mg – 1% DV May-19 to 2021	10.98	20	Oxycodone Sandoz
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)

NERVOUS SYSTEM

	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 – Restricted: For continuation only			
➡ Cap 10 mg			
➡ Cap 25 mg			
➡ Cap 50 mg			
IMIPRAMINE HYDROCHLORIDE			
Tab 10 mg	5.48	50	Tofranil
	6.58	60	Tofranil
Tab 25 mg	8.80	50	Tofranil
MAPROTILINE HYDROCHLORIDE			
Tab 25 mg			
Tab 75 mg			
MIANSERIN HYDROCHLORIDE – Restricted: For continuation only			
➡ Tab 30 mg			

	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
TRANLYCPROMINE SULPHATE
Tab 10 mg

Monoamine-Oxidase Type A Inhibitors

MOCLOBEMIDE			
Tab 150 mg – 1% DV Apr-19 to 2021	6.40	60	Aurorix
Tab 300 mg – 1% DV Apr-19 to 2021	9.80	60	Aurorix

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

NERVOUS SYSTEM

	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.....	40.87	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...

	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 – 5% DV Oct-19 to 2022	20.40	56	Arrow-Lamotrigine
	29.09		Lamictal
	2.76		Logem
Tab dispersible 50 mg – 5% DV Oct-19 to 2022	34.70	56	Arrow-Lamotrigine
	47.89		Lamictal
	3.31		Logem
Tab dispersible 100 mg – 5% DV Oct-19 to 2022	59.90	56	Arrow-Lamotrigine
	79.16		Lamictal
	4.40		Logem
<i>(Arrow-Lamotrigine Tab dispersible 25 mg to be delisted 1 October 2019)</i>			
<i>(Lamictal Tab dispersible 25 mg to be delisted 1 October 2019)</i>			
<i>(Arrow-Lamotrigine Tab dispersible 50 mg to be delisted 1 October 2019)</i>			
<i>(Lamictal Tab dispersible 50 mg to be delisted 1 October 2019)</i>			
<i>(Arrow-Lamotrigine Tab dispersible 100 mg to be delisted 1 October 2019)</i>			
<i>(Lamictal Tab dispersible 100 mg to be delisted 1 October 2019)</i>			
LEVETIRACETAM			
Tab 250 mg – 1% DV Aug-19 to 2022	4.99	60	Everet
Tab 500 mg – 1% DV Aug-19 to 2022	8.79	60	Everet
Tab 750 mg – 1% DV Aug-19 to 2022	14.39	60	Everet
Tab 1,000 mg – 1% DV Aug-19 to 2022	18.59	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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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			
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			
<i>Re-assessment required after 15 months</i>			
Both:			

continued...

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

1 Either:

1.1 Patient has infantile spasms; or

1.2 Both:

1.2.1 Patient has epilepsy; and

1.2.2 Either:

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

1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and

2 Either:

2.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or

2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Continuation

Both:

1 The patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life; and

2 Either:

2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for duration of treatment with vigabatrin; or

2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Antimigraine Preparations

Acute Migraine Treatment

DIHYDROERGOTAMINE MESYLATE

Inj 1 mg per ml, 1 ml ampoule

ERGOTAMINE TARTRATE WITH CAFFEINE

Tab 1 mg with caffeine 100 mg

METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL

Tab 5 mg with paracetamol 500 mg

RIZATRIPTAN

Tab orodispersible 10 mg – 1% DV Sep-17 to 2020.....5.26

30

Rizamelt

SUMATRIPTAN

Tab 50 mg – 1% DV Jun-17 to 201924.44

100

Apo-Sumatriptan

Tab 100 mg – 1% DV Jun-17 to 201946.23

100

Apo-Sumatriptan

Inj 12 mg per ml, 0.5 ml prefilled pen42.67

2

Clustran

Prophylaxis of Migraine

PIZOTIFEN

Tab 500 mcg.....23.21

100

Sandomigran

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Antinausea and Vertigo Agents			
APREPITANT – Restricted see terms below			
⚡ Cap 2 × 80 mg and 1 × 125 mg – 1% DV Jul-18 to 2021	84.00	3	Emend Tri-Pack
➡ Restricted (RS1154)			
Initiation			
Patient is undergoing highly emetogenic chemotherapy and/or anthracycline-based chemotherapy for the treatment of malignancy.			
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
CYCLIZINE LACTATE			
Inj 50 mg per ml, 1 ml ampoule	14.95	5	Nausicalm
DOMPERIDONE			
Tab 10 mg – 1% DV Mar-19 to 2021	2.25	100	Pharmacy Health
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	14.11	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 5HT3 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	13.56	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

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

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LEVOMEPROMAZINE			
Tab 25 mg			
Tab 100 mg			
LEVOMEPROMAZINE HYDROCHLORIDE			
Inj 25 mg per ml, 1 ml ampoule – 1% DV Sep-16 to 2019	47.89	10	Wockhardt
LITHIUM CARBONATE			
Tab long-acting 400 mg			
Tab 250 mg	34.30	500	Lithicarb FC
Cap 250 mg	9.42	100	Douglas
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 – 1% DV Dec-18 to 2021	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	Clopixel

Depot Injections

FLUPENTHIXOL DECANOATE			
Inj 20 mg per ml, 1 ml ampoule	13.14	5	Fluanxol
Inj 20 mg per ml, 2 ml ampoule	20.90	5	Fluanxol
Inj 100 mg per ml, 1 ml ampoule	40.87	5	Fluanxol

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
HALOPERIDOL DECANOATE			
Inj 50 mg per ml, 1 ml ampoule	28.39	5	Haldol
Inj 100 mg per ml, 1 ml ampoule	55.90	5	Haldol Concentrate
OLANZAPINE – Restricted see terms below			
↓ Inj 210 mg vial – 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			
<i>Re-assessment required after 12 months</i>			
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			
<i>Re-assessment required after 12 months</i>			
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			
<i>Re-assessment required after 12 months</i>			
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			
<i>Re-assessment required after 12 months</i>			
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 on the next page			
↓ 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ Restricted (RS1380)

Initiation

Re-assessment required after 12 months

Either:

- 1 The patient has had an initial Special Authority approval for paliperidone depot injection or olanzapine depot injection; or
- 2 All of the following:
 - 2.1 The patient has schizophrenia or other psychotic disorder; and
 - 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			<i>e.g. 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 [on the next page](#)

⚡ Cap 0.5 mg	2,200.00	28	Gilenya
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1433)****Initiation**

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

NATALIZUMAB – **Restricted** see terms [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

↑ Inj 40 mg prefilled syringe..... 2,275.00 12 Copaxone

(Any Inj 20 mg per ml, 1 ml syringe to be delisted 1 July 2019)

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 [on the next page](#)

↓ 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1576)			
Initiation – 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 has been diagnosed with persistent and distressing insomnia secondary to a neurodevelopmental disorder (including, but not limited to, autism spectrum disorder or attention deficit hyperactivity disorder); and			
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	2.98	10	Mylan Midazolam
Inj 5 mg per ml, 3 ml ampoule – 1% DV Jan-19 to 2021	2.36	5	Mylan Midazolam
<i>(Hypnovel Tab 7.5 mg to be delisted 1 June 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Stimulants / ADHD Treatments

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

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

→ **Restricted (RS1371)**

Initiation

All of the following:

- 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
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→ **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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METHYLPHENIDATE HYDROCHLORIDE – Restricted see terms below			
⚡ Tab extended-release 18 mg.....	58.96	30	Concerta
⚡ Tab extended-release 27 mg.....	65.44	30	Concerta
⚡ Tab extended-release 36 mg.....	71.93	30	Concerta
⚡ Tab extended-release 54 mg.....	86.24	30	Concerta
⚡ Tab immediate-release 5 mg.....	3.20	30	Rubifen
⚡ Tab immediate-release 10 mg.....	3.00	30	Ritalin
			Rubifen
⚡ Tab immediate-release 20 mg.....	7.85	30	Rubifen
⚡ Tab sustained-release 20 mg.....	50.00	100	Ritalin SR
	10.95	30	Rubifen SR
⚡ Cap modified-release 10 mg.....	15.60	30	Ritalin LA
⚡ Cap modified-release 20 mg.....	20.40	30	Ritalin LA
⚡ Cap modified-release 30 mg.....	25.52	30	Ritalin LA
⚡ Cap modified-release 40 mg.....	30.60	30	Ritalin LA

➡ **Restricted (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.....	64.00	60	Modavigil
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➡ **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

continued...

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

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 [below](#)

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

→ **Restricted (RS1436)**

Initiation

Re-assessment required after 6 months

Both:

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

Continuation

Re-assessment required after 12 months

Both:

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

Treatments for Substance Dependence

BUPRENORPHINE WITH NALOXONE – Restricted see terms [below](#)

↓ Tab 2 mg with naloxone 0.5 mg	57.40	28	Suboxone
↓ Tab 8 mg with naloxone 2 mg	166.00	28	Suboxone

→ **Restricted (RS1172)**

Initiation – Detoxification

All of the following:

- 1 Patient is opioid dependent; and
- 2 Patient is currently engaged with an opioid treatment service approved by the Ministry of Health; and
- 3 Prescriber works in an opioid treatment service approved by the Ministry of Health.

Initiation – Maintenance treatment

All of the following:

- 1 Patient is opioid dependent; and
- 2 Patient will not be receiving methadone; and
- 3 Patient is currently enrolled in an opioid substitution treatment program in a service approved by the Ministry of Health; and
- 4 Prescriber works in an opioid treatment service approved by the Ministry of Health.

BUPROPION HYDROCHLORIDE

Tab modified-release 150 mg – 1% DV Jun-17 to 2020	11.00	30	Zyban
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DISULFIRAM			
Tab 200 mg	75.57	100	Antabuse
NALTREXONE HYDROCHLORIDE – Restricted see terms below			
⚡ Tab 50 mg – 1% DV Sep-17 to 2020	112.55	30	Naltreccord
➡ 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.			
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 42 – 1% DV Mar-19 to 2021	25.64	53	Varenicline Pfizer
⚡ Tab 1 mg – 1% DV Mar-19 to 2021	27.10	56	Varenicline Pfizer
➡ Restricted (RS1511)			
Initiation			
All of the following:			
1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and			
2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and			
3 Either:			
3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or			
3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and			
4 The patient has not used funded varenicline in the last 12 months; and			
5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and			
6 The patient is not pregnant; and			
7 The patient will not be prescribed more than 12 weeks' funded varenicline in a 12 month period.			

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

Chemotherapeutic Agents

Alkylating Agents

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

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

→ **Restricted (RS1578)**

Initiation – treatment naive CLL

All of the following:

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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
2.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients.			
Note: 'indolent, low-grade lymphomas' includes follicular, mantle cell, marginal zone and lymphoplasmacytic/ Waldenström's macroglobulinaemia.			
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
	1,380.00		Emcure
<i>(BiCNU Inj 100 mg vial to be delisted 1 July 2019)</i>			
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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
EPIRUBICIN HYDROCHLORIDE			
Inj 2 mg per ml, 5 ml vial.....	25.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 25 ml vial.....	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 – 1% DV Apr-19 to 2021	85.00	1	Epirubicin Ebewe
<i>(Epirubicin Ebewe Inj 2 mg per ml, 50 ml vial to be delisted 1 June 2019)</i>			
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
→ 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

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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
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, 100 ml vial – 1% DV Oct-18 to 2021	30.00	1	Fluorouracil Ebewe
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
<i>(Gemcitabine Ebewe Inj 10 mg per ml, 20 ml vial to be delisted 1 June 2019)</i>			
MERCAPTOPURINE			
Tab 50 mg – 1% DV Jul-19 to 2022	37.00	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

Re-assessment required after 8 months

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 Phenasen
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(AFT Inj 1 mg per ml, 10 ml vial to be delisted 1 September 2019)

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

↓ Inj 3.5 mg vial – 1% DV Jul-16 to 2019	1,892.50	1	Velcade
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→ **Restricted (RS1189)**

Initiation – treatment naive multiple myeloma/amyloidosis

Limited to 15 months treatment

Both:

- 1 Either:

continued...

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

- 1.1 The patient has treatment-naïve symptomatic multiple myeloma; or
- 1.2 The patient has treatment-naïve symptomatic systemic AL amyloidosis; and
- 2 Maximum of 9 treatment cycles.

Initiation – relapsed/refractory multiple myeloma/amyloidosis

Re-assessment required after 8 months

All of the following:

- 1 Either:
 - 1.1 The patient has relapsed or refractory multiple myeloma; or
 - 1.2 The patient has relapsed or refractory systemic AL amyloidosis; and
- 2 The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis; and
- 3 The patient has not had prior publicly funded treatment with bortezomib; and
- 4 Maximum of 4 treatment cycles.

Continuation – relapsed/refractory multiple myeloma/amyloidosis

Re-assessment required after 8 months

Both:

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

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

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

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

COLASPASE [L-ASPARAGINASE]

Inj 10,000 iu vial.....	102.32	1	Leunase
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DACARBAZINE

Inj 200 mg vial	58.06	1	DBL Dacarbazine
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ETOPOSIDE

Cap 50 mg – 1% DV Jul-19 to 2022	340.73	20	Vepesid
Cap 100 mg – 1% DV Jul-19 to 2022	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, 5 ml vial – 1% DV Apr-19 to 2021.....	71.44	1	Irinotecan Actavis 100
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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:

continued...

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

- 1 Patient has relapsed or refractory multiple myeloma with progressive disease; and
- 2 Either:
 - 2.1 Lenalidomide to be used as third line* treatment for multiple myeloma; or
 - 2.2 Both:
 - 2.2.1 Lenalidomide to be used as second line treatment for multiple myeloma; and
 - 2.2.2 The patient has experienced severe (grade 3 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.....	980.00	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
↓ Cap 20 mg – 1% DV Feb-17 to 2019.....	18.30	5	Orion Temozolomide
↓ Cap 100 mg – 1% DV Feb-17 to 2019.....	40.20	5	Orion Temozolomide
↓ Cap 250 mg – 1% DV Feb-17 to 2019.....	96.80	5	Orion Temozolomide

→ **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.

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.

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.

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.

Initiation – ewing's sarcoma

Re-assessment required after 9 months

Patient has relapse or refractory Ewing's sarcoma.

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, 45 ml vial – 1% DV Jun-19 to 2021	45.20	1	Carboplatin Ebewe
	32.59		DBL Carboplatin

(DBL Carboplatin Inj 10 mg per ml, 45 ml vial to be delisted 1 June 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, 20 ml vial – 1% DV Jan-19 to 2021	46.32	1	Oxaliccord
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Protein-Tyrosine Kinase Inhibitors

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

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

→ **Restricted (RS1193)**

Initiation

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

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

↓ Tab 100 mg	764.00	30	Tarceva
↓ Tab 150 mg	1,146.00	30	Tarceva

→ **Restricted (RS1579)**

Initiation

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
- 2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and
- 3 Either:
 - 3.1 Patient is treatment naive; or
 - 3.2 Both:
 - 3.2.1 The patient has discontinued gefitinib due to intolerance; and

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
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			
<i>Re-assessment required after 6 months</i>			
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			
<i>Re-assessment required after 4 months</i>			
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			
<i>Re-assessment required after 6 months</i>			
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			
<i>Re-assessment required after 12 months</i>			
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			
<i>Re-assessment required after 12 months</i>			
Adequate clinical response to treatment with imatinib (prescriber determined).			
Note: The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule.			
Cap 100 mg – 1% DV Oct-17 to 2020	98.00	60	Imatinib-AFT
Cap 400 mg – 1% DV Oct-17 to 2020	197.50	30	Imatinib-AFT
LAPATINIB – Restricted see terms on the next page			
⚡ Tab 250 mg	1,899.00	70	Tykerb

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

➔ **Restricted (RS1197)****Initiation***Re-assessment required after 12 months*

Either:

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

Continuation*Re-assessment required after 12 months*

All of the following:

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

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

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

➔ **Restricted (RS1437)****Initiation**

Haematologist

Re-assessment required after 6 months

All of the following:

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

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

Continuation

Haematologist

Re-assessment required after 6 months

All of the following:

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

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

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.

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

→ **Restricted (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.

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:

continued...

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

- 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

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
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VINCISTINE 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
VINORELBINE			
Inj 10 mg per ml, 1 ml vial.....	12.00	1	Navelbine
Inj 10 mg per ml, 5 ml vial.....	56.00	1	Navelbine

Endocrine Therapy

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

↓ Tab 250 mg	4,276.19	120	Zytiga
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→ **Restricted (RS1658)**

Initiation

Medical oncologist, radiation oncologist or urologist

Re-assessment required after 6 months

All of the following:

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

Continuation

Medical oncologist, radiation oncologist or urologist

Re-assessment required after 6 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
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FLUTAMIDE

Tab 250 mg	55.00	100	Flutamin
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MEGESTROL ACETATE

Tab 160 mg – 1% DV Oct-18 to 2021	63.53	30	Apo-Megestrol
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OCTREOTIDE – **Some items restricted** see terms [on the next page](#)

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

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

Aromatase Inhibitors

ANASTROZOLE

Tab 1 mg – 1% DV Jan-18 to 2020	5.04	30	Rolin
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↑ Item restricted (see ➔ above); ↓ Item restricted (see ➔ below)

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
EXEMESTANE			
Tab 25 mg – 1% DV Sep-17 to 2020	14.50	30	Pfizer Exemestane
LETROZOLE			
Tab 2.5 mg – 1% DV Nov-18 to 2021	4.68	30	Letrole

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.

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 [on the next page](#)

↓ 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

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

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

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Price (ex man. excl. GST) \$	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 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

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

continued...

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

2 All of the following:

2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and

2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and

2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and

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

2.5 Either:

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

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

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

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:

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

- Both:
 - The patient has had an initial Special Authority approval for adalimumab for psoriatic arthritis; and
 - Either:
 - The patient has experienced intolerable side effects from adalimumab; or

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

continued...

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
 - 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
- 3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

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

Continuation – plaque psoriasis

Dermatologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 1.1 Both:
 - 1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
 - 1.1.2 Following each prior 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 3 A maximum of 4 doses.

Initiation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 Either:
 - 1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still's disease (AOSD); or
 - 1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the Section H rules; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
 - 1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or
- 2 All of the following:
 - 2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
 - 2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and
 - 2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Continuation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

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

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

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

1.1.2 Either:

1.1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for JIA; or

2 All of the following:

2.1 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and

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

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

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

2.5 Both:

2.5.1 Either:

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

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

2.5.2 Physician's global assessment indicating severe disease.

Continuation – juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

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

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

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

- 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
- 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

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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

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

Initiation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and

1.2 Either:

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

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for ankylosing spondylitis; or

2 All of the following:

2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and

2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and

2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and

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

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

and

- 2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
- 3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from etanercept; or
 - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for psoriatic arthritis; or
- 2 All of the following:
 - 2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
 - 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
 - 2.3 Patient has tried and not responded to at least three months of 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

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- 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
- 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

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- 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
 - 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 (RS1659)

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:

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- 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 Either:

- 2.1 Patient has current approval to use ranibizumab for treatment of wAMD and was found to be intolerant to ranibizumab within 3 months; or
- 2.2 Patient has previously* (*before June 2018) received treatment with ranibizumab for wAMD and disease was stable while on treatment.

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

All of the following:

- 1 Patient has centre involving diabetic macular oedema (DMO); and
- 2 Patient's disease is non responsive to 4 doses of intravitreal bevacizumab when administered 4-6 weekly; and
- 3 Patient has reduced visual acuity between 6/9 – 6/36 with functional awareness of reduction in vision; and
- 4 Patient has DMO within central OCT (ocular coherence tomography) subfield > 350 micrometers; and
- 5 There is no centre-involving sub-retinal fibrosis or foveal atrophy.

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 [on the next page](#)

↓ Inj 25 mg per ml, 4 ml vial

↓ Inj 25 mg per ml, 16 ml vial

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➔ Restricted (RS1115)

Initiation

Either:

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

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

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

➔ Restricted (RS1613)

Initiation

Medical oncologist

All of the following:

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

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

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

Initiation – Graft vs host disease

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

Initiation – rheumatoid arthritis

Rheumatologist

Re-assessment required after 4 months

All of the following:

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

Continuation – rheumatoid arthritis

Rheumatologist

Re-assessment required after 6 months

All of the following:

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

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Initiation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 3 months

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
- 2 Either:
 - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
 - 2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

Continuation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Following 12 weeks of infliximab treatment, BASDAI has improved by 4 or more points from pre-infliximab baseline on a 10 point scale, or by 50%, whichever is less; and
- 2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
- 3 Infliximab to be administered at doses no greater than 5 mg/kg every 6-8 weeks.

Initiation – psoriatic arthritis

Rheumatologist

Re-assessment required after 4 months

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for psoriatic arthritis; and
- 2 Either:
 - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
 - 2.2 Following 3-4 months' initial treatment with adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for psoriatic arthritis. .

Continuation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Both:

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

Initiation – severe ocular inflammation

Re-assessment required after 3 doses

Both:

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

Initiation – chronic ocular inflammation

Re-assessment required after 3 doses

Both:

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

Continuation – severe ocular inflammation

Re-assessment required after 12 months

Any of the following:

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

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

Continuation – chronic ocular inflammation

Re-assessment required after 12 months

Any of the following:

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

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

Initiation – Pulmonary sarcoidosis

Both:

- 1 Patient has life-threatening pulmonary sarcoidosis that is refractory to other treatments; and
- 2 Treatment is to be prescribed by, or has been recommended by, a physician with expertise in the treatment of pulmonary sarcoidosis.

Initiation – Crohn's disease (adults)

Gastroenterologist

Re-assessment required after 3 months

All of the following:

- 1 Patient has severe active Crohn's disease; and
- 2 Any of the following:
 - 2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or
 - 2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
 - 2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
 - 2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate; and

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- 5 Patient must be reassessed for continuation after 3 months of therapy.

Continuation – Crohn's disease (adults)

Gastroenterologist

Re-assessment required after 6 months

Both:

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

Initiation – Crohn's disease (children)

Gastroenterologist

Re-assessment required after 3 months

All of the following:

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

Continuation – Crohn's disease (children)

Gastroenterologist

Re-assessment required after 6 months

Both:

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

Initiation – fistulising Crohn's disease

Gastroenterologist

Re-assessment required after 4 months

Both:

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

Continuation – fistulising Crohn's disease

Gastroenterologist

Re-assessment required after 6 months

Both:

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1 Either:

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

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

Initiation – acute severe fulminant ulcerative colitis

Gastroenterologist

Limited to 6 weeks treatment

Both:

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

Continuation – severe fulminant ulcerative colitis

Gastroenterologist

Re-assessment required after 6 months

Both:

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

Initiation – severe ulcerative colitis

Gastroenterologist

Re-assessment required after 3 months

All of the following:

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

Continuation – severe ulcerative colitis

Gastroenterologist

Re-assessment required after 6 months

All of the following:

- 1 Patient is continuing to maintain remission and the benefit of continuing infliximab outweighs the risks; and
- 2 Either:
 - 2.1 Patient is 18 years or older and the SCCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on infliximab; or
 - 2.2 Patient is under 18 years and the PUCAI score has reduced by 30 points or more from the PUCAI score when the patient was initiated on infliximab; and
- 3 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be

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

Initiation – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Either:

1 Both:

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

2 All of the following:

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

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

Continuation – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Both:

1 Either:

- 1.1 Both:
 - 1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
 - 1.1.2 Following each prior infliximab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-infliximab treatment baseline value; or
- 1.2 Both:
 - 1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
 - 1.2.2 Either:
 - 1.2.2.1 Following each prior infliximab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as

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compared to the treatment course baseline values; or

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

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

Initiation – neurosarcoidosis

Neurologist

Re-assessment required after 18 months

All of the following:

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

Continuation – neurosarcoidosis

Neurologist

Re-assessment required after 18 months

Either:

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

Initiation – severe Behcet's disease

Re-assessment required after 4 months

All of the following:

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

Notes:

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

Continuation – severe Behcet's disease

Re-assessment required after 6 months

Both:

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

OBINUTUZUMAB – Restricted see terms [below](#)

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

→ **Restricted (RS1550)**

Initiation

Haematologist

Limited to 6 months treatment

All of the following:

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

Notes: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment other than CLL induced illness/impairment in the patient. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with obinutuzumab is expected to improve symptoms and improve ECOG score to < 2.

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

OMALIZUMAB – Restricted see terms [below](#)

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

↓ Inj 150 mg vial450.00 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 formoterol 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.

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

Respiratory specialist

Re-assessment required after 6 months

- Both:
- 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

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

Continuation

Re-assessment required after 12 months

Both:

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

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

↓ Inj 10 mg per ml, 0.23 ml vial

↓ Inj 10 mg per ml, 0.3 ml vial

→ **Restricted (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

→ **Restricted (RS1599)**

Initiation – haemophilia with inhibitors

Haematologist

Any of the following:

2 Mabthera
1 Mabthera

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

Continuation – haemophilia with inhibitors

Haematologist

All of the following:

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

Initiation – post-transplant

Both:

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

Note: Indications marked with * are unapproved indications.

Continuation – post-transplant

All of the following:

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

Note: Indications marked with * are unapproved indications.

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

Re-assessment required after 9 months

Either:

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

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

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

Re-assessment required after 9 months

All of the following:

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

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

Initiation – aggressive CD20 positive NHL

Either:

- 1 All of the following:
 - 1.1 The patient has treatment naive aggressive CD20 positive NHL; and
 - 1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
 - 1.3 To be used for a maximum of 8 treatment cycles; or

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

- 2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and
- 2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

Continuation – aggressive CD20 positive NHL

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has relapsed refractory/aggressive CD20 positive NHL; and
- 3 To be used with a multi-agent chemotherapy regimen given with curative intent; and
- 4 To be used for a maximum of 4 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

Initiation – Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:

- 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.

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	Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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Initiation – rheumatoid arthritis - prior TNF inhibitor use

Rheumatologist

Limited to 4 months treatment

All of the following:

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

Initiation – rheumatoid arthritis - TNF inhibitors contraindicated

Rheumatologist

Limited to 4 months treatment

All of the following:

- 1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and
- 2 Patient has had severe and active erosive rheumatoid arthritis (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.

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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Continuation – rheumatoid arthritis - re-treatment in 'partial responders' to rituximab

Rheumatologist

Re-assessment required after 4 months

All of the following:

- 1 Any of the following:
 - 1.1 At 4 months following the initial course of rituximab infusions the patient had between a 30% and 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
 - 1.2 At 4 months following the second course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
 - 1.3 At 4 months following the third and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and
- 3 Either:
 - 3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
 - 3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
- 4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

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

Rheumatologist

Re-assessment required after 4 months

All of the following:

- 1 Either:
 - 1.1 At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
 - 1.2 At 4 months following the second and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and
- 3 Either:
 - 3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
 - 3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
- 4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Initiation – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 4 weeks

Both:

- 1 Patient has cold haemagglutinin disease*; and
- 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:

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	Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease*; and
- 2.2 An initial response lasting at least 12 months was demonstrated; and
- 2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initiation – warm autoimmune haemolytic anaemia (warm AIHA)

Haematologist

Re-assessment required after 4 weeks

Both:

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

Note: Indications marked with * are unapproved indications.

Continuation – warm autoimmune haemolytic anaemia (warm AIHA)

Haematologist

Re-assessment required after 4 weeks

Either:

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

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	Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 2.2 An initial response lasting at least 12 months was demonstrated; and
- 2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initiation – thrombotic thrombocytopenic purpura (TTP)

Haematologist

Re-assessment required after 4 weeks

Either:

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

Note: Indications marked with * are unapproved indications.

Continuation – thrombotic thrombocytopenic purpura (TTP)

Haematologist

Re-assessment required after 4 weeks

All of the following:

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

Note: Indications marked with * are unapproved indications.

Initiation – pure red cell aplasia (PRCA)

Haematologist

Re-assessment required after 6 weeks

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

Note: Indications marked with * are unapproved indications.

Continuation – pure red cell aplasia (PRCA)

Haematologist

Re-assessment required after 6 weeks

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

Note: Indications marked with * are unapproved indications.

Initiation – ANCA associated vasculitis

Re-assessment required after 4 weeks

All of the following:

- 1 Patient has been diagnosed with ANCA associated vasculitis*; and
- 2 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:

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

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- 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.

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 DLQI 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:

continued...

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

continued...

- 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.

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 DQLI 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

continued...

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

continued...

- 2 Treatment with an adequate trial of corticosteroids has proven ineffective; and
- 3 Siltuximab is to be administered at doses no greater than 11 mg/kg every 3 weeks.

Continuation

Haematologist or rheumatologist

Re-assessment required after 12 months

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

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

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

→ **Restricted (RS1667)**

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

continued...

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

continued...

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

Continuation – Rheumatoid Arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Following 6 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

Initiation – systemic juvenile idiopathic arthritis

Rheumatologist

Re-assessment required after 6 months

Both:

- 1 Patient diagnosed with systemic juvenile idiopathic arthritis; and
- 2 Patient has tried and not responded to a reasonable trial of all of the following, either alone or in combination: oral or parenteral methotrexate; non-steroidal anti-inflammatory drugs (NSAIDs); and systemic corticosteroids.

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

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

continued...

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

Continuation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

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

Initiation – polyarticular juvenile idiopathic arthritis

Rheumatologist

Re-assessment required after 4 months

Either:

- 1 Both:

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

- 2 All of the following:

- 2.1 Treatment with a tumour necrosis factor alpha inhibitor is contraindicated; and
- 2.2 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
- 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/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.

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

Continuation – idiopathic multicentric Castleman's disease

Haematologist or rheumatologist

Re-assessment required after 12 months

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

Initiation – cytokine release syndrome

Therapy limited to 3 doses

Either:

- 1 All of the following:
 - 1.1 The patient is enrolled in the Children's Oncology Group AALL1331 trial; and
 - 1.2 The patient has developed grade 3 or 4 cytokine release syndrome (CRS) associated with the administration of blinatumomab for the treatment of acute lymphoblastic leukaemia; and
 - 1.3 Tocilizumab is to be administered at doses no greater than 8 mg/kg IV for a maximum of 3 doses; or
- 2 All of the following:
 - 2.1 The patient is enrolled in the Malaghan Institute of Medical Research Phase I ENABLE trial; and
 - 2.2 The patient has developed CRS or CAR T-Cell Related Encephalopathy Syndrome (CRES) associated with the administration of CAR T-cell therapy for the treatment of relapsed or refractory B-cell non-Hodgkin lymphoma; and
 - 2.3 Tocilizumab is to be administered according to the consensus guidelines for CRS and CRES for CAR T-cell therapy (Neelapu et al. Nat Rev Clin Oncol 2018;15:47-62) 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:

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

- 3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
- 3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
- 3.2.3 The patient has good performance status (ECOG grade 0-1); and
- 4 Trastuzumab not to be given in combination with lapatinib; and
- 5 Trastuzumab to be discontinued at disease progression.

Initiation – metastatic breast cancer (patients previously treated with trastuzumab)

Limited to 12 months treatment

All of the following:

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

Continuation – metastatic breast cancer

Re-assessment required after 12 months

All of the following:

- 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:

continued...

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

- 1 Patient has metastatic or unresectable melanoma stage III or IV; and
- 2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and
- 3 The patient has ECOG performance score of 0-2; and
- 4 Either:
 - 4.1 Patient has not received funded pembrolizumab; or
 - 4.2 Both:
 - 4.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and
 - 4.2.2 The cancer did not progress while the patient was on pembrolizumab; and
- 5 Nivolumab is to be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles); and
- 6 Baseline measurement of overall tumour burden is documented (see Note); and
- 7 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of nivolumab will not be continued beyond 12 weeks (6 cycles) if their disease progresses during this time.

Continuation

Medical oncologist

Re-assessment required after 4 months

All of the following:

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

Notes: Disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 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:

continued...

‡ 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) \$	Brand or Generic Manufacturer
Per	

continued...

- 1 Patient has metastatic or unresectable melanoma stage III or IV; and
- 2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and
- 3 The patient has ECOG performance score of 0-2; and
- 4 Either:
 - 4.1 Patient has not received funded nivolumab; or
 - 4.2 Both:
 - 4.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
 - 4.2.2 The cancer did not progress while the patient was on nivolumab; and
- 5 Pembrolizumab is to be used at a maximum dose of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 cycles); and
- 6 Baseline measurement of overall tumour burden is documented (see Note); and
- 7 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of pembrolizumab will not be continued beyond 12 weeks (4 cycles) if their disease progresses during this time.

Continuation

Medical oncologist

Re-assessment required after 4 months

All of the following:

- 1 Any of the following:
 - 1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
 - 1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
 - 1.3 Patient has stable disease according to RECIST criteria (see Note); and
- 2 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and
- 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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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ANTITHYMOCYTE GLOBULIN (RABBIT)			
Inj 25 mg vial			
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
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			
Re-assessment required after 3 months			
Both:			
1 Patient has tuberous sclerosis; and			
2 Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment.			
Continuation			
Neurologist or oncologist			
Re-assessment required after 12 months			
All of the following:			
1 Documented evidence of SEGA reduction or stabilisation by MRI within the last 3 months; and			
2 The treatment remains appropriate and the patient is benefiting from treatment; and			
3 Everolimus to be discontinued at progression of SEGAs.			
Note: MRI should be performed at minimum once every 12 months, more frequent scanning should be performed with new onset of symptoms such as headaches, visual complaints, nausea or vomiting, or increase in seizure activity.			
MYCOPHENOLATE MOFETIL			
Tab 500 mg	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			

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

continued...

- Rapidly progressive transplant vasculopathy; or
- Rapidly progressive obstructive bronchiolitis; or
- HUS or TTP; or
- Leukoencephalopathy; or
- Significant malignant disease

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

Allergic Emergencies

ICATIBANT – **Restricted** see terms [below](#)
⚡ Inj 10 mg per ml, 3 ml prefilled syringe2,668.00 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 dose5.26 200 dose Alanase
Nasal spray 100 mcg per dose6.00 200 dose Alanase

	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) \$	Per	Brand or Generic Manufacturer
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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 mg3,645.00 270 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			

	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 12 mcg per dose

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 mcg	44.08	30 dose	Breo Ellipta
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FLUTICASONE WITH SALMETEROL

Aerosol inhaler 50 mcg with salmeterol 25 mcg	14.58	120 dose	RexAir
	33.74		Seretide
Powder for inhalation 100 mcg with salmeterol 50 mcg	33.74	60 dose	Seretide Accuhaler
Aerosol inhaler 125 mcg with salmeterol 25 mcg	16.83	120 dose	RexAir
	44.08		Seretide
Powder for inhalation 250 mcg with salmeterol 50 mcg	44.08	60 dose	Seretide Accuhaler

	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
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CAFFEINE CITRATE

Oral liq 20 mg per ml (caffeine 10 mg per ml)	14.85	25 ml	Biomed
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Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule	55.75	5	Biomed
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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
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→ **Restricted (RS1352)**

Initiation – cystic fibrosis

The patient has cystic fibrosis and has been approved by the Cystic Fibrosis Panel.

Initiation – significant mucus production

Limited to 4 weeks treatment

Both:

- 1 Patient is an in-patient; and
- 2 The mucus production cannot be cleared by first line chest techniques.

Initiation – pleural emphyema

Limited to 3 days treatment

Both:

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

SODIUM CHLORIDE

Nebuliser soln 7%, 90 ml bottle.....	23.50	90 ml	Biomed
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Pulmonary Surfactants

BERACTANT

Soln 200 mg per 8 ml vial

PORACTANT ALFA

Soln 120 mg per 1.5 ml vial	425.00	1	Curosurf
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Soln 240 mg per 3 ml vial	695.00	1	Curosurf
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Respiratory Stimulants

DOXAPRAM

Inj 20 mg per ml, 5 ml vial

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

Sclerosing Agents

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Anti-Infective Preparations			
Antibacterials			
CHLORAMPHENICOL			
Eye oint 1% – 1% DV Jul-16 to 2019	2.48	4 g	Chlorsig
Ear drops 0.5%			
Eye drops 0.5%	1.95	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

↑ 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
FLUMETASONE PIVALATE WITH CLIQUINOL Ear drops 0.02% with cliquinol 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.

SENSORY ORGANS

	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%			
Eye drops 1%	7.00	5 ml	Pred Forte
	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			

SENSORY ORGANS

	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
<i>(Betagan Eye drops 0.5% to be delisted 1 June 2019)</i>			
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	2.87	5 ml	Dortimopt

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% – 1% DV Feb-19 to 2021	3.30	3 ml	Bimatoprost Multichem
LATANOPROST			
Eye drops 0.005% – 1% DV Apr-19 to 2021	1.57	2.5 ml	Teva
TRAVOPROST			
Eye drops 0.004% – 1% DV Jan-18 to 2020	7.30	5 ml	Travopt

↑ 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
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	Atropit
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%			
CARMELOSE SODIUM WITH PECTIN AND GELATINE			
Eye drops 0.5%			
Eye drops 0.5%, single dose			
Eye drops 1%			
Eye drops 1%, single dose			
HYPROMELLOSE			
Eye drops 0.5%	3.92	15 ml	Methopt
HYPROMELLOSE WITH DEXTRAN			
Eye drops 0.3% with dextran 0.1%	2.30	15 ml	Poly-Tears
Eye drops 0.3% with dextran 0.1%, single dose			
MACROGOL 400 AND PROPYLENE GLYCOL			
Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose	4.30	24	Systane Unit Dose

SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN			
Eye oint 42.5% with soft white paraffin 57.3%			
PARAFFIN LIQUID WITH WOOL FAT			
Eye oint 3% with wool fat 3%	3.63	3.5 g	Poly-Visc
POLYVINYL ALCOHOL			
Eye drops 1.4% – 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	132.68	10	Hameln
HYDROXOCOBALAMIN			
Inj 5 g vial			
Inj 2.5 g vial			
NALOXONE HYDROCHLORIDE			
Inj 400 mcg per ml, 1 ml ampoule – 1% DV Aug-18 to 2021	22.60	5	DBL Naloxone Hydrochloride
PRALIDOXIME IODIDE			
Inj 25 mg per ml, 20 ml ampoule			
SODIUM NITRITE			
Inj 30 mg per ml, 10 ml ampoule			
SODIUM THIOSULFATE			
Inj 250 mg per ml, 10 ml vial			
Inj 250 mg per ml. 50 ml vial			
Inj 500 mg per ml, 10 ml vial			
Inj 500 mg per ml, 20 ml ampoule			
SOYA OIL			
Inj 20%, 500 ml bag			
Inj 20%, 500 ml bottle			

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 ml 43.50 250 ml Carbasorb-X

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

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

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

Continuation

Haematologist

Re-assessment required after 2 years

Either:

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

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

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

→ **Restricted (RS1445)**

Initiation

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

DESFERIOXAMINE MESILATE

Inj 500 mg vial – 1% DV Mar-19 to 2021	84.53	10	DBL Desferrioxamine Mesylate for Inj BP
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DICOBALT EDETATE

Inj 15 mg per ml, 20 ml ampoule

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DIMERCAPROL			
Inj 50 mg per ml, 2 ml ampoule			
DIMERCAPTOSUCCINIC ACID			
Cap 100 mg			e.g. PCNZ, Optimus Healthcare, Chemet
Cap 200 mg			e.g. PCNZ, Optimus Healthcare, Chemet
SODIUM CALCIUM EDETATE			
Inj 200 mg per ml, 2.5 ml ampoule			
Inj 200 mg per ml, 5 ml ampoule			

Antiseptics and Disinfectants

CHLORHEXIDINE			
Soln 4%	1.86	50 ml	healthE
Soln 5%	15.50	500 ml	healthE
CHLORHEXIDINE WITH CETRIMIDE			
Crm 0.1% with cetrimide 0.5%			
Foaming soln 0.5% with cetrimide 0.5%			
CHLORHEXIDINE WITH ETHANOL			
Soln 0.5% with ethanol 70%, non-staining (pink) 100 ml	2.65	1	healthE
Soln 2% with ethanol 70%, non-staining (pink) 100 ml	3.54	1	healthE
Soln 0.5% with ethanol 70%, non-staining (pink) 25 ml	1.55	1	healthE
Soln 0.5% with ethanol 70%, staining (red) 100 ml	2.90	1	healthE
Soln 2% with ethanol 70%, staining (red) 100 ml	3.86	1	healthE
Soln 0.5% with ethanol 70%, non-staining (pink) 500 ml	5.45	1	healthE
Soln 0.5% with ethanol 70%, staining (red) 500 ml	5.90	1	healthE
Soln 2% with ethanol 70%, staining (red) 500 ml	9.56	1	healthE
IODINE WITH ETHANOL			
Soln 1% with ethanol 70%, 100 ml	9.30	1	healthE
ISOPROPYL ALCOHOL			
Soln 70%, 500 ml	5.65	1	healthE
POVIDONE-IODINE			
↓ Vaginal tab 200 mg			
➔ Restricted (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%			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM HYPOCHLORITE			
Soln			
Contrast Media			
Iodinated X-ray Contrast Media			
DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE			
Oral liq 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle.....	22.50	100 ml	Gastrografin
Inj 260 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle.....	80.00	1	Urografin
DIATRIZOATE SODIUM			
Oral liq 370 mg per ml, 10 ml sachet.....	156.12	50	Ioscan
IODISED OIL			
Inj 38% w/w (480 mg per ml), 10 ml ampoule	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

↑ 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
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%, 500 ml bottle

➡ **Restricted (RS1683)**

Initiation

Re-assessment required after 3 months

All of the following:

- 1 Patient has burns that are greater than 30% of total body surface area (BSA); and
- 2 For use in the perioperative preparation and cleansing of large burn areas requiring debridement/skin grafting; and
- 3 The use of 30 ml ampoules is impractical due to the size of the area to be covered.

Continuation

Re-assessment required after 3 months

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

Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule – **1% DV**

Aug-18 to 202129.76 30 **Pfizer**

GLYCINE

Irrigation soln 1.5%, 3,000 ml bag – **1% DV Sep-18 to 2021**31.20 4 **B Braun**

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

DIMETHYL SULFOXIDE

Soln 50%

Soln 99%

PHENOL

Inj 6%, 10 ml ampoule

PHENOL WITH IOXAGLIC ACID

Inj 12%, 10 ml ampoule

TROMETAMOL

Inj 36 mg per ml, 500 ml bottle

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Cardioplegia Solutions			
ELECTROLYTES			
Inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag			<i>e.g. Custodiol-HTK</i>
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			<i>e.g. Cardioplegia Enriched Paed. Soln.</i>
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			<i>e.g. Cardioplegia Enriched Solution</i>
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			<i>e.g. Cardioplegia Base Solution</i>
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			<i>e.g. Cardioplegia Solution AHB7832</i>
Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag			<i>e.g. Cardioplegia Electrolyte Solution</i>
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 – 1% DV Aug-19 to 2022	30.00	100 ml	Midwest
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 – 1% DV Jul-19 to 2022.....	30.95	473 ml	Ora-Sweet SF
GLYCERIN WITH SUCROSE			
Suspension – 1% DV Jul-19 to 2022.....	30.95	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 – 1% DV Jul-19 to 2022	8.98	25 g	Midwest
METHYLCELLULOSE			
Powder – 1% DV Jul-19 to 2022	36.95	100 g	Midwest
Suspension – 1% DV Jul-19 to 2022.....	30.95	473 ml	Ora-Plus
METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN			
Suspension – 1% DV Jul-19 to 2022.....	30.95	473 ml	Ora-Blend SF
METHYLCELLULOSE WITH GLYCERIN AND SUCROSE			
Suspension – 1% DV Jul-19 to 2022.....	30.95	473 ml	Ora-Blend
OLIVE OIL			
Liq			
PARAFFIN			
Liq			
PHENOBARBITONE SODIUM			
Powder			
PHENOL			
Liq			
PILOCARPINE NITRATE			
Powder			
POLYHEXAMETHYLENE BIGUANIDE			
Liq			
POVIDONE K30			
Powder			
SALICYLIC ACID			
Powder			
SILVER NITRATE			
Crystals			
SODIUM BICARBONATE			
Powder BP			

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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	e.g. <i>FM 85</i>
Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet	e.g. <i>S26 Human Milk Fortifier</i>
Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet	e.g. <i>Nutricia Breast Milk Fortifier</i>

CARBOHYDRATE AND FAT SUPPLEMENT – Restricted

 see terms [below](#)

† Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can	e.g. <i>Super Soluble Duocal</i>
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→ Restricted (RS1212)

Initiation

Both:

- 1 Infant or child aged four years or under; and
- 2 Any of the following:
 - 2.1 Cystic fibrosis; or
 - 2.2 Cancer in children; or
 - 2.3 Faltering growth; or
 - 2.4 Bronchopulmonary dysplasia; or
 - 2.5 Premature and post premature infants.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Food/Fluid Thickeners

NOTE:

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

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

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

CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN

Powder

e.g. *Feed Thickener*
Karicare Aptamil

GUAR GUM

Powder

e.g. *Guarcol*

MAIZE STARCH

Powder

e.g. *Resource Thicken*
Up; 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 214			
† 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 (van/choc/unfl)
† 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 39 g protein and 34 g carbohydrate per 100 g, 500 g can			e.g. XP Maxamum
† Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet			e.g. Phlexy-10
† Liquid 10 g protein, 4.4 g carbohydrate and 0.25 g fibre per 100 ml, 62.5 ml bottle			e.g. PKU Lophlex LQ 10
† Liquid 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle			e.g. PKU Lophlex LQ 20
† Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, bottle	13.10	125 ml	PKU Anamix Junior LQ (Berry) PKU Anamix Junior LQ (Orange) PKU Anamix Junior LQ (Unflavoured)
† Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 125 ml bottle			e.g. PKU Lophlex LQ 20
† Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 62.5 ml bottle			e.g. PKU Lophlex LQ 10
† Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 125 ml bottle			e.g. PKU Lophlex LQ 20
† Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 62.5 ml bottle			e.g. PKU Lophlex LQ 10
† Liquid 6.7 g protein, 5.1 g carbohydrate and 2 g fat per 100 ml, 250 ml carton			e.g. Easiphen
† Semi-solid 18.3 g protein, 18.5 g carbohydrate and 0.92 g fibre per 100 g, 109 g pot			e.g. PKU Lophlex Sensations 20 (berries)

Propionic Acidaemia and Methylmalonic Acidaemia Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – **Restricted** see terms on page 214

† 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 214](#)

† 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 214](#)

† 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 214](#)

† 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 214](#)

† Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE – **Restricted** see terms [on page 214](#)

† 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. <i>Nutrison Protein Plus</i>
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➡ **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. <i>Nutrison Protein Plus Multi Fibre</i>
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➡ **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 [below](#)

Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can			e.g. <i>Neocate</i>
Powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, 400 g can			e.g. <i>Neocate SYNEO unflavoured</i>
Powder 13.3 g protein, 56 g carbohydrate and 22 g fat per 100 g, 400 g can			e.g. <i>Neocate Junior Unflavoured</i>
Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, 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)	

➡ **Restricted** ([RS1471](#))

Initiation

Any of the following:

continued...

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

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

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

Continuation

Both:

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

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

- ↓ Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can e.g. Aptamil Gold+ Pepti Junior

➔ **Restricted (RS1502)**

Initiation

Any of the following:

- 1 Both:
 - 1.1 Cows' milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
 - 1.2 Either:
 - 1.2.1 Soy milk formula has been reasonably trialled without resolution of symptoms; or
 - 1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
- 2 Severe malabsorption; or
- 3 Short bowel syndrome; or
- 4 Intractable diarrhoea; or
- 5 Biliary atresia; or
- 6 Cholestatic liver diseases causing malsorption; or
- 7 Cystic fibrosis; or
- 8 Proven fat malabsorption; or
- 9 Severe intestinal motility disorders causing significant malabsorption; or
- 10 Intestinal failure; or
- 11 For step down from Amino Acid Formula.

Note: A reasonable trial is defined as a 2-4 week trial, or signs of an immediate IgE mediated allergic reaction.

Continuation

Both:

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

FRUCTOSE-BASED FORMULA

- Powder 14.6 g protein, 49.7 g carbohydrate and 30.8 g fat per 100 g, 400 g can e.g. Galactomin 19

LACTOSE-FREE FORMULA

- Powder 1.3 g protein, 7.3 g carbohydrate and 3.5 g fat per 100 ml, 900 g can e.g. Karicare Aptamil Gold De-Lact
- Powder 1.5 g protein, 7.2 g carbohydrate and 3.6 g fat per 100 ml, 900 g can e.g. S26 Lactose Free

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

Powder 14.6 g protein, 53.7 g carbohydrate and 26.1 g fat per 100 g,
400 g can

e.g. Locasol

PAEDIATRIC ORAL/ENTERAL FEED 1 KCAL/ML – Restricted see terms [below](#)

⚡ Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per

100 ml, bottle 2.35

125 ml

Infatrini

➡ Restricted (RS1614)
Initiation – Fluid restricted or volume intolerance with faltering growth

Both:

1 Either:

1.1 The patient is fluid restricted or volume intolerant; or

1.2 The patient has increased nutritional requirements due to faltering growth; and

2 Patient is under 18 months old and weighs less than 8kg.

Note: 'Volume intolerant' patients are those who are unable to tolerate an adequate volume of infant formula to achieve expected growth rate. These patients should have first trialled appropriate clinical alternative treatments, such as concentrating, fortifying and adjusting the frequency of feeding.

PRETERM FORMULA – Restricted see terms [below](#)

⚡ Liquid 2.2 g protein, 8.4 g carbohydrate and 4.4 g fat per 100 ml, bottle 0.75

100 ml

S26 LBW Gold RTF

⚡ Liquid 2.3 g protein, 8.6 g carbohydrate and 4.2 g fat per 100 ml, 90 ml
bottle

e.g. Pre Nan Gold RTF

⚡ Liquid 2.6 g protein, 8.4 g carbohydrate and 3.9 g fat per 100 ml, 70 ml
bottle

*e.g. Karicare Aptamil
Gold+Preterm*

➡ Restricted (RS1224)
Initiation

For infants born before 33 weeks' gestation or weighing less than 1.5 kg at birth.

THICKENED FORMULA

Powder 1.8 g protein, 8.1 g carbohydrate and 3.3 g fat per 100 ml, 900 g
can

*e.g. Karicare Aptamil
Thickened AR*

Ketogenic Diet Products
HIGH FAT FORMULA – Restricted see terms [below](#)

⚡ Powder 14.4 g protein, 2.9 g carbohydrate and 69.2 g fat per 100 g, can 35.50

300 g

Ketocal

4:1 (Unflavoured)

Ketocal 4:1 (Vanilla)

⚡ Powder 15.3 g protein, 7.2 g carbohydrate and 67.7 g fat per 100 g, can 35.50

300 g

Ketocal

3:1 (Unflavoured)

➡ Restricted (RS1225)
Initiation

For patients with intractable epilepsy, pyruvate dehydrogenase deficiency or glucose transported type-1 deficiency and other conditions requiring a ketogenic diet.

Paediatric Products
➡ Restricted (RS1473)
Initiation

Both:

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
1 Child is aged one to ten years; and			
2 Any of the following:			
2.1 The child is being fed via a tube or a tube is to be inserted for the purposes of feeding; or			
2.2 Any condition causing malabsorption; or			
2.3 Faltering growth in an infant/child; or			
2.4 Increased nutritional requirements; or			
2.5 The child is being transitioned from TPN or tube feeding to oral feeding; or			
2.6 The child has eaten, or is expected to eat, little or nothing for 3 days.			
PAEDIATRIC ENTERAL FEED 0.76 KCAL/ML – 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

SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ORAL FEED – Restricted see terms on page 224			
† 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 224			
† 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 224			
† 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
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→ **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
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→ **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
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→ **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...

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 to 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
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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
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→ **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
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→ **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
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→ **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	Prevenar 13
		10	Prevenar 13

→ **Restricted (RS1586)**

Initiation – High risk children who have received PCV10

Therapy limited to 1 dose

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

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

→ **Restricted (RS1638)**

Initiation

Any of the following:

- 1 Two vaccinations for use in transplant patients; or
- 2 Two vaccinations for use in children with chronic liver disease; or
- 3 One dose of vaccine for close contacts of known hepatitis A cases.

HEPATITIS B RECOMBINANT VACCINE

↓ Inj 5 mcg in 0.5 ml vial – **0% DV Jul-17 to 2020** 0.00

→ **Restricted (RS1588)** 1 **HBvaxPRO**

Initiation

Any of the following:

- 1 For household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
- 2 For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
- 3 For children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
- 4 For HIV positive patients; or
- 5 For hepatitis C positive patients; or

continued...

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

- 6 for patients following non-consensual sexual intercourse; or
- 7 For patients following immunosuppression; or
- 8 For solid organ transplant patients; or
- 9 For post-haematopoietic stem cell transplant (HSCT) patients; or
- 10 Following needle stick injury.

⚡ Inj 10 mcg in 1 ml vial 0.00 1 HBvaxPRO
 ➔ **Restricted (RS1588)**

Initiation

Any of the following:

- 1 For household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
- 2 For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
- 3 For children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
- 4 For HIV positive patients; or
- 5 For hepatitis C positive patients; or
- 6 for patients following non-consensual sexual intercourse; or
- 7 For patients following immunosuppression; or
- 8 For solid organ transplant patients; or
- 9 For post-haematopoietic stem cell transplant (HSCT) patients; or
- 10 Following needle stick injury.

⚡ Inj 20 mcg per 1 ml prefilled syringe 0.00 1 Engerix-B
 ➔ **Restricted (RS1671)**

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; or
- 11 For dialysis patients; or
- 12 For liver or kidney transplant patients.

⚡ 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 [on the next page](#)

⚡ Inj 270 mcg in 0.5 ml syringe – 0% DV Jun-17 to 2020 0.00 10 Gardasil 9

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1556)			
Initiation – Children aged 14 years and under			
Therapy limited to 2 doses			
Children aged 14 years and under.			
Initiation – other conditions			
Either:			
1 Up to 3 doses for people aged 15 to 26 years inclusive; or			
2 Both:			
2.1 People aged 9 to 26 years inclusive; and			
2.2 Any of the following:			
2.2.1 Up to 3 doses for confirmed HIV infection; or			
2.2.2 Up to 3 doses for transplant (including stem cell) patients; or			
2.2.3 Up to 4 doses for Post chemotherapy.			
INFLUENZA VACCINE			
↓ Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine).....	9.00	1	Fluarix Tetra
➔ Restricted (RS1675)			
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 Diabetes; or			
2 Chronic renal disease; or			
3 Any cancer, excluding basal and squamous skin cancers if not invasive; or			
4 Autoimmune disease; or			
5 Immune suppression or immune deficiency; or			
6 HIV; or			
7 Transplant recipient; or			
8 Neuromuscular and CNS diseases/ disorders; or			
9 Haemoglobinopathies; or			
10 Is a child on long term aspirin; or			
11 Has a cochlear implant; or			
12 Errors of metabolism at risk of major metabolic decompensation; or			
13 Pre and post splenectomy; or			
14 Down syndrome; or			
15 Child who has been hospitalised for respiratory illness or has a history of significant respiratory illness.			
↓ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).....	90.00	10	Influvac Tetra

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ Restricted (RS1674)

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:

- 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

Either:

- 1 Any of the following:
 - 1.1 Diabetes; or
 - 1.2 chronic renal disease; or
 - 1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
 - 1.4 Autoimmune disease; or
 - 1.5 Immune suppression or immune deficiency; or
 - 1.6 HIV; or
 - 1.7 Transplant recipient; or
 - 1.8 Neuromuscular and CNS diseases/ disorders; or
 - 1.9 Haemoglobinopathies; or
 - 1.10 Is a child on long term aspirin; or
 - 1.11 Has a cochlear implant; or
 - 1.12 Errors of metabolism at risk of major metabolic decompensation; or
 - 1.13 Pre and post splenectomy; or
 - 1.14 Down syndrome; or
 - 1.15 Is pregnant; or
 - 1.16 Is a child aged four and under who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or
- 2 Patients in a long-stay inpatient mental health care unit or who are compulsorily detained long-term in a forensic unit within a DHB hospital.

MEASLES, MUMPS AND RUBELLA VACCINE – **Restricted** see terms [below](#)

⚡ Injection, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; 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:

continued...

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

- 1 For primary vaccination in children; or
- 2 For revaccination following immunosuppression; or
- 3 For any individual susceptible to measles, mumps or rubella.

Initiation – first dose after 12 months

Therapy limited to 2 doses

Any of the following:

- 1 For primary vaccination in children; or
- 2 For revaccination following immunosuppression; or
- 3 For any individual susceptible to measles, mumps or rubella.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

POLIOMYELITIS VACCINE – Restricted see terms [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:

continued...

continued...

- 1.1 With chronic liver disease who may in future be candidates for transplantation; or
- 1.2 With deteriorating renal function before transplantation; or
- 1.3 Prior to solid organ transplant; or
- 1.4 Prior to any elective immunosuppression*; or
- 1.5 For post exposure prophylaxis who are immune competent inpatients; or
- 2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist; or
- 3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist; or
- 4 For HIV positive 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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	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	149	
Abiraterone acetate	141	
Acarbose	8	
Accuretic 10	37	
Accuretic 20	37	
Acetazolamide	198	
Acetic acid		
Extemporaneously Compounded		
Preparations	209	
Genito-Urinary	57	
Acetic acid with hydroxyquinoline, glycerol and ricinoleic acid	57	
Acetic acid with propylene glycol	200	
Acetylcholine chloride	198	
Acetylcysteine	201	
Aciclovir		
Infections	89	
Sensory	194	
Aciclovir-Clarix	89	
Acid Citrate Dextrose A	30	
Acidex	5	
Acipimox	45	
Acitretin	55	
Aclasta	94	
Actemra	177	
Actinomycin D	128	
Adalat 10	42	
Adalat Oros	42	
Adalimumab	149	
Adapalene	52	
Adefovir dipivoxil	88	
Adenosine	39	
Adenuric	99	
Adrenaline	46	
ADT Booster	227	
Adult diphtheria and tetanus vaccine	227	
Advantan	54	
Advate	28	
Adynovate	28	
Aerrane	104	
Afinitor	184	
Aflibercept	156	
Agents Affecting the Renin-Angiotensin System	37	
Agents for Parkinsonism and Related Disorders	103	
Agents Used in the Treatment of Poisonings	201	
Ajmaline	39	
Alanase	186	
Albendazole	83	
Aldurazyme	15	
Alendronate sodium	94	
Alendronate sodium with colecalciferol	94	
Alfacalcidol	21	
Alfamino Junior	220	
Alfentanil	108	
Alglucosidase alfa	13	
Alinia	84	
Allersoothe	187	
Allmercap	130	
Allopurinol	98	
Alpha tocopheryl	21	
Alpha tocopheryl acetate	22	
Alpha-Adrenoceptor Blockers	38	
Alphamox 125	76	
Alphamox 250	76	
Alprolix	27	
Alprostadii hydrochloride	46	
Alteplase	32	
Alum	209	
Aluminium chloride	25	
Aluminium hydroxide	5	
Aluminium hydroxide with magnesium hydroxide and simeticone	5	
Amantadine hydrochloride	103	
AmBisome	80	
Ambrisentan	47	
Amethocaine		
Nervous	107	
Sensory	197	
Amikacin	72	
Amiloride hydrochloride	43	
Amiloride hydrochloride with furosemide	43	
Amiloride hydrochloride with hydrochlorothiazide	43	
Aminolevulinic acid hydrochloride	143	
Aminophylline	192	
Amiodarone hydrochloride	39	
Amisulpride	117	
Amitriptyline	110	
Amiodipine	41	
Amorolfine	51	
Amoxicillin	76	
Amoxicillin with clavulanic acid	76	
Amphotericin B		
Alimentary	19	
Infections	80	
Amsacrine	131	
Amyl nitrite	201	
Anabolic Agents	62	
Anaesthetics	104	
Anagrelide hydrochloride	131	
Analgesics	107	
Anastrozole	142	
Andriol Testocaps	62	
Androderm	62	
Androgen Agonists and Antagonists	62	
Anoro Ellipta	188	
Antabuse	126	
Antacids and Antiflatulents	5	
Anti-Infective Agents	57	
Anti-Infective Preparations		
Dermatological	51	
Sensory	194	
Anti-Inflammatory Preparations	195	
Antiacne Preparations	52	
Antiallergy Preparations	186	
Antianemics	23	
Antiarrhythmics	39	
Antibacterials	72	
Anticholinergic Agents	187	
Anticholinesterases	94	
Antidepressants	110	
Antidiarrhoeals and Intestinal Anti-Inflammatory Agents	5	
Antiepilepsy Drugs	111	
Antifibrinolytics, Haemostatics and Local Sclerosants	25	
Antifibrotics	188	
Antifungals	80	
Antihypotensives	40	
Antimigraine Preparations	115	
Antimycobacterials	82	
Antinausea and Vertigo Agents	116	
Antiparasitics	83	
Antipruritic Preparations	52	
Antipsychotic Agents	117	
Antiretrovirals	85	
Antirheumatoid Agents	94	
Antiseptics and Disinfectants	203	
Antispasmodics and Other Agents		
Altering Gut Motility	7	
Antithrombotics	29	
Antithymocyte globulin (equine)	183	
Antithymocyte globulin (rabbit)	184	
Antulcerants	7	

Antivirals.....	88	Arrow-Calcium.....	17	Avonex Pen.....	121
Anxiolytics.....	120	Arrow-Diazepam.....	120	Azacitidine.....	129
Apidra.....	10	Arrow-Fluoxetine.....	111	Azacitidine Dr Reddy's.....	129
Apidra Solostar.....	10	Arrow-Lamotrigine.....	113	Azactam.....	78
Apo-Amlodipine.....	41	Arrow-Losartan & Hydrochlorothiazide.....	38	Azathioprine.....	184
Apo-Amoxi.....	76	Arrow-Morphine LA.....	109	Azithromycin.....	74
Apo-Azithromycin.....	74	Arrow-Norfloxacin.....	77	Azol.....	65
Apo-Ciclopirox.....	51	Arrow-Ornidazole.....	84	AZT.....	86
Apo-Cilazapril.....	37	Arrow-Quinapril 10.....	37	Aztreonam.....	78
Apo-Cilazapril/ Hydrochlorothiazide.....	37	Arrow-Quinapril 20.....	37	- B -	
Apo-Clarithromycin.....	75	Arrow-Quinapril 5.....	37	B-D Micro-Fine.....	237
Apo-Clomipramine.....	110	Arrow-Roxithromycin.....	75	B-D Ultra Fine.....	237
Apo-Diclo SR.....	101	Arrow-Sertraline.....	111	B-D Ultra Fine II.....	237
Apo-Diltiazem CD.....	42	Arrow-Timolol.....	198	Bacillus calmette-guerin (BCG).....	184
Apo-Doxazosin.....	38	Arrow-Tolterodine.....	61	Bacillus calmette-guerin vaccine.....	228
Apo-Folic Acid.....	24	Arrow-Topiramate.....	114	Baclofen.....	100
Apo-Gabapentin.....	112	Arrow-Tramadol.....	110	Bacterial and Viral Vaccines.....	227
Apo-Leflunomide.....	94	Arsenic trioxide.....	131	Bacterial Vaccines.....	227
Apo-Megestrol.....	141	Artemether with lumefantrine.....	83	Balanced Salt Solution.....	197
Apo-Metoprolol.....	41	Artesunate.....	84	Barium sulphate.....	204
Apo-Mirtazapine.....	111	Articaine hydrochloride.....	105	Barium sulphate with sodium bicarbonate.....	204
Apo-Montelukast.....	191	Articaine hydrochloride with adrenaline.....	105	Barrier Creams and Emollients.....	52
Apo-Nadolol.....	41	Asacol.....	6	Basiliximab.....	157
Apo-Nicotinic Acid.....	45	Asamax.....	6	BCG Vaccine.....	228
Apo-Ondansetron.....	116	Ascorbic acid.....		BD PosiFlush.....	35
Apo-Oxybutynin.....	60	Alimentary.....	21	Beclazone 100.....	190
Apo-Paroxetine.....	111	Extemporaneously Compounded Preparations.....	209	Beclazone 250.....	190
Apo-Perindopril.....	37	Aspen Adrenaline.....	46	Beclazone 50.....	190
Apo-Pindolol.....	41	Aspirin.....		Beclomethasone dipropionate.....	186, 190
Apo-Pravastatin.....	44	Blood.....	31	Bee venom.....	186
Apo-Prazosin.....	38	Nervous.....	107	Bendamustine hydrochloride.....	127
Apo-Prednisone.....	64	Asthalin.....	190	Bendroflumethiazide.....	43
Apo-Propranolol.....	41	Atazanavir sulphate.....	87	Bendroflumethiazide [Bendroflumethiazide].....	43
Apo-Pyridoxine.....	21	Atenolol.....	40	BeneFIX.....	28
Apo-Ropinirole.....	104	Atenolol-AFT.....	40	Benzathine benzylpenicillin.....	76
Apo-Sumatriptan.....	115	ATGAM.....	183	Benzatropine mesylate.....	103
Apo-Terazosin.....	39	Ativan.....	120	Benzbromaron AL 100.....	99
Apomorphine hydrochloride.....	103	Atomoxetine.....	123	Benzbromarone.....	99
Apraclonidine.....	199	Atorvastatin.....	44	Benzocaine.....	105
Aprepitant.....	116	Atovaquone with proguanil hydrochloride.....	84	Benzoin.....	209
Apresoline.....	47	Atracurium besylate.....	100	Benzoyl peroxide.....	52
Aprotinin.....	25	Atropine.....	86	Benzotrop.....	103
Aqueous cream.....	53	Atropine sulphate.....		Benzylamine hydrochloride.....	18
Arachis oil [Peanut oil].....	209	Cardiovascular.....	39	Benzylamine hydrochloride with cetylpyridinium chloride.....	19
Arginine.....		Sensory.....	199	Benzylpenicillin sodium [Penicillin G].....	76
Alimentary.....	13	Atropt.....	199	Beractant.....	192
Various.....	205	Aubagio.....	121	Beta Cream.....	54
Argipressin [Vasopressin].....	71	Augmentin.....	76	Beta Ointment.....	54
Aripiprazole.....	117	Aurorix.....	111	Beta Scalp.....	55
Aripiprazole Sandoz.....	117	Avelox.....	77	Beta-Adrenoceptor Agonists.....	190
Aristocort.....	54	Avelox IV 400.....	77		
Arrow - Clopid.....	31	Avonex.....	121		
Arrow-Amitriptyline.....	110				
Arrow-Bendroflumethiazide.....	43				
Arrow-Brimonidine.....	199				

Beta-Adrenoceptor Blockers.....	40	Bosentan	47	Calcium Resonium	35
Betadine	203	Bosentan Dr Reddy's.....	47	Calsource	17
Betadine Skin Prep.....	203	Bosvate.....	40	Cancidas	81
Betagan	198	Botox	100	Candesartan cilexetil	37
Betahistine dihydrochloride	116	Botulism antitoxin	201	Candestar	37
Betaine	14	Bplex.....	21	Capecitabine.....	129
Betaloc CR	40	Breo Ellipta	191	Capoten	37
Betamethasone	63	Bridion	100	Capsaicin	
Betamethasone dipropionate.....	54	Brilinta.....	31	Musculoskeletal	102
Betamethasone dipropionate with		Brimonidine tartrate	199	Nervous.....	107
calcipotriol.....	55	Brimonidine tartrate with		Captopril	37
Betamethasone sodium phosphate		timolol	199	Carbamazepine	112
with betamethasone acetate.....	63	Brinov	129	Carbasorb-X	202
Betamethasone valerate.....	54–55	Brinzolamide.....	198	Carbimazole	70
Betamethasone valerate with		Bromocriptine	103	Carbomer.....	199
clioquinol.....	55	Brufen SR	101	Carboplatin	135
Betamethasone valerate with sodium		Budesonide		Carboplatin Ebewe	135
fusidate [Fusidic acid].....	55	Alimentary	5	Carboprost trometamol	59
Betaxolol	198	Respiratory.....	187, 190	Carboxymethylcellulose	
Betnovate	54	Budesonide with eformoterol	191	Alimentary	19
Betoptic.....	198	Bumetanide	42	Extemporaneously Compounded	
Betoptic S	198	Bupafen	105	Preparations	209
Bevacizumab	157	Bupivacaine hydrochloride	105	Cardinol LA	41
Bezafibrate	44	Bupivacaine hydrochloride with		CareSens Dual	237
Bezalip	44	adrenaline.....	105	Caresens N.....	237
Bezalip Retard.....	44	Bupivacaine hydrochloride with		Caresens N POP	237
Bicalutamide	141	fentanyl.....	105	CareSens N Premier	237
Bicillin LA	76	Bupivacaine hydrochloride with		CareSens PRO.....	237
BiCNU.....	128	glucose	105	Carmellose sodium with pectin and	
Bile and Liver Therapy.....	8	Buprenorphine with naloxone	125	gelatine	
Biliscopin	205	Bupropion hydrochloride.....	125	Alimentary	19
Bimatoprost	198	Burinex	42	Sensory	199
Bimatoprost Multichem	198	Buscopan.....	7	Carmustine	128
Binarex	141	Buserelin.....	66	Carvedilol.....	40
Binocrit	23	Buspirone hydrochloride.....	120	Carvedilol Sandoz	40
Biodone	108	Busulfan.....	128	Caspofungin	81
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Biodone Forte.....	108	Cabergoline	65	Cathejell.....	106
Biotin.....	14	Caffeine	123	Ceenu	128
Bisacodyl	13	Caffeine citrate	192	Cefaclor	73
Bismuth subgallate	209	Calamine	52	Cefalexin	73
Bismuth subnitrate and iodoform		Calcipotriol.....	55	Cefalexin Sandoz	73
paraffin.....	207	Calcitonin	62	Cefazolin.....	73
Bisoprolol fumarate.....	40	Calcitriol.....	21	Cefepime	73
Bivalirudin	29	Calcitriol-AFT.....	21	Cefepime-AFT	73
Bleomycin sulphate	128	Calcium carbonate.....	5, 17	Cefotaxime	73
Blood glucose diagnostic test		Calcium Channel Blockers	41	Cefotaxime Sandoz	73
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Blood glucose diagnostic test		Calcium folinate.....	140	Cefoxitin Actavis	73
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Bonney's blue dye	206	Blood	33	Ceftriaxone	73
Boostrix.....	228	Dermatological	56	Ceftriaxone-AFT	73
Boric acid.....	209	Calcium Homeostasis.....	62	Cefuroxime	73
Bortezomib	131	Calcium polystyrene sulphonate.....	35	Cefuroxime Actavis.....	73

Celecoxib.....	101	hydrocortisone.....	6	Cocaine hydrochloride.....	105
Celecoxib Pfizer.....	101	Cipflox.....	77	Cocaine hydrochloride with	
Celiprolol.....	40	Ciprofloxacin.....		adrenaline.....	105
CellCept.....	184	Infections.....	77	Codeine phosphate	
Celol.....	40	Sensory.....	194	Extemporaneously Compounded	
Centrally-Acting Agents.....	42	Ciprofloxacin Teva.....	194	Preparations.....	209
Cephalexin ABM.....	73	Ciprofloxacin with		Nervous.....	108
Cetirizine hydrochloride.....	187	hydrocortisone.....	194	Cogentin.....	103
Cetomacrogol.....	53	Ciproxin HC Otic.....	194	Colaspase [L-asparaginase].....	132
Cetomacrogol with glycerol.....	53	Circadin.....	121	Colchicine.....	99
Cetrimide.....	209	Cisplatin.....	135	Colecalciferol.....	21
Cetuximab.....	158	Citalopram hydrobromide.....	111	Colestimethate.....	78
Charcoal.....	202	Citanest.....	106	Colestipol hydrochloride.....	44
Chemotherapeutic Agents.....	127	Citrate sodium.....	29	Colgout.....	99
Chickenpox vaccine.....	235	Citric acid.....	209	Colifoam.....	6
Chlorafast.....	194	Citric acid with magnesium oxide and		Colistin sulphomethate	
Chloral hydrate.....	121	sodium picosulfate.....	11	[Colestimethate].....	78
Chlorambucil.....	128	Citric acid with sodium		Colistin-Link.....	78
Chloramphenicol		bicarbonate.....	205	Collodion flexible.....	209
Infections.....	78	Cladribine.....	129	Colloidal bismuth subcitrate.....	8
Sensory.....	194	Clarithromycin.....	75	Colofac.....	7
Chlorhexidine.....	203	Clexane.....	30	Colony-Stimulating Factors.....	32
Chlorhexidine gluconate		Clindamycin.....	78	Coloxyl.....	12
Alimentary.....	19	Clindamycin ABM.....	78	Compound electrolytes.....	33, 35
Extemporaneously Compounded		Clinicians Multivit & Mineral		Compound electrolytes with glucose	
Preparations.....	209	Boost.....	19	[Dextrose].....	33, 35
Genito-Urinary.....	57	Clinicians Renal Vit.....	20	Compound hydroxybenzoate.....	209
Chlorhexidine with		Clobazam.....	112	Compound sodium lactate	
cetrimide.....	203, 206	Clobetasol propionate.....	54-55	[Hartmann's solution].....	33
Chlorhexidine with ethanol.....	203	Clobetasone butyrate.....	54	Concerta.....	124
Chloroform.....	209	Clofazimine.....	82	Condyline.....	56
Chloroquine phosphate.....	84	Clomazol		Contraceptives.....	57
Chlorothiazide.....	43	Dermatological.....	51	Contrast Media.....	204
Chlorpheniramine maleate.....	187	Genito-Urinary.....	57	Copaxone.....	121
Chlorpromazine hydrochloride.....	117	Clomifene citrate.....	65	Cordarone-X.....	39
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Chlortalidone [Chlorthalidone].....	43	Clonazepam.....	111-112, 120	Dermatological.....	54
Chlorthalidone.....	43	Clonidine.....	42	Hormone Preparations.....	63
Choice Load 375.....	58	Clonidine BNM.....	42	Corticotorelin (ovine).....	66
Choice TT380 Short.....	58	Clonidine hydrochloride.....	42	Cosentyx.....	175
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