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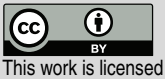

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Introducing PHARMAC

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

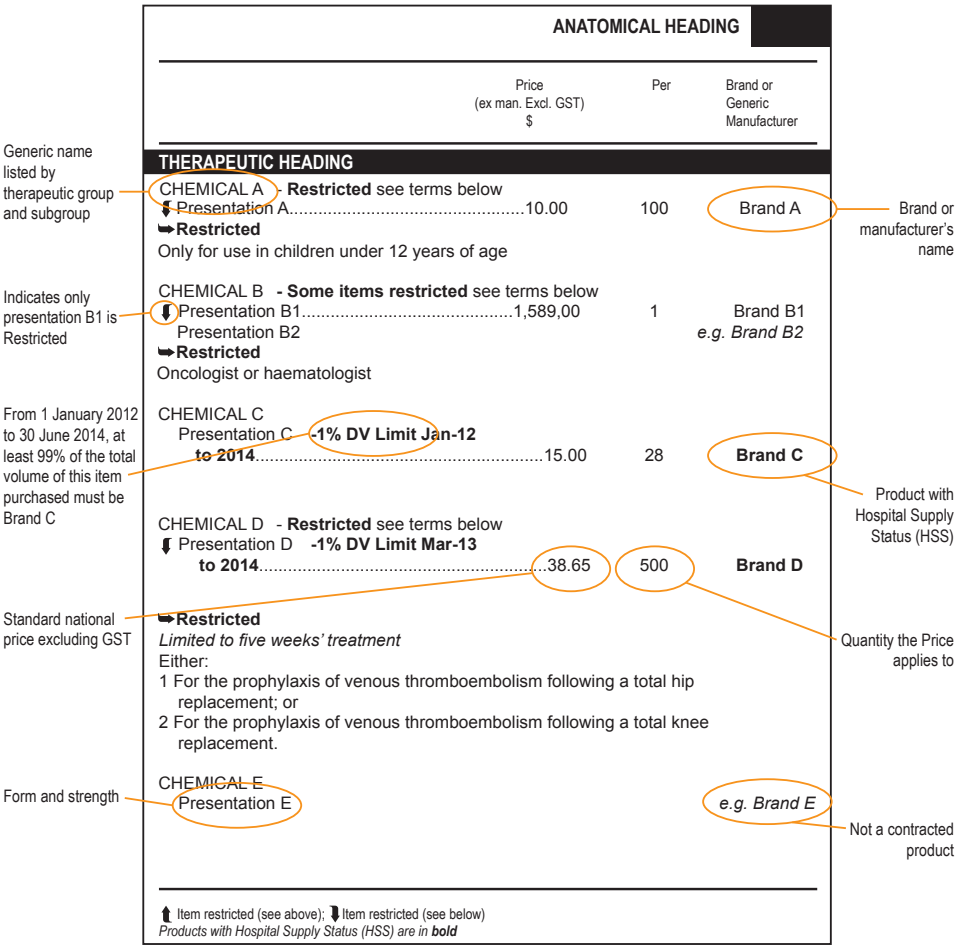
Abbreviations

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

HSS Hospital Supply Status

Guide to Section H listings

Example



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 — *e.g. Mylanta*
- Oral liq 400 mg with magnesium hydroxide 400 mg and simeticone 30 mg per 5 ml — *e.g. Mylanta Double Strength*

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 — *e.g. Gaviscon Infant*

SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE
- Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg — *e.g. Gaviscon Double Strength*
- Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml ..... 4.95 — 500 ml — Acidex

SODIUM CITRATE
- Oral liq 8.8% (300 mmol/l)

Phosphate Binding Agents

ALUMINIUM HYDROXIDE
- Tab 600 mg

CALCIUM CARBONATE – **Restricted** see terms below
- ⬇ Oral liq 250 mg per ml (100 mg elemental per ml) ..... 39.00 — 500 ml — Roxane

➥ **Restricted** (RS1698)

Initiation

Only when prescribed for patients unable to swallow calcium carbonate tablets or where calcium carbonate tablets are inappropriate..

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 ..... 10.75 — 400 — Nodia
- Cap 2 mg – **1% DV Oct-19 to 2022** ..... 6.25 — 400 — **Diamide Relief**

Rectal and Colonic Anti-Inflammatories

BUDESONIDE – **Restricted** see terms on the next page
- ⬇ Cap 3 mg

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

➥ **Restricted** (RS1026)

Initiation – Crohn's disease

Both:

1 Mild to moderate ileal, ileocaecal or proximal Crohn's disease; and

2 Any of the following:

2.1 Diabetes; or

2.2 Cushingoid habitus; or

2.3 Osteoporosis where there is significant risk of fracture; or

2.4 Severe acne following treatment with conventional corticosteroid therapy; or

2.5 History of severe psychiatric problems associated with corticosteroid treatment; or

2.6 History of major mental illness (such as bipolar affective disorder) where the risk of conventional corticosteroid treatment causing relapse is considered to be high; or

2.7 Relapse during pregnancy (where conventional corticosteroids are considered to be contraindicated).

Initiation – Collagenous and lymphocytic colitis (microscopic colitis)

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

Initiation – Gut Graft versus Host disease

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

HYDROCORTISONE ACETATE			
Rectal foam 10%, CFC free (14 applications)	26.55	21.1 g	Colifoam
HYDROCORTISONE ACETATE WITH PRAMOXINE HYDROCHLORIDE			
Topical Aerosol foam, 1% with pramoxine hydrochloride 1%			
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	14.00	100	Salazopyrin
Tab EC 500 mg – **1% DV Dec-19 to 2022**	15.53	100	**Salazopyrin EN**

Local Preparations for Anal and Rectal Disorders

Antihaemorrhoidal Preparations

CINCHOCAINE HYDROCHLORIDE WITH HYDROCORTISONE			
Oint 5 mg with hydrocortisone 5 mg per g	15.00	30 g	Proctosedyl
Suppos 5 mg with hydrocortisone 5 mg per g	9.90	12	Proctosedyl

⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)

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

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	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	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	13.40	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**

	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 Oct-19 to 2022**	33.98	5	**Dr Reddy's Omeprazole**
Inj 40 mg vial – **1% DV Oct-19 to 2022**	11.46	5	**Omezol IV**
PANTOPRAZOLE			
Tab EC 20 mg – **1% DV Oct-19 to 2022**	2.02	100	**Panzop Relief**
Tab EC 40 mg – **1% DV Oct-19 to 2022**	2.85	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

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	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
➥ **Restricted** (RS1028)			
Initiation			
For patients with confirmed hypoglycaemia caused by hyperinsulinism.			
GLUCAGON HYDROCHLORIDE			
Inj 1 mg syringe kit	32.00	1	Glucagen Hypokit
GLUCOSE [DEXTROSE]			
Tab 1.5 g			
Tab 3.1 g			
Tab 4 g			
Gel 40%			
GLUCOSE WITH SUCROSE AND FRUCTOSE			
Gel 19.7% with sucrose 35% and fructose 19.7%, 18 g sachet			

Insulin - Intermediate-Acting Preparations

INSULIN ASPART WITH INSULIN ASPART PROTAMINE			
Inj insulin aspart 30% with insulin aspart protamine 70%, 100 u per ml, 3 ml prefilled pen	52.15	5	NovoMix 30 FlexPen
INSULIN ISOPHANE			
Inj insulin human 100 u per ml, 10 ml vial			
Inj insulin human 100 u per ml, 3 ml cartridge			
INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE			
Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge	42.66	5	Humalog Mix 25
Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge	42.66	5	Humalog Mix 50
INSULIN NEUTRAL WITH INSULIN ISOPHANE			
Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 10 ml vial			
Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 3 ml cartridge			
Inj insulin neutral 40% with insulin isophane 60%, 100 u per ml, 3 ml cartridge			
Inj insulin neutral 50% with insulin isophane 50%, 100 u per ml, 3 ml cartridge			

Insulin - Long-Acting Preparations

INSULIN GLARGINE			
Inj 100 u per ml, 3 ml disposable pen	94.50	5	Lantus SoloStar
Inj 100 u per ml, 3 ml cartridge	94.50	5	Lantus
Inj 100 u per ml, 10 ml vial	63.00	1	Lantus

Insulin - Rapid-Acting Preparations

INSULIN ASPART			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
Inj 100 u per ml, 3 ml syringe	51.19	5	NovoRapid FlexPen

	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**

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

➥ **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 allogenic stem cell or bone marrow transplantation; and
2 Treatment for up to 13 weeks.

Initiation – Total parenteral nutrition induced cholestasis

Both:

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

Laxatives

Bowel-Cleansing Preparations

CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE

Powder for oral soln 12 g with magnesium oxide 3.5 g and sodium picosulfate 10 mg per sachet — *e.g. PicoPrep*

MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE

Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 210 g sachet — *e.g. Glycoprep-C*

Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet — *e.g. Glycoprep-C*

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

Powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulphate 5.685 g per sachet – **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
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 vial	36.00	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 Nov-19 to 2022**	3.33	500 ml	**Laevolac**
MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE			
Powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg			
Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – **1% DV Feb-18 to 2020**	6.78	30	**Molaxole**
SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE			
Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml – **1% DV Nov-19 to 2022**	29.98	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

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	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

Re-assessment required after 12 months

All of the following:

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

Continuation

Metabolic physician

Re-assessment required after 12 months

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

BIOTIN – **Restricted** see terms below

⬇ Cap 50 mg
⬇ Cap 100 mg
⬇ Inj 10 mg per ml, 5 ml vial

➥ **Restricted** (RS1330)

Metabolic physician or metabolic disorders dietitian

GALSULFASE – **Restricted** see terms below			
⬇ Inj 1 mg per ml, 5 ml vial	2,234.00	1	Naglazyme

➥ **Restricted** (RS1523)

Initiation

Metabolic physician

Re-assessment required after 12 months

Both:

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

Continuation

Metabolic physician

Re-assessment required after 12 months

All of the following:

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

HAEM ARGINATE

Inj 25 mg per ml, 10 ml ampoule

	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

Limited to 24 weeks treatment

All of the following:

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

LARONIDASE – **Restricted** see terms below			
⬇ Inj 100 U per ml, 5 ml vial	1,335.16	1	Aldurazyme

➥ **Restricted** (RS1607)

Initiation

Metabolic physician

Limited to 24 weeks treatment

All of the following:

1 The patient has been diagnosed with Hurler Syndrome (mucopolysacchardosis 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

PYRIDOXAL-5-PHOSPHATE – **Restricted** see terms below

⬇ Tab 50 mg

➥ **Restricted** (RS1331)

Neurologist, metabolic physician or metabolic disorders dietitian

SAPROPTERIN DIHYDROCHLORIDE – **Restricted** see terms on the next page			
⬇ Tab soluble 100 mg	1,452.70	30	Kuvan

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

➥ **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 transcarbamylase or argininosuccinate synthetase.

Continuation

Metabolic physician

Re-assessment required after 12 months

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

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

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			
FERROUS SULFATE			
Oral liq 30 mg (6 mg elemental) per ml – **1% DV Nov-19 to 2022**	12.08	500 ml	**Ferodan**
FERROUS SULPHATE			
Tab long-acting 325 mg (105 mg elemental) – **1% DV Jun-18 to 2021**	2.06	30	**Ferrograd**
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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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) – **1% DV Dec-19 to 2022**	11.00	100	**Zincaps**

Mouth and Throat

Agents Used in Mouth Ulceration

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

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

CARBOXYMETHYLCELLULOSE
- Oral spray

CARMELLOSE SODIUM WITH PECTIN AND GELATINE
- Paste
- Powder

CHLORHEXIDINE GLUCONATE

Mouthwash 0.2%	2.57	200 ml	healthE

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

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

HYALURONIC ACID WITH LIDOCAINE [LIGNOCAINE]
Inj 20 mg per ml

SODIUM HYALURONATE [HYALURONIC ACID] – **Restricted** see terms below
⬇ Inj 20 mg per ml, 1 ml syringe
➥ **Restricted** (RS1175)
Otolaryngologist

THYMOL GLYCERIN			
Compound, BPC	9.15	500 ml	PSM

Vitamins

Multivitamin Preparations

MULTIVITAMIN AND MINERAL SUPPLEMENT – **Restricted** see terms below
⬇ Cap 23.35 180 Clinicians Multivit & Mineral Boost

➥ **Restricted** (RS1498)
Initiation
Limited to 3 months treatment
Both:
1 Patient was admitted to hospital with burns; and
2 Any of the following:
2.1 Burn size is greater than 15% of total body surface area (BSA) for all types of burns; or
2.2 Burn size is greater than 10% of BSA for mid-dermal or deep dermal burns; or
2.3 Nutritional status prior to admission or dietary intake is poor.

MULTIVITAMIN RENAL – **Restricted** see terms below
⬇ Cap 6.49 30 Clinicians Renal Vit
➥ **Restricted** (RS1499)
Initiation
Either:
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).

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
MULTIVITAMINS			
Tab (BPC cap strength)	10.50	1,000	Mvite
⬇ cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 11 mcg, alpha tocopherol 150 u, phytomenadione 150 mcg, folic acid 0.2 mg, ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 mg, riboflavin 1.7 mg, niacin 20 mg, pyridoxine hydrochloride 1.9 mg, cyanocobalamin 3 mcg, zinc 7.5 mg and biotin 100 mcg			*e.g. Vitabdeck*
➥ **Restricted** (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			*e.g. Paediatric Seravit*
➥ **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)			*e.g. Pabrinex IV*
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg, 2 ml ampoule (1)			*e.g. Pabrinex IM*
Inj thiamine hydrochloride 500 mg with riboflavin 8 mg and pyridoxine hydrochloride 100 mg, 10 ml ampoule (1) and inj ascorbic acid 1000 mg with nicotinamide 320 mg and glucose 2000 mg, 10 ml ampoule (1)			*e.g. Pabrinex IV*
VITAMIN A WITH VITAMINS D AND C			
Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops			*e.g. Vitadol C*
(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 December 2019)			

Vitamin A

RETINOL			
Tab 10,000 iu			
Cap 25,000 iu			
Oral liq 150,000 iu per ml			
Oral liq 5,000 iu per drop, 30 ml			

Vitamin B

HYDROXOCOBALAMIN			
Inj 1 mg per ml, 1 ml ampoule – **1% DV Sep-18 to 2021**	1.89	3	**Neo-B12**

⬆ 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
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, 2 ml vial			
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	7.15	500	Bplex

Vitamin C

ASCORBIC ACID			
Tab 100 mg	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 Oct-19 to 2022**	7.95	100	**Calcitriol-AFT**
Cap 0.5 mcg – **1% DV Oct-19 to 2022**	13.75	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

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.

continued…

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

continued…

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

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

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) $	Per	Brand or Generic Manufacturer

Antifibrinolytics, Haemostatics and Local Sclerosants

ALUMINIUM CHLORIDE – **Restricted** see terms below

⬇ Topical soln 20% w/v *e.g. Driclor*

➥ **Restricted** (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 trialled and failed after therapy of 3 months each (or 1 month for rituximab); and
3 Any of the following:
  3.1 Patient has a platelet count of 20,000 to 30,000 platelets per microlitre and has evidence of significant mucocutaneous bleeding; or
  3.2 Patient has a platelet count of less than or equal to 20,000 platelets per microlitre and has evidence of active bleeding; or
  3.3 Patient has a platelet count of less than or equal to 10,000 platelets per microlitre.

Initiation – idiopathic thrombocytopenic purpura - preparation for splenectomy

Haematologist

Limited to 6 weeks treatment

The patient requires eltrombopag treatment as preparation for splenectomy.

Continuation – idiopathic thrombocytopenic purpura - post-splenectomy

Haematologist

Re-assessment required after 12 months

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

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

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…

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

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

Initiation – severe aplastic anaemia
Haematologist
Re-assessment required after 3 months
Both:

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

Continuation – severe aplastic anaemia
Haematologist
Re-assessment required after 12 months
Both:

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

FERRIC SUBSULFATE
Gel 25.9%
Soln 500 ml

POLIDOCANOL
Inj 0.5%, 30 ml vial

SODIUM TETRADECYL SULPHATE
Inj 3%, 2 ml ampoule

THROMBIN
Powder

TRANEXAMIC ACID

Tab 500 mg	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

⬆ 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

➥ **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	1,315.00	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.

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

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

➥ **Restricted** (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.

	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

⬆ 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

➥ **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 thrombocytopaenia, 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

(Fragmin Inj 2,500 iu in 0.2 ml syringe to be delisted 1 April 2020)
(Fragmin Inj 5,000 iu in 0.2 ml syringe to be delisted 1 April 2020)
(Fragmin Inj 7,500 iu in 0.75 ml syringe to be delisted 1 April 2020)
(Fragmin Inj 10,000 iu in 1 ml syringe to be delisted 1 April 2020)
(Fragmin Inj 12,500 iu in 0.5 ml syringe to be delisted 1 January 2020)
(Fragmin Inj 15,000 iu in 0.6 ml syringe to be delisted 1 January 2020)
(Fragmin Inj 18,000 iu in 0.72 ml syringe to be delisted 1 January 2020)

DANAPAROID – **Restricted** see terms below
⬇ Inj 750 u in 0.6 ml ampoule
➥ **Restricted** (RS1182)
Initiation
For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance.

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
DEFIBROTIDE – **Restricted** see terms below			
⬇ Inj 80 mg per ml, 2.5 ml ampoule			
➥ **Restricted** (RS1183)			
Initiation			
Haematologist			
Patient has moderate or severe sinusoidal obstruction syndrome as a result of chemotherapy or regimen-related toxicities.			
DEXTROSE WITH SODIUM CITRATE AND CITRIC ACID [ACID CITRATE DEXTROSE A]			
Inj 24.5 mg with sodium citrate 22 mg and citric acid 7.3 mg per ml, 100 ml bag			
ENOXAPARIN SODIUM			
Inj 20 mg in 0.2 ml syringe	27.93	10	Clexane
Inj 40 mg in 0.4 ml ampoule			
Inj 40 mg in 0.4 ml syringe	37.27	10	Clexane
Inj 60 mg in 0.6 ml syringe	56.18	10	Clexane
Inj 80 mg in 0.8 ml syringe	74.90	10	Clexane
Inj 100 mg in 1 ml syringe	93.80	10	Clexane
Inj 120 mg in 0.8 ml syringe	116.55	10	Clexane
Inj 150 mg in 1 ml syringe	133.20	10	Clexane
FONDAPARINUX SODIUM – **Restricted** see terms below			
⬇ Inj 2.5 mg in 0.5 ml syringe			
⬇ Inj 7.5 mg in 0.6 ml syringe			
➥ **Restricted** (RS1184)			
Initiation			
For use in heparin-induced 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			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
WARFARIN SODIUM			
Tab 1 mg	7.60	100	Marevan
Tab 2 mg			
Tab 3 mg	11.80	100	Marevan
Tab 5 mg	13.50	100	Marevan

Antiplatelets

ASPIRIN			
Tab 100 mg – **10% DV Nov-19 to 2022**	1.95	90	**Ethics Aspirin EC**
	10.80	990	**Ethics Aspirin EC**
Suppos 300 mg			
CLOPIDOGREL			
Tab 75 mg	5.44	84	Arrow - Clopid
DIPYRIDAMOLE			
Tab 25 mg			
Tab long-acting 150 mg – **1% DV Oct-19 to 2022**	10.90	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.

LYSINE ACETYLSALICYLATE [LYSINE ASPRIN] – **Restricted** see terms below

⬇ Inj 500 mg	*e.g. Aspegic*

➥ **Restricted** (RS1689)
Initiation
Both:
1 For use when an immediate antiplatelet effect is required prior to an urgent interventional neuro-radiology or interventional cardiology procedure; and
2 Administration of oral aspirin would delay the procedure.

PRASUGREL – **Restricted** see terms below

⬇ Tab 5 mg	108.00	28	Effient
⬇ Tab 10 mg	120.00	28	Effient

➥ **Restricted** (RS1187)
Initiation – Bare metal stents
Limited to 6 months treatment
Patient has undergone coronary angioplasty in the previous 4 weeks and is clopidogrel-allergic.
Initiation – Drug-eluting stents
Limited to 12 months treatment
Patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic.
Initiation – Stent thrombosis
Patient has experienced cardiac stent thrombosis whilst on clopidogrel.
Initiation – Myocardial infarction
Limited to 1 week treatment
For short term use while in hospital following ST-elevated myocardial infarction.
Note: Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment

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

Fibrinolytic Agents

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

TENECTEPLASE
- Inj 50 mg vial

UROKINASE
- Inj 5,000 iu vial
- 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 10×10^6/L on day 5 after 4 days of G-CSF treatment; or
      - 3.1.2.2 Efforts to collect > 1×10^6 CD34 cells/kg have failed after one apheresis procedure; or
  - 3.2 Both:
    - 3.2.1 Patient is undergoing chemotherapy and G-CSF mobilisation; and
    - 3.2.2 Any of the following:

continued…

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

continued…

3.2.2.1 Both:

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

3.2.2.1.2 Has a suboptimal peripheral blood CD34 count of less than or equal to 10 x 10^6/L; or

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

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

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

Granulocyte Colony-Stimulating Factors

FILGRASTIM – **Restricted** see terms below

⬇	Inj 300 mcg in 0.5 ml prefilled syringe – **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**

➥ **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

Inj 100 mg per ml, 50 ml syringe — *e.g. Baxter*

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**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
COMPOUND SODIUM LACTATE [HARTMANN'S SOLUTION]			
Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, 500 ml bag – **1% DV Jun-18 to 2021**	23.40	18	**Baxter**
Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, 1,000 ml bag – **1% DV Jun-18 to 2021**	15.72	12	**Baxter**
GLUCOSE [DEXTROSE]			
Inj 5%, 1,000 ml bag – **1% DV Aug-18 to 2021**	16.80	10	**Fresenius Kabi**
Inj 5%, 100 ml bag – **1% DV Aug-18 to 2021**	77.50	50	**Fresenius Kabi**
Inj 5%, 250 ml bag – **1% DV Aug-18 to 2021**	52.50	30	**Fresenius Kabi**
Inj 5%, 50 ml bag – **1% DV Jun-18 to 2021**	143.40	60	**Baxter Glucose 5%**
Inj 5%, 500 ml bag – **1% DV Aug-18 to 2021**	24.00	20	**Fresenius Kabi**
Inj 10%, 1,000 ml bag – **1% DV Jun-18 to 2021**	111.96	12	**Baxter Glucose 10%**
Inj 10%, 500 ml bag – **1% DV Jun-18 to 2021**	109.98	18	**Baxter Glucose 10%**
Inj 50%, 10 ml ampoule – **1% DV Oct-17 to 2020**	29.50	5	**Biomed**
Inj 50%, 500 ml bag – **1% DV Jun-18 to 2021**	337.32	18	**Baxter Glucose 50%**
Inj 50%, 90 ml bottle – **1% DV Oct-17 to 2020**	14.50	1	**Biomed**
GLUCOSE WITH POTASSIUM CHLORIDE			
Inj 10% glucose with 20 mmol/l potassium chloride, 500 ml bag			
GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE			
Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag			
Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag			
Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, 1,000 ml bag – **1% DV Jun-18 to 2021**	203.40	12	**Baxter**
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 1,000 ml bag – **1% DV Jun-18 to 2021**	159.96	12	**Baxter**
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, 1,000 ml bag – **1% DV Jun-18 to 2021**	282.72	12	**Baxter**
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**

⬆ 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
POTASSIUM DIHYDROGEN PHOSPHATE			
Inj 1 mmol per ml, 10 ml ampoule	151.80	10	Hospira
RINGER'S SOLUTION			
Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, 1,000 ml bag			
SODIUM ACETATE			
Inj 4 mmol per ml, 20 ml ampoule			
SODIUM BICARBONATE			
Inj 8.4%, 10 ml vial			
Inj 8.4%, 50 ml vial	19.95	1	Biomed
Inj 8.4%, 100 ml vial	20.50	1	Biomed
SODIUM CHLORIDE			
Inj 0.9%, 5 ml ampoule – **1% DV Dec-19 to 2022**	2.80	20	**Fresenius Kabi**
	7.00	50	InterPharma
Inj 0.9%, 10 ml ampoule – **1% DV Dec-19 to 2022**	5.40	50	**Fresenius Kabi**
	6.63		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 – **1% DV Dec-19 to 2022**	5.00	20	**Fresenius Kabi**
	7.50	30	InterPharma
	5.00	20	Multichem
Inj 23.4% (4 mmol/ml), 20 ml ampoule	33.00	5	Biomed
Inj 0.45%, 500 ml bag	71.28	18	Baxter
Inj 3%, 1,000 ml bag	91.20	12	Baxter
Inj 0.9%, 50 ml bag	109.80	60	Baxter
Inj 0.9%, 100 ml bag	78.24	48	Baxter
Inj 0.9%, 250 ml bag	44.64	24	Baxter
Inj 0.9%, 500 ml bag	22.14	18	Baxter
Inj 0.9%, 1,000 ml bag	15.12	12	Baxter
Inj 1.8%, 500 ml bottle			
(InterPharma Inj 0.9%, 5 ml ampoule to be delisted 1 December 2019)			
(Pfizer Inj 0.9%, 10 ml ampoule to be delisted 1 December 2019)			
(InterPharma Inj 0.9%, 20 ml ampoule to be delisted 1 December 2019)			
(Multichem Inj 0.9%, 20 ml ampoule to be delisted 1 December 2019)			
SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]			
Inj 1 mmol per ml, 20 ml ampoule – **1% DV Oct-18 to 2021**	48.70	5	**Biomed**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
WATER			
Inj 5 ml ampoule	7.00	50	InterPharma
Inj 10 ml ampoule	6.63	50	Pfizer
Inj 20 ml ampoule	5.00	20	Fresenius Kabi
	7.50	30	InterPharma
	5.00	20	Multichem
Inj 250 ml bag			
Inj 500 ml bag			
Inj, 1,000 ml bag	19.08	12	Baxter

Oral Administration

CALCIUM POLYSTYRENE SULPHONATE			
Powder	169.85	300 g	Calcium Resonium
COMPOUND ELECTROLYTES			
Powder for oral soln	2.30	10	Enerlyte
COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]			
Soln with electrolytes (2 × 500 ml) – **1% DV Nov-18 to 2021**	6.55	1,000 ml	**Pedialyte - Bubblegum**
PHOSPHORUS			
Tab eff 500 mg (16 mmol)			
POTASSIUM CHLORIDE			
Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)			
Tab long-acting 600 mg (8 mmol) – **1% DV Oct-18 to 2021**	8.90	200	**Span-K**
Oral liq 2 mmol per ml			
SODIUM BICARBONATE			
Cap 840 mg	8.52	100	Sodibic
SODIUM CHLORIDE			
Tab 600 mg			
Oral liq 2 mmol/ml			
SODIUM POLYSTYRENE SULPHONATE			
Powder – **1% DV Sep-18 to 2021**	84.65	454 g	**Resonium A**

Plasma Volume Expanders

GELATINE, SUCCINYLATED			
Inj 4%, 500 ml bag – **1% DV Jun-18 to 2021**	120.00	10	**Gelofusine**

⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
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	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer

Agents Affecting the Renin-Angiotensin System

ACE Inhibitors

CAPTOPRIL

⬇ Oral liq 5 mg per ml	94.99	95 ml	Capoten

➥ **Restricted** (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 – **1% DV Sep-19 to 2022**	2.09	90	**Zapril**
Tab 2.5 mg – **1% DV Feb-20 to 2022**	7.20	200	Apo-Cilazapril
	4.80	90	**Zapril**
Tab 5 mg – **1% DV Feb-20 to 2022**	12.00	200	Apo-Cilazapril
	8.35	90	**Zapril**

(Apo-Cilazapril Tab 2.5 mg to be delisted 1 February 2020)
(Apo-Cilazapril Tab 5 mg to be delisted 1 February 2020)

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	10.18	100	Apo-Cilazapril/ Hydrochlorothiazide

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**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Angiotensin II Antagonists			
CANDESARTAN CILEXETIL			
Tab 4 mg – **1% DV Sep-18 to 2021**	1.90	90	**Candestar**
Tab 8 mg – **1% DV Sep-18 to 2021**	2.28	90	**Candestar**
Tab 16 mg – **1% DV Sep-18 to 2021**	3.67	90	**Candestar**
Tab 32 mg – **1% DV Sep-18 to 2021**	6.39	90	**Candestar**
LOSARTAN POTASSIUM			
Tab 12.5 mg – **1% DV Nov-17 to 2020**	1.39	84	**Losartan Actavis**
Tab 25 mg – **1% DV Nov-17 to 2020**	1.63	84	**Losartan Actavis**
Tab 50 mg – **1% DV Nov-17 to 2020**	2.00	84	**Losartan Actavis**
Tab 100 mg – **1% DV Nov-17 to 2020**	2.31	84	**Losartan Actavis**
Angiotensin II Antagonists with Diuretics			
LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE			
Tab 50 mg with hydrochlorothiazide 12.5 mg – **1% DV Jan-19 to 2021**	1.88	30	**Arrow-Losartan & Hydrochlorothiazide**
Angiotensin II Antagonists with Neprilysin Inhibitors			
SACUBITRIL WITH VALSARTAN – **Restricted** see terms below			
⬇ Tab 24.3 mg with valsartan 25.7 mg	190.00	56	Entresto 24/26
⬇ Tab 48.6 mg with valsartan 51.4 mg	190.00	56	Entresto 49/51
⬇ Tab 97.2 mg with valsartan 102.8 mg	190.00	56	Entresto 97/103

➥ **Restricted** (RS1649)

Initiation

Re-assessment required after 12 months

All of the following:

1 Patient has heart failure; and

2 Any of the following:

2.1 Patient is in NYHA/WHO functional class II; or

2.2 Patient is in NYHA/WHO functional class III; or

2.3 Patient is in NYHA/WHO functional class IV; and

3 Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%; and

4 Patient is receiving concomitant optimal standard chronic heart failure treatments.

Continuation

Re-assessment required after 12 months

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

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

Alpha-Adrenoceptor Blockers			
DOXAZOSIN			
Tab 2 mg – **1% DV Sep-17 to 2020**	6.75	500	**Apo-Doxazosin**
Tab 4 mg – **1% DV Sep-17 to 2020**	9.09	500	**Apo-Doxazosin**
PHENOXYBENZAMINE HYDROCHLORIDE			
Cap 10 mg			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			

⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)

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	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
PHENTOLAMINE MESYLATE			
Inj 5 mg per ml, 1 ml ampoule			
Inj 10 mg per ml, 1 ml ampoule			
PRAZOSIN			
Tab 1 mg	5.53	100	Apo-Prazosin
Tab 2 mg	7.00	100	Apo-Prazosin
Tab 5 mg	11.70	100	Apo-Prazosin
TERAZOSIN			
Tab 1 mg	0.59	28	Actavis
Tab 2 mg	7.50	500	Apo-Terazosin
Tab 5 mg	10.90	500	Apo-Terazosin

Antiarrhythmics

ADENOSINE			
Inj 3 mg per ml, 2 ml vial – **1% DV Feb-20 to 2022**	62.73	6	**Adenocor**
⬇ 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 Dec-19 to 2022**	3.80	30	**Aratac**
	4.66		Cordarone-X
Tab 200 mg – **1% DV Dec-19 to 2022**	5.25	30	**Aratac**
	7.63		Cordarone-X
Inj 50 mg per ml, 3 ml ampoule – **1% DV Feb-20 to 2022**	11.98	6	Cordarone-X
	9.98	5	Lodi
	16.37	10	**Max Health**
(Cordarone-X Tab 100 mg to be delisted 1 December 2019)			
(Cordarone-X Tab 200 mg to be delisted 1 December 2019)			
(Cordarone-X Inj 50 mg per ml, 3 ml ampoule to be delisted 1 February 2020)			
(Lodi Inj 50 mg per ml, 3 ml ampoule to be delisted 1 February 2020)			
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 Nov-19 to 2022**	7.00	240	**Lanoxin PG**
Tab 250 mcg – **1% DV Nov-19 to 2022**	15.20	240	**Lanoxin**
Oral liq 50 mcg per ml			
Inj 250 mcg per ml, 2 ml vial			
DISOPYRAMIDE PHOSPHATE			
Cap 100 mg			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
FLECAINIDE ACETATE			
Tab 50 mg – **1% DV Feb-20 to 2022**	19.95	60	**Flecainide BNM**
	38.95		Tambocor
Cap long-acting 100 mg – **1% DV Dec-19 to 2022**	39.51	90	**Flecainide Controlled Release Teva**
	38.95	30	Tambocor CR
Cap long-acting 200 mg – **1% DV Dec-19 to 2022**	61.06	90	**Flecainide Controlled Release Teva**
	68.78	30	Tambocor CR
Inj 10 mg per ml, 15 ml ampoule	52.45	5	Tambocor

(Tambocor Tab 50 mg to be delisted 1 February 2020)
(Tambocor CR Cap long-acting 100 mg to be delisted 1 December 2019)
(Tambocor CR Cap long-acting 200 mg to be delisted 1 December 2019)

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.

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**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 100 mg	11.36	100	Hybloc Presolol
Tab 200 mg	29.74	100	Hybloc Presolol
Inj 5 mg per ml, 20 ml ampoule			
(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**
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	**Metroprolol 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-19 to 2022**	32.58	500	**Mylan**
Tab 160 mg – **1% DV Oct-19 to 2022**	10.98	100	**Mylan**
TIMOLOL MALEATE			
Tab 10 mg			

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

Calcium Channel Blockers

Dihydropyridine Calcium Channel Blockers

AMLODIPINE

Tab 2.5 mg – **1% DV 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** (RS1699)

Initiation

Anaesthetist, intensivist, cardiologist or paediatric cardiologist

Any of the following:

1 Patient has hypertension requiring urgent treatment with an intravenous agent; or
2 Patient has excessive ventricular afterload; or
3 Patient is awaiting or undergoing cardiac surgery using cardiopulmonary bypass.

NIFEDIPINE

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

Cap 5 mg

NIMODIPINE

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

Other Calcium Channel Blockers

DILTIAZEM HYDROCHLORIDE

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

Inj 5 mg per ml, 5 ml vial

PERHEXILINE MALEATE

Tab 100 mg – **1% DV Oct-19 to 2022**	62.90	100	**Pexsig**

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	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
VERAPAMIL HYDROCHLORIDE			
Tab 40 mg	7.01	100	Isoptin
Tab 80 mg	11.74	100	Isoptin
Tab long-acting 120 mg	36.02	100	Isoptin SR
	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
(Verpamil SR Tab long-acting 120 mg to be delisted 1 May 2020)			

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			
FUROSEMIDE [FRUSEMIDE]			
Tab 40 mg – **1% DV Dec-19 to 2022**	7.24	1,000	**Apo-Furosemide**
	8.00		Diurin 40
Tab 500 mg – **1% DV Mar-19 to 2021**	25.00	50	**Urex Forte**
Oral liq 10 mg per ml – **1% DV Jan-20 to 2022**	11.20	30 ml	**Lasix**
Inj 10 mg per ml, 2 ml ampoule – **1% DV Oct-19 to 2022**	1.15	5	**Frusemide-Claris**
Inj 10 mg per ml, 25 ml ampoule – **1% DV Jan-20 to 2022**	60.65	6	**Lasix**
(Diurin 40 Tab 40 mg to be delisted 1 December 2019)			

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

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

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 ..... 4.38 — 100 — Spiractin
Tab 100 mg ..... 11.80 — 100 — Spiractin
Oral liq 5 mg per ml – **1% DV Nov-19 to 2022** ..... 30.60 — 25 ml — **Biomed**

Thiazide and Related Diuretics

BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]
Tab 2.5 mg – **1% DV Mar-18 to 2020** ..... 12.50 — 500 — **Arrow-Bendrofluazide**
Tab 5 mg – **1% DV Mar-18 to 2020** ..... 20.42 — 500 — **Arrow-Bendrofluazide**

CHLOROTHIAZIDE
Oral liq 50 mg per ml ..... 26.00 — 25 ml — Biomed

CHLORTALIDONE [CHLORTHALIDONE]
Tab 25 mg – **1% DV Dec-19 to 2022** ..... 6.50 — 50 — **Hygroton**

INDAPAMIDE
Tab 2.5 mg ..... 2.60 — 90 — Dapa-Tabs

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 ..... 19.56 — 60 — Lipazil

HMG CoA Reductase Inhibitors (Statins)

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

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

➥ **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.

EZETIMIBE WITH SIMVASTATIN – **Restricted** see terms below

⬇	Tab 10 mg with simvastatin 10 mg	5.15	30	Zimybe
⬇	Tab 10 mg with simvastatin 20 mg	6.15	30	Zimybe
⬇	Tab 10 mg with simvastatin 40 mg	7.15	30	Zimybe
⬇	Tab 10 mg with simvastatin 80 mg	8.15	30	Zimybe

➥ **Restricted** (RS1006)

Initiation

All of the following:

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

Other Lipid-Modifying Agents

ACIPIMOX
Cap 250 mg

NICOTINIC ACID

Tab 50 mg – **1% DV Oct-17 to 2020**	4.12	100	**Apo-Nicotinic Acid**
Tab 500 mg – **1% DV Oct-17 to 2020**	17.89	100	**Apo-Nicotinic Acid**

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

Nitrates

GLYCERYL TRINITRATE
- 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

(Glytrin Oral spray, 400 mcg per dose to be delisted 1 May 2020)

ISOSORBIDE MONONITRATE
- Tab 20 mg – **1% DV Oct-17 to 2020** ..... 18.80 — 100 — **Ismo-20**
- Tab long-acting 40 mg ..... 7.50 — 30 — Ismo 40 Retard
- Tab long-acting 60 mg – **1% DV Sep-17 to 2020** ..... 8.29 — 90 — **Duride**

Other Cardiac Agents

LEVOSIMENDAN – **Restricted** see terms below

⬇ Inj 2.5 mg per ml, 5 ml vial

⬇ Inj 2.5 mg per ml, 10 ml vial

➥ **Restricted** (RS1007)

Initiation – Heart transplant

Either:

1 For use as a bridge to heart transplant, in patients who have been accepted for transplant; or

2 For the treatment of heart failure following heart transplant.

Initiation – Heart failure

Cardiologist or intensivist

For the treatment of severe acute decompensated heart failure that is non-responsive to dobutamine.

Sympathomimetics

ADRENALINE
- Inj 1 in 1,000, 1 ml ampoule ..... 4.98 — 5 — Aspen Adrenaline
- 5.25 — Hospira
- Inj 1 in 1,000, 30 ml vial
- Inj 1 in 10,000, 10 ml ampoule ..... 49.00 — 10 — Aspen Adrenaline
- 27.00 — 5 — Hospira
- Inj 1 in 10,000, 10 ml syringe

DOBUTAMINE
- Inj 12.5 mg per ml, 20 ml ampoule – **1% DV Jan-19 to 2021** ..... 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

⬆ 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
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 0.1 mg per ml, 50 ml syringe			
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 Oct-19 to 2022**	45.00	10	**Noradrenaline BNM**
PHENYLEPHRINE HYDROCHLORIDE			
Inj 10 mg per ml, 1 ml ampoule	115.50	25	Neosynephrine HCL

Vasodilators

ALPROSTADIL HYDROCHLORIDE			
Inj 500 mcg per ml, 1 ml ampoule – **1% DV Dec-18 to 2021**	1,765.50	5	**Prostin VR**
DIAZOXIDE			
Inj 15 mg per ml, 20 ml ampoule			
HYDRALAZINE HYDROCHLORIDE			
⬇ Tab 25 mg			
➥ **Restricted** (RS1008)			
Initiation			
Either:			
1 For the treatment of refractory hypertension; or			
2 For the treatment of heart failure, in combination with a nitrate, in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers.			
Inj 20 mg ampoule	25.90	5	Apresoline
MILRINONE			
Inj 1 mg per ml, 10 ml ampoule – **1% DV Sep-18 to 2021**	99.00	10	**Primacor**
MINOXIDIL			
Tab 10 mg	70.00	100	Loniten
NICORANDIL			
Tab 10 mg – **1% DV Dec-19 to 2022**	25.57	60	**Ikorel**
Tab 20 mg – **1% DV Dec-19 to 2022**	32.28	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			

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

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

Re-assessment required after 6 months

Either:

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

2 In-hospital stabilisation in emergency situations.

Continuation – Pulmonary arterial hypertension

Re-assessment required after 6 months

Any of the following:

continued…

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

continued…

1 Both:
- 1.1 Bosentan is to be used as PAH monotherapy; and
- 1.2 Patient is stable or has improved while on bosentan; or

2 Both:
- 2.1 Bosentan is to be used as PAH dual therapy; and
- 2.2 Patient has tried a PAH monotherapy for at least three months and either failed to respond or later deteriorated; or

3 Both:
- 3.1 Bosentan is to be used as PAH triple therapy; and
- 3.2 Any of the following:
  - 3.2.1 Patient is on the lung transplant list; or
  - 3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
  - 3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
  - 3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.

Phosphodiesterase Type 5 Inhibitors

SILDENAFIL – **Restricted** see terms below

⬇	Tab 25 mg – **1% DV Sep-18 to 2021**	0.64	4	**Vedafil**
⬇	Tab 50 mg – **1% DV Sep-18 to 2021**	0.64	4	**Vedafil**
⬇	Tab 100 mg – **1% DV Sep-18 to 2021**	6.60	12	**Vedafil**
⬇	Inj 0.8 mg per ml, 12.5 ml vial			

➥ **Restricted** (RS1694)

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:

continued…

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

continued…

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; or
4 For use in the treatment of erectile dysfunction secondary to spinal cord injury in patients being treated in a spinal unit.

Initiation – injection

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

Prostacyclin Analogues

EPOPROSTENOL – **Restricted** see terms below

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

➥ **Restricted** (RS1624)

Initiation

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

ILOPROST

	Inj 50 mcg in 0.5 ml ampoule – **1% DV Jan-20 to 2022**	305.00	5	**Clinect**
		380.00		Ilomedin
⬇	Nebuliser soln 10 mcg per ml, 2 ml – **1% DV Jan-20 to 2022**	740.10	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.

(Ilomedin Inj 50 mcg in 0.5 ml ampoule to be delisted 1 January 2020)

	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

(Pharmacy Health Soln 3% (10 vol) to be delisted 1 July 2020)

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 Oct-19 to 2022** ... 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**
PHENOTHRIN			
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
(PSM Lotn, BP to be delisted 1 July 2020)			
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 Oct-19 to 2022**	1.53	100 g	**healthE Dimethicone 5%**
Crm 5% pump bottle	4.48	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			*e.g. Zinc oxide (PSM)*
Paste			

⬆ 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
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 that 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%			*e.g. Sudocrem*

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%, – **1% DV Dec-19 to 2022**	1.65	100 g	**healthE**
Note: DV limit applies to the pack sizes of 100 g or less.			
Crm 90% with glycerol 10% – **1% DV Mar-20 to 2022**	2.35	500 ml	**Boucher**
	3.10	1,000 ml	**Boucher**
	2.82	500 ml	Pharmacy Health Sorbolene with Glycerin
	3.87	1,000 ml	Pharmacy Health Sorbolene with Glycerin
(Pharmacy Health Sorbolene with Glycerin Crm 90% with glycerol 10% to be delisted 1 March 2020)			
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%			*e.g. QV cream*
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			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
PARAFFIN WITH WOOL FAT			
Lotn liquid paraffin 15.9% with wool fat 0.6%			*e.g. AlphaKeri;BK ;DP; Hydroderm Lotn*
Lotn liquid paraffin 91.7% with wool fat 3%			*e.g. Alpha Keri Bath Oil*
UREA			
Crm 10%	1.37	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 Nov-19 to 2022**	2.18	30 g	**Dermol**
Oint 0.05% – **1% DV Nov-19 to 2022**	2.12	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	1.11	30 g	DermAssist
Note: DV limit applies to the pack sizes of less than or equal to 100 g.			
Crm 1%, 500 g	16.25	500 g	Pharmacy Health
HYDROCORTISONE ACETATE			
Crm 1%	2.48	14.2 g	AFT
HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN			
Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – **1% DV 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**

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

Corticosteroids with Anti-Infective Agents

BETAMETHASONE VALERATE WITH CLIOQUINOL – **Restricted** see terms below
⬇ Crm 0.1% with clioquiniol 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 FLUORESCEIN			
Soln 2.3% with trolamine laurilsulfate and fluorescein sodium – **1% DV Oct-17 to 2020**	3.86	500 ml	**Pinetarsol**
POTASSIUM PERMANGANATE			

Tab 400 mg
Crystals

Scalp Preparations

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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
CLOBETASOL PROPIONATE			
Scalp app 0.05% – **1% DV Nov-19 to 2022**	5.69	30 ml	**Dermol**
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 – **1% DV Mar-20 to 2022**	5.10	200 g	**Marine Blue Lotion SPF 50+**

(Any Crm to be delisted 1 March 2020)

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%			*e.g. Orion*

⬆ 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

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 Jan-20 to 2022**	2.50	35 g	**Clomazol**
Vaginal crm 2% with applicator – **1% DV Jan-20 to 2022**	3.00	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	**Levlen 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 1 mg and 7 inert tab – **1% DV Mar-20 to 2022**	6.95	84	**Brevinor 1/28**
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 – **1% DV Nov-19 to 2022**	18.45	1	**Choice TT380 Short**
IUD 33.6 mm length x 29.9 mm width – **1% DV Nov-19 to 2022**	18.45	1	**Choice TT380 Standard**
IUD 35.5 mm length x 19.6 mm width – **1% DV Nov-19 to 2022**	15.50	1	**Choice Load 375**
Emergency Contraception			
LEVONORGESTREL			
Tab 1.5 mg	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	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 Dec-19 to 2022**	7.98	1	**Depo-Provera**
NORETHISTERONE			
Tab 350 mcg – **1% DV Sep-18 to 2021**	6.25	84	**Noriday 28**

⬆ Item restricted (see ➥ above); ⬇ Item restricted (see ➥ below)

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

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

OXYTOCIN
Inj 5 iu per ml, 1 ml ampoule – **1% DV Nov-18 to 2021** ..... 3.98 — 5 — **Oxytocin BNM**
Inj 10 iu per ml, 1 ml ampoule – **1% DV Nov-18 to 2021** ..... 4.98 — 5 — **Oxytocin BNM**

OXYTOCIN WITH ERGOMETRINE MALEATE
Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – **1% DV Oct-18 to 2021** ..... 15.00 — 5 — **Syntometrine**

Tocolytics

PROGESTERONE – **Restricted** see terms below
⬇ Cap 100 mg ..... 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 below
⬇ Inj 500 mcg ampoule
➥ **Restricted** (RS1130)
Obstetrician

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

Oestrogens

OESTRIOL

Crm 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**

➥ **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 Jan-20 to 2022**	17.73	100	**Tamsulosin-Rex**

➥ **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**

➥ **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**

Urinary Antispasmodics

OXYBUTYNIN

Tab 5 mg	8.85	500	Apo-Oxybutynin
Oral liq 5 mg per 5 ml	60.40	473 ml	Apo-Oxybutynin

SOLIFENACIN SUCCINATE – **Some items restricted** see terms on the next page

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**

⬆ Item restricted (see ➥ above); ⬇ Item restricted (see ➥ below)

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

➥ **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

(Arrow-Tolterodine Tab 1 mg to be delisted 1 March 2020)

➥ **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

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 arteriolopathy); 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) $	Per	Brand or Generic Manufacturer

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

DEXAMETHASONE PHOSPHATE

Inj 4 mg per ml, 1 ml ampoule	14.19	10	Max Health
Inj 4 mg per ml, 2 ml ampoule	25.18	10	Max Health

FLUDROCORTISONE ACETATE

Tab 100 mcg	14.32	100	Florinef

HYDROCORTISONE

Tab 5 mg – **1% DV Sep-18 to 2021**	8.10	100	**Douglas**
Tab 20 mg – **1% DV Sep-18 to 2021**	20.32	100	**Douglas**
Inj 100 mg vial	5.30	1	Solu-Cortef

	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	6.12	8	Estradot
Patch 50 mcg per day	7.04	8	Estradot
Patch 75 mcg per day	7.91	8	Estradot
Patch 100 mcg per day	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)			

⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
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	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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	3.75	30	Provera
Tab 5 mg	14.00	100	Provera
Tab 10 mg	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
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**
OESTRADIOL			
Implant 50 mg			
OESTRIOL			
Tab 2 mg			

Other Progestogen Preparations

MEDROXYPROGESTERONE			
Tab 100 mg	101.00	100	Provera HD
NORETHISTERONE			
Tab 5 mg – **1% DV Dec-19 to 2021**	18.29	100	**Primolut N**

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

Pituitary and Hypothalamic Hormones and Analogues

CORTICOTRORELIN (OVINE)
Inj 100 mcg vial

THYROTROPIN ALFA
Inj 900 mcg vial

Adrenocorticotropic Hormones

TETRACOSACTIDE [TETRACOSACTRIN]

Inj 250 mcg per ml, 1 ml ampoule	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	66.48	1	Zoladex
Implant 10.8 mg, syringe	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

continued…

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

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.

continued…

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

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 a endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

1 The patient's height is more than 2 standard deviations below the mean; and
2 Height velocity is < 25th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
3 A current bone age is to 14 years or under (female patients) or to 16 years or under (male patients); and
4 The patient is metabolically stable, has no evidence of metabolic bone disease and absence of any other severe chronic disease; and
5 The patient is under the supervision of a specialist with expertise in renal medicine; and
6 Either:
    6.1 The patient has a GFR less than or equal to 30 ml/min/1.73 m^2 as measured by the Schwartz method (Height(cm)/plasma creatinine (umol/l × 40 = corrected GFR (ml/min/1.73 m^2) in a child who may or may not be receiving dialysis; or
    6.2 The patient has received a renal transplant and has received < 5mg/ m^2 /day of prednisone or equivalent for at least 6 months.

Continuation – short stature due to chronic renal insufficiency

Endocrinologist, paediatric endocrinologist or renal physician on the recommendation of a endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

1 Height velocity is 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:

continued…

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

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 con siders is likely to be attributable to growth hormone treatment has occurred; and
5 No malignancy has developed after growth hormone therapy was commenced; and
6 The patient has not developed type II diabetes or uncontrolled obesity as defined by BMI that has increased by 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.

continued…

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

continued…

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

Continuation – adults and adolescents

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

Either:

1 All of the following:
- 1.1 The patient has been treated with somatropin for < 12 months; and
- 1.2 There has been an improvement in the Quality of Life Assessment defined as a reduction of at least 8 points on the Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA®) score from baseline; and
- 1.3 Serum IGF-I levels have increased to within ±1SD of the mean of the normal range for age and sex; and
- 1.4 The dose of somatropin does not exceed 0.7 mg per day for male patients, or 1 mg per day for female patients; or

2 All of the following:
- 2.1 The patient has been treated with somatropin for more than 12 months; and
- 2.2 The patient has not had a deterioration in Quality of Life defined as a 6 point or greater increase from their lowest QoL-AGHDA® score on treatment (other than due to obvious external factors such as external stressors); and
- 2.3 Serum IGF-I levels have continued to be maintained within ±1SD of the mean of the normal range for age and sex (other than for obvious external factors); and
- 2.4 The dose of somatropin has not exceeded 0.7 mg per day for male patients or 1 mg per day for female patients.

Thyroid and Antithyroid Preparations

CARBIMAZOLE

Tab 5 mg

IODINE

Soln BP 50 mg per ml

LEVOTHYROXINE

Tab 25 mcg

Tab 50 mcg

Tab 100 mcg

LIOTHYRONINE SODIUM

⬇ Tab 20 mcg

➥ **Restricted** (RS1301)

Initiation

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

Inj 20 mcg vial

POTASSIUM IODATE

Tab 170 mg

POTASSIUM PERCHLORATE

Cap 200 mg

PROPYLTHIOURACIL – **Restricted** see terms 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
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	25.00	30	Minirin
⬇	Tab 200 mcg	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 ..... 17.50 — 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 Nov-19 to 2022**	3.33	20	**Cephalexin ABM**
Cap 500 mg	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 Oct-19 to 2022**	24.70	100	**Ranbaxy-Cefaclor**
Grans for oral liq 25 mg per ml – **1% DV Oct-19 to 2022**	3.53	100 ml	**Ranbaxy-Cefaclor**
CEFOXITIN			
Inj 1 g vial	58.00	10	Cefoxitin Actavis
CEFUROXIME			
Tab 250 mg – **1% DV Feb-20 to 2022**	45.93	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 Jan-20 to 2022**	0.89	1	**Ceftriaxone-AFT**
	1.20		DEVA
Inj 1 g vial – **1% DV Jan-20 to 2022**	3.99	5	**Ceftriaxone-AFT**
	0.84	1	DEVA
Inj 2 g vial – **1% DV Jan-20 to 2022**	1.98	1	**Ceftriaxone-AFT**
(DEVA Inj 500 mg vial to be delisted 1 January 2020)			
(DEVA Inj 1 g vial to be delisted 1 January 2020)			

Cephalosporins and Cephamycins - 4th Generation

CEFEPIME – **Restricted** see terms on the next page			
⬇ 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**

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

➥ **Restricted** (RS1049)
Clinical microbiologist or infectious disease specialist

Cephalosporins and Cephamycins - 5th Generation

CEFTAROLINE FOSAMIL – **Restricted** see terms below

⬇	Inj 600 mg vial	1,450.00	10	Zinforo

➥ **Restricted** (RS1446)
Initiation – multi-resistant organisn salvage therapy
Clinical microbiologist or infectious disease specialist
Either:

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

Macrolides

AZITHROMYCIN – **Restricted** see terms below

⬇	Tab 250 mg – **1% DV Sep-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

continued…

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

continued…

fibrosis bronchiectasis for a further 12 months, unless considered clinically inappropriate to stop treatment; and

3 The patient will not receive more than a total of 24 months' azithromycin cumulative treatment (see note).

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

Initiation – other indications

Re-assessment required after 5 days

For any other condition.

Continuation – other indications

Re-assessment required after 5 days

For any other condition.

CLARITHROMYCIN – **Restricted** see terms below

⬇	Tab 250 mg – **1% DV Sep-17 to 2020**	3.98	14	**Apo-Clarithromycin**
⬇	Tab 500 mg – **1% DV Sep-17 to 2020**	10.40	14	**Apo-Clarithromycin**
⬇	Grans for oral liq 50 mg per ml	192.00	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 – **1% DV Dec-19 to 2022**	10.00	1	**Erythrocin IV**

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

➥ Tab 250 mg

➥ Tab 500 mg

ROXITHROMYCIN – **Some items restricted** see terms below

⬇	Tab dispersible 50 mg	8.29	10	Rulide D
	Tab 150 mg – **1% DV Sep-19 to 2022**	8.28	50	**Arrow-Roxithromycin**
	Tab 300 mg – **1% DV Sep-19 to 2022**	16.33	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	14.97	500	Apo-Amoxi
Cap 500 mg	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	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 BENZYLPENICILLIN			
Inj 900 mg (1.2 million units) in 2.3 ml syringe – **1% DV Dec-18 to 2021**	344.93	10	**Bicillin LA**
BENZYLPENICILLIN SODIUM [PENICILLIN G]			
Inj 600 mg (1 million units) vial – **1% DV Sep-17 to 2020**	10.35	10	**Sandoz**
	103.50	100	**Sandoz**
			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**
PHENOXYMETHYLPENICILLIN [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 Jan-20 to 2022**	2.99	100 ml	**AFT**
Grans for oral liq 250 mg per 5 ml – **1% DV Jan-20 to 2022**	3.99	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			

⬆ 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

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 Apr-20 to 2022** ..... 4.10 16 Clindamycin ABM
4.61 24 **Dalacin C**
⬇ Oral liq 15 mg per ml
⬇ Inj 150 mg per ml, 4 ml ampoule – **1% DV Oct-19 to 2022** ..... 39.00 10 **Dalacin C**
(Clindamycin ABM Cap 150 mg to be delisted 1 April 2020)
➥ **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 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

⬆ 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
➥ **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

Antifungals

Imidazoles

KETOCONAZOLE
⬇ Tab 200 mg
➥ **Restricted** (RS1410)
Oncologist

Polyene Antimycotics

AMPHOTERICIN B
⬇ Inj (liposomal) 50 mg vial ..... 3,450.00 — 10 — AmBisome

➥ **Restricted** (RS1071)
Initiation
Clinical microbiologist, haematologist, infectious disease specialist, oncologist, respiratory specialist or transplant specialist
Either:

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

⬇ Inj 50 mg vial
➥ **Restricted** (RS1316)
Clinical microbiologist, haematologist, infectious disease specialist, oncologist, respiratory specialist or transplant specialist

NYSTATIN

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

Triazoles

FLUCONAZOLE – **Restricted** see terms below

⬇ Cap 50 mg – **1% DV Feb-18 to 2020**	2.09	28	**Mylan**
⬇ Cap 150 mg – **1% DV Feb-18 to 2020**	0.33	1	**Mylan**
⬇ Cap 200 mg – **1% DV Feb-18 to 2020**	5.08	28	**Mylan**
⬇ Oral liquid 50 mg per 5 ml	98.50	35 ml	Diflucan
⬇ Inj 2 mg per ml, 50 ml vial – **1% DV Oct-19 to 2022**	2.80	1	**Fluconazole-Claris**
⬇ Inj 2 mg per ml, 100 ml vial – **1% DV Oct-19 to 2022**	3.45	1	**Fluconazole-Claris**

➥ **Restricted** (RS1072)
Consultant

ITRACONAZOLE – **Restricted** see terms below

⬇ Cap 100 mg – **1% DV Nov-19 to 2022**	4.27	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

➥ **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 Oct-19 to 2022**	44.00	1	**Neo Health**

➥ **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.

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

Other Antifungals

CASPOFUNGIN – **Restricted** see terms below

⬇ Inj 50 mg vial – **1% DV Dec-19 to 2022**	667.50	1	Cancidas
	220.28		**Max Health**
⬇ Inj 70 mg vial – **1% DV Dec-19 to 2022**	862.50	1	Cancidas
	284.63		**Max Health**

(Cancidas Inj 50 mg vial to be delisted 1 December 2019)
(Cancidas Inj 70 mg vial to be delisted 1 December 2019)
➥ **Restricted** (RS1076)
Initiation
Clinical microbiologist, haematologist, infectious disease specialist, oncologist, respiratory specialist or transplant specialist
Either:
1 Proven or probable invasive fungal infection, to be prescribed under an established protocol; or
2 Both:
2.1 Possible invasive fungal infection; and
2.2 A multidisciplinary team (including an infectious disease physician or a clinical microbiologist) considers the treatment to be appropriate.

FLUCYTOSINE – **Restricted** see terms below
⬇ Cap 500 mg
➥ **Restricted** (RS1279)
Clinical microbiologist or infectious disease specialist

TERBINAFINE

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

Antimycobacterials

Antileprotics

CLOFAZIMINE – **Restricted** see terms below
⬇ Cap 50 mg
➥ **Restricted** (RS1077)
Clinical microbiologist, dermatologist or infectious disease specialist

DAPSONE – **Restricted** see terms below

⬇ Tab 25 mg	268.50	100	Dapsone
⬇ Tab 100 mg	329.50	100	Dapsone

➥ **Restricted** (RS1078)
Clinical microbiologist, dermatologist or infectious disease specialist

Antituberculotics

CYCLOSERINE – **Restricted** see terms below
⬇ Cap 250 mg
➥ **Restricted** (RS1079)
Clinical microbiologist, infectious disease specialist or respiratory specialist

ETHAMBUTOL HYDROCHLORIDE – **Restricted** see terms below
⬇ Tab 100 mg

⬇ Tab 400 mg	49.34	56	Myambutol

➥ **Restricted** (RS1080)
Clinical microbiologist, infectious disease specialist or respiratory specialist

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
ISONIAZID – **Restricted** see terms below			
⬇ Tab 100 mg – **1% DV Oct-18 to 2021**	22.00	100	**PSM**
➥ **Restricted** (RS1281)			
Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician			
ISONIAZID WITH RIFAMPICIN – **Restricted** see terms below			
⬇ Tab 100 mg with rifampicin 150 mg – **1% DV Sep-18 to 2021**	85.54	100	**Rifinah**
⬇ Tab 150 mg with rifampicin 300 mg – **1% DV Sep-18 to 2021**	170.60	100	**Rifinah**
➥ **Restricted** (RS1282)			
Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician			
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	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			

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

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	23.00	10	Arrow-Ornidazole

PENTAMIDINE ISETHIONATE – **Restricted** see terms below

⬇ Inj 300 mg vial – **1% DV Nov-19 to 2022**	216.00	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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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			
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			
(Stocrin Tab 50 mg to be delisted 1 December 2019)			
ETRAVIRINE – **Restricted** see terms above			
⬆ Tab 200 mg	770.00	60	Intelence

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
NEVIRAPINE – **Restricted** see terms on the previous page			
⬆ 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.

Initiation – Prevention of maternal transmission

Either:

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

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

Both:

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

Initiation – Percutaneous exposure

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

ABACAVIR SULPHATE – **Restricted** see terms above			
⬆ Tab 300 mg – **1% DV Jul-19 to 2022**	180.00	60	**Ziagen**
⬆ Oral liq 20 mg per ml	256.31	240 ml	Ziagen
ABACAVIR SULPHATE WITH LAMIVUDINE – **Restricted** see terms above			
⬆ Tab 600 mg with lamivudine 300 mg – **1% DV Jul-19 to 2022**	63.00	30	**Kivexa**
EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – **Restricted** see terms above			
⬆ 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**
EMTRICITABINE – **Restricted** see terms above			
⬆ Cap 200 mg – **1% DV Jul-19 to 2022**	307.20	30	**Emtriva**
LAMIVUDINE – **Restricted** see terms above			
⬆ Oral liq 10 mg per ml			
STAVUDINE – **Restricted** see terms above			
⬆ Cap 30 mg			
⬆ Cap 40 mg			
⬆ Powder for oral soln 1 mg per ml			
ZIDOVUDINE [AZT] – **Restricted** see terms above			
⬆ Cap 100 mg	152.25	100	Retrovir
⬆ Oral liq 10 mg per ml	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 above			
⬆ Tab 300 mg with lamivudine 150 mg – **1% DV Sep-17 to 2020**	33.00	60	**Alphapharm**

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

Protease Inhibitors

➡ **Restricted** (RS1573)
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.

ATAZANAVIR SULPHATE – **Restricted** see terms above				
⬆	Cap 150 mg – **1% DV Jun-19 to 2022**	141.68	60	**Teva**
⬆	Cap 200 mg – **1% DV Jun-19 to 2022**	188.91	60	**Teva**
DARUNAVIR – **Restricted** see terms above				
⬆	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 above				
⬆	Cap 200 mg			
⬆	Cap 400 mg			
LOPINAVIR WITH RITONAVIR – **Restricted** see terms above				
⬆	Tab 100 mg with ritonavir 25 mg	183.75	60	Kaletra
⬆	Tab 200 mg with ritonavir 50 mg – **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 above				
⬆	Tab 100 mg – **1% DV Jul-19 to 2022**	43.31	30	**Norvir**

Strand Transfer Inhibitors

➡ **Restricted** (RS1574)
Initiation – Confirmed HIV
Patient has confirmed HIV infection.
Initiation – Prevention of maternal transmission
Either:
1 Prevention of maternal foetal transmission; or
2 Treatment of the newborn for up to eight weeks.
Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV
Both:

continued…

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

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
⬆	Tab 600 mg	1,090.00	60	Isentress HD

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**

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

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

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 Oct-19 to 2022** ..... 1.60 | 25 | **Lovir**

Tab dispersible 400 mg – **1% DV Oct-19 to 2022** ..... 5.38 | 56 | **Lovir**

Tab dispersible 800 mg – **1% DV Oct-19 to 2022** ..... 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:

continued…

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

continued…

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.

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**
➥ **Restricted** (RS1700)

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
All of the following:
1 Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis (refer to local health pathways or https://ashm.org.au/HIV/PrEP/ for training materials); and
2 Patient has undergone testing for HIV, syphilis, Hep B if not immune and a full STI screen in the previous two weeks; and
3 Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 3 months and is not contraindicated for treatment; 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 is not at risk of HIV seroconversion; 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

continued…

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

continued…

6.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and
6.1.4 Any of the following:
6.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or
6.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or
6.1.4.3 Patient has used methamphetamine in the last three months; or
6.2 All of the following:
6.2.1 Patient has a regular partner who has HIV infection; and
6.2.2 Partner is either not on treatment or has a detectable viral load; and
6.2.3 Condoms have not been consistently used.

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 (refer to local health pathways or https://ashm.org.au/HIV/PrEP/ for training materials); and
2 Patient has undergone testing for HIV, syphilis, Hep B if not immune and a full STI screen in the previous two weeks; and
3 Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 12 months and is not contraindicated for treatment; 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 is not at risk of HIV seroconversion; and
6 Either:
6.1 All of the following:
6.1.1 Patient is male or transgender; and
6.1.2 Patient has sex with men; and
6.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and
6.1.4 Any of the following:
6.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or
6.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or
6.1.4.3 Patient has used methamphetamine in the last three months; or
6.2 All of the following:
6.2.1 Patient has a regular partner who has HIV infection; and
6.2.2 Partner is either not on treatment or has a detectable viral load; and
6.2.3 Condoms have not been consistently used.

Influenza

OSELTAMIVIR – **Restricted** see terms below
Note: The restriction on the use of oseltamivir to hospitalised patients means that supply into the community for a new course is not permitted. Supply of a part original pack on discharge where initiated as a hospital inpatient is permitted.
⬇ Tab 75 mg
⬇ Powder for oral suspension 6 mg per ml
➥ **Restricted** (RS1307)
Initiation
Either:
1 Only for hospitalised patient with known or suspected influenza; or
2 For prophylaxis of influenza in hospitalised patients as part of a DHB hospital approved infections control plan.

	Price (ex man. excl. GST) $		Brand or Generic Manufacturer
ZANAMIVIR			
Note: The restriction on the use of zanamivir to hospitalised patients means that supply into the community for a new course is not permitted. Supply of a part original pack on discharge where initiated as a hospital inpatient is permitted.			
⬇ Powder for inhalation 5 mg	37.38	20 dose	Relenza Rotadisk

➥ **Restricted** (RS1369)

Initiation

Either:

1 Only for hospitalised patient with known or suspected influenza; or
2 For prophylaxis of influenza in hospitalised patients as part of a DHB hospital approved infections control plan.

Immune Modulators

INTERFERON ALFA-2A

Inj 3 m iu prefilled syringe
Inj 6 m iu prefilled syringe
Inj 9 m iu prefilled syringe

INTERFERON ALFA-2B

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

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 2020**	500.00	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

continued…

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

continued…

3.2 Patient was a partial responder; and

4 Patient is to be treated in combination with boceprevir.

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

Gastroenterologist, infectious disease specialist or general physician

Limited to 48 weeks treatment

All of the following:

1 Patient has chronic hepatitis C, genotype 1; and

2 Patient has had previous treatment with pegylated interferon and ribavirin; and

3 Any of the following:

3.1 Patient has responder relapsed; or

3.2 Patient was a partial responder; or

3.3 Patient received interferon treatment prior to 2004; and

4 Patient is to be treated in combination with boceprevir.

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

Limited to 6 months treatment

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

Initiation – Hepatitis B

Gastroenterologist, infectious disease specialist or general physician

Limited to 48 weeks treatment

All of the following:

1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and

2 Patient is Hepatitis B treatment-naive; and

3 ALT > 2 times Upper Limit of Normal; and

4 HBV DNA < 10 log10 IU/ml; and

5 Either:

5.1 HBeAg positive; or

5.2 Serum HBV DNA 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

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 ..... 20.90 — 10 — Max Health

PYRIDOSTIGMINE BROMIDE
Tab 60 mg – **1% DV Nov-19 to 2022** ..... 45.79 — 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 Oct-19 to 2022** ..... 3.10 — 4 — **Risedronate Sandoz**

ZOLEDRONIC ACID
⬇ Inj 5 mg per 100 ml, vial – **1% DV Oct-19 to 2022** ..... 60.00 — 100 ml — **Aclasta**

⬆ 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

➥ **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 glucocorticosteriod 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

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

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 mg	53.76	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

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 cartridge	490.00	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**

⬆ 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
BENZBROMARONE – **Restricted** see terms below			
⬇ Tab 100 mg	45.00	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 2021**	9.58	100	**Colgout**
FEBUXOSTAT – **Restricted** see terms below			
⬇ Tab 80 mg	39.50	28	Adenuric
⬇ Tab 120 mg	39.50	28	Adenuric

➥ **Restricted** (RS1490)

Initiation

Any specialist

Both:

1 Patient has been diagnosed with gout; and

2 Any of the following:

2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or

2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite use of probenecid at doses of up to 2 g per day or maximum tolerated dose; or

2.3 The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note).

Note: In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be

continued…

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

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**
PANCURONIUM BROMIDE			
Inj 2 mg per ml, 2 ml ampoule	260.00	50	AstraZeneca
(AstraZeneca Inj 2 mg per ml, 2 ml ampoule to be delisted 1 January 2020)			
ROCURONIUM BROMIDE			
Inj 10 mg per ml, 5 ml vial	25.95	10	DBL Rocuronium Bromide
SUXAMETHONIUM CHLORIDE			
Inj 50 mg per ml, 2 ml ampoule – **1% DV Nov-17 to 2020**	78.00	50	**AstraZeneca**
VECURONIUM BROMIDE			
Inj 10 mg vial			

⬆ 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

Reversers of Neuromuscular Blockade

SUGAMMADEX – **Restricted** see terms below

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

➥ **Restricted** (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			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
INDOMETHACIN			
Cap 25 mg			
Cap 50 mg			
Cap long-acting 75 mg			
Inj 1 mg vial			
Suppos 100 mg			
KETOPROFEN			
Cap long-acting 200 mg	12.07	28	Oruvail SR
MEFENAMIC ACID – **Restricted:** For continuation only			
➥ Cap 250 mg			
NAPROXEN			
Tab 250 mg – **1% DV Dec-18 to 2021**	32.69	500	**Noflam 250**
Tab 500 mg – **1% DV Dec-18 to 2021**	22.19	250	**Noflam 500**
Tab long-acting 750 mg – **1% DV Oct-18 to 2021**	6.16	28	**Naprosyn SR 750**
Tab long-acting 1 g – **1% DV Oct-18 to 2021**	8.21	28	**Naprosyn SR 1000**
PARECOXIB			
Inj 40 mg vial	100.00	10	Dynastat
SULINDAC			
Tab 100 mg			
Tab 200 mg			
TENOXICAM			
Tab 20 mg – **1% DV Oct-19 to 2022**	9.15	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

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 Oct-19 to 2022** ..... 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**

	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 carbipoda 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 Oct-19 to 2022**	6.12	100	**Ramipex**
Tab 1 mg – **1% DV Oct-19 to 2022**	20.73	100	**Ramipex**
ROPINIROLE HYDROCHLORIDE			
Tab 0.25 mg – **1% DV Mar-20 to 2022**	2.78	100	Apo-Ropinirole
	2.85	84	**Ropin**
Tab 1 mg – **1% DV Mar-20 to 2022**	5.00	100	Apo-Ropinirole
	3.95	84	**Ropin**
Tab 2 mg – **1% DV Mar-20 to 2022**	7.72	100	Apo-Ropinirole
	5.48	84	**Ropin**
Tab 5 mg – **1% DV Mar-20 to 2022**	16.51	100	Apo-Ropinirole
	12.50	84	**Ropin**
(Apo-Ropinirole Tab 0.25 mg to be delisted 1 March 2020)			
(Apo-Ropinirole Tab 1 mg to be delisted 1 March 2020)			
(Apo-Ropinirole Tab 2 mg to be delisted 1 March 2020)			
(Apo-Ropinirole Tab 5 mg to be delisted 1 March 2020)			
SELEGILINE HYDROCHLORIDE			
Tab 5 mg			
TOLCAPONE			
Tab 100 mg	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 – **1% DV Feb-20 to 2022**	270.00	10	**Biomed**
Inj 10 mg per ml, 10 ml syringe – **1% DV Feb-20 to 2022**	70.00	5	**Biomed**
Inj 100 mg per ml, 2 ml vial – **1% DV Jan-19 to 2021**	31.50	5	**Ketalar**
	155.60		Ketamine-Claris

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	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
METHOHEXITAL SODIUM			
Inj 10 mg per ml, 50 ml vial			
PROPOFOL			
Inj 10 mg per ml, 20 ml ampoule – **10% DV Dec-19 to 2022**	4.35	5	**Fresofol 1% MCT/LCT**
Inj 10 mg per ml, 20 ml vial	5.27	5	Provive MCT-LCT 1%
Inj 10 mg per ml, 50 ml vial – **10% DV Oct-19 to 2022**	19.50	10	**Fresofol 1% MCT/LCT**
Inj 10 mg per ml, 100 ml vial – **10% DV Oct-19 to 2022**	39.00	10	**Fresofol 1% MCT/LCT**
(Provive MCT-LCT 1% Inj 10 mg per ml, 20 ml vial to be delisted 1 December 2019)			
SEVOFLURANE			
Soln for inhalation 100%, 250 ml bottle – **1% DV Sep-16 to 2020**	840.00	6	**Baxter**
THIOPENTAL [THIOPENTONE] SODIUM			
Inj 500 mg ampoule			

Local Anaesthetics

ARTICAINE HYDROCHLORIDE			
Inj 1%			
ARTICAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge			
Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge			
Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge			
Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge			
BENZOCAINE			
Gel 20%			
BUPIVACAINE HYDROCHLORIDE			
Inj 5 mg per ml, 4 ml ampoule – **1% DV Sep-17 to 2020**	50.00	5	**Marcain Isobaric**
Inj 2.5 mg per ml, 20 ml ampoule			
Inj 2.5 mg per ml, 20 ml ampoule sterile pack	29.20	5	Marcain
Inj 5 mg per ml, 10 ml ampoule sterile pack	20.25	5	Marcain
Inj 5 mg per ml, 20 ml ampoule			
Inj 5 mg per ml, 20 ml ampoule sterile pack	20.70	5	Marcain
Inj 1.25 mg per ml, 100 ml bag			
Inj 1.25 mg per ml, 200 ml bag			
Inj 2.5 mg per ml, 100 ml bag – **1% DV Sep-17 to 2020**	150.00	5	**Marcain**
Inj 2.5 mg per ml, 200 ml bag			
Inj 1.25 mg per ml, 500 ml bag			
BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial – **1% DV Aug-19 to 2022**	94.50	5	**Marcain with Adrenaline**
Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial – **1% DV Aug-19 to 2022**	80.50	5	**Marcain with Adrenaline**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
BUPIVACAINE HYDROCHLORIDE WITH FENTANYL			
Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag			
Inj 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 – **1% DV Nov-19 to 2022**	225.00	10	**Bupafen**
Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag – **1% DV Nov-19 to 2022**	235.00	10	**Bupafen**
Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe			
Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe	72.00	10	Biomed
Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe	92.00	10	Biomed
BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE			
Inj 0.5% with glucose 8%, 4 ml ampoule	38.00	5	Marcain Heavy
COCAINE HYDROCHLORIDE			
Paste 5%			
Soln 15%, 2 ml syringe			
Soln 4%, 2 ml syringe	25.46	1	Biomed
COCAINE HYDROCHLORIDE WITH ADRENALINE			
Paste 15% with adrenaline 0.06%			
Paste 25% with adrenaline 0.06%			
ETHYL CHLORIDE			
Spray 100%			
LIDOCAINE [LIGNOCAINE]			
Crm 4%	5.40	5 g	LMX4
	27.00	30 g	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	**Mucosoothe**
Inj 1%, 20 ml ampoule, sterile pack			
Inj 2%, 20 ml ampoule, sterile pack			
Inj 1%, 5 ml ampoule	8.75	25	Lidocaine-Claris
Inj 1%, 20 ml vial – **1% DV Jul-19 to 2022**	6.20	5	**Lidocaine-Claris**
Inj 2%, 5 ml ampoule – **1% DV Nov-19 to 2022**	8.25	25	**Lidocaine-Claris**
Inj 2%, 20 ml vial – **1% DV Jul-19 to 2022**	6.45	5	**Lidocaine-Claris**
Gel 2%, 10 ml urethral syringe – **1% DV Nov-19 to 2022**	105.00	25	**Cathejell**
	81.50	10	Pfizer
(Pfizer Gel 2%, 10 ml urethral syringe to be delisted 1 November 2019)			
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE			
Inj 1% with adrenaline 1:100,000, 5 ml ampoule – **1% DV Nov-19 to 2022**	29.00	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	**Topicaine**

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	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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
PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN			
Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge			
Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge			
ROPIVACAINE HYDROCHLORIDE			
Inj 2 mg per ml, 10 ml ampoule – **1% DV Sep-17 to 2020**	8.80	5	**Ropivacaine Kabi**
Inj 2 mg per ml, 20 ml ampoule – **1% DV Sep-17 to 2020**	9.20	5	**Ropivacaine Kabi**
Inj 2 mg per ml, 100 ml bag – **1% DV Sep-17 to 2020**	29.50	5	**Ropivacaine Kabi**
Inj 2 mg per ml, 200 ml bag – **1% DV Sep-17 to 2020**	39.00	5	**Ropivacaine Kabi**
Inj 7.5 mg per ml, 10 ml ampoule – **1% DV Sep-17 to 2020**	9.90	5	**Ropivacaine Kabi**
Inj 7.5 mg per ml, 20 ml ampoule – **1% DV Sep-17 to 2020**	12.15	5	**Ropivacaine Kabi**
Inj 10 mg per ml, 10 ml ampoule – **1% DV Sep-17 to 2020**	10.55	5	**Ropivacaine Kabi**
Inj 10 mg per ml, 20 ml ampoule – **1% DV Sep-17 to 2020**	15.80	5	**Ropivacaine Kabi**
ROPIVACAINE HYDROCHLORIDE WITH FENTANYL			
Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag	198.50	5	Naropin
Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag	270.00	5	Naropin
TETRACAINE [AMETHOCAINE] HYDROCHLORIDE			
Gel 4%			

Analgesics

Non-Opioid Analgesics

ASPIRIN			
Tab dispersible 300 mg – **1% DV Oct-19 to 2022**	4.50	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.

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
NEFOPAM HYDROCHLORIDE			
Tab 30 mg			
PARACETAMOL – **Some items restricted** see terms below			
Tab soluble 500 mg			
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 – **1% DV Nov-19 to 2022**	58.50	20	**Biomed**
Suppos 50 mg – **1% DV Nov-19 to 2022**	58.50	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.

SUCROSE			
Oral liq 25% – **1% DV Feb-20 to 2022**	13.00	25 ml	**Biomed**

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	5.75	100	PSM
Tab 30 mg	6.80	100	PSM
Tab 60 mg	13.50	100	PSM
DIHYDROCODEINE TARTRATE			
Tab long-acting 60 mg – **1% DV Oct-19 to 2022**	8.60	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 – **1% DV Nov-19 to 2022**	220.00	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**

⬆ 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
METHADONE HYDROCHLORIDE			
Tab 5 mg – **1% DV Sep-19 to 2022**	1.40	10	**Methatabs**
Tab 5 mg - bottle pack	1.40	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
(Methatabs Tab 5 mg - bottle pack to be delisted 1 December 2019)			
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**
MORPHINE SULPHATE			
Tab long-acting 10 mg	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	2.85	10	Arrow-Morphine LA
Tab long-acting 60 mg	5.60	10	Arrow-Morphine LA
Tab long-acting 100 mg	6.10	10	Arrow-Morphine LA
Cap long-acting 10 mg – **1% DV Jan-20 to 2022**	2.05	10	**m-Eslon**
Cap long-acting 30 mg – **1% DV Jan-20 to 2022**	3.00	10	**m-Eslon**
Cap long-acting 60 mg – **1% DV Jan-20 to 2022**	6.12	10	**m-Eslon**
Cap long-acting 100 mg – **1% DV Jan-20 to 2022**	7.13	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	42.72	5	DBL Morphine Tartrate

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

⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
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	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – **Restricted:** For continuation only			
➥ Tab 75 mg	11.19	100	Dopress
➥ Cap 25 mg	6.45	100	Dopress
(Dopress Tab 75 mg to be delisted 1 August 2020)			
(Dopress Cap 25 mg to be delisted 1 January 2020)			
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			
NORTRIPTYLINE HYDROCHLORIDE			
Tab 10 mg – **1% DV Oct-19 to 2022**	2.44	100	**Norpress**
Tab 25 mg – **1% DV Oct-19 to 2022**	5.98	180	**Norpress**

Monoamine-Oxidase Inhibitors - Non-Selective

PHENELZINE SULPHATE			
Tab 15 mg			
TRANYLCYPROMINE SULPHATE			
Tab 10 mg			

Monoamine-Oxidase Type A Inhibitors

MOCLOBEMIDE			
Tab 150 mg – **1% DV 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**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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	2.47	30	Arrow-Fluoxetine
Cap 20 mg	1.99	90	Arrow-Fluoxetine
PAROXETINE			
Tab 20 mg – **1% DV Mar-20 to 2022**	4.02	90	Apo-Paroxetine
	3.61		**Loxamine**
(Apo-Paroxetine Tab 20 mg to be delisted 1 March 2020)			
SERTRALINE			
Tab 50 mg – **1% DV Mar-20 to 2022**	3.05	90	Arrow-Sertraline
	0.92	30	**Setrona**
Tab 100 mg – **1% DV Mar-20 to 2022**	5.25	90	Arrow-Sertraline
	1.61	30	**Setrona**
(Arrow-Sertraline Tab 50 mg to be delisted 1 March 2020)			
(Arrow-Sertraline Tab 100 mg to be delisted 1 March 2020)			

Antiepilepsy Drugs

Agents for the Control of Status Epilepticus

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

⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
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	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
ETHOSUXIMIDE			
Cap 250 mg	140.88	100	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 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**	2.76	56	**Logem**
Tab dispersible 50 mg – **5% DV Oct-19 to 2022**	3.31	56	**Logem**
Tab dispersible 100 mg – **5% DV Oct-19 to 2022**	4.40	56	**Logem**
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 Oct-19 to 2022**	38.95	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			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
PHENYTOIN SODIUM			
Cap 30 mg			
Cap 100 mg			
Oral liq 6 mg per ml			
PREGABALIN			
Note: Pregabalin not to be given in combination with gabapentin			
Cap 25 mg – **1% DV Jul-18 to 2021**	2.25	56	**Pregabalin Pfizer**
Cap 75 mg – **1% DV Jul-18 to 2021**	2.65	56	**Pregabalin Pfizer**
Cap 150 mg – **1% DV Jul-18 to 2021**	4.01	56	**Pregabalin Pfizer**
Cap 300 mg – **1% DV Jul-18 to 2021**	7.38	56	**Pregabalin Pfizer**
PRIMIDONE			
Tab 250 mg			
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

Re-assessment required after 6 months

Both:

1 Patient has confirmed diagnosis of Dravet syndrome; and

2 Seizures have been inadequately controlled by appropriate courses of sodium valproate, clobazam and at least two of the following: topiramate, levetiracetam, ketogenic diet.

Continuation

Paediatric neurologist

Patient continues to benefit from treatment as measured by reduced seizure frequency from baseline.

TOPIRAMATE			
Tab 25 mg	11.07	60	Arrow-Topiramate
	26.04		Topamax
	11.07		Topiramate Actavis
Tab 50 mg	18.81	60	Arrow-Topiramate
	44.26		Topamax
	18.81		Topiramate Actavis
Tab 100 mg	31.99	60	Arrow-Topiramate
	75.25		Topamax
	31.99		Topiramate Actavis
Tab 200 mg	55.19	60	Arrow-Topiramate
	129.85		Topamax
	55.19		Topiramate Actavis
Cap sprinkle 15 mg	20.84	60	Topamax
Cap sprinkle 25 mg	26.04	60	Topamax

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

⬇ Tab 500 mg

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

➥ **Restricted** (RS1153)

Initiation

Re-assessment required after 15 months

Both:

1 Either:

1.1 Patient has infantile spasms; or

1.2 Both:

1.2.1 Patient has epilepsy; and

1.2.2 Either:

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

1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from 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 Oct-19 to 2022**	24.44	100	**Apo-Sumatriptan**
Tab 100 mg – **1% DV Oct-19 to 2022**	46.23	100	**Apo-Sumatriptan**
Inj 12 mg per ml, 0.5 ml prefilled pen	81.15	2	Clustran

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

Prophylaxis of Migraine

PIZOTIFEN
Tab 500 mcg ..... 23.21 100 Sandomigran

Antinausea and Vertigo Agents

APREPITANT – **Restricted** see terms below
⬇ Cap 2 × 80 mg and 1 × 125 mg – **1% DV Jul-18 to 2021** ..... 84.00 3 **Emend Tri-Pack**
➥ **Restricted** (RS1154)
Initiation
Patient is undergoing highly emetogenic chemotherapy and/or anthracycline-based chemotherapy for the treatment of malignancy.

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 ..... 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 – **1% DV Jan-20 to 2022** ..... 9.50 10 **Pfizer**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
ONDANSETRON			
Tab 4 mg	3.36	50	Apo-Ondansetron
Tab dispersible 4 mg – **1% DV Apr-18 to 2020**	0.95	10	**Ondansetron ODT-DRLA**
Tab 8 mg	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	1.50	5	Ondansetron-Claris
Inj 2 mg per ml, 4 ml ampoule	2.20	5	Ondansetron Kabi
PROCHLORPERAZINE			
Tab buccal 3 mg			
Tab 5 mg – **1% DV Mar-18 to 2020**	6.35	250	**Nausafix**
Inj 12.5 mg per ml, 1 ml ampoule			
Suppos 25 mg			
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-19 to 2022**	5.15	30	**Sulprix**
Tab 200 mg – **1% DV Nov-19 to 2022**	14.96	60	**Sulprix**
Tab 400 mg	27.70	60	Sulprix
Oral liq 100 mg per ml	65.53	60 ml	Solian
(Solian Oral liq 100 mg per ml to be delisted 1 July 2020)			
ARIPIPRAZOLE			
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 – **1% DV Jan-20 to 2022**	14.83	100	**Largactil**
Tab 25 mg – **1% DV Jan-20 to 2022**	15.62	100	**Largactil**
Tab 100 mg – **1% DV Jan-20 to 2022**	36.73	100	**Largactil**
Oral liq 10 mg per ml			
Oral liq 20 mg per ml			
Inj 25 mg per ml, 2 ml ampoule – **1% DV Jan-20 to 2022**	30.79	10	**Largactil**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
CLOZAPINE			
Tab 25 mg	6.69	50	Clopine
	13.37	100	Clopine
	5.69	50	Clozaril
	11.36	100	Clozaril
Tab 50 mg	8.67	50	Clopine
	17.33	100	Clopine
Tab 100 mg	17.33	50	Clopine
	34.65	100	Clopine
	14.73	50	Clozaril
	29.45	100	Clozaril
Tab 200 mg	34.65	50	Clopine
	69.30	100	Clopine
Oral liq 50 mg per ml	17.33	100 ml	Clopine
HALOPERIDOL			
Tab 500 mcg – **1% DV Oct-19 to 2022**	6.23	100	**Serenace**
Tab 1.5 mg – **1% DV Oct-19 to 2022**	9.43	100	**Serenace**
Tab 5 mg – **1% DV Oct-19 to 2022**	29.72	100	**Serenace**
Oral liq 2 mg per ml – **1% DV Oct-19 to 2022**	23.84	100 ml	**Serenace**
Inj 5 mg per ml, 1ml ampoule – **1% DV Oct-19 to 2022**	21.55	10	**Serenace**
LEVOMEPROMAZINE			
Tab 25 mg – **1% DV Sep-19 to 2022**	16.10	100	**Nozinan**
Tab 100 mg – **1% DV Sep-19 to 2022**	41.75	100	**Nozinan**
LEVOMEPROMAZINE HYDROCHLORIDE			
Inj 25 mg per ml, 1 ml ampoule	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**

⬆ 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
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	Clopixol

Depot Injections

FLUPENTHIXOL DECANOATE			
Inj 20 mg per ml, 1 ml ampoule	13.14	5	Fluanxol
Inj 20 mg per ml, 2 ml ampoule	20.90	5	Fluanxol
Inj 100 mg per ml, 1 ml ampoule	40.87	5	Fluanxol
HALOPERIDOL DECANOATE			
Inj 50 mg per ml, 1 ml ampoule	28.39	5	Haldol
Inj 100 mg per ml, 1 ml ampoule	55.90	5	Haldol Concentrate
OLANZAPINE – **Restricted** see terms below			
⬇ Inj 210 mg vial – **1% DV Oct-18 to 2021**	252.00	1	**Zyprexa Relprevv**
⬇ Inj 300 mg vial – **1% DV Oct-18 to 2021**	414.00	1	**Zyprexa Relprevv**
⬇ Inj 405 mg vial – **1% DV Oct-18 to 2021**	504.00	1	**Zyprexa Relprevv**

➥ **Restricted** (RS1379)

Initiation

Re-assessment required after 12 months

Either:

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

2 All of the following:

2.1 The patient has schizophrenia; and

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

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

Continuation

Re-assessment required after 12 months

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

PALIPERIDONE – **Restricted** see terms below			
⬇ Inj 25 mg syringe	194.25	1	Invega Sustenna
⬇ Inj 50 mg syringe	271.95	1	Invega Sustenna
⬇ Inj 75 mg syringe	357.42	1	Invega Sustenna
⬇ Inj 100 mg syringe	435.12	1	Invega Sustenna
⬇ Inj 150 mg syringe	435.12	1	Invega Sustenna

➥ **Restricted** (RS1381)

Initiation

Re-assessment required after 12 months

Either:

continued…

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

continued…

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

Continuation

Re-assessment required after 12 months

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

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

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

RISPERIDONE – **Restricted** see terms below

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

➥ **Restricted** (RS1380)

Initiation

Re-assessment required after 12 months

Either:

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

Continuation

Re-assessment required after 12 months

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

ZUCLOPENTHIXOL DECANOATE

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

Anxiolytics

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**

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

Multiple Sclerosis Treatments

DIMETHYL FUMARATE – **Restricted** see terms below

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

➥ **Restricted** (RS1504)

Initiation

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

FINGOLIMOD – **Restricted** see terms below

⬇	Cap 0.5 mg	2,200.00	28	Gilenya

➥ **Restricted** (RS1433)

Initiation

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

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 40 mg prefilled syringe	2,275.00	12	Copaxone

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			

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

Sedatives and Hypnotics

CHLORAL HYDRATE
Oral liq 100 mg per ml
Oral liq 200 mg per ml

LORMETAZEPAM – **Restricted:** For continuation only
➥ Tab 1 mg

MELATONIN – **Restricted** see terms below
⬇ Tab modified-release 2 mg ..... 28.22 30 Circadin
⬇ Tab 3 mg
Note: Only for use in compounding an oral liquid formulation, for in-hospital use only.
➥ **Restricted** (RS1576)
Initiation – insomnia secondary to neurodevelopmental disorder
Psychiatrist, paediatrician, neurologist or respiratory specialist
Re-assessment required after 12 months
All of the following:
1 Patient has been diagnosed with persistent and distressing insomnia secondary to a neurodevelopmental disorder (including, but not limited to, autism spectrum disorder or attention deficit hyperactivity disorder); and
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
Re-assessment required after 12 months
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
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**

NITRAZEPAM – **Restricted:** For continuation only
➥ Tab 5 mg ..... 5.22 100 Nitrados
(Nitrados Tab 5 mg to be delisted 1 September 2020)

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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
ZOPICLONE			
Tab 7.5 mg	0.98	30	Zopiclone Actavis

Stimulants / ADHD Treatments

ATOMOXETINE – **Restricted** see terms below

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

➥ **Restricted** (RS1371)

Initiation

All of the following:

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

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

CAFFEINE

Tab 100 mg

DEXAMFETAMINE SULFATE – **Restricted** see terms below

⬇	Tab 5 mg – **1% DV Oct-18 to 2021**	20.00	100	**PSM**

➥ **Restricted** (RS1169)

Initiation – ADHD

Paediatrician or psychiatrist

Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria.

Initiation – Narcolepsy

Neurologist or respiratory specialist

Re-assessment required after 24 months

Patient suffers from narcolepsy.

Continuation – Narcolepsy

Neurologist or respiratory specialist

Re-assessment required after 24 months

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

	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
	18.20		Methylphenidate ER - Teva
⬇ Tab extended-release 27 mg	65.44	30	Concerta
	22.00		Methylphenidate ER - Teva
⬇ Tab extended-release 36 mg	71.93	30	Concerta
	22.40		Methylphenidate ER - Teva
⬇ Tab extended-release 54 mg	86.24	30	Concerta
	26.40		Methylphenidate ER - Teva
⬇ 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

➥ **Restricted** (RS1171)

Initiation – Narcolepsy

Neurologist or respiratory specialist

Re-assessment required after 24 months

All of the following:

continued…

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

continued…

1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and
2 Either:
  2.1 The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods; or
  2.2 The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and
3 Either:
  3.1 An effective dose of a listed formulation of methylphenidate or dexamphetamine has been trialled and discontinued because of intolerable side effects; or
  3.2 Methylphenidate and dexamphetamine are contraindicated.

Continuation – Narcolepsy
Neurologist or respiratory specialist
Re-assessment required after 24 months
The treatment remains appropriate and the patient is benefiting from treatment.

Treatments for Dementia

DONEPEZIL HYDROCHLORIDE

Tab 5 mg – **1% DV Sep-17 to 2020**	4.34	90	**Donepezil-Rex**
Tab 10 mg – **1% DV Sep-17 to 2020**	6.64	90	**Donepezil-Rex**

RIVASTIGMINE – **Restricted** see terms 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.

continued…

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

continued…

Initiation – Maintenance treatment

All of the following:

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

BUPROPION HYDROCHLORIDE

Tab modified-release 150 mg – **1% DV Jun-17 to 2020**	11.00	30	**Zyban**

DISULFIRAM

Tab 200 mg	75.57	100	Antabuse

NALTREXONE HYDROCHLORIDE – **Restricted** see terms below

⬇ Tab 50 mg – **1% DV Sep-17 to 2020**	112.55	30	**Naltraccord**

➥ **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**	17.28	28	**Habitrol**
Patch 14 mg per 24 hours – **1% DV Apr-18 to 2020**	19.00	28	**Habitrol**
Patch 21 mg per 24 hours – **1% DV Apr-18 to 2020**	21.77	28	**Habitrol**
⬇ Oral spray 1 mg per dose			*e.g. Nicorette QuickMist Mouth Spray*
Lozenge 1 mg – **1% DV Apr-18 to 2020**	18.27	216	**Habitrol**
Lozenge 2 mg – **1% DV Apr-18 to 2020**	20.02	216	**Habitrol**
⬇ Soln for inhalation 15 mg cartridge			*e.g. Nicorette Inhalator*
Gum 2 mg – **1% DV Apr-18 to 2020**	36.39	384	**Habitrol (Fruit)** **Habitrol (Mint)**
Gum 4 mg – **1% DV Apr-18 to 2020**	42.07	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 × 11 and 1 mg × 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** (RS1702)

Initiation

All of the following:

continued…

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

continued…

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 had a Special Authority for varenicline approved in the last 6 months; and
5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
6 The patient is not pregnant; and
7 The patient will not be prescribed more than 12 weeks' funded varenicline in a 12 month period.

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

Chemotherapeutic Agents

Alkylating Agents

BENDAMUSTINE HYDROCHLORIDE – **Restricted** see terms below

⬇ Inj 25 mg vial	271.35	1	Ribomustin
⬇ inj 100 mg vial	1,085.38	1	Ribomustin

➥ **Restricted** (RS1578)

Initiation – treatment naive CLL

All of the following:

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

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

Initiation – Indolent, Low-grade lymphomas

Re-assessment required after 9 months

All of the following:

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

Continuation – Indolent, Low-grade lymphomas

Re-assessment required after 9 months

Both:

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

continued…

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

continued…

2.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients.

Note: 'indolent, low-grade lymphomas' includes follicular, mantle cell, marginal zone and lymphoplasmacytic/ Waldenström's macroglobulinaemia.

BUSULFAN			
Tab 2 mg	89.25	100	Myleran
Inj 6 mg per ml, 10 ml ampoule			
CARMUSTINE			
Inj 100 mg vial	1,387.00	1	BiCNU Bicnu Heritage
CHLORAMBUCIL			
Tab 2 mg			
CYCLOPHOSPHAMIDE			
Tab 50 mg	79.00	50	Endoxan
	158.00	100	Procytox
Inj 1 g vial – **1% DV Oct-18 to 2021**	35.65	1	**Endoxan**
Inj 2 g vial – **1% DV Oct-18 to 2021**	71.25	1	**Endoxan**
IFOSFAMIDE			
Inj 1 g vial	96.00	1	Holoxan
Inj 2 g vial	180.00	1	Holoxan
LOMUSTINE			
Cap 10 mg	132.59	20	Ceenu
Cap 40 mg	399.15	20	Ceenu
MELPHALAN			
Tab 2 mg			
Inj 50 mg vial			
THIOTEPA			
Inj 15 mg vial			
Inj 100 mg vial			

Anthracyclines and Other Cytotoxic Antibiotics

BLEOMYCIN SULPHATE			
Inj 15,000 iu vial – **1% DV Dec-18 to 2021**	161.01	1	**DBL Bleomycin Sulfate**
DACTINOMYCIN [ACTINOMYCIN D]			
Inj 0.5 mg vial	166.75	1	Cosmegen
DAUNORUBICIN			
Inj 2 mg per ml, 10 ml vial	130.00	1	Pfizer
DOXORUBICIN HYDROCHLORIDE			
Inj 2 mg per ml, 5 ml vial			
Inj 2 mg per ml, 25 ml vial	11.50	1	Doxorubicin Ebewe
Note: DV limit applies to all 50 mg presentations of doxorubicin hydrochloride.			
Inj 50 mg vial			
Inj 2 mg per ml, 50 ml vial	23.00	1	Doxorubicin Ebewe
Inj 2 mg per ml, 100 ml vial – **1% DV Jan-19 to 2021**	56.15	1	**Doxorubicin Ebewe**
EPIRUBICIN HYDROCHLORIDE			
Inj 2 mg per ml, 5 ml vial	25.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 25 ml vial	30.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 100 ml vial – **1% DV Apr-19 to 2021**	85.00	1	**Epirubicin Ebewe**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
IDARUBICIN HYDROCHLORIDE			
Inj 5 mg vial – **1% DV Sep-18 to 2021**	93.00	1	**Zavedos**
Inj 10 mg vial – **1% DV Sep-18 to 2021**	198.00	1	**Zavedos**
MITOMYCIN C			
Inj 5 mg vial	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

Re-assessment required after 12 months

All of the following:

1 Any of the following:
- 1.1 The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or
- 1.2 The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or
- 1.3 The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and

2 The patient has performance status (WHO/ECOG) grade 0-2; and

3 The patient does not have secondary myelodysplastic syndrome resulting from chemical injury or prior treatment with chemotherapy and/or radiation for other diseases; and

4 The patient has an estimated life expectancy of at least 3 months.

Continuation

Haematologist

Re-assessment required after 12 months

Both:

1 No evidence of disease progression, and; and

2 The treatment remains appropriate and patient is benefitting from treatment.

CAPECITABINE			
Tab 150 mg	11.15	60	Brinov
Tab 500 mg	62.28	120	Brinov
CLADRIBINE			
Inj 2 mg per ml, 5 ml vial			
Inj 1 mg per ml, 10 ml vial	5,249.72	7	Leustatin
CYTARABINE			
Inj 20 mg per ml, 5 ml vial	400.00	5	Pfizer
Inj 100 mg per ml, 20 ml vial – **1% DV Dec-18 to 2021**	41.36	1	**Pfizer**
FLUDARABINE PHOSPHATE			
Tab 10 mg – **1% DV Sep-18 to 2021**	412.00	20	**Fludara Oral**
Inj 50 mg vial – **1% DV Nov-19 to 2022**	576.45	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**

⬆ 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
GEMCITABINE			
Inj 10 mg per ml, 100 ml vial	15.89	1	Gemcitabine Ebewe
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

Re-assessment required after 12 months

The patient requires a total dose of less than one full 50 mg tablet per day.

Continuation

Paediatric haematologist or paediatric oncologist

Re-assessment required after 12 months

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	30.00	5	DBL Methotrexate Onco-Vial
Inj 25 mg per ml, 20 ml vial	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	60.89	1	Juno Pemetrexed
⬇ Inj 500 mg vial	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/m^2 every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles.

Continuation – Mesothelioma

Re-assessment required after 8 months

All of the following:

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

continued…

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

continued…

Initiation – Non small cell lung cancer

Re-assessment required after 8 months

Both:

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

Continuation – Non small cell lung cancer

Re-assessment required after 8 months

All of the following:

1 No evidence of disease progression; and
2 The treatment remains appropriate and the patient is benefitting from treatment; and
3 Pemetrexed is to be administered at a dose of 500mg/m^2 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 — Phenasen

BORTEZOMIB – **Restricted** see terms below

⬇ Inj 3.5 mg vial ..... 1,892.50 — 1 — Velcade

➥ **Restricted** (RS1189)

Initiation – treatment naive multiple myeloma/amyloidosis

Limited to 15 months treatment

Both:

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

Initiation – relapsed/refractory multiple myeloma/amyloidosis

Re-assessment required after 8 months

All of the following:

1 Either:
  1.1 The patient has relapsed or refractory multiple myeloma; or

continued…

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

continued…

1.2 The patient has relapsed or refractory systemic AL amyloidosis; and

2 The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis; and

3 The patient has not had prior publicly funded treatment with bortezomib; and

4 Maximum of 4 treatment cycles.

Continuation – relapsed/refractory multiple myeloma/amyloidosis

Re-assessment required after 8 months

Both:

1 The patient's disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and

2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

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

1 A known therapeutic chemotherapy regimen and supportive treatments; or

2 A transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments.

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

COLASPASE [L-ASPARAGINASE]			
Inj 10,000 iu vial	102.32	1	Leunase
DACARBAZINE			
Inj 200 mg vial	58.06	1	DBL Dacarbazine
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
HYDROXYUREA			
Cap 500 mg	31.76	100	Hydrea
IRINOTECAN HYDROCHLORIDE			
Inj 20 mg per ml, 5 ml vial – **1% DV Apr-19 to 2021**	71.44	1	**Irinotecan Actavis 100**
LENALIDOMIDE – **Restricted** see terms below			
⬇ Cap 10 mg	6,207.00	21	Revlimid
⬇ Cap 15 mg	7,239.18	21	Revlimid
⬇ Cap 25 mg	7,627.00	21	Revlimid

➥ **Restricted** (RS1419)

Initiation

Haematologist

Re-assessment required after 6 months

All of the following:

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

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.

continued…

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

continued…

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

➥ **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

TEMOZOLOMIDE – **Restricted** see terms below

⬇	Cap 5 mg	10.20	5	Orion Temozolomide
⬇	Cap 20 mg – **1% DV May-20 to 2022**	18.30	5	Orion Temozolomide
		16.38		**Temaccord**
⬇	Cap 100 mg – **1% DV May-20 to 2022**	40.20	5	Orion Temozolomide
		35.98		**Temaccord**
⬇	Cap 140 mg – **1% DV May-20 to 2022**	50.12	5	**Temaccord**
⬇	Cap 250 mg – **1% DV May-20 to 2022**	96.80	5	Orion Temozolomide
		86.34		**Temaccord**

(Orion Temozolomide Cap 20 mg to be delisted 1 May 2020)

(Orion Temozolomide Cap 100 mg to be delisted 1 May 2020)

(Orion Temozolomide Cap 250 mg to be delisted 1 May 2020)

➥ **Restricted** (RS1645)

Initiation – High grade gliomas

Re-assessment required after 12 months

All of the following:

1 Either:

continued…

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

continued…

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

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/m^2 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:

1 The patient has multiple myeloma; or

continued…

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

continued…

2 The patient has systemic AL amyloidosis*; or
3 The patient has erythema nodosum leprosum.

Continuation
Patient has obtained a response from treatment during the initial approval period.
Notes: Prescription must be written by a registered prescriber in the thalidomide risk management programme operated by the supplier
Maximum dose of 400 mg daily as monotherapy or in a combination therapy regimen
Indication marked with * is an unapproved indication

TRETINOIN
Cap 10 mg ..... 479.50 — 100 — Vesanoid

Platinum Compounds

CARBOPLATIN
Inj 10 mg per ml, 45 ml vial – **1% DV Jun-19 to 2021** ..... 45.20 — 1 — **Carboplatin Ebewe**

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 Feb-20 to 2021** ..... 46.32 — 1 — Oxaliccord
Oxaliplatin Accord

(Oxaliccord Inj 5 mg per ml, 20 ml vial to be delisted 1 February 2020)

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
➥ **Restricted** (RS1685)
Initiation
Haematologist or any relevant practitioner on the recommendation of a haematologist
Re-assessment required after 6 months
Any of the following:
1 Both:
1.1 The patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis or accelerated phase; and
1.2 Maximum dose of 140 mg/day; or
2 Both:
2.1 The patient has a diagnosis of Philadelphia chromosome-positive acute lymphoid leukaemia (Ph+ ALL); and
2.2 Maximum dose of 140 mg/day; or
3 All of the following:
3.1 The patient has a diagnosis of CML in chronic phase; and
3.2 Maximum dose of 100 mg/day; and
3.3 Any of the following:
3.3.1 Patient has documented treatment failure* with imatinib; or
3.3.2 Patient has experienced treatment-limiting toxicity with imatinib precluding further treatment with imatinib; or
3.3.3 Patient has high-risk chronic-phase CML defined by the Sokal or EURO scoring system; or

continued…

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

continued…

3.3.4 Patients is enrolled in the KISS study** and requires dasatinib treatment according to the study protocol.

Continuation

Haematologist or any relevant practitioner on the recommendation of a haematologist

Re-assessment required after 6 months

All of the following:

1 Lack of treatment failure while on dasatinib*; and
2 Dasatinib treatment remains appropriate and the patient is benefiting from treatment; and
3 Maximum dasatinib dose of 140 mg/day for accelerated or blast phase CML and Ph+ ALL, and 100 mg/day for chronic phase CML.

Note: *treatment failure for CML as defined by Leukaemia Net Guidelines. **Kinase-Inhibition Study with Sprycel Start-up https://www.cancertrialsnz.ac.nz/kiss/

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 getitinib due to intolerance; and
    3.2.2 The cancer did not progress while on gefitinib; and
4 Erlotinib is to be given for a maximum of 3 months.

Continuation

Re-assessment required after 6 months

Both:

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

GEFITINIB – **Restricted** see terms below

⬇	Tab 250 mg	1,700.00	30	Iressa

➥ **Restricted** (RS1580)

Initiation

Re-assessment required after 4 months

All of the following:

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

continued…

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

continued…

Continuation

Re-assessment required after 6 months

Both:

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

IMATINIB MESILATE

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

⬇ Tab 100 mg	2,400.00	60	Glivec

➥ **Restricted** (RS1402)

Initiation

Re-assessment required after 12 months

Both:

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

Continuation

Re-assessment required after 12 months

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

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

Cap 100 mg – **1% DV Oct-17 to 2020**	98.00	60	**Imatinib-AFT**
Cap 400 mg – **1% DV Oct-17 to 2020**	197.50	30	**Imatinib-AFT**

LAPATINIB – **Restricted** see terms below

⬇ Tab 250 mg	1,899.00	70	Tykerb

➥ **Restricted** (RS1197)

Initiation

Re-assessment required after 12 months

Either:

1 All of the following:

1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
1.2 The patient has not previously received trastuzumab treatment for HER 2 positive metastatic breast cancer; and
1.3 Lapatinib not to be given in combination with trastuzumab; and
1.4 Lapatinib to be discontinued at disease progression; or

2 All of the following:

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

continued…

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

continued…

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.

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

continued…

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

continued…

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.

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:

continued…

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

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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:
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

continued…

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

continued…

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 Folinate Ebewe
Inj 10 mg per ml, 5 ml vial – **1% DV Jan-20 to 2022**	7.28	1	**Calcium Folinate Sandoz**
Inj 10 mg per ml, 10 ml vial – **1% DV Jan-20 to 2022**	7.33	1	Calcium Folinate Ebewe
	9.49		**Calcium Folinate Sandoz**
Inj 10 mg per ml, 30 ml vial	22.51	1	Calcium Folinate Ebewe
Inj 10 mg per ml, 35 ml vial – **1% DV Nov-19 to 2022**	25.14	1	**Calcium Folinate Sandoz**
Inj 10 mg per ml, 100 ml vial – **1% DV Mar-20 to 2022**	67.51	1	Calcium Folinate Ebewe
	72.00		**Calcium Folinate Sandoz**

(Calcium Folinate Ebewe Inj 10 mg per ml, 10 ml vial to be delisted 1 January 2020)
(Calcium Folinate Ebewe Inj 10 mg per ml, 100 ml vial to be delisted 1 March 2020)

DEXRAZOXANE – **Restricted** see terms below

⬇ Inj 500 mg

➥ **Restricted** (RS1695)

Initiation

Medical oncologist, paediatric oncologist, haematologist or paediatric haematologist

All of the following:

1 Patient is to receive treatment with high dose anthracycline given with curative intent; and
2 Based on current treatment plan, patient's cumulative lifetime dose of anthracycline will exceed 250mg/m2 doxorubicin equivalent or greater; and
3 Dexrazoxane to be administered only whilst on anthracycline treatment; and
4 Either:
  4.1 Treatment to be used as a cardioprotectant for a child or young adult; or
  4.2 Treatment to be used as a cardioprotectant for secondary malignancy.

MESNA			
Tab 400 mg – **1% DV Nov-19 to 2022**	314.00	50	**Uromitexan**
Tab 600 mg – **1% DV Nov-19 to 2022**	448.50	50	**Uromitexan**
Inj 100 mg per ml, 4 ml ampoule – **1% DV Nov-19 to 2022**	177.45	15	**Uromitexan**
Inj 100 mg per ml, 10 ml ampoule – **1% DV Nov-19 to 2022**	407.40	15	**Uromitexan**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Vinca Alkaloids			
VINBLASTINE SULPHATE			
Inj 1 mg per ml, 10 ml vial	186.46	5	Hospira
VINCRISTINE SULPHATE			
Inj 1 mg per ml, 1 ml vial	74.52	5	DBL Vincristine Sulfate
Inj 1 mg per ml, 2 ml vial	85.61	5	DBL Vincristine Sulfate
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

➥ **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**
FLUTAMIDE			
Tab 250 mg	119.50	100	Flutamin
MEGESTROL ACETATE			
Tab 160 mg – **1% DV Oct-18 to 2021**	63.53	30	**Apo-Megestrol**

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
OCTREOTIDE – **Some items restricted** see terms below			
Inj 50 mcg per ml, 1 ml ampoule – **1% DV Nov-17 to 2020**	30.64	5	**DBL Octreotide**
Inj 100 mcg per ml, 1 ml ampoule – **1% DV Nov-17 to 2020**	18.69	5	**DBL Octreotide**
Inj 500 mcg per ml, 1 ml ampoule – **1% DV Nov-17 to 2020**	72.50	5	**DBL Octreotide**
⬇ Inj 10 mg vial	1,772.50	1	Sandostatin LAR
⬇ Inj 20 mg vial	2,358.75	1	Sandostatin LAR
⬇ Inj 30 mg vial	2,951.25	1	Sandostatin LAR

➥ **Restricted** (RS1201)

Initiation – Malignant bowel obstruction

All of the following:

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

Note: Indications marked with * are unapproved indications

Initiation – acromegaly

Re-assessment required after 3 months

Both:

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

Continuation – acromegaly

Both:

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

Note: In patients with acromegaly octreotide treatment should be discontinued if IGF1 levels have not decreased after 3 months 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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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**
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	49.60	100	Tacrolimus Sandoz
⬇ Cap 0.75 mg	99.30	100	Tacroliums Sandoz
⬇ Cap 1 mg	84.30	100	Tacrolimus Sandoz
⬇ Cap 5 mg	248.20	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

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

Fusion Proteins

ETANERCEPT – **Restricted** see terms below

⬇	Inj 25 mg vial – **5% DV Sep-19 to 2024** 799.96	4	**Enbrel**
⬇	Inj 50 mg autoinjector – **5% DV Sep-19 to 2024** 1,599.96	4	**Enbrel**
⬇	Inj 50 mg syringe – **5% DV Sep-19 to 2024** 1,599.96	4	**Enbrel**

➥ **Restricted** (RS1686)

Initiation – juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Either:

1 Both:
- 1.1 The patient has had an initial Special Authority approval for adalimumab for juvenile idiopathic arthritis (JIA); and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
  - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for JIA; or

2 All of the following:
- 2.1 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and
- 2.2 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
- 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m^2 weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
- 2.5 Both:
  - 2.5.1 Either:
    - 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:

continued…

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

continued…

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

2 All of the following:
2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
2.5 Any of the following:
2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of 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:

continued…

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

continued…

1 Both:
  1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and
  1.2 Either:
    1.2.1 The patient has experienced intolerable side effects from adalimumab; or
    1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for ankylosing spondylitis; or

2 All of the following:
  2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
  2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
  2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
  2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of a regular exercise regimen for ankylosing spondylitis; and
  2.5 Either:
    2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or
    2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender (see Notes); and
  2.6 Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure must be no more than 1 month old at the time of starting treatment.
Average normal chest expansion corrected for age and gender:

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

Continuation – ankylosing spondylitis
Rheumatologist
Re-assessment required after 6 months
All of the following:

1 Following 12 weeks' initial treatment and for subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less; and
2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Initiation – psoriatic arthritis
Rheumatologist
Re-assessment required after 6 months
Either:

continued…

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

continued…

1 Both:
  1.1 The patient has had an initial Special Authority approval for adalimumab for psoriatic arthritis; and
  1.2 Either:
    1.2.1 The patient has experienced intolerable side effects from adalimumab; or
    1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for psoriatic arthritis; or
2 All of the following:
  2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
  2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
  2.3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
  2.4 Either:
    2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
    2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
  2.5 Any of the following:
    2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
    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 – severe chronic 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 – severe chronic plaque psoriasis, treatment-naive
Dermatologist
Limited to 4 months treatment
All of the following:

continued…

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

continued…

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 (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 or DLQI 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 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 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 – severe chronic 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 Either:
      1.1.2.1 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
      1.1.2.2 Following each prior etanercept treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-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

continued…

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

continued…

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 adalimumab and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or
2 All of the following:
  2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
  2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and
  2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Continuation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

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

Monoclonal Antibodies

ABCIXIMAB – **Restricted** see terms below

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

➥ **Restricted** (RS1202)

Initiation

Either:

1 For use in patients with acute coronary syndromes undergoing percutaneous coronary intervention; or
2 For use in patients undergoing intra-cranial intervention.

ADALIMUMAB – **Restricted** see terms below

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

➥ **Restricted** (RS1701)

Initiation – juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Either:

continued…

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

continued…

1 Either:

1.1 Both:

1.1.1 The patient has had an initial Special Authority approval for etanercept for juvenile idiopathic arthritis (JIA); and

1.1.2 Either:

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

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

2 All of the following:

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

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

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

2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m^2 weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and

2.5 Both:

2.5.1 Either:

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

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

2.5.2 Physician's global assessment indicating severe disease.

Continuation – juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Both:

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

2 Either:

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.

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

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Continuation – fistulising Crohn's disease
Gastroenterologist
Re-assessment required after 6 months
Either:

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

Initiation – Crohn's disease - adults
Gastroenterologist
Re-assessment required after 3 months
All of the following:

1 Patient has severe active Crohn's disease; and
2 Any of the following:
  2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or
  2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
  2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
  2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
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.

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

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Continuation – Crohn's disease - children

Gastroenterologist

Re-assessment required after 3 months

Both:

1 Any of the following:

1.1 PCDAI score has reduced by 100 points from the PCDAI score when the patient was initiated on adalimumab; or

1.2 PCDAI score is 150 or less; or

1.3 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed; and

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

Initiation – rheumatoid arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and

1.2 Either:

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

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

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.

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

continued…

Continuation – rheumatoid arthritis
Rheumatologist
Re-assessment required after 6 months
All of the following:

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

2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

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

Initiation – ankylosing spondylitis
Rheumatologist
Re-assessment required after 6 months
Either:

1 Both:

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

1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for ankylosing spondylitis; or

2 All of the following:

2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of 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:

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

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

Continuation – ankylosing spondylitis
Rheumatologist
Re-assessment required after 6 months
All of the following:

1 Following 12 weeks' initial treatment and subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less; and
2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation – psoriatic arthritis
Rheumatologist
Re-assessment required after 6 months
Either:

1 Both:
  1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and
  1.2 Either:
    1.2.1 The patient has experienced intolerable side effects from etanercept; or
    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.

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

continued…

Continuation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Both:

1 Either:
  1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician; and
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation – plaque psoriasis, prior TNF use

Dermatologist

Limited to 4 months treatment

Both:

1 The patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
2 Either:
  2.1 The patient has experienced intolerable side effects from etanercept; or
  2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for severe chronic plaque psoriasis.

Initiation – plaque psoriasis, treatment-naive

Dermatologist

Limited to 4 months treatment

All of the following:

1 Either:
  1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 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 (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 or DLQI 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 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 subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Continuation – plaque psoriasis

Dermatologist

Re-assessment required after 6 months

Both:

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

continued…

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

continued…

1.1.2 Either:

1.1.2.1 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

1.1.2.2 Following each prior adalimumab treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or

1.2 Both:

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

1.2.2 Either:

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

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

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

Initiation – pyoderma gangrenosum

Dermatologist

All of the following:

1 Patient has pyoderma gangrenosum*; and

2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and

3 A maximum of 4 doses.

Note: Indications marked with * are unapproved indications.

Continuation – pyoderma gangrenosum

Dermatologist

All of the following:

1 Patient has shown clinical improvement; and

2 Patient continues to require treatment; and

3 A maximum of 4 doses.

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

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

continued…

2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and
2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Continuation – adult-onset Still's disease
Rheumatologist
Re-assessment required after 6 months
The patient has a sustained improvement in inflammatory markers and functional status.

Initiation – severe Behcet's disease
Any relevant practitioner
Re-assessment required after 3 months
All of the following:

1 The patient has severe Behcet's disease that is significantly impacting the patient's quality of life (see Notes); and
2 Either:
2.1 The patient has severe ocular, neurological, gastrointestinal, rheumatological, mucocutaneous and/or vasculitic symptoms and has not responded adequately to treatment with infliximab (see Notes); or
2.2 The patient has severe ocular, neurological, gastrointestinal, rheumatological, mucocutaneous and/or vasculitic symptoms and has experienced intolerable side effects from treatment with infliximab; and
3 The patient is experiencing significant loss of quality of life; and
4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Note: 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.

Continuation – severe Behcet's disease
Any relevant practitioner
Re-assessment required after 6 months
Both:

1 Patient has had a good clinical response to initial treatment with measurably improved quality of life; and
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation – severe ocular inflammation
Re-assessment required after 4 months
Either:

1 Both:
1.1 The patient has had an initial Special Authority approval for infliximab for severe ocular inflammation; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from infliximab; or
1.2.2 The patient has received insufficient benefit from infliximab to meet the renewal criteria for infliximab for severe ocular inflammation; or
2 Both:
2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
2.2 Any of the following:
2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or
2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or
2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

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

continued…

Continuation – severe ocular inflammation

Re-assessment required after 12 months

Both:

1 Any of the following:
  1.1 The patient has had a good clinical response following 3 initial doses; or
  1.2 Following each 12-month treatment period, 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); or
  1.3 Following each 12-month treatment period, 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; and
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

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 adalimumab is withdrawn.

Initiation – chronic ocular inflammation

Re-assessment required after 4 months

Either:

1 Both:
  1.1 The patient has had an initial Special Authority approval for infliximab for chronic ocular inflammation; and
  1.2 Either:
    1.2.1 The patient has experienced intolerable side effects from infliximab; or
    1.2.2 The patient has received insufficient benefit from infliximab to meet the renewal criteria for infliximab for chronic ocular inflammation; or
2 Both:
  2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and
  2.2 Any of the following:
    2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or
    2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or
    2.2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate.

Continuation – chronic ocular inflammation

Re-assessment required after 12 months

Both:

1 Any of the following:
  1.1 The patient has had a good clinical response following 12 weeks' initial treatment; or
  1.2 Following each 12-month treatment period, 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); or
  1.3 Following each 12-month treatment period, 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; and
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

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 adalimumab is withdrawn.

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

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Initiation – hidradenitis suppurativa
Dermatologist
Re-assessment required after 4 months
All of the following:

1 Patient has hidradenitis suppurativa Hurley Stage II or Hurley Stage III lesions in distinct anatomic areas; and
2 Patient has tried, but had an inadequate response to at least a 90 day trial of systemic antibiotics or patient has demonstrated intolerance to or has contraindications for systemic antibiotics; and
3 The patient has 3 or more active lesions (e.g. inflammatory nodules, abscesses, draining fistulae); and
4 The patient has a Dermatology Quality of Life Index of 10 or more and the assessment is no more than 1 month old at time of application; and
5 Following the initial loading doses, adalimumab is to be administered at doses no greater than 40mg every 7 days.

Continuation – hidradenitis suppurativa
Dermatologist
Re-assessment required after 6 months
All of the following:

1 The patient has a reduction in active lesions (e.g. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline; and
2 The patient has a Dermatology Quality of Life Index improvement of 4 or more from baseline; and
3 Adalimumab is to be administered at doses no greater than 40mg every 7 days. Fortnightly dosing has been considered.

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:
    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:

continued…

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

continued…

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 vial ..... 2,560.00 1 Simulect
➥ **Restricted** (RS1203)
Initiation
For use in solid organ transplants.

BEVACIZUMAB – **Restricted** see terms below
⬇ Inj 25 mg per ml, 4 ml vial
⬇ Inj 25 mg per ml, 16 ml vial
➥ **Restricted** (RS1691)
Initiation – Recurrent Respiratory Papillomatosis
Otolaryngologist
Re-assessment required after 12 months
All of the following:

1 Maximum of 6 doses; and
2 The patient has recurrent respiratory papillomatosis; and
3 The treatment is for intra-lesional administration.

Continuation – Recurrent Respiratory Papillomatosis
Otolaryngologist
Re-assessment required after 12 months
All of the following:

1 Maximum of 6 doses; and
2 The treatment is for intra-lesional administration; and
3 There has been a reduction in surgical treatments or disease regrowth as a result of treatment.

continued…

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

continued…

Initiation – ocular conditions

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**

➥ **Restricted** (RS1697)

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.

continued…

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

continued…

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

Either:

1 Both:
  1.1 The patient has had an initial Special Authority approval for adalimumab for severe ocular inflammation; 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 severe ocular inflammation; or
2 Both:
  2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and

continued…

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

continued…

2.2 Any of the following:

2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or

2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or

2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

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 Following each 12-month treatment period, 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); or

3 Following each 12-month treatment period, 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.

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 – chronic ocular inflammation

Re-assessment required after 3 doses

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for chronic ocular inflammation; 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 chronic ocular inflammation; or

2 Both:

2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and

2.2 Any of the following:

2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or

2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at therapeutic dose; or

2.2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate.

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 Following each 12-month treatment period, 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); or

3 Following each 12-month treatment period, 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.

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely

continued…

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

continued…

high risk of irreversible vision loss if infliximab is withdrawn.

Initiation – Pulmonary sarcoidosis

Both:

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

Initiation – Crohn's disease (adults)

Gastroenterologist

Re-assessment required after 3 months

All of the following:

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

Continuation – Crohn's disease (adults)

Gastroenterologist

Re-assessment required after 6 months

Both:

1 Any of the following:
  1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on infliximab; or
  1.2 CDAI score is 150 or less; or
  1.3 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
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.

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

continued…

Continuation – Crohn's disease (children)
Gastroenterologist
Re-assessment required after 6 months
Both:

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

Initiation – fistulising Crohn's disease
Gastroenterologist
Re-assessment required after 4 months
Both:

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

Continuation – fistulising Crohn's disease
Gastroenterologist
Re-assessment required after 6 months
Both:

1 Either:
  1.1 The number of open draining fistulae have decreased from baseline by at least 50%; or
  1.2 There has been a marked reduction in drainage of all fistula(e) from baseline (in the case of adult patients, as demonstrated by a reduction in the Fistula Assessment score), together with less induration and patient reported pain; and
2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

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.

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

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Initiation – severe ulcerative colitis

Gastroenterologist

Re-assessment required after 3 months

All of the following:

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

Continuation – severe ulcerative colitis

Gastroenterologist

Re-assessment required after 6 months

All of the following:

1 Patient is continuing to maintain remission and the benefit of continuing infliximab outweighs the risks; and
2 Either:
  2.1 Patient is 18 years or older and the SCCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on infliximab; or
  2.2 Patient is under 18 years and the PUCAI score has reduced by 30 points or more from the PUCAI score when the patient was initiated on infliximab; and
3 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle.

Initiation – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Either:

1 Both:
  1.1 The patient has had an initial Special Authority approval for adalimumab or etanercept for severe chronic plaque 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

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

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2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

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

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

Continuation – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Both:

1 Either:

1.1 Both:

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

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

1.2 Both:

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

1.2.2 Either:

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

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

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

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

continued…

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

continued…

2.3 Either:

2.3.1 There has been an improvement in MRI appearances; or

2.3.2 Marked improvement in other symptomology.

Initiation – severe Behcet's disease

Re-assessment required after 4 months

All of the following:

1 The patient has severe Behcet's disease which is significantly impacting the patient's quality of life (see Notes); and

2 Either:

2.1 The patient has severe ocular, neurological and/or vasculitic symptoms and has not responded adequately to one or more treatment(s) appropriate for the particular symptom(s) (see Notes); or

2.2 The patient has severe gastrointestinal, rheumatologic and/or mucocutaneous symptoms and has not responded adequately to two or more treatment appropriate for the particular symptom(s) (see Notes); and

3 The patient is experiencing significant loss of quality of life.

Notes:

1 Behcet's disease diagnosed according to the International Study Group for Behcet's Disease. Lancet 1990;335(8697):1078-80. Quality of life measured using an appropriate quality of life scale such as that published in Gilworth et al J Rheumatol. 2004;31:931-7.

2 Treatments appropriate for the particular symptoms are those that are considered standard conventional treatments for these symptoms, for example intravenous/oral steroids and other immunosuppressants for ocular symptoms; azathioprine, steroids, thalidomide, interferon alpha and ciclosporin for mucocutaneous symptoms; and colchicine, steroids and methotrexate for rheumatological symptoms.

Continuation – severe Behcet's disease

Re-assessment required after 6 months

Both:

1 Patient has had a good clinical response to initial treatment with measurably improved quality of life; and

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

OBINUTUZUMAB – **Restricted** see terms 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 1.5×10^9/L and platelets greater than or equal to 75×10^9/L

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
OMALIZUMAB – **Restricted** see terms below			
⬇ Inj 150 mg prefilled syringe	450.00	1	Xolair
⬇ Inj 150 mg vial	450.00	1	Xolair

➥ **Restricted** (RS1652)

Initiation – severe asthma

Clinical immunologist or respiratory specialist

Re-assessment required after 6 months

All of the following:

1 Patient must be aged 6 years or older ; and
2 Patient has a diagnosis of severe asthma; and
3 Past or current evidence of atopy, documented by skin prick testing or RAST; and
4 Total serum human immunoglobulin E (IgE) between 76 IU/mL and 1300 IU/ml at baseline; and
5 Proven adherence with optimal inhaled therapy including high dose inhaled corticosteroid (budesonide 1,600 mcg per day or fluticasone propionate 1,000 mcg per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 mcg bd or eformoterol 12 mcg bd) for at least 12 months, unless contraindicated or not tolerated; and
6 Either:
  6.1 Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; or
  6.2 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral steroids; and
7 Patient has an Asthma Control Test (ACT) score of 10 or less; and
8 Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 26 weeks after the first dose to assess response to treatment.

Continuation – severe asthma

Respiratory specialist

Re-assessment required after 6 months

Both:

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.

continued…

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

continued…

Continuation – severe chronic spontaneous urticaria
Clinical immunologist or dermatologist
Re-assessment required after 6 months
Either:

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

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

PERTUZUMAB – **Restricted** see terms below
⬇ Inj 30 mg per ml, 14 ml vial ..... 3,927.00 1 Perjeta
➥ **Restricted** (RS1551)
Initiation
Re-assessment required after 12 months
All of the following:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 Either:
  2.1 Patient is chemotherapy treatment naive; or
  2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
3 The patient has good performance status (ECOG grade 0-1); and
4 Pertuzumab to be administered in combination with trastuzumab; and
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

continued…

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

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1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and

1.2 Either:

1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or

1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and

1.3 There is no structural damage to the central fovea of the treated eye; and

1.4 Patient has not previously been treated with aflibercept for longer than 3 months; or

2 Patient has current approval to use aflibercept for treatment of wAMD and was found to be intolerant to aflibercept within 3 months.

Continuation – Wet Age Related Macular Degeneration

Ophthalmologist

Re-assessment required after 12 months

All of the following:

1 Documented benefit must be demonstrated to continue; and

2 Patient's vision is 6/36 or better on the Snellen visual acuity score; and

3 There is no structural damage to the central fovea of the treated eye.

RITUXIMAB – **Restricted** see terms below

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

➥ **Restricted** (RS1692)

Initiation – haemophilia with inhibitors

Haematologist

Any of the following:

1 Patient has mild congenital haemophilia complicated by inhibitors; or

2 Patient has severe congenital haemophilia complicated by inhibitors and has failed immune tolerance therapy; or

3 Patient has acquired haemophilia.

Continuation – haemophilia with inhibitors

Haematologist

All of the following:

1 Patient was previously treated with rituximab for haemophilia with inhibitors; and

2 An initial response lasting at least 12 months was demonstrated; and

3 Patient now requires repeat treatment.

Initiation – post-transplant

Both:

1 The patient has B-cell post-transplant lymphoproliferative disorder*; and

2 To be used for a maximum of 8 treatment cycles.

Note: Indications marked with * are unapproved indications.

Continuation – post-transplant

All of the following:

1 The patient has had a rituximab treatment-free interval of 12 months or more; and

2 The patient has B-cell post-transplant lymphoproliferative disorder*; and

3 To be used for no more than 6 treatment cycles.

Note: Indications marked with * are unapproved indications.

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

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

Re-assessment required after 9 months

Either:

1 Both:
- 1.1 The patient has indolent low grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
- 1.2 To be used for a maximum of 6 treatment cycles; or

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

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

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

Re-assessment required after 9 months

All of the following:

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

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

Initiation – aggressive CD20 positive NHL

Either:

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

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

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

Continuation – aggressive CD20 positive NHL

All of the following:

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

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

Initiation – Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:

1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
2 The patient is rituximab treatment naive; and
3 Either:
- 3.1 The patient is chemotherapy treatment naive; or
- 3.2 Both:
  - 3.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and

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

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3.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; and

4 The patient has good performance status; and
5 The patient does not have chromosome 17p deletion CLL; and
6 Rituximab to be administered in combination with fludarabine and cyclophosphamide or bendamustine for a maximum of 6 treatment cycles; and
7 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with rituximab is expected to improve symptoms and improve ECOG score to < 2.

Continuation – Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:

1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
2 The patient has had an interval of 36 months or more since the commencement of initial rituximab treatment; and
3 The patient does not have chromosome 17p deletion CLL; and
4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine; and
5 Rituximab to be administered in combination with fludarabine and cyclophosphamide or bendamustine for a maximum of 6 treatment cycles.

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

Initiation – rheumatoid arthritis - prior TNF inhibitor use

Rheumatologist

Limited to 4 months treatment

All of the following:

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

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

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

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

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

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

continued…

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

continued…

1.1 At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

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

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

3 Either:

3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or

3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

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

Initiation – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 4 weeks

Both:

1 Patient has cold haemagglutinin disease*; and

2 Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms.

Note: Indications marked with * are unapproved indications.

Continuation – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 4 weeks

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or

2 All of the following:

2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease*; and

2.2 An initial response lasting at least 12 months was demonstrated; and

2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initiation – warm autoimmune haemolytic anaemia (warm AIHA)

Haematologist

Re-assessment required after 4 weeks

Both:

1 Patient has warm autoimmune haemolytic anaemia*; and

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

Note: Indications marked with * are unapproved indications.

Continuation – warm autoimmune haemolytic anaemia (warm AIHA)

Haematologist

Re-assessment required after 4 weeks

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or

2 All of the following:

2.1 Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*; and

2.2 An initial response lasting at least 12 months was demonstrated; and

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

continued…

2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initiation – immune thrombocytopenic purpura (ITP)

Haematologist

Re-assessment required after 4 weeks

Both:

1 Either:

1.1 Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microlitre; or

1.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and

2 Any of the following:

2.1 Treatment with steroids and splenectomy have been ineffective; or

2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or

2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy).

Note: Indications marked with * are unapproved indications.

Continuation – immune thrombocytopenic purpura (ITP)

Haematologist

Re-assessment required after 4 weeks

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or

2 All of the following:

2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and

2.2 An initial response lasting at least 12 months was demonstrated; and

2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initiation – thrombotic thrombocytopenic purpura (TTP)

Haematologist

Re-assessment required after 4 weeks

Either:

1 Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or

2 Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology.

Note: Indications marked with * are unapproved indications.

Continuation – thrombotic thrombocytopenic purpura (TTP)

Haematologist

Re-assessment required after 4 weeks

All of the following:

1 Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and

2 An initial response lasting at least 12 months was demonstrated; and

3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

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

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Initiation – pure red cell aplasia (PRCA)

Haematologist

Re-assessment required after 6 weeks

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

Note: Indications marked with * are unapproved indications.

Continuation – pure red cell aplasia (PRCA)

Haematologist

Re-assessment required after 6 weeks

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

Note: Indications marked with * are unapproved indications.

Initiation – ANCA associated vasculitis

Re-assessment required after 4 weeks

All of the following:

1 Patient has been diagnosed with ANCA associated vasculitis*; and
2 The total rituximab dose would not exceed the equivalent of 375 mg/m^2 of body-surface area per week for a total of 4 weeks; and
3 Any of the following:
  3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months; or
  3.2 Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose > 15 g; or
  3.3 Cyclophosphamide and methotrexate are contraindicated; or
  3.4 Patient is a female of child-bearing potential; or
  3.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.

Note: Indications marked with * are unapproved indications.

Continuation – ANCA associated vasculitis

Re-assessment required after 4 weeks

All of the following:

1 Patient has been diagnosed with ANCA associated vasculitis*; and
2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
3 The total rituximab dose would not exceed the equivalent of 375 mg/m^2 of body-surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Initiation – treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

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

Note: Indications marked with * are unapproved indications.

Continuation – treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

1 Patient's SLE* achieved at least a partial response to the previous round of prior rituximab treatment; and
2 The disease has subsequently relapsed; and

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

continued…

3 Maximum of two 1000 mg infusions of rituximab.

Note: Indications marked with * are unapproved indications.

Initiation – Antibody-mediated renal transplant rejection

Nephrologist

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

Note: Indications marked with * are unapproved indications.

Initiation – ABO-incompatible renal transplant

Nephrologist

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

Note: Indications marked with * are unapproved indications.

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

Nephrologist

Re-assessment required after 4 weeks

All of the following:

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

Note: Indications marked with a * are unapproved indications.

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

Nephrologist

Re-assessment required after 4 weeks

All of the following:

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

Note: Indications marked with a * are unapproved indications.

Initiation – Steroid resistant nephrotic syndrome (SRNS)

Nephrologist

Re-assessment required after 4 weeks

All of the following:

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

Note: Indications marked with a * are unapproved indications.

Continuation – Steroid resistant nephrotic syndrome (SRNS)

Nephrologist

Re-assessment required after 4 weeks

All of the following:

continued…

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

continued…

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

Note: Indications marked with a * are unapproved indications.

Initiation – Neuromyelitis Optica Spectrum Disorder (NMOSD)

Relevant specialist or medical practitioner on the recommendation of a Relevant specialist

Re-assessment required after 6 months

Both:

1 One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m2 administered weekly for four weeks; and
2 Either:
  2.1 The patient has experienced a severe episode or attack of NMOSD (rapidly progressing symptoms and clinical investigations supportive of a severe attack of NMOSD); or
  2.2 All of the following:
    2.2.1 The patient has experienced a breakthrough attack of NMOSD; and
    2.2.2 The patient is receiving treatment with mycophenolate; and
    2.2.3 The patients is receiving treatment with corticosteroids.

Continuation – Neuromyelitis Optica Spectrum Disorder (NMOSD)

Relevant specialist or medical practitioner on the recommendation of a Relevant specialist

Re-assessment required after 2 years

All of the following:

1 One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m2 administered weekly for four weeks; and
2 The patients has responded to the most recent course of rituximab; and
3 The patient has not received rituximab in the previous 6 months.

Initiation – Severe Refractory Myasthenia Gravis

Neurologist or medical practitioner on the recommendation of a Neurologist

Re-assessment required after 2 years

Both:

1 One of the following dose regimens is to be used: 375 mg/m2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and
2 Either:
  2.1 Treatment with corticosteroids and at least one other immunosuppressant for at least a period of 12 months has been ineffective; or
  2.2 Both:
    2.2.1 Treatment with at least one other immunosuppressant for a period of at least 12 months; and
    2.2.2 Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects.

Continuation – Severe Refractory Myasthenia Gravis

Neurologist or medical practitioner on the recommendation of a Neurologist

Re-assessment required after 2 years

All of the following:

1 One of the following dose regimens is to be used: 375 mg/m2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and
2 An initial response lasting at least 12 months was demonstrated; and

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

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3 Either:
- 3.1 The patient has relapsed despite treatment with corticosteroids and at least one other immunosuppressant for a period of at least 12 months; or
- 3.2 Both:
  - 3.2.1 The patient's myasthenia gravis has relapsed despite treatment with at least one immunosuppressant for a period of at least 12 months; and
  - 3.2.2 Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects.

SECUKINUMAB – **Restricted** see terms below

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

➥ **Restricted** (RS1653)

Initiation – severe chronic plaque psoriasis, second-line biologic

Dermatologist

Re-assessment required after 4 months

All of the following:

1 The patient has had an initial Special Authority approval for adalimumab or etanercept, or has trialled infliximab in a DHB hospital in accordance with the General Rules of the Pharmaceutical Schedule, for severe chronic plaque psoriasis; and

2 Either:
- 2.1 The patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or
- 2.2 The patient has received insufficient benefit from adalimumab, etanercept or infliximab; and

3 A Psoriasis Area and Severity Index (PASI) assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

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

Continuation – severe chronic plaque psoriasis, second-line biologic

Dermatologist

Re-assessment required after 6 months

Both:

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

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

continued…

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

continued…

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

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

continued…

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

continued…

1.2 Either:

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

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

1.3 Either:

1.3.1 The patient is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor; or

1.3.2 Both:

1.3.2.1 The patient has been started on rituximab for rheumatoid arthritis in a DHB hospital in accordance with the Section H rules; and

1.3.2.2 Either:

1.3.2.2.1 The patient has experienced intolerable side effects from rituximab; or

1.3.2.2.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis; or

2 All of the following:

2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and

2.2 Tocilizumab is to be used as monotherapy; and

2.3 Either:

2.3.1 Treatment with methotrexate is contraindicated; or

2.3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and

2.4 Either:

2.4.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporin alone or in combination with another agent; or

2.4.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and

2.5 Either:

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

2.5.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.6 Either:

2.6.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.6.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Continuation – Rheumatoid Arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

1 Following 6 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

continued…

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

continued…

Initiation – systemic juvenile idiopathic arthritis

Rheumatologist

Re-assessment required after 6 months

Both:

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

Continuation – systemic juvenile idiopathic arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

1 Following up to 6 months' initial treatment, the patient has achieved at least an American College of Rheumatology paediatric 30% improvement criteria (ACR Pedi 30) response from baseline; or
2 On subsequent reapplications, the patient demonstrates at least a continuing ACR Pedi 30 response from baseline.

Initiation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

Either:

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

Continuation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

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

Initiation – polyarticular juvenile idiopathic arthritis

Rheumatologist

Re-assessment required after 4 months

Either:

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

continued…

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

continued…

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

Continuation – polyarticular juvenile idiopathic arthritis
Rheumatologist
Re-assessment required after 6 months
Both:

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

Initiation – idiopathic multicentric Castleman's disease
Haematologist or rheumatologist
Re-assessment required after 6 months
All of the following:

1 Patient has severe HHV-8 negative idiopathic multicentric Castleman's disease; and
2 Treatment with an adequate trial of corticosteroids has proven ineffective; and
3 Tocilizumab to be administered at doses no greater than 8 mg/kg IV every 3-4 weeks.

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

continued…

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

continued…

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-naive patients)

Limited to 12 months treatment

All of the following:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and

2 Either:

2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or

2.2 Both:

2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and

2.2.2 The cancer did not progress whilst on lapatinib; and

3 Either:

3.1 Trastuzumab will not be given in combination with pertuzumab; or

3.2 All of the following:

3.2.1 Trastuzumab to be administered in combination with pertuzumab; and

3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and

3.2.3 The patient has good performance status (ECOG grade 0-1); and

4 Trastuzumab not to be given in combination with lapatinib; and

5 Trastuzumab to be discontinued at disease progression.

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

Limited to 12 months treatment

All of the following:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and

2 Either:

2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or

continued…

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

continued…

2.2 Both:

2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and

2.2.2 The cancer did not progress whilst on lapatinib; and

3 Either:

3.1 Trastuzumab will not be given in combination with pertuzumab; or

3.2 All of the following:

3.2.1 Trastuzumab to be administered in combination with pertuzumab; and

3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and

3.2.3 The patient has good performance status (ECOG grade 0-1); and

4 Trastuzumab not to be given in combination with lapatinib; and

5 Trastuzumab to be discontinued at disease progression.

Continuation – metastatic breast cancer

Re-assessment required after 12 months

All of the following:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and

2 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and

3 Trastuzumab not to be given in combination with lapatinib; and

4 Trastuzumab to be discontinued at disease progression.

Programmed Cell Death-1 (PD-1) Inhibitors

NIVOLUMAB – **Restricted** see terms below

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

➥ **Restricted** (RS1583)

Initiation

Medical oncologist

Re-assessment required after 4 months

All of the following:

1 Patient has metastatic or unresectable melanoma stage III or IV; and

2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and

3 The patient has ECOG performance score of 0-2; and

4 Either:

4.1 Patient has not received funded pembrolizumab; or

4.2 Both:

4.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and

4.2.2 The cancer did not progress while the patient was on pembrolizumab; and

5 Nivolumab is to be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles); and

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.

continued…

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

continued…

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 25 mg per ml, 4 ml vial ..... 4,680.00 1 Keytruda

➥ **Restricted** (RS1584)

Initiation

Medical oncologist

Re-assessment required after 4 months

All of the following:

1 Patient has metastatic or unresectable melanoma stage III or IV; and
2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and
3 The patient has ECOG performance score of 0-2; and
4 Either:
  4.1 Patient has not received funded nivolumab; or
  4.2 Both:
    4.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
    4.2.2 The cancer did not progress while the patient was on nivolumab; and

continued…

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

continued…

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
ANTITHYMOCYTE GLOBULIN (RABBIT)			
Inj 25 mg vial			
AZATHIOPRINE			
Tab 25 mg – **1% DV Jan-20 to 2022**	7.35	60	**Azamun**
	9.66	100	Imuran
Tab 50 mg – **1% DV Jan-20 to 2022**	7.60	100	**Azamun**
	10.58		Imuran
Inj 50 mg vial – **1% DV Nov-19 to 2022**	199.00	1	**Imuran**

(Imuran Tab 25 mg to be delisted 1 January 2020)
(Imuran Tab 50 mg to be delisted 1 January 2020)

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
BACILLUS CALMETTE-GUERIN (BCG) – **Restricted** see terms below			
⬇ Inj 2-8 x 10^8 CFU vial	149.37	1	OncoTICE

➥ **Restricted** (RS1206)

Initiation

For use in bladder cancer.

EVEROLIMUS – **Restricted** see terms below			
⬇ Tab 5 mg	4,555.76	30	Afinitor
⬇ Tab 10 mg	6,512.29	30	Afinitor

➥ **Restricted** (RS1440)

Initiation

Neurologist or oncologist

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

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

Antiallergy Preparations

Allergic Emergencies

ICATIBANT – **Restricted** see terms below
⬇ Inj 10 mg per ml, 3 ml prefilled syringe ..... 2,668.00 1 Firazyr
➥ **Restricted** (RS1501)
Initiation
Clinical immunologist or relevant specialist
Re-assessment required after 12 months
Both:
1 Supply for anticipated emergency treatment of laryngeal/oro-pharyngeal or severe abdominal attacks of acute hereditary angioedema (HAE) for patients with confirmed diagnosis of C1-esterase inhibitor deficiency; and
2 The patient has undergone product training and has agreed upon an action plan for self-administration.
Continuation
Re-assessment required after 12 months
The treatment remains appropriate and the patient is benefiting from treatment.

Allergy Desensitisation

BEE VENOM – **Restricted** see terms below
⬇ Maintenance kit - 6 vials 120 mcg freeze dried venom, with diluent
⬇ Inj 550 mcg vial with diluent
➥ **Restricted** (RS1117)
Initiation
Both:
1 RAST or skin test positive; and
2 Patient has had severe generalised reaction to the sensitising agent.

PAPER WASP VENOM – **Restricted** see terms below
⬇ Treatment kit - 6 vials 120 mcg freeze dried venom, with diluent
⬇ Inj 550 mcg vial with diluent
➥ **Restricted** (RS1118)
Initiation
Both:
1 RAST or skin test positive; and
2 Patient has had severe generalised reaction to the sensitising agent.

YELLOW JACKET WASP VENOM – **Restricted** see terms below
⬇ Treatment kit - 6 vials 120 mcg freeze dried venom, with diluent
⬇ Inj 550 mcg vial with diluent
➥ **Restricted** (RS1119)
Initiation
Both:
1 RAST or skin test positive; and
2 Patient has had severe generalised reaction to the sensitising agent.

Allergy Prophylactics

BECLOMETHASONE DIPROPIONATE
Nasal spray 50 mcg per dose ..... 5.26 200 dose Alanase
Nasal spray 100 mcg per dose ..... 6.00 200 dose Alanase

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
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 Nov-19 to 2022**	1.12	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	1.28	100	Lorafix
Oral liq 1 mg per ml	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	15.54	5	Hospira

Anticholinergic Agents

IPRATROPIUM BROMIDE			
Aerosol inhaler 20 mcg per dose			
Nebuliser soln 250 mcg per ml, 1 ml ampoule	3.35	20	Univent
Nebuliser soln 250 mcg per ml, 2 ml ampoule – **1% DV Jan-20 to 2022**	11.73	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

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…

⬆ 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

continued…

1 Patient has been diagnosed with idiopathic pulmonary fibrosis by a multidisciplinary team including a radiologist; and
2 Forced vital capacity is between 50% and 90% predicted; and
3 Nintedanib is to be discontinued at disease progression (See Note); and
4 Nintedanib is not to be used in combination with subsidised pirfenidone; and
5 Any of the following:
  5.1 The patient has not previously received treatment with pirfenidone; or
  5.2 Patient has previously received pirfenidone, but discontinued pirfenidone within 12 weeks due to intolerance; or
  5.3 Patient has previously received pirfenidone, but the patient's disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with pirfenidone).

Continuation – idiopathic pulmonary fibrosis
Respiratory specialist
Re-assessment required after 12 months
All of the following:

1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
2 Nintedanib is not to be used in combination with subsidised pirfenidone; and
3 Nintedanib is to be discontinued at disease progression (See Note).

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

PIRFENIDONE – **Restricted** see terms below

⬇	Cap 267 mg	3,645.00	270	Esbriet

➥ **Restricted** (RS1655)

Initiation – idiopathic pulmonary fibrosis
Respiratory specialist
Re-assessment required after 12 months
All of the following:

1 Patient has been diagnosed with idiopathic pulmonary fibrosis by a multidisciplinary team including a radiologist; and
2 Forced vital capacity is between 50% and 80% predicted; and
3 Pirfenidone is to be discontinued at disease progression (See Notes); and
4 Pirfenidone is not to be used in combination with subsidised nintedanib; and
5 Any of the following:
  5.1 The patient has not previously received treatment with nintedanib; or
  5.2 Patient has previously received nintedanib, but discontinued nintedanib within 12 weeks due to intolerance; or
  5.3 Patient has previously received nintedanib, but the patient's disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with nintedanib).

Continuation – idiopathic pulmonary fibrosis
Respiratory specialist
Re-assessment required after 12 months
All of the following:

1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
2 Pirfenidone is not to be used in combination with subsidised nintedanib; and
3 Pirfenidone is to be discontinued at disease progression (See Note).

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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Beta-Adrenoceptor Agonists			
SALBUTAMOL			
Oral liq 400 mcg per ml – **1% DV Nov-18 to 2021**	20.00	150 ml	**Ventolin**
Inj 500 mcg per ml, 1 ml ampoule			
Inj 1 mg per ml, 5 ml ampoule			
Aerosol inhaler, 100 mcg per dose	3.80	200 dose	SalAir
	6.00		Ventolin
Nebuliser soln 1 mg per ml, 2.5 ml ampoule – **1% DV Oct-18 to 2021**	3.93	20	**Asthalin**
Nebuliser soln 2 mg per ml, 2.5 ml ampoule – **1% DV Oct-18 to 2021**	4.03	20	**Asthalin**
TERBUTALINE SULPHATE			
Powder for inhalation 250 mcg per dose			
Inj 0.5 mg per ml, 1 ml ampoule			
Cough Suppressants			
PHOLCODINE			
Oral liq 1 mg per ml			
Decongestants			
OXYMETAZOLINE HYDROCHLORIDE			
Aqueous nasal spray 0.25 mg per ml			
Aqueous nasal spray 0.5 mg per ml			
PSEUDOEPHEDRINE HYDROCHLORIDE			
Tab 60 mg			
SODIUM CHLORIDE			
Aqueous nasal spray isotonic			
SODIUM CHLORIDE WITH SODIUM BICARBONATE			
Soln for nasal irrigation			
XYLOMETAZOLINE HYDROCHLORIDE			
Aqueous nasal spray 0.05%			
Aqueous nasal spray 0.1%			
Nasal drops 0.05%			
Nasal drops 0.1%			
Inhaled Corticosteroids			
BECLOMETHASONE DIPROPIONATE			
Aerosol inhaler 50 mcg per dose	8.54	200 dose	Beclazone 50
	9.30		Qvar
Aerosol inhaler 100 mcg per dose	12.50	200 dose	Beclazone 100
	15.50		Qvar
Aerosol inhaler 250 mcg per dose	22.67	200 dose	Beclazone 250
BUDESONIDE			
Nebuliser soln 250 mcg per ml, 2 ml ampoule			
Nebuliser soln 500 mcg per ml, 2 ml ampoule			
Powder for inhalation 100 mcg per dose			
Powder for inhalation 200 mcg per dose			
Powder for inhalation 400 mcg per dose			

⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
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	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-20 to 2022**	5.25	28	Apo-Montelukast
	4.25		**Montelukast Mylan**
Tab 5 mg – **1% DV Jan-20 to 2022**	5.50	28	Apo-Montelukast
	4.25		**Montelukast Mylan**
Tab 10 mg – **1% DV Jan-20 to 2022**	5.65	28	Apo-Montelukast
	3.95		**Montelukast Mylan**

(Apo-Montelukast Tab 4 mg to be delisted 1 January 2020)
(Apo-Montelukast Tab 5 mg to be delisted 1 January 2020)
(Apo-Montelukast Tab 10 mg to be delisted 1 January 2020)

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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
FLUTICASONE WITH SALMETEROL			
Aerosol inhaler 50 mcg with salmeterol 25 mcg	14.58	120 dose	RexAir
	33.74		Seretide
Powder for inhalation 100 mcg with salmeterol 50 mcg	33.74	60 dose	Seretide Accuhaler
Aerosol inhaler 125 mcg with salmeterol 25 mcg	16.83	120 dose	RexAir
	44.08		Seretide
Powder for inhalation 250 mcg with salmeterol 50 mcg	44.08	60 dose	Seretide Accuhaler

Mast Cell Stabilisers

NEDOCROMIL
Aerosol inhaler 2 mg per dose

SODIUM CROMOGLICATE
Aerosol inhaler 5 mg per dose

Methylxanthines

AMINOPHYLLINE			
Inj 25 mg per ml, 10 ml ampoule – **1% DV Nov-17 to 2020**	124.37	5	**DBL Aminophylline**
CAFFEINE CITRATE			
Oral liq 20 mg per ml (caffeine 10 mg per ml) – **1% DV Nov-19 to 2022**	15.10	25 ml	**Biomed**
Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule – **1% DV Nov-19 to 2022**	63.25	5	**Biomed**
THEOPHYLLINE			
Tab long-acting 250 mg – **1% DV Jan-20 to 2022**	23.02	100	**Nuelin-SR**
Oral liq 80 mg per 15 ml – **1% DV Jan-20 to 2022**	16.60	500 ml	**Nuelin**

Mucolytics and Expectorants

DORNASE ALFA – **Restricted** see terms below
⬇ Nebuliser soln 2.5 mg per 2.5 ml ampoule — 250.00 — 6 — Pulmozyme
➥ **Restricted** (RS1352)
Initiation – cystic fibrosis
The patient has cystic fibrosis and has been approved by the Cystic Fibrosis Panel.
Initiation – significant mucus production
Limited to 4 weeks treatment
Both:
1 Patient is an in-patient; and
2 The mucus production cannot be cleared by first line chest techniques.
Initiation – pleural emphyema
Limited to 3 days treatment
Both:
1 Patient is an in-patient; and
2 Patient diagnoses with pleural emphyema.

SODIUM CHLORIDE			
Nebuliser soln 7%, 90 ml bottle – **1% DV Nov-19 to 2022**	24.50	90 ml	**Biomed**

Pulmonary Surfactants

BERACTANT
Soln 200 mg per 8 ml vial

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
PORACTANT ALFA			
Soln 120 mg per 1.5 ml vial	425.00	1	Curosurf
Soln 240 mg per 3 ml vial	695.00	1	Curosurf

Respiratory Stimulants

DOXAPRAM
- Inj 20 mg per ml, 5 ml vial

Sclerosing Agents

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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Anti-Infective Preparations			
Antibacterials			
CHLORAMPHENICOL			
Eye oint 1%	2.48	4 g	Chlorsig
Ear drops 0.5%			
Eye drops 0.5% – **1% DV Nov-19 to 2022**	1.54	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%	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)
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	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
FLUMETASONE PIVALATE WITH CLIOQUINOL			
Ear drops 0.02% with clioquinol 1%			
TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN			
Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g	5.16	7.5 ml	Kenacomb

Anti-Inflammatory Preparations

Corticosteroids

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

➥ **Restricted** (RS1606)

Initiation – Diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

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

Continuation – Diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

Both:

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

Initiation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

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

Continuation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

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

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
FLUOROMETHOLONE			
Eye drops 0.1%	3.09	5 ml	FML
PREDNISOLONE ACETATE			
Eye drops 0.12%			
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% – **1% DV Jan-20 to 2022**	1.79	5 ml	**Rexacrom**

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			*e.g. Balanced Salt Solution*
Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml bottle	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 Oct-19 to 2022**	50.00	1	**Healon GV**
Inj 14 mg per ml, 0.55 ml syringe – **1% DV Oct-19 to 2022**	50.00	1	**Healon GV**
Inj 23 mg per ml, 0.6 ml syringe – **1% DV Oct-19 to 2022**	60.00	1	**Healon 5**
Inj 10 mg per ml, 0.85 ml syringe – **1% DV Oct-19 to 2022**	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	74.00	1	Duovisc
Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.75 ml syringe	67.00	1	Viscoat
Other			
DISODIUM EDETATE			
Inj 150 mg per ml, 20 ml ampoule			
Inj 150 mg per ml, 20 ml vial			
Inj 150 mg per ml, 100 ml vial			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
RIBOFLAVIN 5-PHOSPHATE			
Soln trans epithelial riboflavin			
Inj 0.1%			
Inj 0.1% plus 20% dextran T500			

Glaucoma Preparations

Beta Blockers

BETAXOLOL			
Eye drops 0.25%	11.80	5 ml	Betoptic S
Eye drops 0.5%	7.50	5 ml	Betoptic
TIMOLOL			
Eye drops 0.25% – **1% DV Sep-17 to 2020**	1.43	5 ml	**Arrow-Timolol**
Eye drops 0.25%, gel forming	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	3.78	2.5 ml	Timoptol XE

(Timoptol XE Eye drops 0.25%, gel forming to be delisted 1 January 2020)

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			
CARBACHOL			
Inj 150 mcg vial			
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**

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	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Sympathomimetics			
APRACLONIDINE			
Eye drops 0.5%	19.77	5 ml	Iopidine
BRIMONIDINE TARTRATE			
Eye drops 0.2% – **1% DV Feb-18 to 2020**	4.29	5 ml	**Arrow-Brimonidine**
BRIMONIDINE TARTRATE WITH TIMOLOL			
Eye drops 0.2% with timolol 0.5%			
Mydriatics and Cycloplegics			
Anticholinergic Agents			
ATROPINE SULPHATE			
Eye drops 0.5%			
Eye drops 1%, single dose			
Eye drops 1% – **1% DV Sep-17 to 2020**	17.36	15 ml	**Atropt**
CYCLOPENTOLATE HYDROCHLORIDE			
Eye drops 0.5%, single dose			
Eye drops 1%	8.76	15 ml	Cyclogyl
Eye drops 1%, single dose			
TROPICAMIDE			
Eye drops 0.5%	7.15	15 ml	Mydriacyl
Eye drops 0.5%, single dose			
Eye drops 1%	8.66	15 ml	Mydriacyl
Eye drops 1%, single dose			
Sympathomimetics			
PHENYLEPHRINE HYDROCHLORIDE			
Eye drops 2.5%, single dose			
Eye drops 10%, single dose			
Ocular Lubricants			
CARBOMER			
Ophthalmic gel 0.3%, single dose	8.25	30	Poly Gel
Ophthalmic gel 0.2%			
CARMELLOSE SODIUM WITH PECTIN AND GELATINE			
Eye drops 0.5%			
Eye drops 0.5%, single dose			
Eye drops 1%			
Eye drops 1%, single dose			
HYPROMELLOSE			
Eye drops 0.5%	3.92	15 ml	Methopt
HYPROMELLOSE WITH DEXTRAN			
Eye drops 0.3% with dextran 0.1%	2.30	15 ml	Poly-Tears
Eye drops 0.3% with dextran 0.1%, single dose			
MACROGOL 400 AND PROPYLENE GLYCOL			
Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose	4.30	24	Systane Unit Dose

	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 3%	3.68	15 ml	Vistil Forte
(Vistil Forte Eye drops 3% to be delisted 1 January 2020)			
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

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 µL) or recurrent episodes (greater than 2 episodes) of moderate neutropenia (ANC 0.5 - 1.0 cells per µL).
Continuation
Haematologist
Re-assessment required after 2 years
Either:
1 For the first renewal following 2 years of therapy, the treatment has been tolerated and has resulted in clinical improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels; or
2 For subsequent renewals, the treatment has been tolerated and has resulted in clinical stability or continued improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels. .

DEFERIPRONE – **Restricted** see terms below
⬇ Tab 500 mg ..... 533.17 — 100 — Ferriprox
⬇ Oral liq 100 mg per ml ..... 266.59 — 250 ml — Ferriprox
➥ **Restricted** (RS1445)
Initiation
Patient has been diagnosed with chronic iron overload due to congenital inherited anaemia or acquired red cell aplasia.

DESFERRIOXAMINE MESILATE
Inj 500 mg vial – **1% DV Mar-19 to 2021** ..... 84.53 — 10 — **DBL Desferrioxamine Mesylate for Inj BP**

DICOBALT EDETATE
Inj 15 mg per ml, 20 ml ampoule

⬆ 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
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% – **1% DV Nov-19 to 2021**	6.20	500 ml	Betadine
	2.55	100 ml	**Riodine**
Soln 5%			
Soln 7.5%			
Soln 10%, – **1% DV Dec-19 to 2022**	3.83	15 ml	**Riodine**
	5.40	500 ml	**Riodine**
Pad 10%			
Swab set 10%			
(Betadine Soln 10% to be delisted 1 December 2019)			

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
POVIDONE-IODINE WITH ETHANOL			
Soln 10% with ethanol 30%	10.00	500 ml	Betadine Skin Prep
Soln 10% with ethanol 70%			
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	410.00	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

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	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
BARIUM SULPHATE WITH SODIUM BICARBONATE			
Grans eff 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet	102.93	50	E-Z-Gas II
CITRIC ACID WITH SODIUM BICARBONATE			
Powder 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet			*e.g. E-Z-GAS II*

Paramagnetic Contrast Media

GADOBENIC ACID			
Inj 334 mg per ml, 10 ml vial	324.74	10	Multihance
Inj 334 mg per ml, 20 ml vial	636.28	10	Multihance
GADOBUTROL			
Inj 1 mmol per ml, 15 ml vial			
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 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

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

Diagnostic Agents

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

HISTAMINE ACID PHOSPHATE
- Nebuliser soln 0.6%, 10 ml vial
- Nebuliser soln 2.5%, 10 ml vial
- Nebuliser soln 5%, 10 ml vial

MANNITOL
- Powder for inhalation — *e.g. Aridol*

METHACHOLINE CHLORIDE
- Powder 100 mg

SECRETIN PENTAHYDROCHLORIDE
- Inj 100 u ampoule

SINCALIDE
- Inj 5 mcg per vial

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 2021** — 29.76 — 30 — **Pfizer**

⬆ Item restricted (see ➥ above); ⬇ Item restricted (see ➥ below)
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	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
GLYCINE			
Irrigation soln 1.5%, 3,000 ml bag – **1% DV Sep-18 to 2021**	31.20	4	**B Braun**
SODIUM CHLORIDE			
Irrigation soln 0.9%, 3,000 ml bag – **1% DV Sep-18 to 2021**	26.80	4	**B Braun**
Irrigation soln 0.9%, 30 ml ampoule – **1% DV Sep-18 to 2021**	7.00	20	**Interpharma**
Irrigation soln 0.9%, 1,000 ml bottle – **1% DV Jun-18 to 2021**	14.90	10	**Baxter Sodium Chloride 0.9%**
Irrigation soln 0.9%, 250 ml bottle – **1% DV Aug-18 to 2021**	17.64	12	**Fresenius Kabi**
WATER			
Irrigation soln, 3,000 ml bag – **1% DV Sep-18 to 2021**	28.80	4	**B Braun**
Irrigation soln, 1,000 ml bottle – **1% DV Jun-18 to 2021**	17.30	10	**Baxter Water for Irrigation**
Irrigation soln, 250 ml bottle – **1% DV Aug-18 to 2021**	17.64	12	**Fresenius Kabi**

Surgical Preparations

BISMUTH SUBNITRATE AND IODOFORM PARAFFIN
- Paste

DIMETHYL SULFOXIDE
- Soln 50%
- Soln 99%

PHENOL
- Inj 6%, 10 ml ampoule

PHENOL WITH IOXAGLIC ACID
- Inj 12%, 10 ml ampoule

TROMETAMOL
- Inj 36 mg per ml, 500 ml bottle

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

Cardioplegia Solutions

ELECTROLYTES

Inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag — *e.g. Custodiol-HTK*

Inj aspartic acid 10.43 mg per ml, citric acid 0.22476 mg per ml, glutamic acid 11.53 mg per ml, sodium phosphate 0.1725 mg per ml, potassium chloride 2.15211 mg per ml, sodium citrate 1.80768 mg per ml, sodium hydroxide 6.31 mg per ml and trometamol 11.2369 mg per ml, 364 ml bag — *e.g. Cardioplegia Enriched Paed. Soln.*

Inj aspartic acid 8.481 mg per ml, citric acid 0.8188 mg per ml, glutamic acid 9.375 mg per ml, sodium phosphate 0.6285 mg per ml, potassium chloride 2.5 mg per ml, sodium citrate 6.585 mg per ml, sodium hydroxide 5.133 mg per ml and trometamol 9.097 mg per ml, 527 ml bag — *e.g. Cardioplegia Enriched Solution*

Inj citric acid 0.07973 mg per ml, sodium phosphate 0.06119 mg per ml, potassium chloride 2.181 mg per ml, sodium chloride 1.788 mg ml, sodium citrate 0.6412 mg per ml and trometamol 5.9 mg per ml, 523 ml bag — *e.g. Cardioplegia Base Solution*

Inj 110 mmol/l sodium, 16 mmol/l potassium, 1.2 mmol/l calcium, 16 mmol/l magnesium and 160 mmol/l chloride, 1,000 ml bag — *e.g. Cardioplegia Solution AHB7832*

Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag — *e.g. Cardioplegia Electrolyte Solution*

MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE

Inj 42.68 mg with sodium aspartate 39.48 mg per ml, 250 ml bottle

MONOSODIUM L-ASPARTATE

Inj 14 mmol per 10 ml, 10 ml

Cold Storage Solutions

SODIUM WITH POTASSIUM

Inj 29 mmol/l with potassium 125 mmol/l, 1,000 ml bag

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

Extemporaneously Compounded Preparations

ACETIC ACID
Liq

ALUM
Powder BP

ARACHIS OIL [PEANUT OIL]
Liq

ASCORBIC ACID
Powder

BENZOIN
Tincture compound BP

BISMUTH SUBGALLATE
Powder

BORIC ACID
Powder

CARBOXYMETHYLCELLULOSE
Soln 1.5%

CETRIMIDE
Soln 40%

CHLORHEXIDINE GLUCONATE
Soln 20 %

CHLOROFORM
Liq BP

CITRIC ACID
Powder BP

CLOVE OIL
Liq

COAL TAR
Soln BP – **1% DV Nov-19 to 2022** ..... 36.25 200 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

	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			
Suspension			
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 – **1% DV Jan-20 to 2022**	10.05	500 g	**Midwest**

⬆ 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
SODIUM CITRATE			
Powder			
SODIUM METABISULFITE			
Powder			
STARCH			
Powder			
SULPHUR			
Precipitated			
Sublimed			
SYRUP			
Liq (pharmaceutical grade) – **1% DV Jan-20 to 2022**	14.95	500 ml	**Midwest**
THEOBROMA OIL			
Oint			
TRI-SODIUM CITRATE			
Crystals			
TRICHLORACETIC ACID			
Grans			
UREA			
Powder BP			
WOOL FAT			
Oint, anhydrous			
XANTHAN			
Gum 1%			
ZINC OXIDE			
Powder			

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

Food Modules

Carbohydrate

➦ **Restricted** (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*

⬆ 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
MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT – **Restricted** see terms on the previous page			
⬆ Liquid 50 g fat per 100 ml, 250 ml bottle			*e.g. Liquigen*
⬆ Liquid 95 g fat per 100 ml, 500 ml bottle			*e.g. MCT Oil*
WALNUT OIL – **Restricted** see terms 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. Protifar*

Other Supplements

BREAST MILK FORTIFIER			
Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet			*e.g. FM 85*
Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet			*e.g. S26 Human Milk Fortifier*
Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet			*e.g. Nutricia Breast Milk Fortifer*
CARBOHYDRATE AND FAT SUPPLEMENT – **Restricted** see terms below			
⬇ Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can			*e.g. Super Soluble Duocal*

➥ **Restricted** (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

Food/Fluid Thickeners

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

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

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

CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN
Powder — *e.g. Feed Thickener Karicare Aptamil*

GUAR GUM
Powder — *e.g. Guarcol*

MAIZE STARCH
Powder — *e.g. Resource Thicken Up; Nutilis*

MALTODEXTRIN WITH XANTHAN GUM
Powder — *e.g. Instant Thick*

MALTODEXTRIN WITH XANTHAN GUM AND ASCORBIC ACID
Powder — *e.g. Easy Thick*

Metabolic Products

➦ **Restricted** (RS1232)
Initiation
Any of the following:

1 For the dietary management of homocystinuria, maple syrup urine disease, phenylketonuria (PKU), glutaric aciduria, isovaleric acidaemia, propionic acidaemia, methylmalonic acidaemia, tyrosinaemia or urea cycle disorders; or
2 Patient has adrenoleukodystrophy; or
3 For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

Glutaric Aciduria Type 1 Products

AMINO ACID FORMULA (WITHOUT LYSINE AND LOW TRYPTOPHAN) – **Restricted** see terms above

⬆ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can — *e.g. GA1 Anamix Infant*
⬆ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can — *e.g. XLYS Low TRY Maxamaid*

⬆ 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

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 220			
⬆ 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 220			
⬆ 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*

⬆ 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

Protein Free Supplements

PROTEIN FREE SUPPLEMENT – **Restricted** see terms on page 220

- ⬆ 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 220

- ⬆ 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 220

- ⬆ 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 220

- ⬆ Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE – **Restricted** see terms on page 220

- ⬆ 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			*e.g. Nutrison Advanced Diason*
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			*e.g. Diasip*

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 Pepdite; MCT Pepdite 1+*

⬆ 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
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

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

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 bottle — *e.g. Nutrison Protein Plus*

➥ **Restricted** (RS1327)

Initiation

Both:

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

HIGH PROTEIN ENTERAL FEED 1.28 KCAL/ML – **Restricted** see terms below

⬇ Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag — *e.g. Nutrison Protein Plus Multi Fibre*

➥ **Restricted** (RS1327)

Initiation

Both:

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

Infant Formulas

AMINO ACID FORMULA – **Restricted** see terms on the next page

⬇ Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can			*e.g. Neocate*
⬇ Powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, 400 g can			*e.g. Neocate SYNEO unflavoured*
⬇ Powder 13.3 g protein, 56 g carbohydrate and 22 g fat per 100 g, 400 g can			*e.g. Neocate Junior Unflavoured*
⬇ Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can	53.00	400 g	Neocate Gold (Unflavoured)
⬇ Powder 14.8 g protein, 51.4 g carbohydrate and 23 g fat per 100 g, can	53.00	400 g	Neocate Junior Vanilla
⬇ Powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can	43.60	400 g	Alfamino Junior
⬇ Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can	53.00	400 g	Neocate Junior Vanilla
⬇ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can	53.00	400 g	Elecare LCP (Unflavoured)
⬇ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can	53.00	400 g	Elecare (Unflavoured) Elecare (Vanilla)

(Neocate Junior Vanilla Powder 16 g protein, 51.4 g carbohydrate and 21 g fat per 100 g, can to be delisted 1 April 2020)

⬆ 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

➥ **Restricted** (RS1471)

Initiation

Any of the following:

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

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

Continuation

Both:

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

EXTENSIVELY HYDROLYSED FORMULA – **Restricted** see terms below

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

➥ **Restricted** (RS1502)

Initiation

Any of the following:

1 Both:
  1.1 Cows' milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
  1.2 Either:
    1.2.1 Soy milk formula has been reasonably trialled without resolution of symptoms; or
    1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
2 Severe malabsorption; or
3 Short bowel syndrome; or
4 Intractable diarrhoea; or
5 Biliary atresia; or
6 Cholestatic liver diseases causing 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
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			*e.g. Nutrini RTH*

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			*e.g. Nutrini Energy RTH*

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

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			*e.g. Fortini*
⬆ Liquid 4.0 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle			*e.g. Fortini Multifibre*

Renal Products

LOW ELECTROLYTE ENTERAL FEED 1.8 KCAL/ML – **Restricted** see terms below

⬇ Liquid 8.1 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, bottle	6.08	500 ml	Nepro HP RTH

➥ **Restricted** (RS1229)

Initiation

For patients with acute or chronic kidney disease.

LOW ELECTROLYTE ORAL FEED – **Restricted** see terms below

⬇ Powder 7.5 g protein, 59 g carbohydrate and 26.3 g fat per 100 g, 400 g can			*e.g. Kindergen*

➥ **Restricted** (RS1227)

Initiation

For children (up to 18 years) with acute or chronic kidney disease.

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML			
⬇ Liquid 8 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, carton	2.67	220 ml	Nepro HP (Strawberry) Nepro HP (Vanilla)

➥ **Restricted** (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			*e.g. Renilon 7.5*

➥ **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)

➥ **Restricted** (RS1230)
Initiation
For patients with CORD and hypercapnia, defined as a CO_2 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 carbonhydrate, 4.5 g fat and 0 g fibre per 100 ml, carton	4.00	178 ml	Impact Advanced Recovery

➥ **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

➥ **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			*e.g. Nutrison Energy Multi Fibre*
⬆	Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, can	1.75	250 ml	Ensure Plus HN
⬆	Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag	7.00	1,000 ml	Ensure Plus HN RTH
⬆	Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per 100 ml, bag	7.00	1,000 ml	Jevity HiCal RTH

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			*e.g. NutrisonStdRTH; NutrisonLowSodium*
⬆	Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1000 ml bag			*e.g. Nutrison Multi Fibre*

ENTERAL FEED 1.2 KCAL/ML – **Restricted** see terms on the 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			*e.g. Jevity Plus RTH*

ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – **Restricted** see terms on the previous page

⬆	Liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre per 100 ml, bag	5.29	1,000 ml	Nutrison 800 Complete Multi Fibre

	Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
ORAL FEED – **Restricted** see terms on page 230			
⬆ 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 230			
⬆ Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml carton			*e.g. Resource Fruit Beverage*
ORAL FEED 1.5 KCAL/ML – **Restricted** see terms on page 230			
⬆ Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can	1.33	237 ml	Ensure Plus (Vanilla)
⬆ Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton	1.26	200 ml	Ensure Plus (Banana) Ensure Plus (Chocolate) Ensure Plus (Fruit of the Forest) Ensure Plus (Vanilla)
⬆ Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle			*e.g. Fortijuice*
⬆ Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle			*e.g. Fortisip*
⬆ Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle			*e.g. Fortisip Multi Fibre*

⬆ 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

Bacterial and Viral Vaccines

DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE – **Restricted** see terms below

⬇ Inj 30 IU diphtheria toxoid with 30IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe – **0% DV Sep-17 to 2020** ..... 0.00 — 10 — **Infanrix IPV**

➥ **Restricted** (RS1387)

Initiation

Any of the following:

1 A single dose for children up to the age of 7 who have completed primary immunisation; or
2 A course of up to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation; or
3 An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
4 Five doses will be funded for children requiring solid organ transplantation.

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

DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE – **Restricted** see terms below

⬇ Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe (1) and inj 10 mcg haemophilus influenzae type B vaccine vial – **0% DV Sep-17 to 2020** ..... 0.00 — 10 — **Infanrix-hexa**

➥ **Restricted** (RS1478)

Initiation

Any of the following:

1 Up to four doses for children up to and under the age of 10 for primary immunisation; or
2 An additional four doses (as appropriate) are funded for (re-)immunisation for children up to and under the age of 10 who are patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
3 Up to five doses for children up to and under the age of 10 receiving solid organ transplantation.

Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

Bacterial Vaccines

ADULT DIPHTHERIA AND TETANUS VACCINE

⬇ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe – **0% DV Jul-17 to 2020** ..... 0.00 — 5 — **ADT Booster**

➥ **Restricted** (RS1386)

Initiation

Any of the following:

1 For vaccination of patients aged 45 and 65 years old; or
2 For vaccination of previously unimmunised or partially immunised patients; or

continued…

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

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

➥ **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 haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe – **0% DV Sep-17 to 2020** ..... 0.00 — 1 — **Boostrix**
10 — **Boostrix**

➥ **Restricted** (RS1688)

Initiation

Any of the following:

1 A single dose for pregnant women in the second or third trimester of each pregnancy; or; or
2 A single dose for parents or primary caregivers of infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than 3 days, who had not been exposed to maternal vaccination at least 14 days prior to birth; or; or
3 A course of up to four doses is funded for children from age 7 up the age of 18 years inclusive to complete full primary immunisation; or
4 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**

➥ **Restricted** (RS1520)

Initiation

Therapy limited to 1 dose

Any of the following:

1 For primary vaccination in children; or

continued…

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

continued…

2 An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or
3 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE – **Restricted** see terms below

⬇ Inj 4 mcg or each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – **0% DV Jul-17 to 2020** ..... 0.00 — 1 — **Menactra**

➥ **Restricted** (RS1481)

Initiation

Any of the following:

1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
2 One dose for close contacts of meningococcal cases; or
3 A maximum of two doses for bone marrow transplant patients; or
4 A maximum of two doses for patients following immunosuppression*.

Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

MENINGOCOCCAL C CONJUGATE VACCINE – **Restricted** see terms below

⬇ Inj 10 mcg in 0.5 ml syringe – **0% DV Jul-17 to 2020** ..... 0.00 — 1 — **Neisvac-C**

➥ **Restricted** (RS1482)

Initiation

Any of the following:

1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
2 One dose for close contacts of meningococcal cases; or
3 A maximum of two doses for bone marrow transplant patients; or
4 A maximum of two doses for patients following immunosuppression*.

Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – **Restricted** see terms below

⬇ mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe – **0% DV Sep-17 to 2020** ..... 0.00 — 10 — **Synflorix**

➥ **Restricted** (RS1585)

Initiation

Either:

1 A primary course of four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or
2 Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV13.

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

PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – **Restricted** see terms on the next page

⬇ 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

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

➥ **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.
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.

continued…

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

continued…

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 response; or

2.2 With primary immune deficiencies; or

2.3 With HIV infection; or

2.4 With renal failure, or nephrotic syndrome; or

2.5 Who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or

2.6 With cochlear implants or intracranial shunts; or

2.7 With cerebrospinal fluid leaks; or

2.8 Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or

2.9 With chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or

2.10 Pre term infants, born before 28 weeks gestation; or

2.11 With cardiac disease, with cyanosis or failure; or

2.12 With diabetes; or

2.13 With Down syndrome; or

2.14 Who are pre-or post-splenectomy, or with functional asplenia.

Initiation – Testing for primary immunodeficiency diseases

For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

SALMONELLA TYPHI VACCINE – **Restricted** see terms below

⬇ Inj 25 mcg in 0.5 ml syringe

➥ **Restricted** (RS1243)

Initiation

For use during typhoid fever outbreaks.

Viral Vaccines

HEPATITIS A VACCINE – **Restricted** see terms below

⬇ Inj 720 ELISA units in 0.5 ml syringe – **0% DV Sep-17 to 2020**	0.00	1	**Havrix Junior**
⬇ Inj 1440 ELISA units in 1 ml syringe – **0% DV Sep-17 to 2020**	0.00	1	**Havrix**

➥ **Restricted** (RS1638)

Initiation

Any of the following:

1 Two vaccinations for use in transplant patients; or

2 Two vaccinations for use in children with chronic liver disease; or

3 One dose of vaccine for close contacts of known hepatitis A cases.

HEPATITIS B RECOMBINANT VACCINE

⬇ Inj 5 mcg in 0.5 ml vial – **0% DV Jul-17 to 2020**	0.00	1	**HBvaxPRO**

➥ **Restricted** (RS1588)

Initiation

Any of the following:

continued…

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

continued…

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 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.

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

HUMAN PAPILLOMAVIRUS (6, 11, 16, 18, 31, 33, 45, 52 AND 58) VACCINE [HPV] – **Restricted** see terms below

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

➥ **Restricted** (RS1693)

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.

Initiation – Recurrent Respiratory Papillomatosis

All of the following:

1 Either:
  1.1 Maximum of two doses for children aged 14 years and under; or
  1.2 Maximum of three doses for people aged 15 years and over; and
2 The patient has recurrent respiratory papillomatosis; and
3 The patient has not previously had an HPV vaccine.

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

continued…

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

continued…

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

➥ **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.

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

➥ **Restricted** (RS1487)

Initiation – first dose prior to 12 months

Therapy limited to 3 doses

Any of the following:

1 For primary vaccination in children; or
2 For revaccination following immunosuppression; or
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

continued…

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

continued…

infection (chickenpox).

Initiation – other conditions

Therapy limited to 2 doses

Any of the following:

1 Any of the following:

for non-immune patients:

1.1 With chronic liver disease who may in future be candidates for transplantation; or

1.2 With deteriorating renal function before transplantation; or

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**

	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
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

- G -

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