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# Introducing PHARMAC

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

### PHARMAC's role:

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

New Zealand Public Health and Disability Act 2000

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

## Glossary

### Units of Measure

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

### Abbreviations

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

HSS    Hospital Supply Status

# Guide to Section H listings

## Example

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

## PART I: GENERAL RULES

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Antacids and Antiflatulents</b>			
<b>Antacids and Reflux Barrier Agents</b>			
ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETICONE			
Tab 200 mg with magnesium hydroxide 200 mg and simeticone 20 mg			<i>e.g. Mylanta</i>
Oral liq 400 mg with magnesium hydroxide 400 mg and simeticone 30 mg per 5 ml			<i>e.g. Mylanta Double Strength</i>
SIMETICONE			
Oral drops 100 mg per ml			
Oral drops 20 mg per 0.3 ml			
Oral drops 40 mg per ml			
SODIUM ALGINATE WITH MAGNESIUM ALGINATE			
Powder for oral soln 225 mg with magnesium alginate 87.5 mg, sachet			<i>e.g. Gaviscon Infant</i>
SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE			
Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg			<i>e.g. Gaviscon Double Strength</i>
Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml.....	4.95	500 ml	Acidex
SODIUM CITRATE			
Oral liq 8.8% (300 mmol/l)			
<b>Phosphate Binding Agents</b>			
ALUMINIUM HYDROXIDE			
Tab 600 mg			
CALCIUM CARBONATE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Oral liq 250 mg per ml (100 mg elemental per ml) .....	39.00	500 ml	Roxane
→ <b>Restricted (RS1698)</b>			
<b>Initiation</b>			
Only when prescribed for patients unable to swallow calcium carbonate tablets or where calcium carbonate tablets are inappropriate..			
<b>Antidiarrhoeals and Intestinal Anti-Inflammatory Agents</b>			
<b>Antipropulsives</b>			
DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE			
Tab 2.5 mg with atropine sulphate 25 mcg			
LOPERAMIDE HYDROCHLORIDE			
Tab 2 mg .....	10.75	400	Nodia
Cap 2 mg – <b>1% DV Oct-19 to 2022</b> .....	6.25	400	<b>Diamide Relief</b>
<b>Rectal and Colonic Anti-Inflammatories</b>			
BUDESONIDE – <b>Restricted</b> see terms <a href="#">on the next page</a>			
↓ Cap 3 mg			

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

### Antihæmorrhoidal Preparations

#### CINCHOCAINE HYDROCHLORIDE WITH HYDROCORTISONE

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE</b>			
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

<b>GLYCERYL TRINITRATE</b>			
Oint 0.2%.....	22.00	30 g	Rectogesic

### Rectal Sclerosants

<b>OILY PHENOL [PHENOL OILY]</b>			
Inj 5%, 5 ml vial			

### Antispasmodics and Other Agents Altering Gut Motility

<b>GLYCOPYRRONIUM BROMIDE</b>			
Inj 200 mcg per ml, 1 ml ampoule .....	17.14	10	Max Health
<b>HYOSCINE BUTYLBROMIDE</b>			
Tab 10 mg – <b>1% DV Dec-17 to 2020</b> .....	8.75	100	<b>Buscopan</b>
Inj 20 mg, 1 ml ampoule .....	9.57	5	Buscopan
<b>MEBEVERINE HYDROCHLORIDE</b>			
Tab 135 mg .....	18.00	90	Colofac

### Antulcerants

#### Antisecretory and Cytoprotective

<b>MISOPROSTOL</b>			
Tab 200 mcg.....	41.50	120	Cytotec

### H2 Antagonists

<b>CIMETIDINE</b>			
Tab 200 mg			
Tab 400 mg			
<b>FAMOTIDINE</b>			
Tab 20 mg			
Tab 40 mg			
Inj 10 mg per ml, 2 ml vial			
Inj 10 mg per ml, 4 ml vial			
<b>RANITIDINE – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 150 mg – <b>1% DV Oct-17 to 2020</b> .....	12.91	500	<b>Ranitidine Relief</b>
↓ Tab 300 mg – <b>1% DV Oct-17 to 2020</b> .....	18.21	500	<b>Ranitidine Relief</b>
↓ Oral liq 150 mg per 10 ml – <b>1% DV Oct-17 to 2020</b> .....	5.14	300 ml	<b>Peptisoothe</b>
↓ Inj 25 mg per ml, 2 ml ampoule .....	13.40	5	Zantac

→ **Restricted (RS1703)**

#### Initiation

Either:

continued...

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

- 1 For continuation use; or
- 2 Routine prevention of allergic reactions..

## 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

### 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
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### 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.



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Diabetes</b>			
<b>Alpha Glucosidase Inhibitors</b>			
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
<b>Hyperglycaemic Agents</b>			
DIAZOXIDE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Cap 25 mg .....	110.00	100	Proglidem
↓ Cap 100 mg .....	280.00	100	Proglidem
↓ Oral liq 50 mg per ml .....	620.00	30 ml	Proglycem
→ <b>Restricted (RS1028)</b>			
<b>Initiation</b>			
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			
<b>Insulin - Intermediate-Acting Preparations</b>			
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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Insulin - Long-Acting Preparations</b>			
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
<b>Insulin - Rapid-Acting Preparations</b>			
INSULIN ASPART			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
Inj 100 u per ml, 3 ml syringe .....	51.19	5	NovoRapid FlexPen
INSULIN GLULISINE			
Inj 100 u per ml, 10 ml vial.....	27.03	1	Apidra
Inj 100 u per ml, 3 ml cartridge.....	46.07	5	Apidra
Inj 100 u per ml, 3 ml disposable pen.....	46.07	5	Apidra Solostar
INSULIN LISPRO			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
<b>Insulin - Short-Acting Preparations</b>			
INSULIN NEUTRAL			
Inj human 100 u per ml, 10 ml vial			
Inj human 100 u per ml, 3 ml cartridge			
<b>Oral Hypoglycaemic Agents</b>			
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

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

## 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	<b>Creon 10000</b>
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	<b>Creon 25000</b>
Powder pancreatin 60.12 mg (3,600 Ph. Eur. u/amylase, 5,000 Ph. Eur. u/lipase and 200 Ph. Eur. u/protease)			

### URSODEOXYCHOLIC ACID – **Restricted** see terms [below](#)

↓ Cap 250 mg – 1% DV Sep-17 to 2020	37.95	100	<b>Ursosan</b>
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### → **Restricted (RS1647)**

#### Initiation – **Alagille syndrome or progressive familial intrahepatic cholestasis**

Either:

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

#### Initiation – **Chronic severe drug induced cholestatic liver injury**

All of the following:

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

#### Initiation – **Primary biliary cholangitis**

Both:

- 1 Primary biliary cholangitis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative by liver biopsy; and
- 2 Patient not requiring a liver transplant (bilirubin > 100 umol/l; decompensated cirrhosis).

#### Initiation – **Pregnancy**

Patient diagnosed with cholestasis of pregnancy.

#### Initiation – **Haematological transplant**

Both:

- 1 Patient at risk of veno-occlusive disease or has hepatic impairment and is undergoing conditioning treatment prior to allogeneic stem cell or bone marrow transplantation; and
- 2 Treatment for up to 13 weeks.

#### Initiation – **Total parenteral nutrition induced cholestasis**

Both:

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

## Laxatives

### Bowel-Cleansing Preparations

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

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

*e.g. PicoPrep*

## ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE</b>			
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			<i>e.g. Glycoprep-C</i>
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			<i>e.g. Glycoprep-C</i>
<b>MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE AND SODIUM SULPHATE</b>			
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 – <b>1% DV Aug-19 to 2022</b>	14.31	4	<b>Klean Prep</b>

### Bulk-Forming Agents

<b>ISPAGHULA (PSYLLIUM) HUSK</b>			
Powder for oral soln – <b>1% DV Oct-17 to 2020</b>	6.05	500 g	<b>Konsyl-D</b>
<b>STERCULIA WITH FRANGULA – Restricted:</b> For continuation only			
➔ Powder for oral soln			

### Faecal Softeners

<b>DOCUSATE SODIUM</b>			
Tab 50 mg – <b>1% DV Sep-17 to 2020</b>	2.31	100	<b>Coloxyl</b>
Tab 120 mg – <b>1% DV Sep-17 to 2020</b>	3.13	100	<b>Coloxyl</b>
<b>DOCUSATE SODIUM WITH SENNOSIDES</b>			
Tab 50 mg with sennosides 8 mg – <b>1% DV Jun-18 to 2021</b>	3.10	200	<b>Laxsol</b>
<b>PARAFFIN</b>			
Oral liquid 1 mg per ml			
Enema 133 ml			
<b>POLOXAMER</b>			
Oral drops 10% – <b>1% DV Sep-17 to 2020</b>	3.78	30 ml	<b>Coloxyl</b>

### Opioid Receptor Antagonists - Peripheral

<b>METHYLNALTREXONE BROMIDE – Restricted</b> see terms <a href="#">below</a>			
⚠ 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

<b>GLYCEROL</b>			
Suppos 1.27 g			
Suppos 2.55 g			
Suppos 3.6 g – <b>1% DV Oct-18 to 2021</b>	9.25	20	<b>PSM</b>

↑ Item restricted (see ➔ above); ⚠ Item restricted (see ➔ below)

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LACTULOSE</b>			
Oral liq 10 g per 15 ml – <b>1% DV Nov-19 to 2022</b> .....	3.33	500 ml	<b>Laevolac</b>
<b>MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE</b>			
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 – <b>1% DV Feb-18 to 2020</b> .....	6.78	30	<b>Molaxole</b>
<b>SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE</b>			
Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml – <b>1% DV Nov-19 to 2022</b> .....	29.98	50	<b>Micolette</b>
<b>SODIUM PHOSPHATE WITH PHOSPHORIC ACID</b>			
Oral liq 16.4% with phosphoric acid 25.14%			
Enema 10% with phosphoric acid 6.58%.....	2.50	1	Fleet Phosphate Enema

### Stimulant Laxatives

<b>BISACODYL</b>			
Tab 5 mg – <b>1% DV Sep-18 to 2021</b> .....	5.99	200	<b>Lax-Tabs</b>
Suppos 10 mg – <b>1% DV Sep-18 to 2021</b> .....	3.74	10	<b>Lax-Suppositories</b>
<b>SENNOSIDES</b>			
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.

continued...

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

## Continuation

Metabolic physician

*Re-assessment required after 12 months*

All of the following:

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

## ARGININE

Powder

Inj 600 mg per ml, 25 ml vial

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

↓ Powder 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:

continued...

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

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

### Continuation

Metabolic physician

*Re-assessment required after 12 months*

All of the following:

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

### HAEM ARGINATE

Inj 25 mg per ml, 10 ml ampoule

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

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

→ **Restricted (RS1546)**

### Initiation

Metabolic physician

*Limited to 24 weeks treatment*

All of the following:

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

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

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

→ **Restricted (RS1607)**

### Initiation

Metabolic physician

*Limited to 24 weeks treatment*

All of the following:

- 1 The patient has been diagnosed with Hurler Syndrome (mucopolysaccharidosis I-H); and
- 2 Either:

continued...

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

- 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 [below](#)

- ⚡ Tab soluble 100 mg ..... 1,452.70 30 Kuvan

➡ **Restricted** (RS1656)

## Initiation

Metabolic physician

*Re-assessment required after 1 month*

All of the following:

- 1 Patient has phenylketonuria (PKU) and is pregnant or actively planning to become pregnant; and
- 2 Treatment with sapropterin is required to support management of PKU during pregnancy; and
- 3 Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and
- 4 Sapropterin to be used alone or in combination with PKU dietary management; and
- 5 Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery.

## Continuation

Metabolic physician or any relevant practitioner on the recommendation of a metabolic physician

*Re-assessment required after 12 months*

All of the following:

- 1 Either:
  - 1.1 Following the initial one-month approval, the patient has demonstrated an adequate response to a 2 to 4 week trial of sapropterin with a clinically appropriate reduction in phenylalanine levels to support management of PKU during pregnancy; or
  - 1.2 On subsequent renewal applications, the patient has previously demonstrated response to treatment with sapropterin and maintained adequate phenylalanine levels to support management of PKU during pregnancy; and
- 2 Any of the following:
  - 2.1 Patient continues to be pregnant and treatment with sapropterin will not continue after delivery; or
  - 2.2 Patient is actively planning a pregnancy and this is the first renewal for treatment with sapropterin; or

continued...



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

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.

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

↓ Inj 200 unit vial..... 1,072.00      1      Eleyso

→ **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**

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>POTASSIUM IODATE WITH IODINE</b>			
Oral liq 10% with iodine 5%			
<b>Iron</b>			
<b>FERRIC CARBOXYMALTOSE – Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 50 mg per ml, 10 ml vial.....	150.00	1	Ferinject
➡ <b>Restricted (RS1417)</b>			
<b>Initiation</b>			
Treatment with oral iron has proven ineffective or is clinically inappropriate.			
<b>FERROUS FUMARATE</b>			
Tab 200 mg (65 mg elemental) – <b>1% DV Jan-19 to 2021</b> .....	3.09	100	<b>Ferro-tab</b>
<b>FERROUS FUMARATE WITH FOLIC ACID</b>			
Tab 310 mg (100 mg elemental) with folic acid 350 mcg – <b>1% DV</b>			
<b>Jun-18 to 2021</b> .....	4.68	60	<b>Ferro-F-Tabs</b>
<b>FERROUS GLUCONATE WITH ASCORBIC ACID</b>			
Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg			
<b>FERROUS SULFATE</b>			
Oral liq 30 mg (6 mg elemental) per ml – <b>1% DV Nov-19 to 2022</b> .....	12.08	500 ml	<b>Ferodan</b>
<b>FERROUS SULPHATE</b>			
Tab long-acting 325 mg (105 mg elemental) – <b>1% DV Jun-18 to 2021</b> .....	2.06	30	<b>Ferrograd</b>
<b>FERROUS SULPHATE WITH ASCORBIC ACID</b>			
Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg			
<b>IRON POLYMALTOSE</b>			
Inj 50 mg per ml, 2 ml ampoule .....	34.50	5	Ferrosig
<b>IRON SUCROSE</b>			
Inj 20 mg per ml, 5 ml ampoule .....	100.00	5	Venofer
<b>Magnesium</b>			
<b>MAGNESIUM AMINO ACID CHELATE</b>			
Cap 750 mg (150 mg elemental)			
<b>MAGNESIUM CHLORIDE</b>			
Inj 1 mmol per 1 ml, 100 ml bag			
<b>MAGNESIUM HYDROXIDE</b>			
Tab 311 mg (130 mg elemental)			
<b>MAGNESIUM OXIDE</b>			
Cap 663 mg (400 mg elemental)			
Cap 696 mg (420 mg elemental)			
<b>MAGNESIUM OXIDE WITH MAGNESIUM ASPARTATE, MAGNESIUM AMINO ACID CHELATE AND MAGNESIUM CITRATE</b>			
Cap 500 mg with magnesium aspartate 100 mg, magnesium amino acid chelate 100 mg and magnesium citrate 100 mg (360 mg elemental magnesium)			
<b>MAGNESIUM SULPHATE</b>			
Inj 0.4 mmol per ml, 250 ml bag			
Inj 2 mmol per ml, 5 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	10.21	10	<b>DBL</b>
Inj 100 mg per ml, 50 ml bag			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Zinc</b>			
ZINC			
Oral liq 5 mg per 5 drops			
ZINC CHLORIDE			
Inj 5.3 mg per ml (5.1 mg per ml elemental), 2 ml ampoule			
ZINC SULPHATE			
Cap 137.4 mg (50 mg elemental) – 1% DV Dec-19 to 2022.....	11.00	100	<b>Zincaps</b>

## Mouth and Throat

### Agents Used in Mouth Ulceration

BENZDAMINE HYDROCHLORIDE			
Soln 0.15%			
Spray 0.15%			
Spray 0.3%			
BENZDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE			
Lozenge 3 mg with cetylpyridinium chloride			
CARBOXYMETHYLCELLULOSE			
Oral spray			
CARMELLOSE SODIUM WITH PECTIN AND GELATINE			
Paste			
Powder			
CHLORHEXIDINE GLUCONATE			
Mouthwash 0.2%.....	2.57	200 ml	healthE
CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE			
Adhesive gel 8.7% with cetalkonium chloride 0.01%			
DICHLOROBENZYL ALCOHOL WITH AMYLMETACRESOL			
Lozenge 1.2 mg with amylmetacresol 0.6 mg			
TRIAMCINOLONE ACETONIDE			
Paste 0.1% – 1% DV Sep-17 to 2020.....	5.33	5 g	<b>Kenalog in Orabase</b>

### 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	<b>Decozol</b>
NYSTATIN			
Oral liquid 100,000 u per ml – 1% DV Oct-17 to 2020.....	1.95	24 ml	<b>Nilstat</b>

### Other Oral Agents

HYALURONIC ACID WITH LIDOCAINE [LIGNOCAINE]			
Inj 20 mg per ml			
SODIUM HYALURONATE [HYALURONIC ACID] – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 20 mg per ml, 1 ml syringe			
→ <b>Restricted (RS1175)</b>			
Otolaryngologist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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
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➡ **Restricted (RS1498)**

#### Initiation

Limited to 3 months treatment

Both:

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

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

⚡ Cap.....	6.49	30	Clinicians Renal Vit
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➡ **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<sup>2</sup> body surface area (BSA).

MULTIVITAMINS

Tab (BPC cap strength) – 1% DV Mar-20 to 2022.....	11.45	1,000	Mvite
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⚡ 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
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➡ **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
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➡ **Restricted (RS1178)**

#### Initiation

Patient has inborn errors of metabolism.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg and glucose 1000 mg, 5 ml ampoule (1)			<i>e.g. Pabrinex IV</i>
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg, 2 ml ampoule (1)			<i>e.g. Pabrinex IM</i>
Inj thiamine hydrochloride 500 mg with riboflavin 8 mg and pyridoxine hydrochloride 100 mg, 10 ml ampoule (1) and inj ascorbic acid 1000 mg with nicotinamide 320 mg and glucose 2000 mg, 10 ml ampoule (1)			<i>e.g. Pabrinex IV</i>
<b>VITAMIN A WITH VITAMINS D AND C</b>			
Note: that funding of vitamin A oral liquid can be applied for through the Exceptional Circumstances process; the application form can be found on the PHARMAC website <a href="https://pharmac.govt.nz/assets/form-alphatocopherylacetate-and-vitaminA.pdf">https://pharmac.govt.nz/assets/form-alphatocopherylacetate-and-vitaminA.pdf</a>			
Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops			<i>e.g. Vitadol C</i>
<i>(e.g. Vitadol C Soln 1,000 u with vitamin D 400 u and ascorbic acid 30 mg per 10 drops to be delisted 1 July 2020)</i>			

## Vitamin A

### RETINOL

- Tab 10,000 iu
- Cap 25,000 iu
- Oral liq 150,000 iu per ml
- Oral liq 666.7 mcg per 2 drops, 10 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**

### 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
- 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 – **1% DV Mar-20 to 2022** ..... 9.90      500      **Cvite**
- Tab chewable 250 mg

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Vitamin D</b>			
<b>ALFACALCIDOL</b>			
Cap 0.25 mcg – 1% DV Aug-17 to 2020 .....	26.32	100	<b>One-Alpha</b>
Cap 1 mcg – 1% DV Aug-17 to 2020 .....	87.98	100	<b>One-Alpha</b>
Oral drops 2 mcg per ml – 1% DV Aug-17 to 2020 .....	60.68	20 ml	<b>One-Alpha</b>
<b>CALCITRIOL</b>			
Cap 0.25 mcg – 1% DV Oct-19 to 2022 .....	7.95	100	<b>Calcitriol-AFT</b>
Cap 0.5 mcg – 1% DV Oct-19 to 2022 .....	13.75	100	<b>Calcitriol-AFT</b>
Oral liq 1 mcg per ml			
Inj 1 mcg per ml, 1 ml ampoule			
<b>COLECALCIFEROL</b>			
Cap 1.25 mg (50,000 iu) – 1% DV Oct-17 to 2020 .....	2.50	12	<b>Vit.D3</b>
Oral liq 188 mcg per ml (7,500 iu per ml) .....	9.00	4.8 ml	<b>Puria</b>

## Vitamin E

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

↓ Oral liq 156 u per ml

→ **Restricted (RS1632)**

**Initiation – Cystic fibrosis**

Both:

1 Cystic fibrosis patient; and

2 Either:

2.1 Patient has tried and failed the other available funded fat soluble vitamin A,D,E,K supplement (Vitabdeck); or

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

**Initiation – Osteoradionecrosis**

For the treatment of osteoradionecrosis.

**Initiation – Other indications**

All of the following:

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

continued...

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

continued...

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

**Initiation – Osteoradionecrosis**

For the treatment of osteoradionecrosis.

**Initiation – Other indications**

All of the following:

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

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

### Hypoplastic and Haemolytic

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

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

➡ **Restricted (RS1660)**

#### Initiation – chronic renal failure

All of the following:

- 1 Patient in chronic renal failure; and
- 2 Haemoglobin is less than or equal to 100g/L; and
- 3 Either:
  - 3.1 Both:
    - 3.1.1 Patient does not have diabetes mellitus; and
    - 3.1.2 Glomerular filtration rate is less than or equal to 30ml/min; or
  - 3.2 Both:
    - 3.2.1 Patient has diabetes mellitus; and
    - 3.2.2 Glomerular filtration rate is less than or equal to 45ml/min; and
- 4 Patient is on haemodialysis or peritoneal dialysis.

#### Initiation – myelodysplasia\*

*Re-assessment required after 2 months*

All of the following:

- 1 Patient has a confirmed diagnosis of myelodysplasia (MDS); and
- 2 Has had symptomatic anaemia with haemoglobin < 100g/L and is red cell transfusion-dependent; and
- 3 Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and
- 4 Other causes of anaemia such as B12 and folate deficiency have been excluded; and
- 5 Patient has a serum epoetin level of < 500 IU/L; and
- 6 The minimum necessary dose of epoetin would be used and will not exceed 80,000 iu per week.

#### Continuation – myelodysplasia\*

*Re-assessment required after 12 months*

All of the following:

- 1 The patient's transfusion requirement continues to be reduced with epoetin treatment; and
- 2 Transformation to acute myeloid leukaemia has not occurred; and
- 3 The minimum necessary dose of epoetin would be used and will not exceed 80,000 iu per week.

#### Initiation – all other indications

Haematologist

For use in patients where blood transfusion is not a viable treatment alternative.

Note: Indications marked with \* are unapproved indications



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

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

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

→ **Restricted (RS1661)**

**Initiation – chronic renal failure**

All of the following:

- 1 Patient in chronic renal failure; and
- 2 Haemoglobin is less than or equal to 100g/L; and
- 3 Either:
  - 3.1 Both:
    - 3.1.1 Patient does not have diabetes mellitus; and
    - 3.1.2 Glomerular filtration rate is less than or equal to 30ml/min; or
  - 3.2 Both:
    - 3.2.1 Patient has diabetes mellitus; and
    - 3.2.2 Glomerular filtration rate is less than or equal to 45ml/min; and
- 4 Patient is on haemodialysis or peritoneal dialysis.

**Initiation – myelodysplasia\***

*Re-assessment required after 12 months*

All of the following:

- 1 Patient has a confirmed diagnosis of myelodysplasia (MDS); and
- 2 Has had symptomatic anaemia with haemoglobin < 100g/L and is red cell transfusion-dependent; and
- 3 Patient has very low, low or intermediate risk MDS based on the WHO classification-based prognostic scoring system for myelodysplastic syndrome (WPSS); and
- 4 Other causes of anaemia such as B12 and folate deficiency have been excluded; and
- 5 Patient has a serum epoetin level of < 500 IU/L; and
- 6 The minimum necessary dose of epoetin would be used and will not exceed 80,000 iu per week.

**Continuation – myelodysplasia\***

*Re-assessment required after 2 months*

All of the following:

- 1 The patient's transfusion requirement continues to be reduced with epoetin treatment; and
- 2 Transformation to acute myeloid leukaemia has not occurred; and
- 3 The minimum necessary dose of epoetin would be used and will not exceed 80,000 iu per week.

**Initiation – all other indications**

Haematologist.

For use in patients where blood transfusion is not a viable treatment alternative.

\*Note: Indications marked with \* are unapproved indications.

## Megaloblastic

**FOLIC ACID**

Tab 0.8 mg – <b>1% DV Oct-18 to 2021</b> .....	21.84	1,000	<b>Apo-Folic Acid</b>
Tab 5 mg – <b>1% DV Oct-18 to 2021</b> .....	12.12	500	<b>Apo-Folic Acid</b>
Oral liq 50 mcg per ml.....	26.00	25 ml	Biomed
Inj 5 mg per ml, 10 ml vial			

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

## Antifibrinolytics, Haemostatics and Local Sclerosants

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

↓ Topical soln 20% w/v

*e.g. Driclor*

→ **Restricted** (RS1500)

### Initiation

For use as a haemostatis agent.

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

↓ Inj 10,000 kIU per ml (equivalent to 200 mg per ml), 50 ml vial

→ **Restricted** (RS1332)

### Initiation

Cardiac anaesthetist

Either:

- 1 Paediatric patient undergoing cardiopulmonary bypass procedure; or
- 2 Adult patient undergoing cardiac surgical procedure where the significant risk of massive bleeding outweighs the potential adverse effects of the drug.

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

↓ Tab 25 mg ..... 1,550.00

28 Revolade

↓ Tab 50 mg ..... 3,100.00

28 Revolade

→ **Restricted** (RS1648)

### Initiation – idiopathic thrombocytopenic purpura - post-splenectomy

Haematologist

*Re-assessment required after 6 weeks*

All of the following:

- 1 Patient has had a splenectomy; and
- 2 Two immunosuppressive therapies have been 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.			
<b>Continuation – idiopathic thrombocytopenic purpura contraindicated to splenectomy</b>			
Haematologist			
<i>Re-assessment required after 12 months</i>			
All of the following:			
1 The patient's significant contraindication to splenectomy remains; and			
2 The patient has obtained a response from treatment during the initial approval period; and			
3 Patient has maintained a platelet count of at least 50,000 platelets per microlitre on treatment; and			
4 Further treatment with eltrombopag is required to maintain response.			
<b>Initiation – severe aplastic anaemia</b>			
Haematologist			
<i>Re-assessment required after 3 months</i>			
Both:			
1 Two immunosuppressive therapies have been trialled and failed after therapy of at least 3 months duration; and			
2 Either:			
2.1 Patient has severe aplastic anaemia with a platelet count of less than or equal to 20,000 platelets per microliter; or			
2.2 Patient has severe aplastic anaemia with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding.			
<b>Continuation – severe aplastic anaemia</b>			
Haematologist			
<i>Re-assessment required after 12 months</i>			
Both:			
1 The patient has obtained a response from treatment of at least 20,000 platelets per microlitre above baseline during the initial approval period; and			
2 Platelet transfusion independence for a minimum of 8 weeks during the initial approval period.			
<b>FERRIC SUBSULFATE</b>			
Gel 25.9%			
Soln 500 ml			
<b>POLIDOCANOL</b>			
Inj 0.5%, 30 ml vial			
<b>SODIUM TETRADECYL SULPHATE</b>			
Inj 3%, 2 ml ampoule			
<b>THROMBIN</b>			
Powder			
<b>TRANEXAMIC ACID</b>			
Tab 500 mg – <b>1% DV May-20 to 2022</b> .....	20.67	100	Cyklokapron
	9.45	60	<b>Mercury Pharma</b>
Inj 100 mg per ml, 5 ml ampoule – <b>1% DV Sep-18 to 2021</b> .....	6.95	5	<b>Tranexamic-AFT</b>
Inj 100 mg per ml, 10 ml ampoule – <b>1% DV Sep-18 to 2021</b> .....	10.95	5	<b>Tranexamic-AFT</b>
<i>(Cyklokapron Tab 500 mg to be delisted 1 May 2020)</i>			

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

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

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

➡ **Restricted (RS1535)**

### Initiation

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

## Blood Factors

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 (RS1704)**

### Initiation

For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. Rare Clinical Circumstances Brand of bypassing agent for > 14 days predicted use. Access to funded treatment for > 14 days predicted use is by named patient application to the Haemophilia Treaters Group, subject to access criteria

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 (RS1705)**

### Initiation

For patients with haemophilia. Preferred Brand of bypassing agent for > 14 days predicted use. 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.....287.50 1 Xyntha

⚡ Inj 500 iu prefilled syringe.....575.00 1 Xyntha

⚡ Inj 1,000 iu prefilled syringe.....1,150.00 1 Xyntha

⚡ Inj 2,000 iu prefilled syringe.....2,300.00 1 Xyntha

⚡ Inj 3,000 iu prefilled syringe.....3,450.00 1 Xyntha

➡ **Restricted (RS1706)**

### Initiation

For patients with haemophilia. Rare Clinical Circumstances Brand of short half-life recombinant factor VIII. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group, subject to criteria

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>NONACOG GAMMA, [RECOMBINANT FACTOR IX] – Restricted</b> see terms <a href="#">below</a>			
↓ 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 (RS1707)**

#### Initiation

For patients with haemophilia. Preferred Brand of short half-life recombinant factor VIII. 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 (RS1708)**

#### Initiation

For patients with haemophilia. Rare Clinical Circumstances Brand of short half-life recombinant factor VIII. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group, subject to criteria

**RURIOCTOCOG ALFA PEGOL [RECOMBINANT FACTOR VIII] – Restricted** see terms [below](#)

↓ 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

→ **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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Antithrombotics</b>			
<b>Anticoagulants</b>			
BIVALIRUDIN – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 250 mg vial			
➡ <b>Restricted</b> (RS1181)			
<b>Initiation</b>			
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
<i>(Fragmin Inj 2,500 iu in 0.2 ml syringe to be delisted 1 April 2020)</i>			
<i>(Fragmin Inj 5,000 iu in 0.2 ml syringe to be delisted 1 April 2020)</i>			
<i>(Fragmin Inj 7,500 iu in 0.75 ml syringe to be delisted 1 April 2020)</i>			
<i>(Fragmin Inj 10,000 iu in 1 ml syringe to be delisted 1 April 2020)</i>			
DANAPAROID – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 750 u in 0.6 ml ampoule			
➡ <b>Restricted</b> (RS1182)			
<b>Initiation</b>			
For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance.			
DEFIBROTIDE – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 80 mg per ml, 2.5 ml ampoule			
➡ <b>Restricted</b> (RS1183)			
<b>Initiation</b>			
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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ENOXAPARIN SODIUM</b>			
Inj 20 mg in 0.2 ml syringe.....	27.93	10	Clexane
Inj 40 mg in 0.4 ml ampoule			
Inj 40 mg in 0.4 ml syringe.....	37.27	10	Clexane
Inj 60 mg in 0.6 ml syringe.....	56.18	10	Clexane
Inj 80 mg in 0.8 ml syringe.....	74.90	10	Clexane
Inj 100 mg in 1 ml syringe.....	93.80	10	Clexane
Inj 120 mg in 0.8 ml syringe.....	116.55	10	Clexane
Inj 150 mg in 1 ml syringe.....	133.20	10	Clexane
<b>FONDAPARINUX SODIUM – Restricted see terms below</b>			
↓ Inj 2.5 mg in 0.5 ml syringe			
↓ Inj 7.5 mg in 0.6 ml syringe			
➔ <b>Restricted (RS1184)</b>			
<b>Initiation</b>			
For use in heparin-induced thrombocytopenia, heparin resistance or heparin intolerance.			
<b>HEPARIN SODIUM</b>			
Inj 100 iu per ml, 250 ml bag			
Inj 1,000 iu per ml, 1 ml ampoule .....	98.53	50	Hospira
Inj 1,000 iu per ml, 5 ml ampoule – <b>1% DV Nov-18 to 2021</b> .....	58.57	50	<b>Pfizer</b>
Inj 5,000 iu in 0.2 ml ampoule			
Inj 5,000 iu per ml, 1 ml ampoule .....	28.40	5	Hospira
Inj 5,000 iu per ml, 5 ml ampoule – <b>1% DV Nov-18 to 2021</b> .....	203.68	50	<b>Pfizer</b>
<b>HEPARINISED SALINE</b>			
Inj 10 iu per ml, 5 ml ampoule .....	56.94	50	Pfizer
Inj 100 iu per ml, 2 ml ampoule			
Inj 100 iu per ml, 5 ml ampoule			
<b>PHENINDIONE</b>			
Tab 10 mg			
Tab 25 mg			
Tab 50 mg			
<b>PROTAMINE SULPHATE</b>			
Inj 10 mg per ml, 5 ml ampoule			
<b>RIVAROXABAN</b>			
Tab 10 mg .....	83.10	30	Xarelto
Tab 15 mg .....	77.56	28	Xarelto
Tab 20 mg .....	77.56	28	Xarelto
<b>SODIUM CITRATE WITH SODIUM CHLORIDE AND POTASSIUM CHLORIDE</b>			
Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride 74.6 mcg per ml, 5,000 ml bag			
<b>WARFARIN SODIUM</b>			
Tab 1 mg .....	7.60	100	Marevan
Tab 2 mg			
Tab 3 mg .....	11.80	100	Marevan
Tab 5 mg .....	13.50	100	Marevan

## Antiplatelets

<b>ASPIRIN</b>			
Tab 100 mg – <b>10% DV Nov-19 to 2022</b> .....	1.95	90	<b>Ethics Aspirin EC</b>
	10.80	990	<b>Ethics Aspirin EC</b>
Suppos 300 mg			

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CLOPIDOGREL</b>			
Tab 75 mg – 1% DV May-20 to 2022.....	5.44	84	Arrow - Clopid
	4.60		<b>Clopidogrel Multichem</b>
<i>(Arrow - Clopid Tab 75 mg to be delisted 1 May 2020)</i>			
<b>DIPYRIDAMOLE</b>			
Tab 25 mg			
Tab long-acting 150 mg – 1% DV Oct-19 to 2022.....	10.90	60	<b>Pytazen SR</b>
Inj 5 mg per ml, 2 ml ampoule			
<b>EPTIFIBATIDE</b> – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 2 mg per ml, 10 ml vial – 1% DV Nov-18 to 2021.....	138.75	1	<b>Integrilin</b>
⚡ Inj 750 mcg per ml, 100 ml vial – 1% DV Nov-18 to 2021 .....	405.00	1	<b>Integrilin</b>
➔ <b>Restricted</b> ( <a href="#">RS1362</a> )			
<b>Initiation</b>			
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.			
<b>LYSINE ACETYSALICYLATE [LYSINE ASPIRIN]</b> – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 500 mg			<i>e.g. Aspegic</i>
➔ <b>Restricted</b> ( <a href="#">RS1689</a> )			
<b>Initiation</b>			
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.			
<b>PRASUGREL</b> – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 5 mg .....	108.00	28	<b>Effient</b>
⚡ Tab 10 mg .....	120.00	28	<b>Effient</b>
➔ <b>Restricted</b> ( <a href="#">RS1187</a> )			
<b>Initiation – Bare metal stents</b>			
<i>Limited to 6 months treatment</i>			
Patient has undergone coronary angioplasty in the previous 4 weeks and is clopidogrel-allergic.			
<b>Initiation – Drug-eluting stents</b>			
<i>Limited to 12 months treatment</i>			
Patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic.			
<b>Initiation – Stent thrombosis</b>			
Patient has experienced cardiac stent thrombosis whilst on clopidogrel.			
<b>Initiation – Myocardial infarction</b>			
<i>Limited to 1 week treatment</i>			
For short term use while in hospital following ST-elevated myocardial infarction.			
Note: Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment			
<b>TICAGRELOR</b> – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 90 mg .....	90.00	56	<b>Brilinta</b>
➔ <b>Restricted</b> ( <a href="#">RS1496</a> )			
<b>Initiation</b>			
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.			
<b>TICLOPIDINE</b>			
Tab 250 mg			

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

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



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

## 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  $10 \times 10^6/L$  on day 5 after 4 days of G-CSF treatment; or
      - 3.1.2.2 Efforts to collect  $> 1 \times 10^6$  CD34 cells/kg have failed after one apheresis procedure; or
  - 3.2 Both:
    - 3.2.1 Patient is undergoing chemotherapy and G-CSF mobilisation; and
    - 3.2.2 Any of the following:
      - 3.2.2.1 Both:
        - 3.2.2.1.1 Has rising white blood cell counts of  $> 5 \times 10^9/L$ ; and
        - 3.2.2.1.2 Has a suboptimal peripheral blood CD34 count of less than or equal to  $10 \times 10^6/L$ ; or
      - 3.2.2.2 Efforts to collect  $> 1 \times 10^6$  CD34 cells/kg have failed after one apheresis procedure; or
      - 3.2.2.3 The peripheral blood CD34 cell counts are decreasing before the target has been received; or
  - 3.3 A previous mobilisation attempt with G-CSF or G-CSF plus chemotherapy has failed.

## Granulocyte Colony-Stimulating Factors

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

↓ Inj 300 mcg in 0.5 ml prefilled syringe – <b>1% DV May-19 to 2021</b> .....	96.22	10	<b>Nivestim</b>
↓ Inj 300 mcg in 1 ml vial .....	520.00	4	Neupogen
↓ Inj 480 mcg in 0.5 ml prefilled syringe – <b>1% DV Mar-19 to 2021</b> .....	161.50	10	<b>Nivestim</b>

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

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

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔ Restricted (RS1188)</b>			
Haematologist or oncologist			
PEGFILGRASTIM – <b>Restricted</b> see terms <a href="#">below</a>			
‡ Inj 6 mg per 0.6 ml syringe .....	1,080.00	1	Neulastim
<b>➔ Restricted (RS1262)</b>			
<b>Initiation</b>			
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			
<b>Fluids and Electrolytes</b>			
<b>Intravenous Administration</b>			
<b>CALCIUM CHLORIDE</b>			
Inj 100 mg per ml, 10 ml vial			
Inj 100 mg per ml, 50 ml syringe			e.g. <i>Baxter</i>
<b>CALCIUM GLUCONATE</b>			
Inj 10%, 10 ml ampoule			e.g. <i>Max Health</i>
<b>COMPOUND ELECTROLYTES</b>			
Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, 500 ml bag – <b>1% DV Jun-18 to 2021</b> .....	44.10	18	<b>Plasma-Lyte 148</b>
Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b> .....	27.24	12	<b>Plasma-Lyte 148</b>
<b>COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]</b>			
Inj sodium 140 mmol/l, 5 mmol/l potassium, 1.5 mmol/l magnesium, 98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l gluconate, glucose 23 mmol/l (5%), 1,000 ml bag – <b>1% DV Jun-18 to 2021</b> .....	211.92	12	<b>Plasma-Lyte 148 &amp; 5% Glucose</b>
<b>COMPOUND SODIUM LACTATE [HARTMANN'S SOLUTION]</b>			
Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, 500 ml bag – <b>1% DV Jun-18 to 2021</b> .....	23.40	18	<b>Baxter</b>
Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b> .....	15.72	12	<b>Baxter</b>
<b>GLUCOSE [DEXTROSE]</b>			
Inj 5%, 1,000 ml bag – <b>1% DV Aug-18 to 2021</b> .....	16.80	10	<b>Fresenius Kabi</b>
Inj 5%, 100 ml bag – <b>1% DV Aug-18 to 2021</b> .....	77.50	50	<b>Fresenius Kabi</b>
Inj 5%, 250 ml bag – <b>1% DV Aug-18 to 2021</b> .....	52.50	30	<b>Fresenius Kabi</b>
Inj 5%, 50 ml bag – <b>1% DV Jun-18 to 2021</b> .....	143.40	60	<b>Baxter Glucose 5%</b>
Inj 5%, 500 ml bag – <b>1% DV Aug-18 to 2021</b> .....	24.00	20	<b>Fresenius Kabi</b>
Inj 10%, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b> .....	111.96	12	<b>Baxter Glucose 10%</b>
Inj 10%, 500 ml bag – <b>1% DV Jun-18 to 2021</b> .....	109.98	18	<b>Baxter Glucose 10%</b>
Inj 50%, 10 ml ampoule – <b>1% DV Oct-17 to 2020</b> .....	29.50	5	<b>Biomed</b>
Inj 50%, 500 ml bag – <b>1% DV Jun-18 to 2021</b> .....	337.32	18	<b>Baxter Glucose 50%</b>
Inj 50%, 90 ml bottle – <b>1% DV Oct-17 to 2020</b> .....	14.50	1	<b>Biomed</b>

‡ Item restricted (see ➔ above); ‡ Item restricted (see ➔ below)

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>GLUCOSE WITH POTASSIUM CHLORIDE</b>			
Inj 10% glucose with 20 mmol/l potassium chloride, 500 ml bag			
<b>GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE</b>			
Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag			
Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag			
Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b>	203.40	12	<b>Baxter</b>
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b>	159.96	12	<b>Baxter</b>
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b>	282.72	12	<b>Baxter</b>
<b>GLUCOSE WITH SODIUM CHLORIDE</b>			
Inj glucose 2.5% with sodium chloride 0.45%, 500 ml bag			
Inj 4% glucose and sodium chloride 0.18%, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b>	163.32	12	<b>Baxter</b>
Inj 5% glucose and sodium chloride 0.45%, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b>	163.20	12	<b>Baxter</b>
Inj 5% glucose and sodium chloride 0.9%, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b>	173.40	12	<b>Baxter</b>
<b>POTASSIUM CHLORIDE</b>			
Inj 75 mg (1 mmol) per ml, 10 ml ampoule			
Inj 225 mg (3 mmol) per ml, 20 ml ampoule			
<b>POTASSIUM CHLORIDE WITH SODIUM CHLORIDE</b>			
Inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag – <b>1% DV Jun-18 to 2021</b>	476.64	48	<b>Baxter</b>
Inj 20 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b>	163.08	12	<b>Baxter</b>
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag – <b>1% DV Jun-18 to 2021</b>	253.32	12	<b>Baxter</b>
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag – <b>1% DV Jun-18 to 2021</b>	772.32	48	<b>Baxter</b>
<b>POTASSIUM DIHYDROGEN PHOSPHATE</b>			
Inj 1 mmol per ml, 10 ml ampoule	151.80	10	Hospira
<b>RINGER'S SOLUTION</b>			
Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, 1,000 ml bag			
<b>SODIUM ACETATE</b>			
Inj 4 mmol per ml, 20 ml ampoule			
<b>SODIUM BICARBONATE</b>			
Inj 8.4%, 10 ml vial			
Inj 8.4%, 50 ml vial	19.95	1	Biomed
Inj 8.4%, 100 ml vial	20.50	1	Biomed

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SODIUM CHLORIDE</b>			
Inj 0.9%, 5 ml ampoule – <b>1% DV Dec-19 to 2022</b> .....	2.80	20	<b>Fresenius Kabi</b>
Inj 0.9%, 10 ml ampoule – <b>1% DV Dec-19 to 2022</b> .....	5.40	50	<b>Fresenius Kabi</b>
⚡ Inj 0.9%, 3 ml syringe, non-sterile pack – <b>1% DV Sep-18 to 2021</b> .....	160.90	480	<b>BD PosiFlush</b>
➡ <b>Restricted (RS1297)</b>			
<b>Initiation</b>			
For use in flushing of in-situ vascular access devices only.			
⚡ Inj 0.9%, 5 ml syringe, non-sterile pack – <b>1% DV Sep-18 to 2021</b> .....	162.91	480	<b>BD PosiFlush</b>
➡ <b>Restricted (RS1297)</b>			
<b>Initiation</b>			
For use in flushing of in-situ vascular access devices only.			
⚡ Inj 0.9%, 10 ml syringe, non-sterile pack – <b>1% DV Sep-18 to 2021</b> .....	170.35	480	<b>BD PosiFlush</b>
➡ <b>Restricted (RS1297)</b>			
<b>Initiation</b>			
For use in flushing of in-situ vascular access devices only.			
Inj 0.9%, 20 ml ampoule – <b>1% DV Dec-19 to 2022</b> .....	5.00	20	<b>Fresenius Kabi</b>
Inj 23.4% (4 mmol/ml), 20 ml ampoule .....	33.00	5	<b>Biomed</b>
Inj 0.45%, 500 ml bag.....	71.28	18	<b>Baxter</b>
Inj 3%, 1,000 ml bag.....	91.20	12	<b>Baxter</b>
Inj 0.9%, 50 ml bag.....	109.80	60	<b>Baxter</b>
Inj 0.9%, 100 ml bag.....	78.24	48	<b>Baxter</b>
Inj 0.9%, 250 ml bag.....	44.64	24	<b>Baxter</b>
Inj 0.9%, 500 ml bag.....	22.14	18	<b>Baxter</b>
Inj 0.9%, 1,000 ml bag.....	15.12	12	<b>Baxter</b>
Inj 1.8%, 500 ml bottle			
<b>SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]</b>			
Inj 1 mmol per ml, 20 ml ampoule – <b>1% DV Oct-18 to 2021</b> .....	48.70	5	<b>Biomed</b>
<b>WATER</b>			
Inj 5 ml ampoule .....	7.00	50	<b>InterPharma</b>
Inj 10 ml ampoule .....	6.63	50	<b>Pfizer</b>
Inj 20 ml ampoule .....	5.00	20	<b>Fresenius Kabi</b>
	7.50	30	<b>InterPharma</b>
	5.00	20	<b>Multichem</b>
Inj 250 ml bag			
Inj 500 ml bag			
Inj, 1,000 ml bag.....	19.08	12	<b>Baxter</b>
<b>Oral Administration</b>			
<b>CALCIUM POLYSTYRENE SULPHONATE</b>			
Powder .....	169.85	300 g	<b>Calcium Resonium</b>
<b>COMPOUND ELECTROLYTES</b>			
Powder for oral soln – <b>1% DV Apr-20 to 2022</b> .....	9.77	50	<b>Electral</b>
	2.30	10	<b>Enerlyte</b>
<i>(Enerlyte Powder for oral soln to be delisted 1 April 2020)</i>			
<b>COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]</b>			
Soln with electrolytes (2 x 500 ml) – <b>1% DV Nov-18 to 2021</b> .....	6.55	1,000 ml	<b>Pedialyte - Bubblegum</b>
<b>PHOSPHORUS</b>			
Tab eff 500 mg (16 mmol)			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>POTASSIUM CHLORIDE</b>			
Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)			
Tab long-acting 600 mg (8 mmol) – <b>1% DV Oct-18 to 2021</b> .....	8.90	200	<b>Span-K</b>
Oral liq 2 mmol per ml			
<b>SODIUM BICARBONATE</b>			
Cap 840 mg .....	8.52	100	Sodibic
<b>SODIUM CHLORIDE</b>			
Tab 600 mg			
Oral liq 2 mmol/ml			
<b>SODIUM POLYSTYRENE SULPHONATE</b>			
Powder – <b>1% DV Sep-18 to 2021</b> .....	84.65	454 g	<b>Resonium A</b>
<b>Plasma Volume Expanders</b>			
<b>GELATINE, SUCCINYLATED</b>			
Inj 4%, 500 ml bag – <b>1% DV Jun-18 to 2021</b> .....	120.00	10	<b>Gelofusine</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Agents Affecting the Renin-Angiotensin System</b>			
<b>ACE Inhibitors</b>			
<b>CAPTOPRIL</b>			
↓ Oral liq 5 mg per ml .....	94.99	95 ml	Capoten
➔ <b>Restricted (RS1263)</b>			
<b>Initiation</b>			
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.			
<b>CILAZAPRIL</b>			
Tab 0.5 mg – 1% DV Sep-19 to 2022 .....	2.09	90	<b>Zapril</b>
Tab 2.5 mg – 1% DV Feb-20 to 2022 .....	4.80	90	<b>Zapril</b>
Tab 5 mg – 1% DV Feb-20 to 2022 .....	8.35	90	<b>Zapril</b>
<b>ENALAPRIL MALEATE</b>			
Tab 5 mg – 1% DV Jun-20 to 2022 .....	1.82	100	<b>Acetec</b>
	3.84		Ethics Enalapril
Tab 10 mg – 1% DV Jun-20 to 2022 .....	2.02	100	<b>Acetec</b>
	4.96		Ethics Enalapril
Tab 20 mg – 1% DV Jun-20 to 2022 .....	2.42	100	<b>Acetec</b>
	7.12		Ethics Enalapril
<i>(Ethics Enalapril Tab 5 mg to be delisted 1 June 2020)</i>			
<i>(Ethics Enalapril Tab 10 mg to be delisted 1 June 2020)</i>			
<i>(Ethics Enalapril Tab 20 mg to be delisted 1 June 2020)</i>			
<b>LISINOPRIL</b>			
Tab 5 mg – 1% DV Dec-18 to 2021 .....	2.07	90	<b>Ethics Lisinopril</b>
Tab 10 mg – 1% DV Dec-18 to 2021 .....	2.36	90	<b>Ethics Lisinopril</b>
Tab 20 mg – 1% DV Dec-18 to 2021 .....	3.17	90	<b>Ethics Lisinopril</b>
<b>PERINDOPRIL</b>			
Tab 2 mg – 1% DV Sep-17 to 2020 .....	3.75	30	<b>Apo-Perindopril</b>
Tab 4 mg – 1% DV Sep-17 to 2020 .....	4.80	30	<b>Apo-Perindopril</b>
<b>QUINAPRIL</b>			
Tab 5 mg – 1% DV Nov-18 to 2021 .....	6.01	90	<b>Arrow-Quinapril 5</b>
Tab 10 mg – 1% DV Nov-18 to 2021 .....	3.16	90	<b>Arrow-Quinapril 10</b>
Tab 20 mg – 1% DV Nov-18 to 2021 .....	4.89	90	<b>Arrow-Quinapril 20</b>
<b>ACE Inhibitors with Diuretics</b>			
<b>CILAZAPRIL WITH HYDROCHLOROTHIAZIDE</b>			
Tab 5 mg with hydrochlorothiazide 12.5 mg .....	10.18	100	<b>Apo-Cilazapril/ Hydrochlorothiazide</b>
<b>QUINAPRIL WITH HYDROCHLOROTHIAZIDE</b>			
Tab 10 mg with hydrochlorothiazide 12.5 mg – 1% DV Dec-18 to 2021 .....	3.83	30	<b>Accuretic 10</b>
Tab 20 mg with hydrochlorothiazide 12.5 mg – 1% DV Dec-18 to 2021 .....	4.92	30	<b>Accuretic 20</b>

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

### CANDESARTAN CILEXETIL

Tab 4 mg – 1% DV Sep-18 to 2021 .....	1.90	90	<b>Candestar</b>
Tab 8 mg – 1% DV Sep-18 to 2021 .....	2.28	90	<b>Candestar</b>
Tab 16 mg – 1% DV Sep-18 to 2021 .....	3.67	90	<b>Candestar</b>
Tab 32 mg – 1% DV Sep-18 to 2021 .....	6.39	90	<b>Candestar</b>

### LOSARTAN POTASSIUM

Tab 12.5 mg – 1% DV Nov-17 to 2020 .....	1.39	84	<b>Losartan Actavis</b>
Tab 25 mg – 1% DV Nov-17 to 2020 .....	1.63	84	<b>Losartan Actavis</b>
Tab 50 mg – 1% DV Nov-17 to 2020 .....	2.00	84	<b>Losartan Actavis</b>
Tab 100 mg – 1% DV Nov-17 to 2020 .....	2.31	84	<b>Losartan Actavis</b>

## Angiotensin II Antagonists with Diuretics

### LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE

Tab 50 mg with hydrochlorothiazide 12.5 mg – 1% DV Jan-19 to 2021 .....	1.88	30	<b>Arrow-Losartan &amp; Hydrochlorothiazide</b>
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## 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	<b>Apo-Doxazosin</b>
Tab 4 mg – 1% DV Sep-17 to 2020 .....	9.09	500	<b>Apo-Doxazosin</b>

### PHENOXYBENZAMINE HYDROCHLORIDE

Cap 10 mg	
Inj 50 mg per ml, 1 ml ampoule	
Inj 50 mg per ml, 2 ml ampoule	

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

## Antiarrhythmics

<b>ADENOSINE</b>			
Inj 3 mg per ml, 2 ml vial – 1% DV Feb-20 to 2022 .....	62.73	6	<b>Adenocor</b>

↓ 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

<b>AMIODARONE HYDROCHLORIDE</b>			
Tab 100 mg – 1% DV Dec-19 to 2022 .....	3.80	30	<b>Aratac</b>
Tab 200 mg – 1% DV Dec-19 to 2022 .....	5.25	30	<b>Aratac</b>
Inj 50 mg per ml, 3 ml ampoule – 1% DV Feb-20 to 2022 .....	16.37	10	<b>Max Health</b>

<b>ATROPINE SULPHATE</b>			
Inj 600 mcg per ml, 1 ml ampoule – 1% DV Oct-18 to 2021 .....	12.07	10	<b>Martindale</b>

<b>DIGOXIN</b>			
Tab 62.5 mcg – 1% DV Nov-19 to 2022 .....	7.00	240	<b>Lanoxin PG</b>
Tab 250 mcg – 1% DV Nov-19 to 2022 .....	15.20	240	<b>Lanoxin</b>
Oral liq 50 mcg per ml			
Inj 250 mcg per ml, 2 ml vial			

**DISOPYRAMIDE PHOSPHATE**

Cap 100 mg

<b>FLECAINIDE ACETATE</b>			
Tab 50 mg – 1% DV Feb-20 to 2022 .....	19.95	60	<b>Flecainide BNM</b>
Cap long-acting 100 mg – 1% DV Dec-19 to 2022 .....	39.51	90	<b>Flecainide Controlled Release Teva</b>
Cap long-acting 200 mg – 1% DV Dec-19 to 2022 .....	61.06	90	<b>Flecainide Controlled Release Teva</b>
Inj 10 mg per ml, 15 ml ampoule .....	100.00	5	<b>Tambocor</b>

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

↓ Tab 5 mg

→ **Restricted (RS1566)**

### Initiation

Both:

continued...



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
1 Patient is indicated for computed tomography coronary angiography; and			
2 Either:			
2.1 Patient has a heart rate of greater than 70 beats per minute while taking a maximally tolerated dose of beta blocker; or			
2.2 Patient is unable to tolerate beta blockers.			
<b>MEXILETINE HYDROCHLORIDE</b>			
Cap 150 mg .....	162.00	100	Mexiletine Hydrochloride USP
Cap 250 mg .....	202.00	100	Mexiletine Hydrochloride USP
<b>PROPAFENONE HYDROCHLORIDE</b>			
Tab 150 mg			
<b>Antihypensives</b>			
<b>MIDODRINE – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 2.5 mg			
↓ Tab 5 mg			
→ <b>Restricted (RS1427)</b>			
<b>Initiation</b>			
Patient has disabling orthostatic hypotension not due to drugs.			
<b>Beta-Adrenoceptor Blockers</b>			
<b>ATENOLOL</b>			
Tab 50 mg – 1% DV Sep-18 to 2021 .....	4.26	500	<b>Mylan Atenolol</b>
Tab 100 mg – 1% DV Sep-18 to 2021 .....	7.30	500	<b>Mylan Atenolol</b>
Oral liq 5 mg per ml .....	21.25	300 ml	Atenolol-AFT
<b>BISOPROLOL FUMARATE</b>			
Tab 2.5 mg – 1% DV Dec-17 to 2020 .....	3.53	90	<b>Bosvate</b>
Tab 5 mg – 1% DV Dec-17 to 2020 .....	5.15	90	<b>Bosvate</b>
Tab 10 mg – 1% DV Dec-17 to 2020 .....	9.40	90	<b>Bosvate</b>
<b>CARVEDILOL</b>			
Tab 6.25 mg – 1% DV Dec-17 to 2020 .....	2.24	60	<b>Carvedilol Sandoz</b>
Tab 12.5 mg – 1% DV Dec-17 to 2020 .....	2.30	60	<b>Carvedilol Sandoz</b>
Tab 25 mg – 1% DV Dec-17 to 2020 .....	2.95	60	<b>Carvedilol Sandoz</b>
<b>CELIPROLOL</b>			
Tab 200 mg .....	21.40	180	Celol
<b>ESMOLOL HYDROCHLORIDE</b>			
Inj 10 mg per ml, 10 ml vial			
<b>LABETALOL</b>			
Tab 100 mg .....	11.36	100	Presolol
Tab 200 mg .....	29.74	100	Presolol
Inj 5 mg per ml, 20 ml ampoule			
<b>METOPROLOL SUCCINATE</b>			
Tab long-acting 23.75 mg – 1% DV Mar-18 to 2020 .....	1.03	30	<b>Betaloc CR</b>
Tab long-acting 47.5 mg – 1% DV Mar-18 to 2020 .....	1.25	30	<b>Betaloc CR</b>
Tab long-acting 95 mg – 1% DV Mar-18 to 2020 .....	1.99	30	<b>Betaloc CR</b>
Tab long-acting 190 mg – 1% DV Mar-18 to 2020 .....	3.00	30	<b>Betaloc CR</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>METOPROLOL TARTRATE</b>			
Tab 50 mg – 1% DV Oct-18 to 2021.....	5.66	100	<b>Apo-Metoprolol</b>
Tab 100 mg – 1% DV Oct-18 to 2021.....	7.55	60	<b>Apo-Metoprolol</b>
Tab long-acting 200 mg.....	23.40	28	Slow-Lopresor
Inj 1 mg per ml, 5 ml vial – 1% DV Feb-19 to 31 Jan 2022 .....	29.50	5	<b>Metoprolol IV Mylan</b>
<b>NADOLOL</b>			
Tab 40 mg – 1% DV Oct-18 to 2021.....	16.69	100	<b>Apo-Nadolol</b>
Tab 80 mg – 1% DV Oct-18 to 2021.....	26.43	100	<b>Apo-Nadolol</b>
<b>PINDOLOL</b>			
Tab 5 mg – 1% DV Oct-18 to 2021.....	13.22	100	<b>Apo-Pindolol</b>
Tab 10 mg – 1% DV Oct-18 to 2021.....	23.12	100	<b>Apo-Pindolol</b>
Tab 15 mg – 1% DV Oct-18 to 2021.....	33.31	100	<b>Apo-Pindolol</b>
<b>PROPRANOLOL</b>			
Tab 10 mg – 1% DV Oct-18 to 2021.....	4.64	100	<b>Apo-Propranolol</b>
Tab 40 mg – 1% DV Oct-18 to 2021.....	5.72	100	<b>Apo-Propranolol</b>
Cap long-acting 160 mg .....	18.17	100	Cardinol LA
Oral liq 4 mg per ml			
Inj 1 mg per ml, 1 ml ampoule			
<b>SOTALOL</b>			
Tab 80 mg – 1% DV Oct-19 to 2022.....	32.58	500	<b>Mylan</b>
Tab 160 mg – 1% DV Oct-19 to 2022.....	10.98	100	<b>Mylan</b>
<b>TIMOLOL MALEATE</b>			
Tab 10 mg			

## Calcium Channel Blockers

### Dihydropyridine Calcium Channel Blockers

<b>AMLODIPINE</b>			
Tab 2.5 mg – 1% DV Sep-17 to 2020 .....	1.72	100	<b>Apo-Amlodipine</b>
Tab 5 mg – 1% DV Sep-17 to 2020 .....	3.33	250	<b>Apo-Amlodipine</b>
Tab 10 mg – 1% DV Sep-17 to 2020 .....	4.40	250	<b>Apo-Amlodipine</b>
<b>FELODIPINE</b>			
Tab long-acting 2.5 mg – 1% DV Sep-18 to 2021 .....	1.45	30	<b>Plendil ER</b>
Tab long-acting 5 mg – 1% DV Dec-18 to 2021 .....	3.93	90	<b>Felo 5 ER</b>
Tab long-acting 10 mg – 1% DV Dec-18 to 2021 .....	4.32	90	<b>Felo 10 ER</b>
<b>ISRADIPINE</b>			
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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>NIFEDIPINE</b>			
Tab long-acting 10 mg – <b>1% DV Aug-17 to 2020</b> .....	10.63	60	<b>Adalat 10</b>
Tab long-acting 20 mg.....	17.72	100	Nyefax Retard
Tab long-acting 30 mg.....	3.14	30	Adalat Oros
Tab long-acting 60 mg – <b>1% DV Dec-17 to 2020</b> .....	5.67	30	<b>Adalat Oros</b>
Cap 5 mg			
<b>NIMODIPINE</b>			
Tab 30 mg – <b>1% DV Jul-20 to 2022</b> .....	350.00	100	<b>Nimotop</b>
Inj 200 mcg per ml, 50 ml vial – <b>1% DV Jul-20 to 2022</b> .....	67.50	1	<b>Nimotop</b>
<b>Other Calcium Channel Blockers</b>			
<b>DILTIAZEM HYDROCHLORIDE</b>			
Tab 30 mg .....	4.60	100	Dilzem
Tab 60 mg .....	8.50	100	Dilzem
Cap long-acting 120 mg – <b>1% DV Oct-18 to 2021</b> .....	33.42	500	<b>Apo-Diltiazem CD</b>
Cap long-acting 180 mg – <b>1% DV Oct-18 to 2021</b> .....	50.05	500	<b>Apo-Diltiazem CD</b>
Cap long-acting 240 mg – <b>1% DV Oct-18 to 2021</b> .....	66.76	500	<b>Apo-Diltiazem CD</b>
Inj 5 mg per ml, 5 ml vial			
<b>PERHEXILINE MALEATE</b>			
Tab 100 mg – <b>1% DV Oct-19 to 2022</b> .....	62.90	100	<b>Pexsig</b>
<b>VERAPAMIL HYDROCHLORIDE</b>			
Tab 40 mg .....	7.01	100	Isoptin
Tab 80 mg .....	11.74	100	Isoptin
Tab long-acting 120 mg.....	36.02	100	Isoptin SR
	15.20	250	Verpamil SR
Tab long-acting 240 mg.....	15.12	30	Isoptin SR
	25.00	250	Verpamil SR
Inj 2.5 mg per ml, 2 ml ampoule .....	25.00	5	Isoptin
<i>(Verpamil SR Tab long-acting 120 mg to be delisted 1 May 2020)</i>			
<i>(Verpamil SR Tab long-acting 240 mg to be delisted 1 September 2020)</i>			
<b>Centrally-Acting Agents</b>			
<b>CLONIDINE</b>			
Patch 2.5 mg, 100 mcg per day – <b>1% DV Sep-17 to 2020</b> .....	7.40	4	<b>Mylan</b>
Patch 5 mg, 200 mcg per day – <b>1% DV Sep-17 to 2020</b> .....	10.04	4	<b>Mylan</b>
Patch 7.5 mg, 300 mcg per day – <b>1% DV Sep-17 to 2020</b> .....	12.34	4	<b>Mylan</b>
<b>CLONIDINE HYDROCHLORIDE</b>			
Tab 25 mcg – <b>1% DV Oct-18 to 2021</b> .....	8.75	112	<b>Clonidine BNM</b>
Tab 150 mcg.....	34.32	100	Catapres
Inj 150 mcg per ml, 1 ml ampoule – <b>1% DV Oct-18 to 2021</b> .....	25.96	10	<b>Medsurge</b>
<b>METHYLDOPA</b>			
Tab 250 mg .....	15.10	100	Methyldopa Mylan
<b>Diuretics</b>			
<b>Loop Diuretics</b>			
<b>BUMETANIDE</b>			
Tab 1 mg .....	16.36	100	Burinex
Inj 500 mcg per ml, 4 ml vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FUROSEMIDE [FRUSEMIDE]</b>			
Tab 40 mg – 1% DV Dec-19 to 2022 .....	7.24	1,000	<b>Apo-Furosemide</b>
Tab 500 mg – 1% DV Mar-19 to 2021 .....	25.00	50	<b>Urex Forte</b>
Oral liq 10 mg per ml – 1% DV Jan-20 to 2022 .....	11.20	30 ml	<b>Lasix</b>
Inj 10 mg per ml, 2 ml ampoule – 1% DV Oct-19 to 2022 .....	1.15	5	<b>Frusemide-Clarix</b>
Inj 10 mg per ml, 25 ml ampoule – 1% DV Jan-20 to 2022 .....	60.65	6	<b>Lasix</b>
<b>Osmotic Diuretics</b>			
<b>MANNITOL</b>			
Inj 10%, 1,000 ml bag – 1% DV Jun-18 to 2021 .....	747.24	12	<b>Baxter</b>
Inj 20%, 500 ml bag – 1% DV Jun-18 to 2021 .....	1,096.92	18	<b>Baxter</b>
<b>Potassium Sparing Combination Diuretics</b>			
<b>AMILORIDE HYDROCHLORIDE WITH FUROSEMIDE</b>			
Tab 5 mg with furosemide 40 mg			
<b>AMILORIDE HYDROCHLORIDE WITH HYDROCHLOROTHIAZIDE</b>			
Tab 5 mg with hydrochlorothiazide 50 mg			
<b>Potassium Sparing Diuretics</b>			
<b>AMILORIDE HYDROCHLORIDE</b>			
Tab 5 mg			
Oral liq 1 mg per ml .....	30.00	25 ml	<b>Biomed</b>
<b>EPLERENONE – Restricted see terms below</b>			
⚡ Tab 25 mg – 1% DV Sep-18 to 2021 .....	11.87	30	<b>Inspra</b>
⚡ Tab 50 mg – 1% DV Dec-18 to 2021 .....	17.00	30	<b>Inspra</b>
➡ <b>Restricted (RS1640)</b>			
<b>Initiation</b>			
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.			
<b>SPIRONOLACTONE</b>			
Tab 25 mg .....	4.38	100	<b>Spiractin</b>
Tab 100 mg .....	11.80	100	<b>Spiractin</b>
Oral liq 5 mg per ml – 1% DV Nov-19 to 2022 .....	30.60	25 ml	<b>Biomed</b>
<b>Thiazide and Related Diuretics</b>			
<b>BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]</b>			
Tab 2.5 mg – 1% DV Mar-18 to 2020 .....	12.50	500	<b>Arrow-Bendroflumethiazide</b>
Tab 5 mg – 1% DV Mar-18 to 2020 .....	20.42	500	<b>Arrow-Bendroflumethiazide</b>
<b>CHLOROTHIAZIDE</b>			
Oral liq 50 mg per ml .....	26.00	25 ml	<b>Biomed</b>
<b>CHLORTALIDONE [CHLORTHALIDONE]</b>			
Tab 25 mg – 1% DV Dec-19 to 2022 .....	6.50	50	<b>Hygroton</b>
<b>INDAPAMIDE</b>			
Tab 2.5 mg .....	2.60	90	<b>Dapa-Tabs</b>

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

## Lipid-Modifying Agents

### Fibrates

#### BEZAFIBRATE

Tab 200 mg – 1% DV Dec-18 to 2021 .....	19.01	90	<b>Bezalip</b>
Tab long-acting 400 mg – 1% DV Dec-18 to 2021 .....	12.89	30	<b>Bezalip Retard</b>

#### GEMFIBROZIL

Tab 600 mg .....	19.56	60	Lipazil
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### HMG CoA Reductase Inhibitors (Statins)

#### ATORVASTATIN

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

#### PRAVASTATIN

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

#### SIMVASTATIN

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

### 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	<b>Ezetimibe Sandoz</b>
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➔ **Restricted (RS1005)**

#### Initiation

All of the following:

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>EZETIMIBE WITH SIMVASTATIN – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 10 mg with simvastatin 10 mg .....	5.15	30	Zimybe
⚡ Tab 10 mg with simvastatin 20 mg .....	6.15	30	Zimybe
⚡ Tab 10 mg with simvastatin 40 mg .....	7.15	30	Zimybe
⚡ Tab 10 mg with simvastatin 80 mg .....	8.15	30	Zimybe

➡ **Restricted (RS1006)**

## Initiation

All of the following:

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

## Other Lipid-Modifying Agents

### ACIPIMOX

Cap 250 mg

### NICOTINIC ACID

Tab 50 mg – 1% DV Oct-17 to 2020 .....	4.12	100	<b>Apo-Nicotinic Acid</b>
Tab 500 mg – 1% DV Oct-17 to 2020 .....	17.89	100	<b>Apo-Nicotinic Acid</b>

## Nitrates

### GLYCERYL TRINITRATE

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	<b>Ismo-20</b>
Tab long-acting 40 mg .....	8.20	30	Ismo 40 Retard
Tab long-acting 60 mg – 1% DV Sep-17 to 2020 .....	8.29	90	<b>Duride</b>

## Other Cardiac Agents

### LEVOSIMENDAN – Restricted

 see terms [below](#)

⚡ Inj 2.5 mg per ml, 5 ml vial

⚡ Inj 2.5 mg per ml, 10 ml vial

➡ **Restricted (RS1007)**

## Initiation – Heart transplant

Either:

- 1 For use as a bridge to heart transplant, in patients who have been accepted for transplant; or
- 2 For the treatment of heart failure following heart transplant.

## Initiation – Heart failure

Cardiologist or intensivist

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Sympathomimetics</b>			
<b>ADRENALINE</b>			
Inj 1 in 1,000, 1 ml ampoule .....	4.98	5	Aspen Adrenaline
	10.76		DBL Adrenaline
Inj 1 in 1,000, 30 ml vial			
Inj 1 in 10,000, 10 ml ampoule .....	49.00	10	Aspen Adrenaline
	27.00	5	Hospira
Inj 1 in 10,000, 10 ml syringe			
<b>DOBUTAMINE</b>			
Inj 12.5 mg per ml, 20 ml ampoule – <b>1% DV Jan-19 to 2021</b> .....	61.13	5	<b>Dobutamine-hameln</b>
<b>DOPAMINE HYDROCHLORIDE</b>			
Inj 40 mg per ml, 5 ml ampoule – <b>1% DV Sep-18 to 2021</b> .....	29.73	10	<b>Max Health Ltd</b>
<b>EPHEDRINE</b>			
Inj 3 mg per ml, 10 ml syringe			
Inj 30 mg per ml, 1 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	36.04	10	<b>Max Health</b>
<b>ISOPRENALINE [ISOPROTERENOL]</b>			
Inj 200 mcg per ml, 1 ml ampoule			
Inj 200 mcg per ml, 5 ml ampoule			
<b>METARAMINOL</b>			
Inj 0.5 mg per ml, 10 ml syringe			
Inj 0.5 mg per ml, 20 ml syringe			
Inj 0.5 mg per ml, 5 ml syringe			
Inj 1 mg per ml, 1 ml ampoule			
Inj 1 mg per ml, 10 ml syringe			
Inj 10 mg per ml, 1 ml ampoule			
<b>NORADRENALINE</b>			
Inj 0.06 mg per ml, 100 ml bag			
Inj 0.06 mg per ml, 50 ml syringe			
Inj 0.1 mg per ml, 100 ml bag			
Inj 0.1 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 – <b>1% DV Oct-19 to 2022</b> .....	45.00	10	<b>Noradrenaline BNM</b>
<b>PHENYLEPHRINE HYDROCHLORIDE</b>			
Inj 10 mg per ml, 1 ml ampoule .....	115.50	25	Neosynephrine HCL
<b>Vasodilators</b>			
<b>ALPROSTADIL HYDROCHLORIDE</b>			
Inj 500 mcg per ml, 1 ml ampoule – <b>1% DV Dec-18 to 2021</b> .....	1,765.50	5	<b>Prostin VR</b>
<b>DIAZOXIDE</b>			
Inj 15 mg per ml, 20 ml ampoule			
<b>HYDRALAZINE HYDROCHLORIDE</b>			
↓ Tab 25 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔ Restricted (RS1008)</b>			
<b>Initiation</b>			
Either:			
1 For the treatment of refractory hypertension; or			
2 For the treatment of heart failure, in combination with a nitrate, in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers.			
Inj 20 mg ampoule.....	25.90	5	Apresoline
<b>MILRINONE</b>			
Inj 1 mg per ml, 10 ml ampoule – <b>1% DV Sep-18 to 2021</b> .....	99.00	10	<b>Primacor</b>
<b>MINOXIDIL</b>			
Tab 10 mg .....	70.00	100	Loniten
<b>NICORANDIL</b>			
Tab 10 mg – <b>1% DV Dec-19 to 2022</b> .....	25.57	60	<b>Ikorel</b>
Tab 20 mg – <b>1% DV Dec-19 to 2022</b> .....	32.28	60	<b>Ikorel</b>
<b>PAPAVERINE HYDROCHLORIDE</b>			
Inj 30 mg per ml, 1 ml vial			
Inj 12 mg per ml, 10 ml ampoule .....	217.90	5	Hospira
<b>PENTOXIFYLLINE [OXPENTIFYLLINE]</b>			
Tab 400 mg			
<b>SODIUM NITROPRUSSIDE</b>			
Inj 50 mg vial			

## Endothelin Receptor Antagonists

<b>AMBRISENTAN – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 5 mg .....	4,585.00	30	Volibris
⚡ Tab 10 mg .....	4,585.00	30	Volibris
<b>➔ Restricted (RS1621)</b>			
<b>Initiation</b>			
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.			
<b>BOSENTAN – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 62.5 mg – <b>1% DV Dec-18 to 2021</b> .....	141.00	60	<b>Bosentan Dr Reddy's</b>
⚡ Tab 125 mg – <b>1% DV Dec-18 to 2021</b> .....	141.00	60	<b>Bosentan Dr Reddy's</b>
<b>➔ Restricted (RS1622)</b>			
<b>Initiation – Pulmonary arterial hypertension</b>			
<i>Re-assessment required after 6 months</i>			
Either:			
1 All of the following:			
1.1 Patient has pulmonary arterial hypertension (PAH); and			
1.2 PAH is in Group 1, 4 or 5 of the WHO (Venice) clinical classifications; and			
1.3 PAH is at NYHA/WHO functional class II, III, or IV; and			
1.4 Any of the following:			
1.4.1 Both:			

continued...



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

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

2 In-hospital stabilisation in emergency situations.

**Continuation – Pulmonary arterial hypertension**

*Re-assessment required after 6 months*

Any of the following:

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

**Phosphodiesterase Type 5 Inhibitors**

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

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

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

## ➔ 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:
    - 1.4.1 All of the following:
      - 1.4.1.1 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
      - 1.4.1.2 Either:
        - 1.4.1.2.1 Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or
        - 1.4.1.2.2 Patient is peri Fontan repair; and
      - 1.4.1.3 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm<sup>-5</sup>); or
    - 1.4.2 Testing for PCWP, PAPm, or PVR cannot be performed due to the patient's young age; or
- 2 For use in neonatal units for persistent pulmonary hypertension of the newborn (PPHN); or
- 3 In-hospital stabilisation in emergency situations.

### Initiation – tablets other conditions

Any of the following:

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

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

## Prostacyclin Analogues

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

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

→ **Restricted** ([RS1624](#))

### Initiation

Either:

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

### ILOPROST

Inj 50 mcg in 0.5 ml ampoule – <b>1% DV Jan-20 to 2022</b> .....	305.00	5	<b>Clinect</b>
↓ Nebuliser soln 10 mcg per ml, 2 ml – <b>1% DV Jan-20 to 2022</b> .....	740.10	30	<b>Ventavis</b>

→ **Restricted** ([RS1625](#))

### Initiation

Any of the following:

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Anti-Infective Preparations</b>			
<b>Antibacterials</b>			
<b>HYDROGEN PEROXIDE</b>			
Crm 1%.....	8.56	15 g	Crystaderm
Soln 3% (10 vol).....	1.40	100 ml	Pharmacy Health
<i>(Pharmacy Health Soln 3% (10 vol) to be delisted 1 July 2020)</i>			
<b>MAFENIDE ACETATE – Restricted</b> see terms <a href="#">below</a>			
↓ Powder 50 g sachet			
➔ <b>Restricted (RS1299)</b>			
<b>Initiation</b>			
For the treatment of burns patients.			
<b>MUPIROCIN</b>			
Oint 2%			
<b>SODIUM FUSIDATE [FUSIDIC ACID]</b>			
Crm 2% – <b>1% DV May-19 to 2021</b> .....	1.59	5 g	<b>Foban</b>
Oint 2% – <b>1% DV May-19 to 2021</b> .....	1.59	5 g	<b>Foban</b>
<b>SULFADIAZINE SILVER</b>			
Crm 1% – <b>1% DV Aug-17 to 2020</b> .....	10.80	50 g	<b>Flamazine</b>
<b>Antifungals</b>			
<b>AMOROLFINE</b>			
Nail soln 5% – <b>1% DV Sep-17 to 2020</b> .....	15.95	5 ml	<b>Mycosyl</b>
<b>CICLOPIROX OLAMINE</b>			
Nail soln 8% – <b>1% DV Sep-18 to 2021</b> .....	5.72	7 ml	<b>Apo-Ciclopirox</b>
➔ Soln 1% – <b>Restricted:</b> For continuation only			
<b>CLOTRIMAZOLE</b>			
Crm 1% – <b>1% DV Jan-18 to 2020</b> .....	0.70	20 g	<b>Clomazol</b>
➔ Soln 1% – <b>Restricted:</b> For continuation only			
<b>ECONAZOLE NITRATE</b>			
➔ Crm 1% – <b>Restricted:</b> For continuation only			
Foaming soln 1%			
<b>KETOCONAZOLE</b>			
Shampoo 2% – <b>1% DV Sep-17 to 2020</b> .....	2.99	100 ml	<b>Sebizole</b>
<b>METRONIDAZOLE</b>			
Gel 0.75%			
<b>MICONAZOLE NITRATE</b>			
Crm 2% – <b>1% DV Jan-18 to 2020</b> .....	0.74	15 g	<b>Multichem</b>
➔ Lotn 2% – <b>Restricted:</b> For continuation only			
Tinc 2%			
<b>NYSTATIN</b>			
Crm 100,000 u per g			
<b>Antiparasitics</b>			
<b>DIMETHICONE</b>			
Lotn 4% – <b>1% DV Oct-19 to 2022</b> .....	4.98	200 ml	<b>healthE Dimethicone 4% Lotion</b>

	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
PHENOTHHRIN 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
<i>(PSM Lotn, BP to be delisted 1 July 2020)</i>			
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 Paste			e.g. Zinc oxide (PSM)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ZINC AND CASTOR OIL</b>			
Crm.....	1.63	20 g	Orion
Oint – <b>1% DV Jul-18 to 2020</b> .....	4.25	500 g	<b>Boucher</b>
Note: DV limit applies to the pack sizes of greater than 30 g.			
Oint, BP – <b>1% DV Nov-17 to 2020</b> .....	1.26	20 g	<b>healthE</b>
Note: DV limit applies to the pack sizes of 30 g or less.			
<b>ZINC WITH WOOL FAT</b>			
Crm zinc 15.25% with wool fat 4%			<i>e.g. Sudocrem</i>
<b>Emollients</b>			
<b>AQUEOUS CREAM</b>			
Crm 100 g – <b>1% DV Oct-18 to 2021</b> .....	1.05	100 g	<b>Pharmacy Health SLS-free</b>
Note: DV limit applies to the pack sizes of 100 g or less.			
Crm 500 g – <b>1% DV Dec-18 to 2021</b> .....	1.92	500 g	<b>Boucher</b>
Note: DV limit applies to the pack sizes of greater than 100 g.			
<b>CETOMACROGOL</b>			
Crm BP, 500 g – <b>1% DV Sep-18 to 2021</b> .....	2.48	500 g	<b>healthE</b>
Crm BP, 100 g – <b>1% DV Sep-18 to 2021</b> .....	1.42	1	<b>healthE</b>
<b>CETOMACROGOL WITH GLYCEROL</b>			
Crm 90% with glycerol 10%, – <b>1% DV Dec-19 to 2022</b> .....	1.65	100 g	<b>healthE</b>
Note: DV limit applies to the pack sizes of 100 g or less.			
Crm 90% with glycerol 10% – <b>1% DV Mar-20 to 2022</b> .....	2.35	500 ml	<b>Boucher</b>
	3.10	1,000 ml	<b>Boucher</b>
	2.82	500 ml	Pharmacy Health
			Sorbolene with Glycerin
	3.87	1,000 ml	Pharmacy Health
			Sorbolene with Glycerin
<i>(Pharmacy Health Sorbolene with Glycerin Crm 90% with glycerol 10% to be delisted 1 March 2020)</i>			
<b>EMULSIFYING OINTMENT</b>			
Oint BP – <b>1% DV Oct-17 to 2020</b> .....	1.84	100 g	<b>Jaychem</b>
Note: DV limit applies to pack sizes of less than 200 g.			
Oint BP, 500 g – <b>1% DV Oct-17 to 2020</b> .....	3.59	500 g	<b>AFT</b>
Note: DV limit applies to pack sizes of greater than 200 g.			
<b>GLYCEROL WITH PARAFFIN</b>			
Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10%			<i>e.g. QV cream</i>
<b>OIL IN WATER EMULSION</b>			
Crm, 500 g – <b>1% DV Jan-19 to 2021</b> .....	2.19	500 g	<b>O/W Fatty Emulsion Cream</b>
Note: DV limit applies to the pack sizes of greater than 100 g.			
Crm, 100 g – <b>1% DV Dec-18 to 2021</b> .....	1.44	1	<b>healthE Fatty Cream</b>
<b>PARAFFIN</b>			
Oint liquid paraffin 50% with white soft paraffin 50% – <b>1% DV Jan-19 to 2021</b> .....	1.97	100 g	<b>healthE</b>
Note: DV limit applies to the pack sizes of 100 g or greater.			
White soft – <b>1% DV Sep-18 to 2021</b> .....	0.79	10 g	<b>healthE</b>
Note: DV limit applies to pack sizes of 30 g or less, and to both white soft paraffin and yellow soft paraffin.			
White soft, – <b>1% DV Apr-20 to 2022</b> .....	4.99	450 g	<b>healthE</b>
Yellow soft			

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

## Corticosteroids

<b>BETAMETHASONE DIPROPIONATE</b>			
Crm 0.05%			
Oint 0.05%			
<b>BETAMETHASONE VALERATE</b>			
Crm 0.1% – <b>1% DV Oct-18 to 2021</b> .....	3.45	50 g	<b>Beta Cream</b>
Oint 0.1% – <b>1% DV Oct-18 to 2021</b> .....	3.45	50 g	<b>Beta Ointment</b>
Lotn 0.1% – <b>1% DV Dec-18 to 2021</b> .....	18.00	50 ml	<b>Betnovate</b>
<b>CLOBETASOL PROPIONATE</b>			
Crm 0.05% – <b>1% DV Nov-19 to 2022</b> .....	2.18	30 g	<b>Dermol</b>
Oint 0.05% – <b>1% DV Nov-19 to 2022</b> .....	2.12	30 g	<b>Dermol</b>
<b>CLOBETASONE BUTYRATE</b>			
Crm 0.05%			
<b>DIFLUCORTOLONE VALERATE – Restricted:</b> For continuation only			
➔ Crm 0.1%			
➔ Fatty oint 0.1%			
<b>HYDROCORTISONE</b>			
Crm 1%, 30 g.....	3.42	30 g	DermAssist
Note: DV limit applies to the pack sizes of less than or equal to 100 g.			
Crm 1%, 500 g.....	17.15	500 g	Pharmacy Health
<b>HYDROCORTISONE ACETATE</b>			
Crm 1%.....	2.48	14.2 g	AFT
<b>HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN</b>			
Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – <b>1% DV Sep-17 to 2020</b> .....	10.57	250 ml	<b>DP Lotn HC</b>
<b>HYDROCORTISONE BUTYRATE</b>			
Crm 0.1%.....	3.42	30 g	Locoid Lipocream
	6.85	100 g	Locoid Lipocream
Oint 0.1% – <b>1% DV Mar-19 to 2021</b> .....	13.70	100 g	<b>Locoid</b>
Milky emul 0.1% – <b>1% DV Mar-19 to 2021</b> .....	13.70	100 ml	<b>Locoid Crelo</b>
<b>METHYLPREDNISOLONE ACEPONATE</b>			
Crm 0.1%.....	4.95	15 g	Advantan
Oint 0.1%.....	4.95	15 g	Advantan
<b>MOMETASONE FUROATE</b>			
Crm 0.1% – <b>1% DV Nov-18 to 2021</b> .....	1.51	15 g	<b>Elocon Alcohol Free</b>
	2.50	50 g	<b>Elocon Alcohol Free</b>
Oint 0.1% – <b>1% DV Nov-18 to 2021</b> .....	1.51	15 g	<b>Elocon</b>
	2.90	50 g	<b>Elocon</b>
Lotn 0.1% – <b>1% DV Nov-18 to 2021</b> .....	6.30	30 ml	<b>Elocon</b>

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

### Corticosteroids with Anti-Infective Agents

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

‡ Crm 0.1% with clioquinol 3%

→ **Restricted (RS1125)**

#### Initiation

Either:

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

BETAMETHASONE VALERATE WITH SODIUM FUSIDATE [FUSIDIC ACID]

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

HYDROCORTISONE WITH MICONAZOLE

Crm 1% with miconazole nitrate 2% – 1% DV Sep-18 to 2021 .....2.00 15 g **Micreme H**

HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN

Crm 1% with natamycin 1% and neomycin sulphate 0.5% .....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 **Novatrelin**

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

BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL

Gel 500 mcg with calcipotriol 50 mcg per g – 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-METHOXYPYSORALEN]

Tab 10 mg

Lotn 1.2%

PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCEN

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

POTASSIUM PERMANGANATE

Tab 400 mg

Crystals

### Scalp Preparations

BETAMETHASONE VALERATE

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



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CLOBETASOL PROPIONATE</b>			
Scalp app 0.05% – <b>1% DV Nov-19 to 2022</b> .....	5.69	30 ml	<b>Dermol</b>
<b>HYDROCORTISONE BUTYRATE</b>			
Scalp lotn 0.1% – <b>1% DV Mar-19 to 2021</b> .....	7.30	100 ml	<b>Locoid</b>

### Wart Preparations

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

### Other Skin Preparations

<b>DIPHEMANIL METILSULFATE</b>			
Powder 2%			
<b>SUNSCREEN, PROPRIETARY</b>			
Crm			
Lotn – <b>1% DV Mar-20 to 2022</b> .....	5.10	200 g	<b>Marine Blue Lotion SPF 50+</b>

(Any Crm to be delisted 1 March 2020)

### Antineoplastics

<b>FLUOROURACIL SODIUM</b>			
Crm 5% – <b>1% DV Sep-18 to 2021</b> .....	7.95	20 g	<b>Efudix</b>
<b>METHYL AMINOLEVULINATE HYDROCHLORIDE</b> – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Crm 16%			
➔ <b>Restricted (RS1127)</b>			
Dermatologist or plastic surgeon			

### Wound Management Products

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

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

### ACETIC ACID

Soln 3%

Soln 5%

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

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

### CHLORHEXIDINE GLUCONATE

Crm 1%..... 1.21

50 g

healthE

Lotn 1%, 200 ml..... 2.98

1

healthE

### CLOTRIMAZOLE

Vaginal crm 1% with applicator – 1% DV 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

Levien ED

Tab 20 mcg with levonorgestrel 100 mcg

Tab 30 mcg with levonorgestrel 150 mcg

Tab 50 mcg with levonorgestrel 125 mcg..... 9.45

84

Microgynon 50 ED

#### ETHINYLOESTRADIOL WITH NORETHISTERONE

Tab 35 mcg with norethisterone 1 mg

Tab 35 mcg with norethisterone 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
<b>Contraceptive Devices</b>			
INTRA-UTERINE DEVICE			
IUD 29.1 mm length × 23.2 mm width – <b>1% DV Nov-19 to 2022</b> .....	18.45	1	<b>Choice TT380 Short</b>
IUD 33.6 mm length × 29.9 mm width – <b>1% DV Nov-19 to 2022</b> .....	18.45	1	<b>Choice TT380 Standard</b>
IUD 35.5 mm length × 19.6 mm width – <b>1% DV Nov-19 to 2022</b> .....	15.50	1	<b>Choice Load 375</b>
<b>Emergency Contraception</b>			
LEVONORGESTREL			
Tab 1.5 mg .....	4.95	1	Postinor-1
<b>Progestogen-Only Contraceptives</b>			
LEVONORGESTREL			
Tab 30 mcg – <b>1% DV May-20 to 2022</b> .....	16.50	84	<b>Microlut</b>
Subdermal implant (2 × 75 mg rods) – <b>1% DV Mar-18 to 2020</b> .....	106.92	1	<b>Jadelle</b>
Intra-uterine device 52 mg – <b>1% DV Nov-19 to 31 Oct 2022</b> .....	269.50	1	<b>Mirena</b>
Intra-uterine device 13.5 mg – <b>1% DV Nov-19 to 31 Oct 2022</b> .....	215.60	1	<b>Jaydess</b>
MEDROXYPROGESTERONE ACETATE			
Inj 150 mg per ml, 1 ml syringe – <b>1% DV Dec-19 to 2022</b> .....	7.98	1	<b>Depo-Provera</b>
NORETHISTERONE			
Tab 350 mcg – <b>1% DV Sep-18 to 2021</b> .....	6.25	84	<b>Noriday 28</b>
<b>Obstetric Preparations</b>			
<b>Antiprogestogens</b>			
MIFEPRISTONE			
Tab 200 mg			
<b>Oxytocics</b>			
CARBOPROST TROMETAMOL			
Inj 250 mcg per ml, 1 ml ampoule			
DINOPROSTONE			
Pessaries 10 mg			
Vaginal gel 1 mg in 3 g .....	52.65	1	Prostin E2
Vaginal gel 2 mg in 3 g .....	64.60	1	Prostin E2
ERGOMETRINE MALEATE			
Inj 500 mcg per ml, 1 ml ampoule – <b>1% DV Nov-17 to 2020</b> .....	105.00	5	<b>DBL Ergometrine</b>
OXYTOCIN			
Inj 5 iu per ml, 1 ml ampoule – <b>1% DV Nov-18 to 2021</b> .....	3.98	5	<b>Oxytocin BNM</b>
Inj 10 iu per ml, 1 ml ampoule – <b>1% DV Nov-18 to 2021</b> .....	4.98	5	<b>Oxytocin BNM</b>
OXYTOCIN WITH ERGOMETRINE MALEATE			
Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – <b>1% DV Oct-18 to 2021</b> .....	15.00	5	<b>Syntometrine</b>
<b>Tocolytics</b>			
PROGESTERONE – <b>Restricted</b> see terms <a href="#">on the next page</a>			
↓ Cap 100 mg .....	16.50	30	Utrogestan

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

## Oestrogens

OESTRIOL

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

## 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:

continued...

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

continued...

- 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 [below](#)

Tab 5 mg – 1% DV Dec-18 to 2021 ..... 3.00 30 **Solifenacin Mylan**

Tab 10 mg – 1% DV Dec-18 to 2021 ..... 5.50 30 **Solifenacin Mylan**

→ **Restricted** (RS1274)

### Initiation

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

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

↓ Tab 1 mg ..... 14.56 56 Arrow-Tolterodine

↓ Tab 2 mg ..... 14.56 56 Arrow-Tolterodine

(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
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## Anabolic Agents

### OXANDROLONE

↓ Tab 2.5 mg

→ **Restricted (RS1302)**

#### Initiation

For the treatment of burns patients.

## Androgen Agonists and Antagonists

### CYPROTERONE ACETATE

Tab 50 mg – 1% DV Dec-18 to 2021 ..... 13.17 50 **Siterone**

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

### TESTOSTERONE

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

### TESTOSTERONE CIPIONATE

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

### TESTOSTERONE ESTERS

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

### TESTOSTERONE UNDECANOATE

Cap 40 mg – 1% DV Nov-18 to 2021 ..... 21.00 60 **Andriol Testocaps**

Inj 250 mg per ml, 4 ml vial ..... 86.00 1 **Reandron 1000**

## Calcium Homeostasis

### CALCITONIN

Inj 100 iu per ml, 1 ml ampoule ..... 121.00 5 **Miacalcic**

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

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

→ **Restricted (RS1540)**

#### Initiation

Nephrologist or endocrinologist

*Re-assessment required after 6 months*

Either:

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

continued...

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

### Continuation

Nephrologist or endocrinologist

Both:

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

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

### ZOLEDRONIC ACID

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

→ **Restricted (RS1602)**

### Initiation – bone metastases

Oncologist, haematologist or palliative care specialist

Any of the following:

- 1 Patient has hypercalcaemia of malignancy; or
- 2 Both:
  - 2.1 Patient has bone metastases or involvement; and
  - 2.2 Patient has severe bone pain resistant to standard first-line treatments; or
- 3 Both:
  - 3.1 Patient has bone metastases or involvement; and
  - 3.2 Patient is at risk of skeletal-related events (pathological fracture, spinal cord compression, radiation to bone or surgery to bone).

### Initiation – early breast cancer

Oncologist

All of the following:

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

## Corticosteroids

### BETAMETHASONE

Tab 500 mcg

Inj 4 mg per ml, 1 ml ampoule

### BETAMETHASONE SODIUM PHOSPHATE WITH BETAMETHASONE ACETATE

Inj 3.9 mg with betamethasone acetate 3 mg per ml, 1 ml ampoule

### DEXAMETHASONE

Tab 0.5 mg – 1% DV Oct-18 to 2021 ..... 0.99      30      **Dexamethsone**

Tab 4 mg – 1% DV Oct-18 to 2021 ..... 1.90      30      **Dexamethsone**

Oral liq 1 mg per ml ..... 45.00      25 ml      **Biomed**

## HORMONE PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>DEXAMETHASONE PHOSPHATE</b>			
Inj 4 mg per ml, 1 ml ampoule – 1% DV Jul-20 to 2022 .....	9.25	10	<b>Dexamethasone Phosphate Panpharma</b>
	14.19		Max Health
Inj 4 mg per ml, 2 ml ampoule – 1% DV Jul-20 to 2022 .....	16.37	10	<b>Dexamethasone Phosphate Panpharma</b>
	25.18		Max Health
<i>(Max Health Inj 4 mg per ml, 1 ml ampoule to be delisted 1 July 2020)</i>			
<i>(Max Health Inj 4 mg per ml, 2 ml ampoule to be delisted 1 July 2020)</i>			
<b>FLUDROCORTISONE ACETATE</b>			
Tab 100 mcg.....	14.32	100	<b>Florinef</b>
<b>HYDROCORTISONE</b>			
Tab 5 mg – 1% DV Sep-18 to 2021 .....	8.10	100	<b>Douglas</b>
Tab 20 mg – 1% DV Sep-18 to 2021 .....	20.32	100	<b>Douglas</b>
Inj 100 mg vial .....	5.30	1	<b>Solu-Cortef</b>
<b>METHYLPREDNISOLONE (AS SODIUM SUCCINATE)</b>			
Tab 4 mg – 1% DV Dec-18 to 2021 .....	112.00	100	<b>Medrol</b>
Tab 100 mg – 1% DV Dec-18 to 2021 .....	194.00	20	<b>Medrol</b>
Inj 40 mg vial – 1% DV Dec-18 to 2021 .....	18.90	1	<b>Solu-Medrol Act-O-Vial</b>
Inj 125 mg vial – 1% DV Dec-18 to 2021 .....	28.90	1	<b>Solu-Medrol Act-O-Vial</b>
Inj 500 mg vial – 1% DV Dec-18 to 2021 .....	22.78	1	<b>Solu-Medrol Act-O-Vial</b>
Inj 1 g vial – 1% DV Dec-18 to 2021 .....	27.83	1	<b>Solu-Medrol</b>
<b>METHYLPREDNISOLONE ACETATE</b>			
Inj 40 mg per ml, 1 ml vial – 1% DV Dec-18 to 2021 .....	44.40	5	<b>Depo-Medrol</b>
<b>PREDNISOLONE</b>			
Oral liq 5 mg per ml – 1% DV Jun-18 to 2021 .....	6.00	30 ml	<b>Redipred</b>
Enema 200 mcg per ml, 100 ml			
<b>PREDNISONE</b>			
Tab 1 mg – 1% DV Jun-17 to 2020 .....	10.68	500	<b>Apo-Prednisone</b>
Tab 2.5 mg – 1% DV Jun-17 to 2020 .....	12.09	500	<b>Apo-Prednisone</b>
Tab 5 mg – 1% DV Jun-17 to 2020 .....	11.09	500	<b>Apo-Prednisone</b>
Tab 20 mg – 1% DV Jun-17 to 2020 .....	29.03	500	<b>Apo-Prednisone</b>
<b>TRIAMCINOLONE ACETONIDE</b>			
Inj 10 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020 .....	20.80	5	<b>Kenacort-A 10</b>
Inj 40 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020 .....	51.10	5	<b>Kenacort-A 40</b>
<b>TRIAMCINOLONE HEXACETONIDE</b>			
Inj 20 mg per ml, 1 ml vial			

## Hormone Replacement Therapy

### Oestrogens

<b>OESTRADIOL</b>			
Tab 1 mg			
Tab 2 mg			
Patch 25 mcg per day.....	6.12	8	<b>Estradot</b>
Patch 50 mcg per day.....	7.04	8	<b>Estradot</b>
Patch 75 mcg per day.....	7.91	8	<b>Estradot</b>
Patch 100 mcg per day.....	7.91	8	<b>Estradot</b>

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

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



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>OESTRADIOL VALERATE</b>			
Tab 1 mg – <b>1% DV Sep-18 to 2021</b> .....	12.36	84	<b>Progynova</b>
Tab 2 mg – <b>1% DV Sep-18 to 2021</b> .....	12.36	84	<b>Progynova</b>
<b>OESTROGENS (CONJUGATED EQUINE)</b>			
Tab 300 mcg			
Tab 625 mcg			

### Progestogen and Oestrogen Combined Preparations

<b>OESTRADIOL WITH NORETHISTERONE ACETATE</b>			
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)			
<b>OESTROGENS WITH MEDROXYPROGESTERONE ACETATE</b>			
Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate			
Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate			

### Progestogens

<b>MEDROXYPROGESTERONE ACETATE</b>			
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 – <b>1% DV Sep-18 to 2021</b> .....	3.75	2	<b>Dostinex</b>
	15.20	8	<b>Dostinex</b>

➔ **Restricted (RS1319)**

#### Initiation

Any of the following:

- 1 Inhibition of lactation; or
- 2 Patient has pathological hyperprolactinemia; or
- 3 Patient has acromegaly.

<b>CLOMIFENE CITRATE</b>			
Tab 50 mg .....	29.84	10	Mylan Clomiphen
<b>DANAZOL</b>			
Cap 100 mg .....	68.33	100	Azol
	19.13	28	Mylan
Cap 200 mg .....	97.83	100	Azol

(Azol Cap 100 mg to be delisted 1 June 2020)

#### GESTRINONE

Cap 2.5 mg

#### METYRAPONE

Cap 250 mg

#### PENTAGASTRIN

Inj 250 mcg per ml, 2 ml ampoule

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

### ETHINYLOESTRADIOL

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

Implant 50 mg

### OESTRIOL

Tab 2 mg

## Other Progestogen Preparations

### MEDROXYPROGESTERONE

Tab 100 mg .....	101.00	100	Provera HD
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### NORETHISTERONE

Tab 5 mg – 1% DV Dec-19 to 2021 .....	18.29	100	Primolut N
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## Pituitary and Hypothalamic Hormones and Analogues

### CORTICOTRORELIN (OVINE)

Inj 100 mcg vial

### THYROTROPIN ALFA

Inj 900 mcg vial

## Adrenocorticotrophic Hormones

### TETRACOSACTIDE [TETRACOSACTRIN]

Inj 250 mcg per ml, 1 ml ampoule .....	75.00	1	Synacthen
Inj 1 mg per ml, 1 ml ampoule .....	690.00	1	Synacthen Depot

## GnRH Agonists and Antagonists

### BUSERELIN

Inj 1 mg per ml, 5.5 ml vial

### GONADORELIN

Inj 100 mcg vial

### GOSERELIN

Implant 3.6 mg, syringe .....	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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Growth Hormone</b>			
SOMATROPIN – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 5 mg cartridge – <b>1% DV Oct-18 to 2021</b> .....	34.88	1	<b>Omnitrope</b>
↓ Inj 10 mg cartridge – <b>1% DV Oct-18 to 2021</b> .....	69.75	1	<b>Omnitrope</b>
↓ Inj 15 mg cartridge – <b>1% DV Oct-18 to 2021</b> .....	104.63	1	<b>Omnitrope</b>

→ **Restricted (RS1549)**

**Initiation – growth hormone deficiency in children**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

Either:

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

**Continuation – growth hormone deficiency in children**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

- 1 A current bone age is 14 years or under (female patients) or 16 years or under (male patients); and
- 2 Height velocity is greater than or equal to 25th percentile for age (adjusted for bone age/pubertal status if appropriate) while on growth hormone treatment, as calculated over six months using the standards of Tanner and Davis (1985); and
- 3 Height velocity is greater than or equal to 2.0 cm per year, as calculated over 6 months; and
- 4 No serious adverse effect that the patients specialist considers is likely to be attributable to growth hormone treatment has occurred; and
- 5 No malignancy has developed since starting growth hormone.

**Initiation – Turner syndrome**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

- 1 The patient has a post-natal genotype confirming Turner Syndrome; and
- 2 Height velocity is < 25th percentile over 6-12 months using the standards of Tanner and Davies (1985); and
- 3 A current bone age is < 14 years.

**Continuation – Turner syndrome**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

- 1 Height velocity greater than or equal to 50th percentile for age (while on growth hormone calculated over 6 to 12 months using the Ranke's Turner Syndrome growth velocity charts); and

continued...

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

continued...

- 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.

## Continuation – short stature without growth hormone deficiency

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

- 1 Height velocity is greater than or equal to 50th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
- 2 Height velocity is greater than or equal to 2 cm per year as calculated over six months; and
- 3 Current bone age is 14 years or under (female patients) or 16 years or under (male patients); and
- 4 No serious adverse effect that the patient's specialist considers is likely to be attributable to growth hormone treatment has occurred.

## Initiation – short stature due to chronic renal insufficiency

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

*Re-assessment required after 12 months*

All of the following:

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

## Continuation – short stature due to chronic renal insufficiency

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

continued...

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

continued...

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:

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

#### **Continuation – Prader-Willi syndrome**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

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

continued...

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

continued...

**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.

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  $\pm 1SD$  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  $\pm 1SD$  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

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

## 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
<b>Antibacterials</b>			
<b>Aminoglycosides</b>			
AMIKACIN – <b>Restricted</b> see terms <a href="#">below</a>			
‡ Inj 5 mg per ml, 10 ml syringe			
‡ Inj 5 mg per ml, 5 ml syringe .....	18.50	1	Biomed
‡ Inj 15 mg per ml, 5 ml syringe			
‡ Inj 250 mg per ml, 2 ml vial – <b>1% DV Aug-18 to 2021</b> .....	265.00	5	<b>DBL Amikacin</b>
➔ <b>Restricted (RS1041)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
GENTAMICIN SULPHATE			
‡ Inj 10 mg per ml, 1 ml ampoule .....	25.00	5	DBL Gentamicin
‡ Inj 40 mg per ml, 2 ml ampoule .....	17.50	10	Pfizer
PAROMOMYCIN – <b>Restricted</b> see terms <a href="#">below</a>			
‡ Cap 250 mg .....	126.00	16	Humatin
➔ <b>Restricted (RS1603)</b>			
Clinical microbiologist, infectious disease specialist or gastroenterologist			
STREPTOMYCIN SULPHATE – <b>Restricted</b> see terms <a href="#">below</a>			
‡ Inj 400 mg per ml, 2.5 ml ampoule			
➔ <b>Restricted (RS1043)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
TOBRAMYCIN			
‡ Powder			
➔ <b>Restricted (RS1475)</b>			
<b>Initiation</b>			
For addition to orthopaedic bone cement.			
‡ Inj 40 mg per ml, 2 ml vial – <b>1% DV Sep-18 to 2021</b> .....	15.00	5	<b>Tobramycin Mylan</b>
➔ <b>Restricted (RS1044)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
‡ Inj 100 mg per ml, 5 ml vial			
➔ <b>Restricted (RS1044)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
‡ Solution for inhalation 60 mg per ml, 5 ml .....	2,200.00	56 dose	TOBI
➔ <b>Restricted (RS1435)</b>			
<b>Initiation</b>			
Patient has cystic fibrosis.			
<b>Carbapenems</b>			
ERTAPENEM – <b>Restricted</b> see terms <a href="#">below</a>			
‡ Inj 1 g vial – <b>1% DV Aug-19 to 2022</b> .....	70.00	1	<b>Invanz</b>
➔ <b>Restricted (RS1045)</b>			
Clinical microbiologist or infectious disease specialist			
IMIPENEM WITH CILASTATIN – <b>Restricted</b> see terms <a href="#">below</a>			
‡ Inj 500 mg with 500 mg cilastatin vial – <b>1% DV Jul-19 to 2022</b> .....	60.00	1	<b>Imipenem+Cilastatin RBX</b>
➔ <b>Restricted (RS1046)</b>			
Clinical microbiologist or infectious disease specialist			



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MEROPENEM – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 500 mg vial – <b>1% DV Oct-18 to 2020</b> .....	4.00	1	<b>Meropenem Ranbaxy</b>
↓ Inj 1 g vial – <b>1% DV Oct-18 to 2020</b> .....	8.00	1	<b>Meropenem Ranbaxy</b>

→ **Restricted (RS1047)**

Clinical microbiologist or infectious disease specialist

### Cephalosporins and Cephamycins - 1st Generation

CEFALEXIN			
Cap 250 mg – <b>1% DV Nov-19 to 2022</b> .....	3.33	20	<b>Cephalexin ABM</b>
Cap 500 mg .....	3.95	20	Cephalexin ABM
Grans for oral liq 25 mg per ml – <b>1% DV Oct-18 to 2021</b> .....	8.75	100 ml	<b>Cefalexin Sandoz</b>
Grans for oral liq 50 mg per ml – <b>1% DV Oct-18 to 2021</b> .....	11.75	100 ml	<b>Cefalexin Sandoz</b>

CEFAZOLIN			
Inj 500 mg vial – <b>1% DV Sep-17 to 2020</b> .....	3.39	5	<b>AFT</b>
Inj 1 g vial – <b>1% DV Sep-17 to 2020</b> .....	3.29	5	<b>AFT</b>

### Cephalosporins and Cephamycins - 2nd Generation

CEFACLOR			
Cap 250 mg – <b>1% DV Oct-19 to 2022</b> .....	24.70	100	<b>Ranbaxy-Cefaclor</b>
Grans for oral liq 25 mg per ml – <b>1% DV Oct-19 to 2022</b> .....	3.53	100 ml	<b>Ranbaxy-Cefaclor</b>
CEFOXITIN			
Inj 1 g vial .....	58.00	10	Cefoxitin Actavis
CEFUROXIME			
Tab 250 mg – <b>1% DV Feb-20 to 2022</b> .....	45.93	50	<b>Zinnat</b>
Inj 750 mg vial – <b>1% DV Feb-18 to 2020</b> .....	9.85	10	<b>Cefuroxime Actavis</b>
Inj 1.5 g vial – <b>1% DV Feb-18 to 2020</b> .....	14.36	10	<b>Cefuroxime Actavis</b>

### Cephalosporins and Cephamycins - 3rd Generation

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

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

↓ Inj 1 g vial .....	34.00	5	Ceftazidime Mylan
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→ **Restricted (RS1048)**

Clinical microbiologist, infectious disease specialist or respiratory specialist

CEFTRIAXONE			
Inj 500 mg vial – <b>1% DV Jan-20 to 2022</b> .....	0.89	1	<b>Ceftriaxone-AFT</b>
Inj 1 g vial – <b>1% DV Jan-20 to 2022</b> .....	3.99	5	<b>Ceftriaxone-AFT</b>
Inj 2 g vial – <b>1% DV Jan-20 to 2022</b> .....	1.98	1	<b>Ceftriaxone-AFT</b>

### Cephalosporins and Cephamycins - 4th Generation

CEFEPIME – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 1 g vial – <b>1% DV Sep-18 to 2021</b> .....	3.75	1	<b>Cefepime-AFT</b>
↓ Inj 2 g vial – <b>1% DV Sep-18 to 2021</b> .....	5.69	1	<b>Cefepime-AFT</b>

→ **Restricted (RS1049)**

Clinical microbiologist or infectious disease specialist

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

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

⚡ Inj 600 mg vial ..... 1,450.00 10 Zinforo

➡ **Restricted (RS1446)**

**Initiation – multi-resistant organism salvage therapy**

Clinical microbiologist or infectious disease specialist

Either:

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

## Macrolides

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

⚡ Tab 250 mg – 1% DV Sep-18 to 2021 ..... 8.19 30 **Apo-Azithromycin**

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

⚡ Grans for oral liq 200 mg per 5 ml (40 mg per ml) – 1% DV Dec-18 to 2021 ..... 14.38 15 ml **Zithromax**

➡ **Restricted (RS1598)**

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

Any of the following:

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

Note: Indications marked with \* are unapproved indications

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

Respiratory specialist or paediatrician

*Re-assessment required after 12 months*

All of the following:

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

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

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

Respiratory specialist or paediatrician

*Re-assessment required after 12 months*

All of the following:

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

continued...

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

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

#### Initiation – other indications

*Re-assessment required after 5 days*

For any other condition.

#### Continuation – other indications

*Re-assessment required after 5 days*

For any other condition.

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

↓ Tab 250 mg – <b>1% DV Sep-17 to 2020</b> .....	3.98	14	<b>Apo-Clarithromycin</b>
↓ Tab 500 mg – <b>1% DV Sep-17 to 2020</b> .....	10.40	14	<b>Apo-Clarithromycin</b>
↓ Grans for oral liq 50 mg per ml .....	192.00	50 ml	Klacid
↓ Inj 500 mg vial – <b>1% DV Dec-17 to 31 Aug 2020</b> .....	12.04	1	<b>Martindale</b>

➔ **Restricted (RS1709)**

#### Initiation – Tab 250 mg and oral liquid

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 Helicobacter pylori eradication; or
- 4 Prophylaxis of infective endocarditis associated with surgical or dental procedures if amoxicillin is contra-indicated.

#### 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 – <b>1% DV Dec-19 to 2022</b> .....	10.00	1	<b>Erythrocin IV</b>
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#### ERYTHROMYCIN (AS STEARATE) – **Restricted:** For continuation only

➔ Tab 250 mg

➔ Tab 500 mg

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

↓ Tab dispersible 50 mg .....	8.29	10	Rulide D
Tab 150 mg – <b>1% DV Sep-19 to 2022</b> .....	8.28	50	<b>Arrow-Roxithromycin</b>
Tab 300 mg – <b>1% DV Sep-19 to 2022</b> .....	16.33	50	<b>Arrow-Roxithromycin</b>

➔ **Restricted (RS1569)**

#### Initiation

Only for use in patients under 12 years of age.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Penicillins</b>			
<b>AMOXICILLIN</b>			
Cap 250 mg – 1% DV Apr-20 to 2022 .....	22.50	500	<b>Alphamox</b>
	14.97		Apo-Amoxi
Cap 500 mg – 1% DV Apr-20 to 2022 .....	36.98	500	<b>Alphamox</b>
	16.75		Apo-Amoxi
Grans for oral liq 125 mg per 5 ml – 1% DV Feb-18 to 2020 .....	1.20	100 ml	<b>Alphamox 125</b>
Grans for oral liq 250 mg per 5 ml – 1% DV Feb-18 to 2020 .....	1.31	100 ml	<b>Alphamox 250</b>
Inj 250 mg vial – 1% DV Sep-17 to 2020 .....	10.67	10	<b>Ibiamox</b>
Inj 500 mg vial – 1% DV Sep-17 to 2020 .....	12.41	10	<b>Ibiamox</b>
Inj 1 g vial – 1% DV Sep-17 to 2020 .....	17.29	10	<b>Ibiamox</b>
<i>(Apo-Amoxi Cap 250 mg to be delisted 1 April 2020)</i>			
<i>(Apo-Amoxi Cap 500 mg to be delisted 1 April 2020)</i>			
<b>AMOXICILLIN WITH CLAVULANIC ACID</b>			
Tab 500 mg with clavulanic acid 125 mg – 1% DV Oct-17 to 2020 .....	1.88	20	<b>Augmentin</b>
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
<b>BENZATHINE BENZYL PENICILLIN</b>			
Inj 900 mg (1.2 million units) in 2.3 ml syringe – 1% DV Dec-18 to 2021 .....	344.93	10	<b>Bicillin LA</b>
<b>BENZYL PENICILLIN SODIUM [PENICILLIN G]</b>			
Inj 600 mg (1 million units) vial – 1% DV Sep-17 to 2020 .....	25.88	25	Pan-Penicillin G Sodium
	10.35	10	<b>Sandoz</b>
	103.50	100	<b>Sandoz</b>
			<b>Sandoz</b>
<b>FLUCLOXACILLIN</b>			
Cap 250 mg – 1% DV Sep-18 to 2021 .....	16.83	250	<b>Staphlex</b>
Cap 500 mg – 1% DV Sep-18 to 2021 .....	56.61	500	<b>Staphlex</b>
Grans for oral liq 25 mg per ml – 1% DV Oct-18 to 2021 .....	2.29	100 ml	<b>AFT</b>
Grans for oral liq 50 mg per ml – 1% DV Oct-18 to 2021 .....	3.68	100 ml	<b>AFT</b>
Inj 250 mg vial – 1% DV Sep-17 to 2020 .....	9.00	10	<b>Flucloxin</b>
Inj 500 mg vial – 1% DV Sep-17 to 2020 .....	9.40	10	<b>Flucloxin</b>
Inj 1 g vial – 1% DV Sep-17 to 2020 .....	5.22	5	<b>Flucil</b>
<b>PHENOXYMETHYL PENICILLIN [PENICILLIN V]</b>			
Cap 250 mg – 1% DV Sep-18 to 2021 .....	2.59	50	<b>Cilicaine VK</b>
Cap 500 mg – 1% DV Sep-18 to 2021 .....	4.26	50	<b>Cilicaine VK</b>
Grans for oral liq 125 mg per 5 ml – 1% DV Jan-20 to 2022 .....	2.99	100 ml	<b>AFT</b>
Grans for oral liq 250 mg per 5 ml – 1% DV Jan-20 to 2022 .....	3.99	100 ml	<b>AFT</b>
<b>PIPERACILLIN WITH TAZOBACTAM – Restricted see terms <a href="#">below</a></b>			
⚡ Inj 4 g with tazobactam 0.5 g vial .....	38.00	10	PipTaz Sandoz
➡ <b>Restricted (RS1053)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
<b>PROCAINE PENICILLIN</b>			
Inj 1.5 g in 3.4 ml syringe – 1% DV Sep-17 to 2020 .....	123.50	5	<b>Cilicaine</b>
<b>TICARCILLIN WITH CLAVULANIC ACID – Restricted see terms <a href="#">below</a></b>			
⚡ Inj 3 g with clavulanic acid 0.1 mg vial .....			
➡ <b>Restricted (RS1054)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Quinolones</b>			
CIPROFLOXACIN – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Tab 250 mg – <b>1% DV Sep-17 to 2020</b> .....	1.45	28	<b>Cipflox</b>
↓ Tab 500 mg – <b>1% DV Sep-17 to 2020</b> .....	1.99	28	<b>Cipflox</b>
↓ Tab 750 mg – <b>1% DV Sep-17 to 2020</b> .....	3.15	28	<b>Cipflox</b>
↓ Oral liq 50 mg per ml			
↓ Oral liq 100 mg per ml			
↓ Inj 2 mg per ml, 100 ml bag – <b>1% DV Oct-18 to 2021</b> .....	68.20	10	<b>Cipflox</b>
→ <b>Restricted (RS1055)</b>			
Clinical microbiologist or infectious disease specialist			
MOXIFLOXACIN – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Tab 400 mg .....	52.00	5	Avelox
↓ Inj 1.6 mg per ml, 250 ml bottle – <b>1% DV Apr-20 to 2022</b> .....	70.00	1	Avelox IV 400
	39.00		<b>Moxifloxacin Kabi</b>
<i>(Avelox IV 400 Inj 1.6 mg per ml, 250 ml bottle to be delisted 1 April 2020)</i>			
→ <b>Restricted (RS1644)</b>			
<b>Initiation – Mycobacterium infection</b>			
Infectious disease specialist, clinical microbiologist or respiratory specialist			
Any of the following:			
1 Both:			
1.1 Active tuberculosis; and			
1.2 Any of the following:			
1.2.1 Documented resistance to one or more first-line medications; or			
1.2.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or			
1.2.3 Impaired visual acuity (considered to preclude ethambutol use); or			
1.2.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or			
1.2.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications; or			
2 Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated; or			
3 Patient is under five years of age and has had close contact with a confirmed multi-drug resistant tuberculosis case.			
<b>Initiation – Pneumonia</b>			
Infectious disease specialist or clinical microbiologist			
Either:			
1 Immunocompromised patient with pneumonia that is unresponsive to first-line treatment; or			
2 Pneumococcal pneumonia or other invasive pneumococcal disease highly resistant to other antibiotics.			
<b>Initiation – Penetrating eye injury</b>			
Ophthalmologist			
Five days treatment for patients requiring prophylaxis following a penetrating eye injury.			
<b>Initiation – Mycoplasma genitalium</b>			
All of the following:			
1 Has nucleic acid amplification test (NAAT) confirmed Mycoplasma genitalium and is symptomatic; and			
2 Either:			
2.1 Has tried and failed to clear infection using azithromycin; or			
2.2 Has laboratory confirmed azithromycin resistance; and			
3 Treatment is only for 7 days.			
NORFLOXACIN			
Tab 400 mg .....	135.00	100	Arrow-Norfloxacin

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Tetracyclines</b>			
DEMECLOCYCLINE HYDROCHLORIDE			
Tab 150 mg			
Cap 150 mg			
Cap 300 mg			
DOXYCYCLINE			
➔ Tab 50 mg – <b>Restricted:</b> For continuation only			
Tab 100 mg .....	64.43	500	Doxine
Inj 5 mg per ml, 20 ml vial			
MINOCYCLINE			
Tab 50 mg			
➔ Cap 100 mg – <b>Restricted:</b> For continuation only			
TETRACYCLINE			
Tab 250 mg			
Cap 500 mg .....	46.00	30	Tetracyclin Wolff
TIGECYCLINE – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 50 mg vial			
➔ <b>Restricted (RS1059)</b>			
Clinical microbiologist or infectious disease specialist			
<b>Other Antibacterials</b>			
AZTREONAM – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 1 g vial .....	364.92	10	Azactam
➔ <b>Restricted (RS1277)</b>			
Clinical microbiologist or infectious disease specialist			
CHLORAMPHENICOL – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 1 g vial			
➔ <b>Restricted (RS1277)</b>			
Clinical microbiologist or infectious disease specialist			
CLINDAMYCIN – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Cap 150 mg – <b>1% DV Apr-20 to 2022</b> .....	4.10	16	Clindamycin ABM
	4.61	24	<b>Dalacin C</b>
⚡ Oral liq 15 mg per ml			
⚡ Inj 150 mg per ml, 4 ml ampoule – <b>1% DV Oct-19 to 2022</b> .....	39.00	10	<b>Dalacin C</b>
<i>(Clindamycin ABM Cap 150 mg to be delisted 1 April 2020)</i>			
➔ <b>Restricted (RS1061)</b>			
Clinical microbiologist or infectious disease specialist			
COLISTIN SULPHOMETHATE [COLESTIMETHATE] – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 150 mg per ml, 1 ml vial .....	65.00	1	Colistin-Link
➔ <b>Restricted (RS1062)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
DAPTOMYCIN – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 500 mg vial .....	243.52	1	Cubicin
➔ <b>Restricted (RS1063)</b>			
Clinical microbiologist or infectious disease specialist			
FOSFOMYCIN – <b>Restricted</b> see terms <a href="#">on the next page</a>			
⚡ Powder for oral solution, 3 g sachet			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ <b>Restricted (RS1315)</b> Clinical microbiologist or infectious disease specialist LINCOMYCIN – <b>Restricted</b> see terms <a href="#">below</a> ↓ Inj 300 mg per ml, 2 ml vial			
➔ <b>Restricted (RS1065)</b> Clinical microbiologist or infectious disease specialist LINEZOLID – <b>Restricted</b> see terms <a href="#">below</a> ↓ Tab 600 mg – <b>1% DV Oct-18 to 2021</b> ..... 553.77 ↓ Oral liq 20 mg per ml – <b>1% DV Dec-18 to 2021</b> ..... 1,879.00 ↓ Inj 2 mg per ml, 300 ml bottle – <b>1% DV Feb-19 to 2021</b> ..... 18.50		10 150 ml 1	<b>Zyvox</b> <b>Zyvox</b> <b>Linezolid Kabi</b>
➔ <b>Restricted (RS1066)</b> Clinical microbiologist or infectious disease specialist METHENAMINE (HEXAMINE) HIPPURATE Tab 1 g ..... 40.01		100	<b>Hiprex</b>
NITROFURANTOIN Tab 50 mg – <b>1% DV Apr-19 to 2021</b> ..... 22.20 Tab 100 mg – <b>1% DV Apr-19 to 2021</b> ..... 37.50		100 100	<b>Nifuran</b> <b>Nifuran</b>
PIVMECILLINAM – <b>Restricted</b> see terms <a href="#">below</a> ↓ Tab 200 mg			
➔ <b>Restricted (RS1322)</b> Clinical microbiologist or infectious disease specialist SODIUM FUSIDATE [FUSIDIC ACID] – <b>Restricted</b> see terms <a href="#">below</a> ↓ Tab 250 mg – <b>1% DV Jun-17 to 2020</b> ..... 34.50		12	<b>Fucidin</b>
➔ <b>Restricted (RS1064)</b> Clinical microbiologist or infectious disease specialist SULPHADIAZINE – <b>Restricted</b> see terms <a href="#">below</a> ↓ Tab 500 mg			
➔ <b>Restricted (RS1067)</b> Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist TEICOPLANIN – <b>Restricted</b> see terms <a href="#">below</a> ↓ Inj 400 mg vial			
➔ <b>Restricted (RS1068)</b> Clinical microbiologist or infectious disease specialist TRIMETHOPRIM Tab 100 mg Tab 300 mg – <b>1% DV Oct-18 to 2021</b> ..... 16.50		50	<b>TMP</b>
TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE] Tab 80 mg with sulphamethoxazole 400 mg Oral liq 8 mg with sulphamethoxazole 40 mg per ml – <b>1% DV Oct-17 to 2020</b> ..... 2.97 Inj 16 mg with sulphamethoxazole 80 mg per ml, 5 ml ampoule		100 ml	<b>Deprim</b>
VANCOMYCIN – <b>Restricted</b> see terms <a href="#">below</a> ↓ Inj 500 mg vial – <b>1% DV Sep-17 to 2020</b> ..... 2.37		1	<b>Mylan</b>
➔ <b>Restricted (RS1069)</b> Clinical microbiologist or infectious disease specialist			

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

### Imidazoles

#### KETOCONAZOLE

⚡ Tab 200 mg

➡ **Restricted (RS1410)**

Oncologist

### Polyene Antimycotics

#### AMPHOTERICIN B

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

#### Initiation

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

Either:

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

⚡ Inj 50 mg vial

➡ **Restricted (RS1316)**

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

#### NYSTATIN

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

### Triazoles

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

⚡ Cap 50 mg – 1% DV Feb-18 to 2020 .....	2.09	28	<b>Mylan</b>
⚡ Cap 150 mg – 1% DV Feb-18 to 2020 .....	0.33	1	<b>Mylan</b>
⚡ Cap 200 mg – 1% DV Feb-18 to 2020 .....	5.08	28	<b>Mylan</b>
⚡ Oral liquid 50 mg per 5 ml .....	98.50	35 ml	Diflucan
⚡ Inj 2 mg per ml, 50 ml vial – 1% DV Oct-19 to 2022 .....	2.80	1	<b>Fluconazole-Clarix</b>
⚡ Inj 2 mg per ml, 100 ml vial – 1% DV Oct-19 to 2022 .....	3.45	1	<b>Fluconazole-Clarix</b>

➡ **Restricted (RS1072)**

Consultant

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

⚡ Cap 100 mg – 1% DV Nov-19 to 2022 .....	4.27	15	<b>Itrazole</b>
⚡ Oral liquid 10 mg per ml .....			

➡ **Restricted (RS1073)**

Clinical immunologist, clinical microbiologist, dermatologist or infectious disease specialist

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

⚡ Tab modified-release 100 mg .....	869.86	24	Noxafil
⚡ Oral liq 40 mg per ml .....	761.13	105 ml	Noxafil



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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### ➔ Restricted (RS1074)

#### Initiation

Haematologist or infectious disease specialist

*Re-assessment required after 6 weeks*

Both:

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

#### Continuation

Haematologist or infectious disease specialist

*Re-assessment required after 6 weeks*

Both:

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

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

↓ Tab 50 mg – 1% DV Sep-18 to 2021 .....	91.00	56	<b>Vttack</b>
↓ Tab 200 mg – 1% DV Sep-18 to 2021 .....	350.00	56	<b>Vttack</b>
↓ Powder for oral suspension 40 mg per ml – 1% DV Dec-18 to 2021.....	1,437.00	70 ml	<b>Vfend</b>
↓ Inj 200 mg vial – 1% DV Oct-19 to 2022.....	44.00	1	<b>Neo Health</b>

### ➔ Restricted (RS1075)

#### Initiation – Proven or probable aspergillus infection

Clinical microbiologist, haematologist or infectious disease specialist

Both:

- 1 Patient is immunocompromised; and
- 2 Patient has proven or probable invasive aspergillus infection.

#### Initiation – Possible aspergillus infection

Clinical microbiologist, haematologist or infectious disease specialist

All of the following:

- 1 Patient is immunocompromised; and
- 2 Patient has possible invasive aspergillus infection; and
- 3 A multidisciplinary team (including an infectious disease physician) considers the treatment to be appropriate.

#### Initiation – Resistant candidiasis infections and other moulds

Clinical microbiologist, haematologist or infectious disease specialist

All of the following:

- 1 Patient is immunocompromised; and
- 2 Either:
  - 2.1 Patient has fluconazole resistant candidiasis; or
  - 2.2 Patient has mould strain such as *Fusarium* spp. and *Scedosporium* spp; and
- 3 A multidisciplinary team (including an infectious disease physician or clinical microbiologist) considers the treatment to be appropriate.

## Other Antifungals

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

↓ Inj 50 mg vial – 1% DV Dec-19 to 2022 .....	220.28	1	<b>Max Health</b>
↓ Inj 70 mg vial – 1% DV Dec-19 to 2022.....	284.63	1	<b>Max Health</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## ➔ **Restricted (RS1076)**

### Initiation

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

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

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

⚡ Cap 500 mg

## ➔ **Restricted (RS1279)**

Clinical microbiologist or infectious disease specialist

TERBINAFINE

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

### Antileprotics

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

⚡ Cap 50 mg

## ➔ **Restricted (RS1077)**

Clinical microbiologist, dermatologist or infectious disease specialist

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

⚡ Tab 25 mg .....	268.50	100	Dapsone
⚡ Tab 100 mg .....	329.50	100	Dapsone

## ➔ **Restricted (RS1078)**

Clinical microbiologist, dermatologist or infectious disease specialist

### Antituberculotics

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

⚡ Cap 250 mg

## ➔ **Restricted (RS1079)**

Clinical microbiologist, infectious disease specialist or respiratory specialist

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

⚡ Tab 100 mg .....			
⚡ Tab 400 mg .....	49.34	56	Myambutol

## ➔ **Restricted (RS1080)**

Clinical microbiologist, infectious disease specialist or respiratory specialist

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

⚡ Tab 100 mg – 1% DV Oct-18 to 2021 .....	22.00	100	PSM
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## ➔ **Restricted (RS1281)**

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

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

⚡ Tab 100 mg with rifampicin 150 mg – 1% DV Sep-18 to 2021 .....	85.54	100	Rifinah
⚡ Tab 150 mg with rifampicin 300 mg – 1% DV Sep-18 to 2021 .....	170.60	100	Rifinah

## ➔ **Restricted (RS1282)**

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

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

## Antiparasitics

### Anthelmintics

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

### Antiprotozoals

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ARTESUNATE – Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 60 mg vial			
➡ <b>Restricted (RS1091)</b>			
Clinical microbiologist or infectious disease specialist			
<b>ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 62.5 mg with proguanil hydrochloride 25 mg.....	25.00	12	Malarone Junior
⚡ Tab 250 mg with proguanil hydrochloride 100 mg.....	64.00	12	Malarone
➡ <b>Restricted (RS1092)</b>			
Clinical microbiologist or infectious disease specialist			
<b>CHLOROQUINE PHOSPHATE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 250 mg			
➡ <b>Restricted (RS1093)</b>			
Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist			
<b>MEFLOQUINE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 250 mg			
➡ <b>Restricted (RS1094)</b>			
Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist			
<b>METRONIDAZOLE</b>			
Tab 200 mg .....	10.45	100	Trichozole
Tab 400 mg .....	18.15	100	Trichozole
Oral liq benzoate 200 mg per 5 ml .....	25.00	100 ml	Flagyl-S
Injection 5 mg per ml, 100 ml bottle.....	1.39	100 ml	AFT
Inj 5 mg per ml, 100 ml bottle .....	34.80	20	Colpocin-T
Inj 5 mg per ml, 100 ml bag .....	55.00	10	Baxter
Suppos 500 mg .....	24.48	10	Flagyl
<b>NITAZOXANIDE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 500 mg .....	1,680.00	30	Alinia
⚡ Oral liq 100 mg per 5 ml			
➡ <b>Restricted (RS1095)</b>			
Clinical microbiologist or infectious disease specialist			
<b>ORNIDAZOLE</b>			
Tab 500 mg .....	23.00	10	Arrow-Ornidazole
<b>PENTAMIDINE ISETHIONATE – Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 300 mg vial – 1% DV Nov-19 to 2022.....	216.00	5	Pentacarinat
➡ <b>Restricted (RS1096)</b>			
Clinical microbiologist or infectious disease specialist			
<b>PRIMAQUINE PHOSPHATE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 7.5 mg			
➡ <b>Restricted (RS1097)</b>			
Clinical microbiologist or infectious disease specialist			
<b>PYRIMETHAMINE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 25 mg			
➡ <b>Restricted (RS1098)</b>			
Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist			
<b>QUININE DIHYDROCHLORIDE – Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 60 mg per ml, 10 ml ampoule			
⚡ Inj 300 mg per ml, 2 ml vial			
➡ <b>Restricted (RS1099)</b>			
Clinical microbiologist or infectious disease specialist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
QUININE SULPHATE			
Tab 300 mg .....	61.91	500	Q 300
SODIUM STIBOGLUCONATE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 100 mg per ml, 1 ml vial			
→ <b>Restricted (RS1100)</b>			
Clinical microbiologist or infectious disease specialist			
SPIRAMYCIN – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Tab 500 mg			
→ <b>Restricted (RS1101)</b>			
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 200 mg .....	190.15	90	Stocrin
⚡ Tab 600 mg .....	63.38	30	Stocrin
⚡ Oral liq 30 mg per ml			

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

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

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

### Nucleoside Reverse Transcriptase Inhibitors

→ **Restricted (RS1572)**

#### Initiation – Confirmed HIV

Patient has confirmed HIV infection.

continued...

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

## Initiation – Prevention of maternal transmission

Either:

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

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

Both:

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

## Initiation – Percutaneous exposure

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

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

† Tab 300 mg – 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 [on the previous page](#)

† Tab 600 mg with lamivudine 300 mg – 1% DV Jul-19 to 2022	63.00	30	Kivexa
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EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – **Restricted** see terms [on the previous page](#)

† Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) – 1% DV Jun-19 to 2022	106.88	30	Mylan
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EMTRICITABINE – **Restricted** see terms [on the previous page](#)

† Cap 200 mg – 1% DV Jul-19 to 2022	307.20	30	Emtriva
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LAMIVUDINE – **Restricted** see terms [on the previous page](#)

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

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

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

† 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

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

† Tab 300 mg with lamivudine 150 mg – 1% DV Sep-17 to 2020	33.00	60	Alphapharm
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## Protease Inhibitors

➡ **Restricted (RS1573)**

### Initiation – Confirmed HIV

Patient has confirmed HIV infection.

### Initiation – Prevention of maternal transmission

Either:

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
1 Prevention of maternal foetal transmission; or			
2 Treatment of the newborn for up to eight weeks.			
<b>Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV</b>			
Both:			
1 Treatment course to be initiated within 72 hours post exposure; and			
2 Any of the following:			
2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or			
2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or			
2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.			
<b>Initiation – Percutaneous exposure</b>			
Patient has percutaneous exposure to blood known to be HIV positive.			
ATAZANAVIR SULPHATE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† 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 – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† 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 – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Cap 200 mg			
† Cap 400 mg			
LOPINAVIR WITH RITONAVIR – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† 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 – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† 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:

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

#### **Initiation – Percutaneous exposure**

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>DOLUTEGRAVIR – Restricted</b> see terms <a href="#">on the previous page</a>			
† Tab 50 mg .....	1,090.00	30	Tivicay
<b>RALTEGRAVIR POTASSIUM – Restricted</b> see terms <a href="#">on the previous page</a>			
† Tab 400 mg .....	1,090.00	60	Isentress
† 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**

### 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).



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Herpesviridae</b>			
<b>ACICLOVIR</b>			
Tab dispersible 200 mg – 1% DV Oct-19 to 2022 .....	1.60	25	<b>Lovir</b>
Tab dispersible 400 mg – 1% DV Oct-19 to 2022 .....	5.38	56	<b>Lovir</b>
Tab dispersible 800 mg – 1% DV Oct-19 to 2022 .....	5.98	35	<b>Lovir</b>
Inj 250 mg vial – 1% DV Sep-18 to 2021 .....	9.60	5	<b>Aciclovir-Claris</b>
<b>CIDOFOVIR – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 75 mg per ml, 5 ml vial			
→ <b>Restricted (RS1108)</b>			
Clinical microbiologist, infectious disease specialist, otolaryngologist or oral surgeon			
<b>FOSCARNET SODIUM – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 24 mg per ml, 250 ml bottle			
→ <b>Restricted (RS1109)</b>			
Clinical microbiologist or infectious disease specialist			
<b>GANCICLOVIR – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 500 mg vial .....	380.00	5	<b>Cymevene</b>
→ <b>Restricted (RS1110)</b>			
Clinical microbiologist or infectious disease specialist			
<b>VALACICLOVIR</b>			
Tab 500 mg – 1% DV Sep-18 to 2021 .....	5.75	30	<b>Vaclovir</b>
Tab 1,000 mg – 1% DV Sep-18 to 2021 .....	11.35	30	<b>Vaclovir</b>
<b>VALGANCICLOVIR – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 450 mg – 1% DV May-19 to 2021 .....	225.00	60	<b>Valganciclovir Mylan</b>
→ <b>Restricted (RS1112)</b>			
<b>Initiation – Transplant cytomegalovirus prophylaxis</b>			
<i>Limited to 3 months treatment</i>			
Patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis.			
<b>Initiation – Lung transplant cytomegalovirus prophylaxis</b>			
<i>Limited to 6 months treatment</i>			
Both:			
1 Patient has undergone a lung transplant; and			
2 Either:			
2.1 The donor was cytomegalovirus positive and the patient is cytomegalovirus negative; or			
2.2 The recipient is cytomegalovirus positive.			
<b>Initiation – Cytomegalovirus in immunocompromised patients</b>			
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.			
<b>HIV Prophylaxis and Treatment</b>			
<b>EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Restricted</b> see terms <a href="#">on the next page</a>			
↓ Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) – 1% DV Jun-19 to 2022 .....	61.15	30	<b>Teva</b>

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

## ➔ 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
    - 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

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

- 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.

ZANAMIVIR

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

- ⬇ Powder for inhalation 5 mg.....37.38 20 dose Relenza Rotadisk

➡ **Restricted (RS1369)**

Initiation

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

Immune Modulators

INTERFERON ALFA-2A

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

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

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

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

↓ Inj 100 mcg in 0.5 ml vial

→ **Restricted (RS1113)**

### Initiation

Patient has chronic granulomatous disease and requires interferon gamma.

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

↓ Inj 180 mcg prefilled syringe – 1% DV Oct-17 to 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
  - 3.2 Patient was a partial responder; and
- 4 Patient is to be treated in combination with boceprevir.

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

Gastroenterologist, infectious disease specialist or general physician

Limited to 48 weeks treatment

All of the following:

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

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

Limited to 6 months treatment

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

continued...

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

continued...

**Initiation – Hepatitis B**

Gastroenterologist, infectious disease specialist or general physician

*Limited to 48 weeks treatment*

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 2 Patient is Hepatitis B treatment-naïve; and
- 3 ALT > 2 times Upper Limit of Normal; and
- 4 HBV DNA < 10 log10 IU/ml; and
- 5 Either:
  - 5.1 HBeAg positive; or
  - 5.2 Serum HBV DNA greater than or equal to 2,000 units/ml and significant fibrosis (greater than or equal to Metavir Stage F2 or moderate fibrosis); and
- 6 Compensated liver disease; and
- 7 No continuing alcohol abuse or intravenous drug use; and
- 8 Not co-infected with HCV, HIV or HDV; and
- 9 Neither ALT nor AST > 10 times upper limit of normal; and
- 10 No history of hypersensitivity or contraindications to pegylated interferon.

Notes: Approved dose is 180 mcg once weekly.

The recommended dose of Pegylated Interferon alfa-2a is 180 mcg once weekly.

In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated Interferon alfa-2a dose should be reduced to 135 mcg once weekly.

In patients with neutropaenia and thrombocytopaenia, dose should be reduced in accordance with the datasheet guidelines.

Pegylated Interferon alfa-2a is not approved for use in children.

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

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

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

→ **Restricted (RS1015)**

### Initiation

For the diagnosis of myasthenia gravis.

NEOSTIGMINE METILSULFATE

Inj 2.5 mg per ml, 1 ml ampoule – **1% DV Nov-17 to 2020**.....98.00 50 **AstraZeneca**

NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE

Inj 2.5 mg with glycopyrronium bromide 0.5 mg per ml, 1 ml ampoule .....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**

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

➔ **Restricted (RS1663)**

**Initiation – Inherited bone fragility disorders**

Any specialist

Patient has been diagnosed with an inherited bone fragility disorder (e.g. osteogenesis imperfecta).

**Initiation – Osteoporosis**

Any specialist

*Therapy limited to 3 doses*

Both:

- 1 Any of the following:
  - 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or
  - 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
  - 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
  - 1.4 Documented T-Score greater than or equal to -3.0 (see Note); or
  - 1.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
  - 1.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) prior to 1 February 2019 or has had a Special Authority approval for raloxifene; and
- 2 The patient will not be prescribed more than 5 mg of zoledronic acid in a 12-month period.

**Initiation – glucocorticosteroid therapy**

Any specialist

*Re-assessment required after 12 months*

All of the following:

- 1 The patient is receiving systemic glucocorticosteroid therapy (greater than or equal to 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
- 2 Any of the following:
  - 2.1 The patient has documented BMD greater than or equal to 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -1.5) (see Note); or
  - 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
  - 2.3 The patient has had a Special Authority approval for alendronate (Underlying cause - glucocorticosteroid therapy) prior to 1 February 2019 or has had a Special Authority approval for raloxifene; and
- 3 The patient will not be prescribed more than 5 mg of zoledronic acid in the 12-month approval period.

**Continuation – glucocorticosteroid therapy**

Any specialist

*Re-assessment required after 12 months*

Both:

- 1 The patient is continuing systemic glucocorticosteroid therapy (greater than or equal to 5 mg per day prednisone equivalents); and
- 2 The patient will not be prescribed more than 5 mg of zoledronic acid in the 12-month approval period.

**Initiation – Paget's disease**

Any specialist

*Re-assessment required after 12 months*

All of the following:

- 1 Paget's disease; and

continued...

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

2 Any of the following:

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

3 The patient will not be prescribed more than 5 mg of zoledronic acid in the 12-month approval period.

## Continuation – Paget's disease

Any specialist

*Re-assessment required after 12 months*

Both:

1 Any of the following:

- 1.1 The patient has relapsed (based on increases in serum alkaline phosphatase); or
- 1.2 The patient's serum alkaline phosphatase has not normalised following previous treatment with zoledronic acid; or
- 1.3 Symptomatic disease (prescriber determined); and

2 The patient will not be prescribed more than 5 mg of zoledronic acid in the 12-month approval period.

Notes:

- 1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- 2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score less than or equal to -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.
- 3 Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- 4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

## Other Drugs Affecting Bone Metabolism

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

⚡ Inj 60 mg prefilled syringe.....326.00 1 Prolia  
 ➡ **Restricted (RS1665)**

### Initiation

All of the following:

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

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

- 3.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons; or
- 3.3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 3.4 Documented T-Score less than or equal to -3.0 (see Note); or
- 3.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
- 3.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) prior to 1 February 2019 or has had a Special Authority approval for raloxifene; and
- 4 Zoledronic acid is contraindicated because the patient's creatinine clearance is less than 35 mL/min; and
- 5 The patient has experienced at least one symptomatic new fracture after at least 12 months' continuous therapy with a funded antiresorptive agent at adequate doses (see Notes); and
- 6 The patient must not receive concomitant treatment with any other funded antiresorptive agent for this condition or teriparatide.

Notes:

- 1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- 2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score less than or equal to -2.5 and, therefore, do not require BMD measurement for treatment with denosumab.
- 3 Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- 4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.
- 5 Antiresorptive agents and their adequate doses for the purposes of this Special Authority are defined as: risedronate sodium tab 35 mg once weekly; alendronate sodium tab 70 mg or tab 70 mg with cholecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months' continuous therapy.

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

⬇ Tab 60 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

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

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

Notes:

- 1 BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- 2 Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score less than or equal to -2.5 and, therefore, do not require BMD measurement for raloxifene funding.
- 3 Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- 4 A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

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

↓ Inj 250 mcg per ml, 2.4 ml 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

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

# MUSCULOSKELETAL SYSTEM

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

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

PROBENECID

Tab 500 mg

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

⚡ Inj 1.5 mg vial

➡ **Restricted** (RS1016)

Haematologist

## Muscle Relaxants and Related Agents

ATRACURIUM BESYLATE

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

BACLOFEN

Tab 10 mg – 1% DV Oct-18 to 2021	4.20	100	Pacifen
Oral liq 1 mg per ml			
Inj 0.05 mg per ml, 1 ml ampoule	11.55	1	Lioresal Intrathecal
Inj 2 mg per ml, 5 ml ampoule – 1% DV Apr-19 to 2021	372.98	5	Medsurge

CLOSTRIDIUM BOTULINUM TYPE A TOXIN

Inj 100 u vial	467.50	1	Botox
Inj 300 u vial	388.50	1	Dysport
Inj 500 u vial	1,295.00	2	Dysport

DANTROLENE

Cap 25 mg	65.00	100	Dantrium
Cap 50 mg	77.00	100	Dantrium
Inj 20 mg vial	800.00	6	Dantrium IV

MIVACURIUM CHLORIDE

Inj 2 mg per ml, 5 ml ampoule	33.92	5	Mivacron
Inj 2 mg per ml, 10 ml ampoule	67.17	5	Mivacron

ORPHENADRINE CITRATE

Tab 100 mg – 1% DV Jun-18 to 2021	18.54	100	Norflex
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PANCURONIUM BROMIDE

Inj 2 mg per ml, 2 ml ampoule

ROCURONIUM BROMIDE

Inj 10 mg per ml, 5 ml vial	48.01	10	DBL Rocuronium Bromide
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SUXAMETHONIUM CHLORIDE

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

Inj 10 mg vial

## Reversers of Neuromuscular Blockade

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

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

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

➔ **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 – <b>1% DV Aug-17 to 2020</b> .....	2.30	30	<b>Celecoxib Pfizer</b>

### DICLOFENAC SODIUM

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

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

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

➔ **Restricted (RS1290)**

**Initiation**

For in-vivo investigation of allergy only.

### IBUPROFEN

Tab 200 mg – <b>1% DV Feb-18 to 2020</b> .....	11.71	1,000	<b>Relieve</b>
➔ Tab 400 mg – <b>Restricted:</b> For continuation only			
➔ Tab 600 mg – <b>Restricted:</b> For continuation only			
Tab long-acting 800 mg – <b>1% DV Apr-20 to 2021</b> .....	7.99	30	Brufen SR
	5.99		<b>Ibuprofen SR BNM</b>
Oral liq 20 mg per ml – <b>1% DV May-19 to 2021</b> .....	1.88	200 ml	<b>Ethics</b>
Inj 5 mg per ml, 2 ml ampoule			
Inj 10 mg per ml, 2 ml vial			

(Brufen SR Tab long-acting 800 mg to be delisted 1 April 2020)

## MUSCULOSKELETAL SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>INDOMETHACIN</b>			
Cap 25 mg			
Cap 50 mg			
Cap long-acting 75 mg			
Inj 1 mg vial			
Suppos 100 mg			
<b>KETOPROFEN</b>			
Cap long-acting 200 mg .....	12.07	28	Oruvail SR
<b>MEFENAMIC ACID – Restricted:</b> For continuation only			
➡ Cap 250 mg			
<b>NAPROXEN</b>			
Tab 250 mg – 1% DV Dec-18 to 2021 .....	32.69	500	<b>Noflam 250</b>
Tab 500 mg – 1% DV Dec-18 to 2021 .....	22.19	250	<b>Noflam 500</b>
Tab long-acting 750 mg – 1% DV Oct-18 to 2021 .....	6.16	28	<b>Naprosyn SR 750</b>
Tab long-acting 1 g – 1% DV Oct-18 to 2021 .....	8.21	28	<b>Naprosyn SR 1000</b>
<b>PARECOXIB</b>			
Inj 40 mg vial .....	100.00	10	Dynastat
<b>SULINDAC</b>			
Tab 100 mg			
Tab 200 mg			
<b>TENOXICAM</b>			
Tab 20 mg – 1% DV Oct-19 to 2022.....	9.15	100	<b>Tilcotil</b>
Inj 20 mg vial .....	9.95	1	<b>AFT</b>

### Topical Products for Joint and Muscular Pain

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

⚡ Crm 0.025%.....9.95 45 g Zostrix

➡ **Restricted (RS1309)**

#### Initiation

Patient has osteoarthritis that is not responsive to paracetamol and oral non-steroidal anti-inflammatories are contraindicated.

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

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

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

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

#### Initiation

Neurologist or respiratory specialist

*Re-assessment required after 6 months*

All of the following:

- 1 The patient has amyotrophic lateral sclerosis with disease duration of 5 years or less; and
- 2 The patient has at least 60 percent of predicted forced vital capacity within 2 months prior to the initial application; and
- 3 The patient has not undergone a tracheostomy; and
- 4 The patient has not experienced respiratory failure; and
- 5 Any of the following:
  - 5.1 The patient is ambulatory; or
  - 5.2 The patient is able to use upper limbs; or
  - 5.3 The patient is able to swallow.

#### Continuation

*Re-assessment required after 18 months*

All of the following:

- 1 The patient has not undergone a tracheostomy; and
- 2 The patient has not experienced respiratory failure; and
- 3 Any of the following:
  - 3.1 The patient is ambulatory; or
  - 3.2 The patient is able to use upper limbs; or
  - 3.3 The patient is able to swallow.

#### TETRABENAZINE

Tab 25 mg – 1% DV Oct-19 to 2022	91.10	112	Motetis
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### Anticholinergics

#### BENZATROPINE MESYLATE

Tab 2 mg	7.99	60	Benztrop
Inj 1 mg per ml, 2 ml ampoule	95.00	5	Cogentin

#### PROCYCLIDINE HYDROCHLORIDE

Tab 5 mg

### Dopamine Agonists and Related Agents

#### AMANTADINE HYDROCHLORIDE

Cap 100 mg	38.24	60	Symmetrel
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#### APOMORPHINE HYDROCHLORIDE

Inj 10 mg per ml, 2 ml ampoule – 1% DV Jan-20 to 2023	59.50	5	Movapo
Inj 10 mg per ml, 5 ml ampoule – 1% DV Feb-20 to 2023	121.84	5	Movapo

#### BROMOCRIPTINE

Tab 2.5 mg  
Cap 5 mg

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ENTACAPONE</b>			
Tab 200 mg – 1% DV Sep-18 to 2021 .....	22.00	100	<b>Entapone</b>
<b>LEVODOPA WITH BENSERAZIDE</b>			
Tab dispersible 50 mg with benserazide 12.5 mg .....	13.25	100	Madopar Rapid
Cap 50 mg with benserazide 12.5 mg .....	13.75	100	Madopar 62.5
Cap 100 mg with benserazide 25 mg .....	15.80	100	Madopar 125
Cap long-acting 100 mg with benserazide 25 mg .....	22.85	100	Madopar HBS
Cap 200 mg with benserazide 50 mg .....	26.25	100	Madopar 250
<b>LEVODOPA WITH CARBIDOPA</b>			
Tab 100 mg with carbidopa 25 mg – 1% DV Feb-18 to 2020 .....	17.97	100	<b>Sinemet</b>
Tab long-acting 100 mg with carbidopa 25 mg .....			
Tab long-acting 200 mg with carbidopa 50 mg – 1% DV Feb-18 to 2020 .....	37.15	100	<b>Sinemet CR</b>
Tab 250 mg with carbidopa 25 mg – 1% DV Feb-18 to 2020 .....	32.67	100	<b>Sinemet</b>
<b>PRAMIPEXOLE HYDROCHLORIDE</b>			
Tab 0.25 mg – 1% DV Oct-19 to 2022 .....	6.12	100	<b>Ramipex</b>
Tab 1 mg – 1% DV Oct-19 to 2022 .....	20.73	100	<b>Ramipex</b>
<b>ROPINIROLE HYDROCHLORIDE</b>			
Tab 0.25 mg – 1% DV Mar-20 to 2022 .....	2.78	100	Apo-Ropinirole
	2.85	84	<b>Ropin</b>
Tab 1 mg – 1% DV Mar-20 to 2022 .....	5.00	100	Apo-Ropinirole
	3.95	84	<b>Ropin</b>
Tab 2 mg – 1% DV Mar-20 to 2022 .....	7.72	100	Apo-Ropinirole
	5.48	84	<b>Ropin</b>
Tab 5 mg – 1% DV Mar-20 to 2022 .....	16.51	100	Apo-Ropinirole
	12.50	84	<b>Ropin</b>
<i>(Apo-Ropinirole Tab 0.25 mg to be delisted 1 March 2020)</i>			
<i>(Apo-Ropinirole Tab 1 mg to be delisted 1 March 2020)</i>			
<i>(Apo-Ropinirole Tab 2 mg to be delisted 1 March 2020)</i>			
<i>(Apo-Ropinirole Tab 5 mg to be delisted 1 March 2020)</i>			
<b>SELEGILINE HYDROCHLORIDE</b>			
Tab 5 mg			
<b>TOLCAPONE</b>			
Tab 100 mg .....	152.38	100	<b>Tasmar</b>

## Anaesthetics

### General Anaesthetics

<b>DESFLURANE</b>			
Soln for inhalation 100%, 240 ml bottle – 1% DV Sep-16 to 2020 .....	1,350.00	6	<b>Suprane</b>
<b>DEXMEDETOMIDINE</b>			
Inj 100 mcg per ml, 2 ml vial – 1% DV Sep-17 to 2020 .....	357.00	5	<b>Precedex</b>
<b>ETOMIDATE</b>			
Inj 2 mg per ml, 10 ml ampoule			
<b>ISOFLURANE</b>			
Soln for inhalation 100%, 250 ml bottle – 1% DV Sep-16 to 2020 .....	1,020.00	6	<b>Aerrane</b>

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

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



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>KETAMINE</b>			
Inj 1 mg per ml, 100 ml bag – <b>1% DV Feb-20 to 2022</b> .....	270.00	10	<b>Biomed</b>
Inj 10 mg per ml, 10 ml syringe – <b>1% DV Feb-20 to 2022</b> .....	70.00	5	<b>Biomed</b>
Inj 100 mg per ml, 2 ml vial – <b>1% DV Jan-19 to 2021</b> .....	31.50	5	<b>Ketalar</b>
	155.60		Ketamine-Claris
<b>METHOHEXITAL SODIUM</b>			
Inj 10 mg per ml, 50 ml vial			
<b>PROPOFOL</b>			
Inj 10 mg per ml, 20 ml ampoule – <b>10% DV Dec-19 to 2022</b> .....	4.35	5	<b>Fresofol 1% MCT/LCT</b>
Inj 10 mg per ml, 50 ml vial – <b>10% DV Oct-19 to 2022</b> .....	19.50	10	<b>Fresofol 1% MCT/LCT</b>
Inj 10 mg per ml, 100 ml vial – <b>10% DV Oct-19 to 2022</b> .....	39.00	10	<b>Fresofol 1% MCT/LCT</b>
<b>SEVOFLURANE</b>			
Soln for inhalation 100%, 250 ml bottle – <b>1% DV Sep-16 to 2020</b> .....	840.00	6	<b>Baxter</b>
<b>THIOPENTAL [THIOPENTONE] SODIUM</b>			
Inj 500 mg ampoule			
<b>Local Anaesthetics</b>			
<b>ARTICAINE HYDROCHLORIDE</b>			
Inj 1%			
<b>ARTICAINE HYDROCHLORIDE WITH ADRENALINE</b>			
Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge			
Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge			
Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge			
Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge			
<b>BENZOCAINE</b>			
Gel 20%			
<b>BENZOCAINE WITH TETRACAINE HYDROCHLORIDE</b>			
Gel 18% with tetracaine hydrochloride 2%			<i>e.g. ZAP Topical Anaesthetic Gel</i>
<b>BUPIVACAINE HYDROCHLORIDE</b>			
Inj 5 mg per ml, 4 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	50.00	5	<b>Marcaïn Isobaric</b>
Inj 2.5 mg per ml, 20 ml ampoule			
Inj 2.5 mg per ml, 20 ml ampoule sterile pack.....	29.20	5	Marcaïn
Inj 5 mg per ml, 10 ml ampoule sterile pack.....	20.25	5	Marcaïn
Inj 5 mg per ml, 20 ml ampoule			
Inj 5 mg per ml, 20 ml ampoule sterile pack.....	20.70	5	Marcaïn
Inj 1.25 mg per ml, 100 ml bag			
Inj 1.25 mg per ml, 200 ml bag			
Inj 2.5 mg per ml, 100 ml bag – <b>1% DV Sep-17 to 2020</b> .....	150.00	5	<b>Marcaïn</b>
Inj 2.5 mg per ml, 200 ml bag			
Inj 1.25 mg per ml, 500 ml bag			
<b>BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE</b>			
Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial – <b>1% DV Aug-19 to 2022</b> .....	94.50	5	<b>Marcaïn with Adrenaline</b>
Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial – <b>1% DV Aug-19 to 2022</b> .....	80.50	5	<b>Marcaïn with Adrenaline</b>

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BUPIVACAINE HYDROCHLORIDE WITH FENTANYL</b>			
Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag			
Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag – <b>1% DV Apr-20 to 2022</b> .....	305.00	10	<b>Biomed</b>
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 – <b>1% DV Nov-19 to 2022</b> .....	225.00	10	<b>Bupafen</b>
Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag – <b>1% DV Nov-19 to 2022</b> .....	235.00	10	<b>Bupafen</b>
Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe			
Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe .....	72.00	10	Biomed
Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe .....	92.00	10	Biomed
<b>BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE</b>			
Inj 0.5% with glucose 8%, 4 ml ampoule .....	38.00	5	Marcaïn Heavy
<b>COCAINE HYDROCHLORIDE</b>			
Paste 5%			
Soln 15%, 2 ml syringe			
Soln 4%, 2 ml syringe .....	25.46	1	Biomed
<b>COCAINE HYDROCHLORIDE WITH ADRENALINE</b>			
Paste 15% with adrenaline 0.06%			
Paste 25% with adrenaline 0.06%			
<b>ETHYL CHLORIDE</b>			
Spray 100%			
<b>LIDOCAINE [LIGNOCAINE]</b>			
Crm 4% .....	5.40	5 g	LMX4
	27.00	30 g	LMX4
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE</b>			
Gel 2% – <b>1% DV Nov-18 to 2021</b> .....	4.87	20 g	<b>Orion</b>
Soln 4%			
Spray 10% – <b>1% DV Jul-19 to 2022</b> .....	75.00	50 ml	<b>Xylocaine</b>
Oral (gel) soln 2% – <b>1% DV Oct-17 to 2020</b> .....	38.00	200 ml	<b>Mucosooth</b>
Inj 1%, 20 ml ampoule, sterile pack			
Inj 2%, 20 ml ampoule, sterile pack			
Inj 1%, 5 ml ampoule .....	8.75	25	Lidocaine-Clarís
Inj 1%, 20 ml vial – <b>1% DV Jul-19 to 2022</b> .....	6.20	5	<b>Lidocaine-Clarís</b>
Inj 2%, 5 ml ampoule – <b>1% DV Nov-19 to 2022</b> .....	8.25	25	<b>Lidocaine-Clarís</b>
Inj 2%, 20 ml vial – <b>1% DV Jul-19 to 2022</b> .....	6.45	5	<b>Lidocaine-Clarís</b>
Gel 2%, 10 ml urethral syringe – <b>1% DV Nov-19 to 2022</b> .....	105.00	25	<b>Cathejell</b>
Gel 2%, 11 ml urethral syringe – <b>1% DV Apr-20 to 2022</b> .....	42.00	10	<b>Instillagel Lido</b>
<i>(Cathejell Gel 2%, 10 ml urethral syringe to be delisted 1 April 2020)</i>			
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE</b>			
Inj 1% with adrenaline 1:100,000, 5 ml ampoule – <b>1% DV Nov-19 to 2022</b> .....	29.00	10	<b>Xylocaine</b>
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

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE</b>			
Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe – <b>1% DV Sep-17 to 2020</b> .....	17.50	1	<b>Topicaïne</b>
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE</b>			
Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe .....	81.50	10	Pfizer
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE</b>			
Nasal spray 5% with phenylephrine hydrochloride 0.5%			
<b>LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE</b>			
Crn 2.5% with prilocaine 2.5%.....	45.00	30 g	EMLA
Patch 25 mcg with prilocaine 25 mcg.....	115.00	20	EMLA
Crn 2.5% with prilocaine 2.5%, 5 g.....	45.00	5	EMLA
<b>MEPIVACAINE HYDROCHLORIDE</b>			
Inj 3%, 1.8 ml dental cartridge.....	43.60	50	Scandonest 3%
Inj 3%, 2.2 ml dental cartridge.....	43.60	50	Scandonest 3%
<b>PRILOCAINE HYDROCHLORIDE</b>			
Inj 0.5%, 50 ml vial .....	100.00	5	Citanest
Inj 2%, 5 ml ampoule			
<b>PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN</b>			
Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge			
Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge			
<b>ROPIVACAINE HYDROCHLORIDE</b>			
Inj 2 mg per ml, 10 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	8.80	5	<b>Ropivacaine Kabi</b>
Inj 2 mg per ml, 20 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	9.20	5	<b>Ropivacaine Kabi</b>
Inj 2 mg per ml, 100 ml bag – <b>1% DV Sep-17 to 2020</b> .....	29.50	5	<b>Ropivacaine Kabi</b>
Inj 2 mg per ml, 200 ml bag – <b>1% DV Sep-17 to 2020</b> .....	39.00	5	<b>Ropivacaine Kabi</b>
Inj 7.5 mg per ml, 10 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	9.90	5	<b>Ropivacaine Kabi</b>
Inj 7.5 mg per ml, 20 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	12.15	5	<b>Ropivacaine Kabi</b>
Inj 10 mg per ml, 10 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	10.55	5	<b>Ropivacaine Kabi</b>
Inj 10 mg per ml, 20 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	15.80	5	<b>Ropivacaine Kabi</b>
<b>ROPIVACAINE HYDROCHLORIDE WITH FENTANYL</b>			
Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag .....	198.50	5	Naropin
Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag .....	270.00	5	Naropin
<b>TETRACAINE [AMETHOCAINE] HYDROCHLORIDE</b>			
Gel 4%			

## Analgesics

### Non-Opioid Analgesics

<b>ASPIRIN</b>			
Tab dispersible 300 mg – <b>1% DV Oct-19 to 2022</b> .....	4.50	100	<b>Ethics Aspirin</b>
<b>CAPSAICIN – Restricted</b> see terms <a href="#">below</a>			
↓ Crn 0.075%.....	12.50	45 g	Zostrix HP
➔ <b>Restricted (RS1145)</b>			
<b>Initiation</b>			
For post-herpetic neuralgia or diabetic peripheral neuropathy.			
<b>METHOXYFLURANE – Restricted</b> see terms <a href="#">on the next page</a>			
↓ Soln for inhalation 99.9%, 3 ml bottle			

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔ Restricted (RS1292)</b>			
<b>Initiation</b>			
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.			
<b>NEFOPAM HYDROCHLORIDE</b>			
Tab 30 mg			
<b>PARACETAMOL – Some items restricted see terms below</b>			
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
<b>➔ Restricted (RS1146)</b>			
<b>Initiation</b>			
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.			
<b>SUCROSE</b>			
Oral liq 25% – 1% DV Feb-20 to 2022	13.00	25 ml	Biomed
<b>Opioid Analgesics</b>			
<b>ALFENTANIL</b>			
Inj 0.5 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020	34.38	10	Hameln
<b>CODEINE PHOSPHATE</b>			
Tab 15 mg	5.75	100	PSM
Tab 30 mg	6.80	100	PSM
Tab 60 mg	13.50	100	PSM
<b>DIHYDROCODEINE TARTRATE</b>			
Tab long-acting 60 mg – 1% DV Oct-19 to 2022	8.60	60	DHC Continus
<b>FENTANYL</b>			
Inj 10 mcg per ml, 10 ml syringe			
Inj 50 mcg per ml, 2 ml ampoule – 1% DV Nov-18 to 2021	3.56	10	Boucher and Muir
Inj 10 mcg per ml, 50 ml bag	210.00	10	Biomed
Inj 10 mcg per ml, 50 ml syringe	165.00	10	Biomed
Inj 50 mcg per ml, 10 ml ampoule – 1% DV Nov-18 to 2021	9.41	10	Boucher and Muir
Inj 10 mcg per ml, 100 ml bag – 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
<b>METHADONE HYDROCHLORIDE</b>			
Tab 5 mg – <b>1% DV Sep-19 to 2022</b> .....	1.40	10	<b>Methatabs</b>
Oral liq 2 mg per ml – <b>1% DV Oct-18 to 2021</b> .....	5.79	200 ml	<b>Biodone</b>
Oral liq 5 mg per ml – <b>1% DV Oct-18 to 2021</b> .....	5.79	200 ml	<b>Biodone Forte</b>
Oral liq 10 mg per ml – <b>1% DV Oct-18 to 2021</b> .....	6.79	200 ml	<b>Biodone Extra Forte</b>
Inj 10 mg per ml, 1 ml vial .....	61.00	10	<b>AFT</b>
<b>MORPHINE HYDROCHLORIDE</b>			
Oral liq 1 mg per ml – <b>1% DV Dec-18 to 2021</b> .....	9.28	200 ml	<b>RA-Morph</b>
Oral liq 2 mg per ml – <b>1% DV Dec-18 to 2021</b> .....	16.24	200 ml	<b>RA-Morph</b>
Oral liq 5 mg per ml – <b>1% DV Dec-18 to 2021</b> .....	19.44	200 ml	<b>RA-Morph</b>
Oral liq 10 mg per ml – <b>1% DV Dec-18 to 2021</b> .....	27.74	200 ml	<b>RA-Morph</b>
<b>MORPHINE SULPHATE</b>			
Tab long-acting 10 mg .....	1.93	10	Arrow-Morphine LA
Tab immediate-release 10 mg – <b>1% DV Sep-17 to 2020</b> .....	2.80	10	<b>Sevredol</b>
Tab immediate-release 20 mg – <b>1% DV Sep-17 to 2020</b> .....	5.52	10	<b>Sevredol</b>
Tab long-acting 30 mg .....	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 – <b>1% DV Jan-20 to 2022</b> .....	2.05	10	<b>m-Eslon</b>
Cap long-acting 30 mg – <b>1% DV Jan-20 to 2022</b> .....	3.00	10	<b>m-Eslon</b>
Cap long-acting 60 mg – <b>1% DV Jan-20 to 2022</b> .....	6.12	10	<b>m-Eslon</b>
Cap long-acting 100 mg – <b>1% DV Jan-20 to 2022</b> .....	7.13	10	<b>m-Eslon</b>
Inj 1 mg per ml, 100 ml bag – <b>1% DV Oct-17 to 2020</b> .....	97.25	5	<b>Biomed</b>
Inj 1 mg per ml, 10 ml syringe – <b>1% DV Oct-17 to 2020</b> .....	24.00	5	<b>Biomed</b>
Inj 1 mg per ml, 50 ml syringe – <b>1% DV Oct-17 to 2020</b> .....	50.75	5	<b>Biomed</b>
Inj 1 mg per ml, 2 ml syringe .....			
Inj 2 mg per ml, 30 ml syringe .....	135.00	10	Biomed
Inj 5 mg per ml, 1 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	6.27	5	<b>DBL Morphine Sulphate</b>
Inj 10 mg per ml, 1 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	4.47	5	<b>DBL Morphine Sulphate</b>
Inj 10 mg per ml, 100 mg cassette .....			
Inj 10 mg per ml, 100 ml bag .....			
Inj 15 mg per ml, 1 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	4.76	5	<b>DBL Morphine Sulphate</b>
Inj 30 mg per ml, 1 ml ampoule – <b>1% DV Sep-17 to 2020</b> .....	6.19	5	<b>DBL Morphine Sulphate</b>
Inj 200 mcg in 0.4 ml syringe .....			
Inj 300 mcg in 0.3 ml syringe .....			
<i>(Arrow-Morphine LA Tab long-acting 100 mg to be delisted 1 March 2020)</i>			
<b>MORPHINE TARTRATE</b>			
Inj 80 mg per ml, 1.5 ml ampoule .....	42.72	5	DBL Morphine Tartrate

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>OXYCODONE HYDROCHLORIDE</b>			
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
<b>PARACETAMOL WITH CODEINE</b>			
Tab paracetamol 500 mg with codeine phosphate 8 mg – 1% DV Sep-17 to 2020 .....	18.21	1,000	Paracetamol + Codeine (Relieve)
<b>PETHIDINE HYDROCHLORIDE</b>			
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
<b>REMIFENTANIL</b>			
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
<b>TRAMADOL HYDROCHLORIDE</b>			
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

<b>AMITRIPTYLINE</b>			
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
<b>CLOMIPRAMINE HYDROCHLORIDE</b>			
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
<b>DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Restricted:</b> For continuation only			
➔ Tab 75 mg .....	11.19	100	Dopress
➔ Cap 25 mg .....	7.83	50	Dosulepin Mylan
<i>(Dopress Tab 75 mg to be delisted 1 August 2020)</i>			
<b>DOXEPIN HYDROCHLORIDE – Restricted:</b> For continuation only			
➔ Cap 10 mg			
➔ Cap 25 mg			
➔ Cap 50 mg			
<b>IMIPRAMINE HYDROCHLORIDE</b>			
Tab 10 mg .....	5.48	50	Tofranil
	6.58	60	Tofranil
Tab 25 mg .....	8.80	50	Tofranil
<b>MAPROTILINE HYDROCHLORIDE</b>			
Tab 25 mg			
Tab 75 mg			
<b>MIANSERIN HYDROCHLORIDE – Restricted:</b> For continuation only			
➔ Tab 30 mg			
<b>NORTRIPTYLINE HYDROCHLORIDE</b>			
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
<b>Monoamine-Oxidase Inhibitors - Non-Selective</b>			
<b>PHENELZINE SULPHATE</b>			
Tab 15 mg			
<b>TRANLYCPROMINE SULPHATE</b>			
Tab 10 mg			
<b>Monoamine-Oxidase Type A Inhibitors</b>			
<b>MOCLOBEMIDE</b>			
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
<b>Other Antidepressants</b>			
<b>MIRTAZAPINE</b>			
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
<b>VENLAFAXINE</b>			
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
<b>Selective Serotonin Reuptake Inhibitors</b>			
<b>CITALOPRAM HYDROBROMIDE</b>			
Tab 20 mg – 1% DV Sep-18 to 2021 .....	1.52	84	PSM Citalopram
<b>ESCITALOPRAM</b>			
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

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FLUOXETINE HYDROCHLORIDE</b>			
Tab dispersible 20 mg, scored .....	2.47	30	Arrow-Fluoxetine
Cap 20 mg .....	7.49	90	Arrow-Fluoxetine
<i>(Arrow-Fluoxetine Tab dispersible 20 mg, scored to be delisted 1 August 2020)</i>			
<i>(Arrow-Fluoxetine Cap 20 mg to be delisted 1 August 2020)</i>			
<b>PAROXETINE</b>			
Tab 20 mg – <b>1% DV Mar-20 to 2022</b> .....	4.02	90	Apo-Paroxetine
	3.61		<b>Loxamine</b>
<i>(Apo-Paroxetine Tab 20 mg to be delisted 1 March 2020)</i>			
<b>SERTRALINE</b>			
Tab 50 mg – <b>1% DV Mar-20 to 2022</b> .....	3.05	90	Arrow-Sertraline
	0.92	30	<b>Setrona</b>
Tab 100 mg – <b>1% DV Mar-20 to 2022</b> .....	5.25	90	Arrow-Sertraline
	1.61	30	<b>Setrona</b>
<i>(Arrow-Sertraline Tab 50 mg to be delisted 1 March 2020)</i>			
<i>(Arrow-Sertraline Tab 100 mg to be delisted 1 March 2020)</i>			

## Antiepilepsy Drugs

### Agents for the Control of Status Epilepticus

<b>CLONAZEPAM</b>			
Inj 1 mg per ml, 1 ml ampoule .....	21.00	5	Rivotril
<b>DIAZEPAM</b>			
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
<b>LORAZEPAM</b>			
Inj 2 mg vial			
Inj 4 mg per ml, 1 ml vial			
<b>PARALDEHYDE</b>			
Inj 5 ml ampoule			
<b>PHENYTOIN SODIUM</b>			
Inj 50 mg per ml, 2 ml ampoule .....	88.63	5	Hospira
Inj 50 mg per ml, 5 ml ampoule .....	133.92	5	Hospira

### Control of Epilepsy

<b>CARBAMAZEPINE</b>			
Tab 200 mg .....	14.53	100	Tegretol
Tab long-acting 200 mg.....	16.98	100	Tegretol CR
Tab 400 mg .....	34.58	100	Tegretol
Tab long-acting 400 mg.....	39.17	100	Tegretol CR
Oral liq 20 mg per ml .....	26.37	250 ml	Tegretol
<b>CLOBAZAM</b>			
Tab 10 mg			
<b>CLONAZEPAM</b>			
Oral drops 2.5 mg per ml			
<b>ETHOSUXIMIDE</b>			
Cap 250 mg.....	140.88	100	Zarontin
Oral liq 50 mg per ml .....	56.35	200 ml	Zarontin

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

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



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>GABAPENTIN</b>			
Note: Gabapentin not to be given in combination with pregabalin			
Cap 100 mg – 1% DV Aug-18 to 2021 .....	2.65	100	<b>Apo-Gabapentin</b>
Cap 300 mg – 1% DV Aug-18 to 2021 .....	4.07	100	<b>Apo-Gabapentin</b>
Cap 400 mg – 1% DV Aug-18 to 2021 .....	5.64	100	<b>Apo-Gabapentin</b>
<b>LACOSAMIDE – Restricted see terms <a href="#">below</a></b>			
↓ Tab 50 mg .....	25.04	14	Vimpat
↓ Tab 100 mg .....	50.06	14	Vimpat
	200.24	56	Vimpat
↓ Tab 150 mg .....	75.10	14	Vimpat
	300.40	56	Vimpat
↓ Tab 200 mg .....	400.55	56	Vimpat
↓ Inj 10 mg per ml, 20 ml vial			
→ <b>Restricted (RS1151)</b>			
<b>Initiation</b>			
<i>Re-assessment required after 15 months</i>			
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.			
<b>Continuation</b>			
Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life compared with that prior to starting lacosamide treatment (see Note).			
Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective			
<b>LAMOTRIGINE</b>			
Tab dispersible 2 mg .....	6.74	30	Lamictal
Tab dispersible 5 mg .....	15.00	56	Arrow-Lamotrigine
	9.64	30	Lamictal
Tab dispersible 25 mg – 5% DV Oct-19 to 2022 .....	2.76	56	<b>Logem</b>
Tab dispersible 50 mg – 5% DV Oct-19 to 2022 .....	3.31	56	<b>Logem</b>
Tab dispersible 100 mg – 5% DV Oct-19 to 2022 .....	4.40	56	<b>Logem</b>
<b>LEVETIRACETAM</b>			
Tab 250 mg – 1% DV Aug-19 to 2022 .....	4.99	60	<b>Everet</b>
Tab 500 mg – 1% DV Aug-19 to 2022 .....	8.79	60	<b>Everet</b>
Tab 750 mg – 1% DV Aug-19 to 2022 .....	14.39	60	<b>Everet</b>
Tab 1,000 mg – 1% DV Aug-19 to 2022 .....	18.59	60	<b>Everet</b>
Oral liq 100 mg per ml – 1% DV Apr-18 to 2020 .....	44.78	300 ml	<b>Levetiracetam-AFT</b>
Inj 100 mg per ml, 5 ml vial – 1% DV Oct-19 to 2022 .....	38.95	10	<b>Levetiracetam-AFT</b>
<b>PHENOBARBITONE</b>			
Tab 15 mg – 1% DV Oct-18 to 2021 .....	40.00	500	<b>PSM</b>
Tab 30 mg – 1% DV Oct-18 to 2021 .....	40.00	500	<b>PSM</b>
<b>PHENYTOIN</b>			
Tab 50 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PHENYTOIN SODIUM</b>			
Cap 30 mg			
Cap 100 mg			
Oral liq 6 mg per ml			
<b>PREGABALIN</b>			
Note: Pregabalin not to be given in combination with gabapentin			
Cap 25 mg – 1% DV Jul-18 to 2021 .....	2.25	56	Pregabalin Pfizer
Cap 75 mg – 1% DV Jul-18 to 2021 .....	2.65	56	Pregabalin Pfizer
Cap 150 mg – 1% DV Jul-18 to 2021 .....	4.01	56	Pregabalin Pfizer
Cap 300 mg – 1% DV Jul-18 to 2021 .....	7.38	56	Pregabalin Pfizer
<b>PRIMIDONE</b>			
Tab 250 mg			
<b>SODIUM VALPROATE</b>			
Tab 100 mg			
Tab EC 200 mg			
Tab EC 500 mg			
Oral liq 40 mg per ml			
Inj 100 mg per ml, 4 ml vial – 1% DV Sep-18 to 2021 .....	9.98	1	Epilim IV
<b>STIRIPENTOL – Restricted</b> see terms <a href="#">below</a>			
⚡ Cap 250 mg .....	509.29	60	Diacomit
⚡ Powder for oral liq 250 mg sachet .....	509.29	60	Diacomit
➡ <b>Restricted (RS1152)</b>			
<b>Initiation</b>			
Paediatric neurologist			
<i>Re-assessment required after 6 months</i>			
Both:			
1 Patient has confirmed diagnosis of Dravet syndrome; and			
2 Seizures have been inadequately controlled by appropriate courses of sodium valproate, clobazam and at least two of the following: topiramate, levetiracetam, ketogenic diet.			
<b>Continuation</b>			
Paediatric neurologist			
Patient continues to benefit from treatment as measured by reduced seizure frequency from baseline.			
<b>TOPIRAMATE</b>			
Tab 25 mg .....	11.07	60	Arrow-Topiramate
	26.04		Topamax
	11.07		Topiramate Actavis
Tab 50 mg .....	18.81	60	Arrow-Topiramate
	44.26		Topamax
	18.81		Topiramate Actavis
Tab 100 mg .....	31.99	60	Arrow-Topiramate
	75.25		Topamax
	31.99		Topiramate Actavis
Tab 200 mg .....	55.19	60	Arrow-Topiramate
	129.85		Topamax
	55.19		Topiramate Actavis
Cap sprinkle 15 mg .....	20.84	60	Topamax
Cap sprinkle 25 mg .....	26.04	60	Topamax
<b>VIGABATRIN – Restricted</b> see terms <a href="#">on the next page</a>			
⚡ Tab 500 mg			

	Price		Brand or
	(ex man. excl. GST)		Generic
	\$	Per	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
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## Prophylaxis of Migraine

### PIZOTIFEN

Tab 500 mcg.....	23.21	100	Sandomigran
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## Antinausea and Vertigo Agents

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

⚡ Cap 2 x 80 mg and 1 x 125 mg – <b>1% DV Jul-18 to 2021</b> .....	84.00	3	<b>Emend Tri-Pack</b>
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➔ **Restricted (RS1154)**

#### Initiation

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

### BETAHISTINE DIHYDROCHLORIDE

Tab 16 mg – <b>1% DV Sep-17 to 2020</b> .....	2.89	84	<b>Vergo 16</b>
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### CYCLIZINE HYDROCHLORIDE

Tab 50 mg – <b>1% DV Jan-19 to 2021</b> .....	0.55	10	<b>Nausicalm</b>
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### CYCLIZINE LACTATE

Inj 50 mg per ml, 1 ml ampoule .....	14.95	5	Nausicalm
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### DOMPERIDONE

Tab 10 mg – <b>1% DV Mar-19 to 2021</b> .....	2.25	100	<b>Pharmacy Health</b>
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### DROPERIDOL

Inj 2.5 mg per ml, 1 ml ampoule – <b>1% DV May-20 to 2022</b> .....	30.95	10	<b>Droleptan</b>
	35.00		Droperidol Panpharma

(Droperidol Panpharma Inj 2.5 mg per ml, 1 ml ampoule to be delisted 1 May 2020)

### GRANISETRON

Inj 1 mg per ml, 3 ml ampoule – <b>1% DV Dec-18 to 2020</b> .....	0.40	1	<b>Deva</b>
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### 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 – <b>1% DV Jan-18 to 2020</b> .....	1.30	100	<b>Metoclopramide Actavis 10</b>
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Oral liq 5 mg per 5 ml

Inj 5 mg per ml, 2 ml ampoule – <b>1% DV Jan-20 to 2022</b> .....	9.50	10	<b>Pfizer</b>
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ONDANSETRON</b>			
Tab 4 mg – <b>1% DV Apr-20 to 2022</b> .....	3.36	50	Apo-Ondansetron
	2.68		<b>Onrex</b>
Tab dispersible 4 mg – <b>1% DV Apr-18 to 2020</b> .....	0.95	10	<b>Ondansetron</b>
			<b>ODT-DRLA</b>
Tab 8 mg – <b>1% DV Apr-20 to 2022</b> .....	4.77	50	Apo-Ondansetron
	4.57		<b>Onrex</b>
Tab dispersible 8 mg – <b>1% DV Apr-18 to 2020</b> .....	1.43	10	<b>Ondansetron</b>
			<b>ODT-DRLA</b>
Inj 2 mg per ml, 2 ml ampoule .....	1.50	5	Ondansetron-Clarix
Inj 2 mg per ml, 4 ml ampoule .....	2.20	5	Ondansetron Kabi
<i>(Apo-Ondansetron Tab 4 mg to be delisted 1 April 2020)</i>			
<i>(Apo-Ondansetron Tab 8 mg to be delisted 1 April 2020)</i>			
<b>PROCHLORPERAZINE</b>			
Tab buccal 3 mg			
Tab 5 mg – <b>1% DV Mar-18 to 2020</b> .....	6.35	250	<b>Nausafix</b>
Inj 12.5 mg per ml, 1 ml ampoule			
Suppos 25 mg			
<b>TROPISETRON</b>			
Inj 1 mg per ml, 2 ml ampoule – <b>1% DV Sep-18 to 2021</b> .....	8.95	1	<b>Tropisetron-AFT</b>
Inj 1 mg per ml, 5 ml ampoule .....	13.95	1	Tropisetron-AFT
<b>Antipsychotic Agents</b>			
<b>General</b>			
<b>AMISULPRIDE</b>			
Tab 100 mg – <b>1% DV Nov-19 to 2022</b> .....	5.15	30	<b>Sulprix</b>
Tab 200 mg – <b>1% DV Nov-19 to 2022</b> .....	14.96	60	<b>Sulprix</b>
Tab 400 mg – <b>1% DV Feb-20 to 2022</b> .....	29.78	60	<b>Sulprix</b>
Oral liq 100 mg per ml .....	65.53	60 ml	Solian
<i>(Solian Oral liq 100 mg per ml to be delisted 1 July 2020)</i>			
<b>ARIPIPRAZOLE</b>			
Tab 5 mg – <b>1% DV Aug-18 to 2021</b> .....	17.50	30	<b>Aripiprazole Sandoz</b>
Tab 10 mg – <b>1% DV Aug-18 to 2021</b> .....	17.50	30	<b>Aripiprazole Sandoz</b>
Tab 15 mg – <b>1% DV Aug-18 to 2021</b> .....	17.50	30	<b>Aripiprazole Sandoz</b>
Tab 20 mg – <b>1% DV Aug-18 to 2021</b> .....	17.50	30	<b>Aripiprazole Sandoz</b>
Tab 30 mg – <b>1% DV Aug-18 to 2021</b> .....	17.50	30	<b>Aripiprazole Sandoz</b>
<b>CHLORPROMAZINE HYDROCHLORIDE</b>			
Tab 10 mg – <b>1% DV Jan-20 to 2022</b> .....	14.83	100	<b>Largactil</b>
Tab 25 mg – <b>1% DV Jan-20 to 2022</b> .....	15.62	100	<b>Largactil</b>
Tab 100 mg – <b>1% DV Jan-20 to 2022</b> .....	36.73	100	<b>Largactil</b>
Oral liq 10 mg per ml			
Oral liq 20 mg per ml			
Inj 25 mg per ml, 2 ml ampoule – <b>1% DV Jan-20 to 2022</b> .....	30.79	10	<b>Largactil</b>

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CLOZAPINE</b>			
Tab 25 mg .....	6.69	50	Clopine
	13.37	100	Clopine
	5.69	50	Clozaril
	11.36	100	Clozaril
Tab 50 mg .....	8.67	50	Clopine
	17.33	100	Clopine
Tab 100 mg .....	17.33	50	Clopine
	34.65	100	Clopine
	14.73	50	Clozaril
	29.45	100	Clozaril
Tab 200 mg .....	34.65	50	Clopine
	69.30	100	Clopine
Oral liq 50 mg per ml .....	17.33	100 ml	Clopine
<b>HALOPERIDOL</b>			
Tab 500 mcg – 1% DV Oct-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
<b>LEVOMEPROMAZINE</b>			
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
<b>LEVOMEPROMAZINE HYDROCHLORIDE</b>			
Inj 25 mg per ml, 1 ml ampoule – 1% DV Apr-20 to 2022 .....	33.50	10	Nozinan
	47.89		Wockhardt
<i>(Wockhardt Inj 25 mg per ml, 1 ml ampoule to be delisted 1 April 2020)</i>			
<b>LITHIUM CARBONATE</b>			
Tab long-acting 400 mg			
Tab 250 mg .....	34.30	500	Lithicarb FC
Cap 250 mg .....	9.42	100	Douglas
<i>(Lithicarb FC Tab 250 mg to be delisted 1 November 2020)</i>			
<b>OLANZAPINE</b>			
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			
<b>PERICYZINE</b>			
Tab 2.5 mg			
Tab 10 mg			
<b>QUETIAPINE</b>			
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

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>RISPERIDONE</b>			
Tab 0.5 mg – 1% DV Dec-17 to 2020 .....	1.86	60	<b>Actavis</b>
Tab 1 mg – 1% DV Dec-17 to 2020 .....	2.06	60	<b>Actavis</b>
Tab 2 mg – 1% DV Dec-17 to 2020 .....	2.29	60	<b>Actavis</b>
Tab 3 mg – 1% DV Dec-17 to 2020 .....	2.50	60	<b>Actavis</b>
Tab 4 mg – 1% DV Dec-17 to 2020 .....	3.43	60	<b>Actavis</b>
Oral liq 1 mg per ml – 1% DV Sep-17 to 2020 .....	7.66	30 ml	<b>Risperon</b>
<b>ZIPRASIDONE</b>			
Cap 20 mg – 1% DV Dec-18 to 2021 .....	14.50	60	<b>Zusdone</b>
Cap 40 mg – 1% DV Sep-18 to 2021 .....	24.70	60	<b>Zusdone</b>
Cap 60 mg – 1% DV Sep-18 to 2021 .....	33.80	60	<b>Zusdone</b>
Cap 80 mg – 1% DV Sep-18 to 2021 .....	39.70	60	<b>Zusdone</b>
<b>ZUCLOPENTHIXOL ACETATE</b>			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			
<b>ZUCLOPENTHIXOL HYDROCHLORIDE</b>			
Tab 10 mg .....	31.45	100	<b>Clopixol</b>

### Depot Injections

<b>FLUPENTHIXOL DECANOATE</b>			
Inj 20 mg per ml, 1 ml ampoule .....	13.14	5	<b>Fluanxol</b>
Inj 20 mg per ml, 2 ml ampoule .....	20.90	5	<b>Fluanxol</b>
Inj 100 mg per ml, 1 ml ampoule .....	40.87	5	<b>Fluanxol</b>
<b>HALOPERIDOL DECANOATE</b>			
Inj 50 mg per ml, 1 ml ampoule .....	28.39	5	<b>Haldol</b>
Inj 100 mg per ml, 1 ml ampoule .....	55.90	5	<b>Haldol Concentrate</b>
<b>OLANZAPINE – Restricted see terms <a href="#">below</a></b>			
⚡ Inj 210 mg vial – 1% DV Oct-18 to 2021 .....	252.00	1	<b>Zyprexa Relprevv</b>
⚡ Inj 300 mg vial – 1% DV Oct-18 to 2021 .....	414.00	1	<b>Zyprexa Relprevv</b>
⚡ Inj 405 mg vial – 1% DV Oct-18 to 2021 .....	504.00	1	<b>Zyprexa Relprevv</b>

➡ **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 [on the next page](#)**

⚡ Inj 25 mg syringe .....	194.25	1	<b>Invega Sustenna</b>
⚡ Inj 50 mg syringe .....	271.95	1	<b>Invega Sustenna</b>
⚡ Inj 75 mg syringe .....	357.42	1	<b>Invega Sustenna</b>
⚡ Inj 100 mg syringe .....	435.12	1	<b>Invega Sustenna</b>
⚡ Inj 150 mg syringe .....	435.12	1	<b>Invega Sustenna</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## ➔ Restricted (RS1381)

### Initiation

*Re-assessment required after 12 months*

Either:

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

### Continuation

*Re-assessment required after 12 months*

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

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

➔ Inj 50 mg per ml, 1 ml ampoule

➔ Inj 50 mg per ml, 2 ml ampoule

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

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

## ➔ Restricted (RS1380)

### Initiation

*Re-assessment required after 12 months*

Either:

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

### Continuation

*Re-assessment required after 12 months*

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

ZUCLOPENTHIXOL DECANOATE

Inj 200 mg per ml, 1 ml ampoule .....	19.80	5	Clopixol
Inj 500 mg per ml, 1 ml ampoule .....			<i>e.g. Clopixol Conc</i>

## Anxiolytics

BUSPIRONE HYDROCHLORIDE

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

CLONAZEPAM

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

DIAZEPAM

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



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LORAZEPAM</b>			
Tab 1 mg – <b>1% DV Sep-18 to 2021</b> .....	9.72	250	<b>Ativan</b>
Tab 2.5 mg – <b>1% DV Sep-18 to 2021</b> .....	12.50	100	<b>Ativan</b>
<b>OXAZEPAM</b>			
Tab 10 mg – <b>1% DV Sep-17 to 2020</b> .....	6.17	100	<b>Ox-Pam</b>
Tab 15 mg – <b>1% DV Sep-17 to 2020</b> .....	8.53	100	<b>Ox-Pam</b>

## 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
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→ **Restricted (RS1433)**

### Initiation

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

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

↓ Inj 20 mg per ml, 15 ml vial .....	1,750.00	1	Tysabri
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→ **Restricted (RS1447)**

### Initiation

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

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

↓ Inj 30 mg per ml, 10 ml vial .....	9,346.00	1	Ocrevus
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→ **Restricted (RS1711)**

### 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
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→ **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).

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## 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
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INTERFERON BETA-1-ALPHA – **Restricted** see terms [above](#)

† Inj 6 million iu in 0.5 ml pen injector.....	1,170.00	4	Avonex Pen
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† Inj 6 million iu in 0.5 ml syringe.....	1,170.00	4	Avonex
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INTERFERON BETA-1-BETA – **Restricted** see terms [above](#)

† Inj 8 million iu per ml, 1 ml vial			
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## 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
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† Tab 3 mg			
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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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MIDAZOLAM</b>			
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
<b>NITRAZEPAM – Restricted:</b> For continuation only			
➔ Tab 5 mg	5.22	100	Nitrados
<i>(Nitrados Tab 5 mg to be delisted 1 September 2020)</i>			
<b>PHENOBARBITONE</b>			
Inj 200 mg per ml, 1 ml ampoule			
<b>TEMAZEPAM</b>			
Tab 10 mg – 1% DV Sep-17 to 2020	1.27	25	Normison
<b>TRIAZOLAM – Restricted:</b> For continuation only			
➔ Tab 125 mcg			
➔ Tab 250 mcg			
<b>ZOPICLONE</b>			
Tab 7.5 mg	0.98	30	Zopiclone Actavis

## 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>DEXAMFETAMINE SULFATE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 5 mg – 1% DV Oct-18 to 2021.....	20.00	100	<b>PSM</b>
➡ <b>Restricted (RS1169)</b>			
<b>Initiation – ADHD</b>			
Paediatrician or psychiatrist			
Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria.			
<b>Initiation – Narcolepsy</b>			
Neurologist or respiratory specialist			
<i>Re-assessment required after 24 months</i>			
Patient suffers from narcolepsy.			
<b>Continuation – Narcolepsy</b>			
Neurologist or respiratory specialist			
<i>Re-assessment required after 24 months</i>			
The treatment remains appropriate and the patient is benefiting from treatment.			
<b>METHYLPHENIDATE HYDROCHLORIDE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab extended-release 18 mg.....	58.96 18.20	30	Concerta Methylphenidate ER - Teva
⚡ Tab extended-release 27 mg.....	65.44 22.00	30	Concerta Methylphenidate ER - Teva
⚡ Tab extended-release 36 mg.....	71.93 22.40	30	Concerta Methylphenidate ER - Teva
⚡ Tab extended-release 54 mg.....	86.24 26.40	30	Concerta 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 10.95	100	Ritalin SR
⚡ Cap modified-release 10 mg.....	15.60	30	Rubifen SR
⚡ 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
➡ <b>Restricted (RS1294)</b>			
<b>Initiation – ADHD (immediate-release and sustained-release formulations)</b>			
Paediatrician or psychiatrist			
Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria.			
<b>Initiation – Narcolepsy (immediate-release and sustained-release formulations)</b>			
Neurologist or respiratory specialist			
<i>Re-assessment required after 24 months</i>			
Patient suffers from narcolepsy.			
<b>Continuation – Narcolepsy (immediate-release and sustained-release formulations)</b>			
Neurologist or respiratory specialist			
<i>Re-assessment required after 24 months</i>			
The treatment remains appropriate and the patient is benefiting from treatment.			

continued...

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

**Initiation – Extended-release and modified-release formulations**

Paediatrician or psychiatrist

Both:

- 1 Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria; and
- 2 Either:
  - 2.1 Patient is taking a currently listed formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or
  - 2.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

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

↓ Tab 100 mg .....	64.00	60	Modavigil
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→ **Restricted (RS1171)****Initiation – Narcolepsy**

Neurologist or respiratory specialist

*Re-assessment required after 24 months*

All of the following:

- 1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and
- 2 Either:
  - 2.1 The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods; or
  - 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 – 1% DV Apr-20 to 2021 .....	90.00	30	Exelon
	48.75		Generic Partners
↓ Patch 9.5 mg per 24 hour – 1% DV Apr-20 to 2021 .....	90.00	30	Exelon
	48.75		Generic Partners

*(Exelon Patch 4.6 mg per 24 hour to be delisted 1 April 2020)**(Exelon Patch 9.5 mg per 24 hour to be delisted 1 April 2020)*→ **Restricted (RS1436)****Initiation***Re-assessment required after 6 months*

Both:

continued...

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

- 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 – <b>1% DV Apr-20 to 2022</b> .....	18.37	28	<b>Buprenorphine</b> <b>Naloxone BNM</b> Suboxone
	57.40		
↓ Tab 8 mg with naloxone 2 mg – <b>1% DV Apr-20 to 2022</b> .....	53.12	28	<b>Buprenorphine</b> <b>Naloxone BNM</b> Suboxone
	166.00		

*(Suboxone Tab 2 mg with naloxone 0.5 mg to be delisted 1 April 2020)*

*(Suboxone Tab 8 mg with naloxone 2 mg to be delisted 1 April 2020)*

➔ **Restricted (RS1172)**

## Initiation – Detoxification

All of the following:

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

## Initiation – Maintenance treatment

All of the following:

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

BUPROPION HYDROCHLORIDE

Tab modified-release 150 mg – <b>1% DV Jun-17 to 2020</b> .....	11.00	30	<b>Zyban</b>
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DISULFIRAM

Tab 200 mg .....	153.00	100	Antabuse
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NALTREXONE HYDROCHLORIDE – **Restricted** see terms [below](#)

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

## Initiation – Alcohol dependence

Both:

- 1 Patient is currently enrolled, or is planned to be enrolled, in a recognised comprehensive treatment programme for alcohol dependence; and
- 2 Naltrexone is to be prescribed by, or on the recommendation of, a physician working in an Alcohol and Drug Service.

## Initiation – Constipation

For the treatment of opioid-induced constipation.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>NICOTINE – Some items restricted</b> see terms <a href="#">below</a>			
Patch 7 mg per 24 hours – <b>1% DV Apr-18 to 2020</b> .....	17.28	28	<b>Habitrol</b>
Patch 14 mg per 24 hours – <b>1% DV Apr-18 to 2020</b> .....	19.00	28	<b>Habitrol</b>
Patch 21 mg per 24 hours – <b>1% DV Apr-18 to 2020</b> .....	21.77	28	<b>Habitrol</b>
↓ Oral spray 1 mg per dose .....			<i>e.g. Nicorette QuickMist Mouth Spray</i>
Lozenge 1 mg – <b>1% DV Apr-18 to 2020</b> .....	18.27	216	<b>Habitrol</b>
Lozenge 2 mg – <b>1% DV Apr-18 to 2020</b> .....	20.02	216	<b>Habitrol</b>
↓ Soln for inhalation 15 mg cartridge .....			<i>e.g. Nicorette Inhalator</i>
Gum 2 mg – <b>1% DV Apr-18 to 2020</b> .....	36.39	384	<b>Habitrol (Fruit)</b>
			<b>Habitrol (Mint)</b>
Gum 4 mg – <b>1% DV Apr-18 to 2020</b> .....	42.07	384	<b>Habitrol (Fruit)</b>
			<b>Habitrol (Mint)</b>

➔ **Restricted (RS1310)**

**Initiation**

Any of the following:

- 1 For perioperative use in patients who have a 'nil by mouth' instruction; or
- 2 For use within mental health inpatient units; or
- 3 For acute use in agitated patients who are unable to leave the hospital facilities.

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

↓ Tab 0.5 mg × 11 and 1 mg × 42 – <b>1% DV Mar-19 to 2021</b> .....	25.64	53	<b>Varenicline Pfizer</b>
↓ Tab 1 mg – <b>1% DV Mar-19 to 2021</b> .....	27.10	56	<b>Varenicline Pfizer</b>

➔ **Restricted (RS1702)**

**Initiation**

All of the following:

- 1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
- 2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
- 3 Either:
  - 3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or
  - 3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and
- 4 The patient has not 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
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## Chemotherapeutic Agents

### Alkylating Agents

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

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

➡ **Restricted (RS1578)**

#### Initiation – treatment naive CLL

All of the following:

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

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

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

*Re-assessment required after 9 months*

All of the following:

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

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

*Re-assessment required after 9 months*

Both:

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

continued...



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
2.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients. Note: 'indolent, low-grade lymphomas' includes follicular, mantle cell, marginal zone and lymphoplasmacytic/ Waldenström's macroglobulinaemia.			
<b>BUSULFAN</b>			
Tab 2 mg .....	89.25	100	Myleran
Inj 6 mg per ml, 10 ml ampoule			
<b>CARMUSTINE</b>			
Inj 100 mg vial .....	1,387.00	1	BiCNU Bicnu Heritage
<b>CHLORAMBUCIL</b>			
Tab 2 mg			
<b>CYCLOPHOSPHAMIDE</b>			
Tab 50 mg .....	79.00	50	Endoxan
	158.00	100	Procytox
Inj 1 g vial – <b>1% DV Oct-18 to 2021</b> .....	35.65	1	<b>Endoxan</b>
Inj 2 g vial – <b>1% DV Oct-18 to 2021</b> .....	71.25	1	<b>Endoxan</b>
<b>IFOSFAMIDE</b>			
Inj 1 g vial .....	96.00	1	Holoxan
Inj 2 g vial .....	180.00	1	Holoxan
<b>LOMUSTINE</b>			
Cap 10 mg .....	132.59	20	Ceenu
Cap 40 mg .....	399.15	20	Ceenu
<b>MELPHALAN</b>			
Tab 2 mg			
Inj 50 mg vial			
<b>THIOTEPA</b>			
Inj 15 mg vial			
Inj 100 mg vial			

### Anthracyclines and Other Cytotoxic Antibiotics

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

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>IDARUBICIN HYDROCHLORIDE</b>			
Inj 5 mg vial – <b>1% DV Sep-18 to 2021</b> .....	93.00	1	<b>Zavedos</b>
Inj 10 mg vial – <b>1% DV Sep-18 to 2021</b> .....	198.00	1	<b>Zavedos</b>
<b>MITOMYCIN C</b>			
Inj 5 mg vial .....	204.08	1	Arrow
Inj 20 mg vial .....	816.32	1	Omegapharm
<b>MITOZANTRONE</b>			
Inj 2 mg per ml, 10 ml vial.....	97.50	1	Mitozantrone Ebewe
<b>Antimetabolites</b>			
<b>AZACITIDINE – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 100 mg vial – <b>1% DV Dec-18 to 2021</b> .....	139.00	1	<b>Azacitidine Dr Reddy's</b>
<b>➔ Restricted (RS1418)</b>			
<b>Initiation</b>			
Haematologist			
<i>Re-assessment required after 12 months</i>			
All of the following:			
1 Any of the following:			
1.1 The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or			
1.2 The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or			
1.3 The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and			
2 The patient has performance status (WHO/ECOG) grade 0-2; and			
3 The patient does not have secondary myelodysplastic syndrome resulting from chemical injury or prior treatment with chemotherapy and/or radiation for other diseases; and			
4 The patient has an estimated life expectancy of at least 3 months.			
<b>Continuation</b>			
Haematologist			
<i>Re-assessment required after 12 months</i>			
Both:			
1 No evidence of disease progression, and; and			
2 The treatment remains appropriate and patient is benefitting from treatment.			
<b>CAPECITABINE</b>			
Tab 150 mg – <b>1% DV Jul-20 to 2022</b> .....	11.15	60	Brinov
	10.00		<b>Capercit</b>
Tab 500 mg – <b>1% DV Jul-20 to 2022</b> .....	62.28	120	Brinov
	49.00		<b>Capercit</b>
<i>(Brinov Tab 150 mg to be delisted 1 July 2020)</i>			
<i>(Brinov Tab 500 mg to be delisted 1 July 2020)</i>			
<b>CLADRIBINE</b>			
Inj 2 mg per ml, 5 ml vial			
Inj 1 mg per ml, 10 ml vial.....	5,249.72	7	Leustatin
<b>CYTARABINE</b>			
Inj 20 mg per ml, 5 ml vial.....	400.00	5	Pfizer
Inj 100 mg per ml, 20 ml vial – <b>1% DV Dec-18 to 2021</b> .....	41.36	1	<b>Pfizer</b>

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FLUDARABINE PHOSPHATE</b>			
Tab 10 mg – 1% DV Sep-18 to 2021 .....	412.00	20	<b>Fludara Oral</b>
Inj 50 mg vial – 1% DV Nov-19 to 2022 .....	576.45	5	<b>Fludarabine Ebewe</b>
<b>FLUOROURACIL</b>			
Inj 50 mg per ml, 20 ml vial – 1% DV Oct-18 to 2021 .....	12.00	1	<b>Fluorouracil Ebewe</b>
Inj 50 mg per ml, 100 ml vial – 1% DV Oct-18 to 2021 .....	30.00	1	<b>Fluorouracil Ebewe</b>
<b>GEMCITABINE</b>			
Inj 10 mg per ml, 100 ml vial.....	15.89	1	Gemcitabine Ebewe
<b>MERCAPTOPURINE</b>			
Tab 50 mg – 1% DV Jul-19 to 2022 .....	37.00	25	<b>Puri-nethol</b>
↓ Oral suspension 20 mg per ml.....	428.00	100 ml	Allmercap
➔ <b>Restricted (RS1635)</b>			
<b>Initiation</b>			
Paediatric haematologist or paediatric oncologist			
<i>Re-assessment required after 12 months</i>			
The patient requires a total dose of less than one full 50 mg tablet per day.			
<b>Continuation</b>			
Paediatric haematologist or paediatric oncologist			
<i>Re-assessment required after 12 months</i>			
The patient requires a total dose of less than one full 50 mg tablet per day.			
<b>METHOTREXATE</b>			
Tab 2.5 mg – 1% DV Jan-19 to 2021 .....	8.05	90	<b>Trexate</b>
Tab 10 mg – 1% DV Jan-19 to 2021 .....	31.75	90	<b>Trexate</b>
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	<b>Methotrexate Ebewe</b>
<b>PEMETREXED – Restricted see terms below</b>			
↓ Inj 100 mg vial .....	60.89	1	Juno Pemetrexed
↓ Inj 500 mg vial .....	217.77	1	Juno Pemetrexed
➔ <b>Restricted (RS1596)</b>			
<b>Initiation – Mesothelioma</b>			
<i>Re-assessment required after 8 months</i>			
Both:			

- 1 Patient has been diagnosed with mesothelioma; and
- 2 Pemetrexed to be administered at a dose of 500 mg/m<sup>2</sup> every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles.

continued...

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

## Continuation – Mesothelioma

*Re-assessment required after 8 months*

All of the following:

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

## Initiation – Non small cell lung cancer

*Re-assessment required after 8 months*

Both:

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

## Continuation – Non small cell lung cancer

*Re-assessment required after 8 months*

All of the following:

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

THIOGUANINE

Tab 40 mg

## Other Cytotoxic Agents

AMSACRINE

Inj 50 mg per ml, 1.5 ml ampoule

Inj 75 mg

ANAGRELIDE HYDROCHLORIDE

Cap 0.5 mg

ARSENIC TRIOXIDE

Inj 1 mg per ml, 10 ml vial.....4,817.00 10 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-naïve symptomatic multiple myeloma; or
  - 1.2 The patient has treatment-naïve symptomatic systemic AL amyloidosis; and

continued...

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

- 2 Maximum of 9 treatment cycles.

**Initiation – relapsed/refractory multiple myeloma/amyloidosis**

*Re-assessment required after 8 months*

All of the following:

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

**Continuation – relapsed/refractory multiple myeloma/amyloidosis**

*Re-assessment required after 8 months*

Both:

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

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

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

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

**COLASPASE [L-ASPARAGINASE]**

Inj 10,000 iu vial.....	102.32	1	Leunase
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*(Leunase Inj 10,000 iu vial to be delisted 1 December 2020)*

**DACARBAZINE**

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

Cap 50 mg – 1% DV Jul-19 to 2022 .....	340.73	20	<b>Vepesid</b>
Cap 100 mg – 1% DV Jul-19 to 2022 .....	340.73	10	<b>Vepesid</b>
Inj 20 mg per ml, 5 ml vial.....	7.90	1	Rex Medical

**ETOPOSIDE (AS PHOSPHATE)**

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

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

Inj 20 mg per ml, 5 ml vial – 1% DV Apr-19 to 2021 .....	71.44	1	<b>Irinotecan Actavis 100</b>
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**LENALIDOMIDE – Restricted see terms [below](#)**

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

➡ **Restricted (RS1419)**

**Initiation**

Haematologist

*Re-assessment required after 6 months*

All of the following:

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

continued...

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

2 Either:

2.1 Lenalidomide to be used as third line\* treatment for multiple myeloma; or

2.2 Both:

2.2.1 Lenalidomide to be used as second line treatment for multiple myeloma; and

2.2.2 The patient has experienced severe (grade 3 or higher), dose limiting, peripheral neuropathy with either bortezomib or thalidomide that precludes further treatment with either of these treatments; and

3 Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.

## Continuation

Haematologist

*Re-assessment required after 6 months*

Both:

1 No evidence of disease progression; and

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

Note: Indication marked with \* is an unapproved indication. A line of treatment is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Prescriptions must be written by a registered prescriber in the lenalidomide risk management programme operated by the supplier.

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

⚡ Tab 100 mg .....	3,701.00	56	Lynparza
⚡ Tab 150 mg .....	3,701.00	56	Lynparza
⚡ Cap 50 mg .....	7,402.00	448	Lynparza

➔ **Restricted (RS1722)**

## Initiation

*Re-assessment required after 12 months*

All of the following:

- 1 Patient has a high-grade serous\* epithelial ovarian, fallopian tube, or primary peritoneal cancer; and
- 2 There is documentation confirming pathogenic germline BRCA1 or BRCA2 gene mutation; and
- 3 Patient has received at least two lines of previous treatment with platinum-based chemotherapy; and
- 4 Patient has platinum sensitive disease defined as disease progression occurring at least 6 months after the last dose of the penultimate line of platinum-based chemotherapy; and
- 5 Patient's disease must have achieved partial or complete response to treatment with the immediately preceding platinum-based regimen; and
- 6 Patient's disease has not progressed following prior treatment with olaparib; and
- 7 Treatment will be commenced within 8 weeks of the patient's last dose of the immediately preceding platinum-based regimen; and
- 8 Treatment to be administered as maintenance treatment; and
- 9 Treatment not to be administered in combination with other chemotherapy.

## Continuation

*Re-assessment required after 6 months*

All of the following:

- 1 Treatment remains clinically appropriate and patient is benefitting from treatment; and
- 2 No evidence of progressive disease; and
- 3 Treatment to be administered as maintenance treatment; and
- 4 Treatment not to be administered in combination with other chemotherapy.

Note: \*Note "high-grade serous" includes tumours with high-grade serous features or a high-grade serous component.

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

⚡ Inj 750 iu per ml, 5 ml vial .....	3,005.00	1	Oncaspar Oncaspar LYO
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*(Oncaspar Inj 750 iu per ml, 5 ml vial to be delisted 1 May 2020)*

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1190)**

**Initiation – Newly diagnosed ALL**

*Limited to 12 months treatment*

All of the following:

- 1 The patient has newly diagnosed acute lymphoblastic leukaemia; and
- 2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
- 3 Treatment is with curative intent.

**Initiation – Relapsed ALL**

*Limited to 12 months treatment*

All of the following:

- 1 The patient has relapsed acute lymphoblastic leukaemia; and
- 2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; and
- 3 Treatment is with curative intent.

**PENTOSTATIN [DEOXYCOFORMYCIN]**

Inj 10 mg vial

**PROCARBAZINE HYDROCHLORIDE**

Cap 50 mg .....	980.00	50	Natulan
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**TEMOZOLOMIDE – Restricted see terms [below](#)**

⬇ Cap 5 mg – 1% DV May-20 to 2022 .....	10.20	5	Orion Temozolomide
	9.13		<b>Temaccord</b>
⬇ Cap 20 mg – 1% DV May-20 to 2022 .....	18.30	5	Orion Temozolomide
	16.38		<b>Temaccord</b>
⬇ Cap 100 mg – 1% DV May-20 to 2022 .....	40.20	5	Orion Temozolomide
	35.98		<b>Temaccord</b>
⬇ Cap 140 mg – 1% DV May-20 to 2022 .....	50.12	5	<b>Temaccord</b>
⬇ Cap 250 mg – 1% DV May-20 to 2022 .....	96.80	5	Orion Temozolomide
	86.34		<b>Temaccord</b>

*(Orion Temozolomide Cap 5 mg to be delisted 1 May 2020)*

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

**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:

continued...

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

- 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<sup>2</sup> 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
- 2 The patient has systemic AL amyloidosis\*; or
- 3 The patient has erythema nodosum leprosum.

## Continuation

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

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

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

Indication marked with \* is an unapproved indication

## TRETINOIN

Cap 10 mg .....	479.50	100	Vesanoid
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## VENETOCLAX – Restricted see terms [on the next page](#)

⚡ Tab 14 x 10 mg, 7 x 50 mg, 21 x 100 mg .....	1,771.86	42	Venclexta
⚡ Tab 10 mg .....	95.78	14	Venclexta
⚡ Tab 50 mg .....	239.44	7	Venclexta
⚡ Tab 100 mg .....	8,209.41	120	Venclexta



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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### ➔ Restricted (RS1713)

#### Initiation – relapsed/refractory chronic lymphocytic leukaemia

Haematologist

*Re-assessment required after 7 months*

All of the following:

- 1 Patient has chronic lymphocytic leukaemia requiring treatment; and
- 2 Patient has received at least one prior therapy for chronic lymphocytic leukaemia; and
- 3 Patient has not previously received funded venetoclax; and
- 4 The patient's disease has relapsed within 36 months of previous treatment; and
- 5 Venetoclax to be used in combination with six 28-day cycles of rituximab commencing after the 5-week dose titration schedule with venetoclax; and
- 6 Patient has an ECOG performance status of 0-2.

#### Continuation – relapsed/refractory chronic lymphocytic leukaemia

Haematologist

*Re-assessment required after 6 months*

Both:

- 1 Treatment remains clinically appropriate and the patient is benefitting from and tolerating treatment; and
- 2 Venetoclax is to be discontinued after a maximum of 24 months of treatment following the titration schedule unless earlier discontinuation is required due to disease progression or unacceptable toxicity.

#### Initiation – previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation\*

Haematologist

*Re-assessment required after 6 months*

All of the following:

- 1 Patient has previously untreated chronic lymphocytic leukaemia; and
- 2 There is documentation confirming that patient has 17p deletion by FISH testing or TP53 mutation by sequencing; and
- 3 Patient has an ECOG performance status of 0-2.

#### Continuation – previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation\*

Haematologist

*Re-assessment required after 6 months*

The treatment remains clinically appropriate and the patient is benefitting from and tolerating treatment.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL)\* and B-cell prolymphocytic leukaemia (B-PLL)\*. Indications marked with \* are unapproved indications.

## 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 **Oxaliplatin Accord**

## Protein-Tyrosine Kinase Inhibitors

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

↓ Cap 150 mg .....7,935.00 224 **Alecensa**

### ➔ Restricted (RS1712)

#### Initiation

*Re-assessment required after 6 months*

All of the following:

continued...

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

- 1 Patient has locally advanced, or metastatic, unresectable, non-small cell lung cancer; and
- 2 There is documentation confirming that the patient has an ALK tyrosine kinase gene rearrangement using an appropriate ALK test; and
- 3 Patient has an ECOG performance score of 0-2.

## Continuation

*Re-assessment required after 6 months*

Both:

- 1 No evidence of progressive disease according to RECIST criteria; and
- 2 The patient is benefitting from and tolerating treatment.

**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
    - 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 benefitting 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.cancertrials.nz.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:

continued...

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

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

### Continuation

*Re-assessment required after 6 months*

Both:

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

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

↓ Tab 250 mg ..... 1,700.00 30 Iressa

→ **Restricted (RS1580)**

### Initiation

*Re-assessment required after 4 months*

All of the following:

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

### Continuation

*Re-assessment required after 6 months*

Both:

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>IMATINIB MESILATE</b>			
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
➔ <b>Restricted (RS1402)</b>			
<b>Initiation</b>			
<i>Re-assessment required after 12 months</i>			
Both:			
1 Patient has diagnosis (confirmed by an oncologist) of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST); and			
2 Maximum dose of 400 mg/day.			
<b>Continuation</b>			
<i>Re-assessment required after 12 months</i>			
Adequate clinical response to treatment with imatinib (prescriber determined).			
Note: The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule.			
Cap 100 mg – 1% DV Oct-17 to 2020 .....	98.00	60	<b>Imatinib-AFT</b>
Cap 400 mg – 1% DV Oct-17 to 2020 .....	197.50	30	<b>Imatinib-AFT</b>
<b>LAPATINIB – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 250 mg .....	1,899.00	70	Tykerb
➔ <b>Restricted (RS1197)</b>			
<b>Initiation</b>			
<i>Re-assessment required after 12 months</i>			
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.			
<b>Continuation</b>			
<i>Re-assessment required after 12 months</i>			
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.			
<b>NILOTINIB – Restricted</b> see terms <a href="#">on the next page</a>			
↓ Cap 150 mg .....	4,680.00	120	Tasigna
↓ Cap 200 mg .....	6,532.00	120	Tasigna

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

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

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

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

Haematologist

*Re-assessment required after 6 months*

All of the following:

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

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

**Continuation**

Haematologist

*Re-assessment required after 6 months*

All of the following:

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

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

↓ Tab 200 mg .....	1,334.70	30	Votrient
↓ Tab 400 mg .....	2,669.40	30	Votrient

**➔ Restricted (RS1198)**
**Initiation**

*Re-assessment required after 3 months*

All of the following:

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

**Continuation**

*Re-assessment required after 3 months*

Both:

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

Notes: Pazopanib treatment should be stopped if disease progresses.

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>RUXOLITINIB – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 5 mg .....	2,500.00	56	Jakavi
⚡ Tab 15 mg .....	5,000.00	56	Jakavi
⚡ Tab 20 mg .....	5,000.00	56	Jakavi

➡ **Restricted (RS1650)**

## Initiation

Haematologist

*Re-assessment required after 12 months*

All of the following:

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

## Continuation

Haematologist

*Re-assessment required after 12 months*

Both:

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

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

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

➡ **Restricted (RS1199)**

## Initiation – RCC

*Re-assessment required after 3 months*

All of the following:

- 1 The patient has metastatic renal cell carcinoma; and
- 2 Any of the following:
  - 2.1 The patient is treatment naive; or
  - 2.2 The patient has only received prior cytokine treatment; or
  - 2.3 The patient has only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval; or
  - 2.4 Both:
    - 2.4.1 The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and
    - 2.4.2 The cancer did not progress whilst on pazopanib; and
- 3 The patient has good performance status (WHO/ECOG grade 0-2); and
- 4 The disease is of predominant clear cell histology; and
- 5 All of the following:
  - 5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; and
  - 5.2 Haemoglobin level < lower limit of normal; and
  - 5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); and
  - 5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; and
  - 5.5 Karnofsky performance score of less than or equal to 70; and
  - 5.6 2 or more sites of organ metastasis; and
- 6 Sunitinib to be used for a maximum of 2 cycles.

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

continued...

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

continued...

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

### Continuation – RCC

*Re-assessment required after 3 months*

Both:

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

### Initiation – GIST

*Re-assessment required after 3 months*

Both:

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

### Continuation – GIST

*Re-assessment required after 6 months*

Both:

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

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

Note: GIST - It is recommended that response to treatment be assessed using Choi's modified CT response evaluation criteria (J Clin Oncol, 2007, 25:1753-1759). Progressive disease is defined as either: an increase in tumour size of 10% or more and not meeting criteria of partial response (PR) by tumour density (HU) on CT; or: new lesions, or new intratumoral nodules, or increase in the size of the existing intratumoral nodules.

## Taxanes

### DOCETAXEL

Inj 10 mg per ml, 2 ml vial – <b>1% DV Sep-17 to 2020</b> .....	12.40	1	<b>DBL Docetaxel</b>
Inj 10 mg per ml, 8 ml vial – <b>1% DV Sep-17 to 2020</b> .....	26.95	1	<b>DBL Docetaxel</b>

### PACLITAXEL

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Treatment of Cytotoxic-Induced Side Effects</b>			
<b>CALCIUM FOLINATE</b>			
Tab 15 mg .....	104.26	10	DBL Leucovorin Calcium
Inj 3 mg per ml, 1 ml ampoule .....			
Inj 10 mg per ml, 5 ml ampoule .....	18.25	5	Calcium Folate Ebewe
Inj 10 mg per ml, 5 ml vial – 1% DV Jan-20 to 2022.....	7.28	1	<b>Calcium Folate</b> <b>Sandoz</b>
Inj 10 mg per ml, 10 ml vial – 1% DV Jan-20 to 2022.....	9.49	1	<b>Calcium Folate</b> <b>Sandoz</b>
Inj 10 mg per ml, 30 ml vial.....	22.51	1	Calcium Folate Ebewe
Inj 10 mg per ml, 35 ml vial – 1% DV Nov-19 to 2022.....	25.14	1	<b>Calcium Folate</b> <b>Sandoz</b>
Inj 10 mg per ml, 100 ml vial – 1% DV Mar-20 to 2022 .....	67.51	1	Calcium Folate Ebewe
	72.00		<b>Calcium Folate</b> <b>Sandoz</b>

(Calcium Folate 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)**

e.g. *Cardioxane*

## 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/m<sup>2</sup> 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	<b>Uromitexan</b>
Tab 600 mg – 1% DV Nov-19 to 2022.....	448.50	50	<b>Uromitexan</b>
Inj 100 mg per ml, 4 ml ampoule – 1% DV Nov-19 to 2022.....	177.45	15	<b>Uromitexan</b>
Inj 100 mg per ml, 10 ml ampoule – 1% DV Nov-19 to 2022.....	407.40	15	<b>Uromitexan</b>

## Vinca Alkaloids

### VINBLASTINE SULPHATE

Inj 1 mg per ml, 10 ml vial.....	186.46	5	Hospira
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### VINCISTINE SULPHATE

Inj 1 mg per ml, 1 ml vial.....	74.52	5	DBL Vincristine Sulfate
Inj 1 mg per ml, 2 ml vial.....	85.61	5	DBL Vincristine Sulfate

### VINOELBINE

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 [on the next page](#)

↓ Tab 250 mg .....	4,276.19	120	Zytiga
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1658)**

**Initiation**

Medical oncologist, radiation oncologist or urologist

*Re-assessment required after 6 months*

All of the following:

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

**Continuation**

Medical oncologist, radiation oncologist or urologist

*Re-assessment required after 6 months*

All of the following:

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

**BICALUTAMIDE**

Tab 50 mg – 1% DV Feb-18 to 2020 .....	3.80	28	<b>Binarex</b>
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**FLUTAMIDE**

Tab 250 mg .....	119.50	100	Flutamin
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**MEGESTROL ACETATE**

Tab 160 mg – 1% DV Oct-18 to 2021 .....	63.53	30	<b>Apo-Megestrol</b>
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**OCTREOTIDE – Some items restricted** see terms [below](#)

Inj 50 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020 .....	30.64	5	<b>DBL Octreotide</b>
Inj 100 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020 .....	18.69	5	<b>DBL Octreotide</b>
Inj 500 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020 .....	72.50	5	<b>DBL Octreotide</b>
↓ 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

continued...

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

## Initiation – acromegaly

*Re-assessment required after 3 months*

Both:

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

## Continuation – acromegaly

Both:

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

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

## Initiation – Other indications

Any of the following:

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

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

## TAMOXIFEN CITRATE

Tab 10 mg – 1% DV Jan-19 to 2020 .....	11.75	60	<b>Tamoxifen Sandoz</b>
Tab 20 mg – 1% DV Jan-19 to 2020 .....	5.60	60	<b>Tamoxifen Sandoz</b>

## Aromatase Inhibitors

### ANASTROZOLE

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

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

Tab 2.5 mg – 1% DV Nov-18 to 2021 .....	4.68	30	<b>Letrole</b>
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## Imaging Agents

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

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

→ **Restricted (RS1565)**

**Initiation – high grade malignant glioma**

All of the following:

- 1 Patient has newly diagnosed, untreated, glioblastoma multiforme; and
- 2 Treatment to be used as adjuvant to fluorescence-guided resection; and
- 3 Patient's tumour is amenable to complete resection.

## 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	Tacrolimus 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

### 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:

continued...

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

1 Both:

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

1.2 Either:

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

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

2 All of the following:

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

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

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

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

2.5 Both:

2.5.1 Either:

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

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

2.5.2 Physician's global assessment indicating severe disease.

## Continuation – juvenile idiopathic arthritis

Rheumatologist or named specialist

*Re-assessment required after 6 months*

Both:

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

2 Either:

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

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

## Initiation – rheumatoid arthritis

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 Both:

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

1.2 Either:

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

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

2 All of the following:

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

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

continued...

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

continued...

- 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
- 2.5 Any of the following:
  - 2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
  - 2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
  - 2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
- 2.6 Either:
  - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
  - 2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.7 Either:
  - 2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

**Continuation – rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

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

**Initiation – ankylosing spondylitis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and
  - 1.2 Either:
    - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
    - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for ankylosing spondylitis; or
- 2 All of the following:
  - 2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
  - 2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
  - 2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and

continued...

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

continued...

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

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

Average normal chest expansion corrected for age and gender:

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

## Continuation – ankylosing spondylitis

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

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

## Initiation – psoriatic arthritis

Rheumatologist

*Re-assessment required after 6 months*

Either:

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

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

continued...

- 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-naïve**

Dermatologist

*Limited to 4 months treatment*

All of the following:

- 1 Either:
  - 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 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

continued...

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

continued...

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

3 A maximum of 4 doses.

Note: Indications marked with \* are unapproved indications.

## Continuation – pyoderma gangrenosum

Dermatologist

All of the following:

1 Patient has shown clinical improvement; and

2 Patient continues to require treatment; and

3 A maximum of 4 doses.

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

**Initiation – adult-onset Still's disease**

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 Both:

1.1 Either:

1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still's disease (AOSD); or

1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the Section H rules; and

1.2 Either:

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

1.2.2 The patient has received insufficient benefit from at least a three-month trial of 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:

1 Either:

1.1 Both:

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## 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<sup>2</sup> weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and

## 2.5 Both:

### 2.5.1 Either:

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

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

2.5.2 Physician's global assessment indicating severe disease.

## Continuation – juvenile idiopathic arthritis

Rheumatologist or named specialist

*Re-assessment required after 6 months*

Both:

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

## 2 Either:

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

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

## Initiation – fistulising Crohn's disease

Gastroenterologist

*Re-assessment required after 4 months*

All of the following:

1 Patient has confirmed Crohn's disease; and

## 2 Either:

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

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

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

## Continuation – fistulising Crohn's disease

Gastroenterologist

*Re-assessment required after 6 months*

Either:

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

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

**Initiation – Crohn's disease - adults**

Gastroenterologist

*Re-assessment required after 3 months*

All of the following:

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

**Continuation – Crohn's disease - adults**

Gastroenterologist

*Re-assessment required after 3 months*

Both:

- 1 Either:
  - 1.1 Either:
    - 1.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
    - 1.1.2 CDAI score is 150 or less; or
  - 1.2 Both:
    - 1.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
    - 1.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Initiation – Crohn's disease - children**

Gastroenterologist

*Re-assessment required after 3 months*

All of the following:

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

**Continuation – Crohn's disease - children**

Gastroenterologist

*Re-assessment required after 3 months*

Both:

- 1 Any of the following:
  - 1.1 PCDAI score has reduced by 100 points from the PCDAI score when the patient was initiated on adalimumab; or
  - 1.2 PCDAI score is 150 or less; or

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1.3 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

## Initiation – rheumatoid arthritis

Rheumatologist

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and
  - 1.2 Either:
    - 1.2.1 The patient has experienced intolerable side effects from etanercept; or
    - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or
- 2 All of the following:
  - 2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
  - 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
  - 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
  - 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
  - 2.5 Any of the following:
    - 2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
    - 2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
    - 2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
- 2.6 Either:
  - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
  - 2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.7 Either:
  - 2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

## Continuation – rheumatoid arthritis

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:
  - 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

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

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

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

## **Initiation – ankylosing spondylitis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 Both:

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

1.2 Either:

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

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

2 All of the following:

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

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

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

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

2.5 Either:

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

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

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

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

Average normal chest expansion corrected for age and gender:

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

## **Continuation – ankylosing spondylitis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

1 Following 12 weeks' initial treatment and subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is

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- 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.

## Continuation – psoriatic arthritis

Rheumatologist

*Re-assessment required after 6 months*

Both:

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

## Initiation – plaque psoriasis, prior TNF use

Dermatologist

*Limited to 4 months treatment*

Both:

- 1 The patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
- 2 Either:
  - 2.1 The patient has experienced intolerable side effects from etanercept; or

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for severe chronic plaque psoriasis.

### Initiation – plaque psoriasis, treatment-naïve

Dermatologist

Limited to 4 months treatment

All of the following:

- 1 Either:
  - 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 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
    - 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.

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## 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
  - 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

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- 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.

**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:

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

## 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 [on the next page](#)

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

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➔ **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:

- 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BASILIXIMAB – Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 20 mg vial .....	2,560.00	1	Simulect
➡ <b>Restricted (RS1203)</b>			
<b>Initiation</b>			
For use in solid organ transplants.			
<b>BEVACIZUMAB – Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 25 mg per ml, 4 ml vial			
⚡ Inj 25 mg per ml, 16 ml vial			
➡ <b>Restricted (RS1691)</b>			
<b>Initiation – Recurrent Respiratory Papillomatosis</b>			
Otolaryngologist			
<i>Re-assessment required after 12 months</i>			
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.			
<b>Continuation – Recurrent Respiratory Papillomatosis</b>			
Otolaryngologist			
<i>Re-assessment required after 12 months</i>			
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.			
<b>Initiation – ocular conditions</b>			
Either:			
1 Ocular neovascularisation; or			
2 Exudative ocular angiopathy.			
<b>CETUXIMAB – Restricted</b> see terms <a href="#">below</a>			
⚡ 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
➡ <b>Restricted (RS1613)</b>			
<b>Initiation</b>			
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.			
<b>INFLIXIMAB – Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 100 mg – 10% DV Mar-15 to 29 Feb 2020 .....	806.00	1	Remicade
➡ <b>Restricted (RS1697)</b>			
<b>Initiation – Graft vs host disease</b>			
Patient has steroid-refractory acute graft vs. host disease of the gut.			
<b>Initiation – rheumatoid arthritis</b>			
Rheumatologist			
<i>Re-assessment required after 4 months</i>			
All of the following:			

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

continued...

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

**Continuation – rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

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

**Initiation – ankylosing spondylitis**

Rheumatologist

*Re-assessment required after 3 months*

Both:

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

**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.

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

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

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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 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:

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

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

## Initiation – Crohn's disease (children)

Gastroenterologist

*Re-assessment required after 3 months*

All of the following:

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

## Continuation – Crohn's disease (children)

Gastroenterologist

*Re-assessment required after 6 months*

Both:

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

## Initiation – fistulising Crohn's disease

Gastroenterologist

*Re-assessment required after 4 months*

Both:

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

## Continuation – fistulising Crohn's disease

Gastroenterologist

*Re-assessment required after 6 months*

Both:

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

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

**Initiation – acute severe fulminant ulcerative colitis**

Gastroenterologist

*Limited to 6 weeks treatment*

Both:

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

**Continuation – severe fulminant ulcerative colitis**

Gastroenterologist

*Re-assessment required after 6 months*

Both:

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

**Initiation – severe ulcerative colitis**

Gastroenterologist

*Re-assessment required after 3 months*

All of the following:

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

**Continuation – severe ulcerative colitis**

Gastroenterologist

*Re-assessment required after 6 months*

All of the following:

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

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

Dermatologist

*Re-assessment required after 3 doses*

Either:

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

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

## Continuation – plaque psoriasis

Dermatologist

*Re-assessment required after 3 doses*

Both:

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

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Price	Brand or
(ex man. excl. GST)	Generic
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skin area affected, or sustained at this level, as compared to the pre-infliximab treatment baseline value; and

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

#### **Initiation – neurosarcoidosis**

Neurologist

*Re-assessment required after 18 months*

All of the following:

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

#### **Continuation – neurosarcoidosis**

Neurologist

*Re-assessment required after 18 months*

Either:

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

#### **Initiation – severe Behcet's disease**

*Re-assessment required after 4 months*

All of the following:

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

Notes:

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

#### **Continuation – severe Behcet's disease**

*Re-assessment required after 6 months*

Both:

- 1 Patient has had a good clinical response to initial treatment with measurably improved quality of life; and
- 2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## ➔ Restricted (RS1550)

### Initiation

Haematologist

Limited to 6 months treatment

All of the following:

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

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

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

OMALIZUMAB – Restricted see terms below

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

## ➔ Restricted (RS1652)

### Initiation – severe asthma

Clinical immunologist or respiratory specialist

Re-assessment required after 6 months

All of the following:

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

### 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 2 A reduction in the maintenance oral corticosteroid dose or number of exacerbations of at least 50% from baseline.

**Initiation – severe chronic spontaneous urticaria**

Clinical immunologist or dermatologist

*Re-assessment required after 6 months*

All of the following:

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

**Continuation – severe chronic spontaneous urticaria**

Clinical immunologist or dermatologist

*Re-assessment required after 6 months*

Either:

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

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

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

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

➔ **Restricted (RS1551)**

**Initiation**

*Re-assessment required after 12 months*

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Either:
  - 2.1 Patient is chemotherapy treatment naive; or
  - 2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
- 3 The patient has good performance status (ECOG grade 0-1); and
- 4 Pertuzumab to be administered in combination with trastuzumab; and
- 5 Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks; and

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 6 Pertuzumab to be discontinued at disease progression.

## Continuation

*Re-assessment required after 12 months*

Both:

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

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

⚡ Inj 10 mg per ml, 0.23 ml vial

⚡ Inj 10 mg per ml, 0.3 ml vial

➡ **Restricted (RS1637)**

## Initiation – Wet Age Related Macular Degeneration

Ophthalmologist

*Re-assessment required after 3 months*

Either:

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

## Continuation – Wet Age Related Macular Degeneration

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

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

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

⚡ Inj 10 mg per ml, 10 ml vial..... 1,075.50

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

2 Mabthera

1 Mabthera

➡ **Restricted (RS1714)**

## 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.

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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**Continuation – haemophilia with inhibitors**

Haematologist

All of the following:

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

**Initiation – post-transplant**

Both:

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

Note: Indications marked with \* are unapproved indications.

**Continuation – post-transplant**

All of the following:

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

Note: Indications marked with \* are unapproved indications.

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

*Re-assessment required after 9 months*

Either:

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

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

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

*Re-assessment required after 9 months*

All of the following:

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

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

**Initiation – aggressive CD20 positive NHL**

Either:

- 1 All of the following:
  - 1.1 The patient has treatment naive aggressive CD20 positive NHL; and
  - 1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
  - 1.3 To be used for a maximum of 8 treatment cycles; or
- 2 Both:
  - 2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and
  - 2.2 To be used for a maximum of 6 treatment cycles.

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	Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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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 Any of the following:
  - 2.1 The patient is rituximab treatment naive; or
  - 2.2 Either:
    - 2.2.1 The patient is chemotherapy treatment naive; or
    - 2.2.2 Both:
      - 2.2.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
      - 2.2.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; or
  - 2.3 The patient's disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax; and
- 3 The patient has good performance status; and
- 4 Either:
  - 4.1 The patient does not have chromosome 17p deletion CLL; or
  - 4.2 Rituximab treatment is to be used in combination with funded venetoclax for relapsed/refractory chronic lymphocytic leukaemia; and
- 5 Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of 6 treatment cycles; and
- 6 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration), bendamustine or venetoclax.

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*

Both:

- 1 Either:
  - 1.1 The patient's disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax; or
  - 1.2 All of the following:
    - 1.2.1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
    - 1.2.2 The patient has had an interval of 36 months or more since commencement of initial rituximab treatment; and

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 1.2.3 The patient does not have chromosome 17p deletion CLL; and
- 1.2.4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine; and

- 2 Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax 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
- 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:

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

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

**Continuation – severe cold haemagglutinin disease (CHAD)**

Haematologist

*Re-assessment required after 4 weeks*

Either:

- 1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m<sup>2</sup> weekly for 4 weeks) is now planned; or
- 2 All of the following:
  - 2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease\*; and
  - 2.2 An initial response lasting at least 12 months was demonstrated; and
  - 2.3 Patient now requires repeat treatment.

Note: Indications marked with \* are unapproved indications.

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

Haematologist

*Re-assessment required after 4 weeks*

Both:

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

Note: Indications marked with \* are unapproved indications.

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

Haematologist

*Re-assessment required after 4 weeks*

Either:

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

Note: Indications marked with \* are unapproved indications.

**Initiation – immune thrombocytopenic purpura (ITP)**

Haematologist

*Re-assessment required after 4 weeks*

Both:

- 1 Either:
  - 1.1 Patient has immune thrombocytopenic purpura\* with a platelet count of less than or equal to 20,000 platelets per microlitre; or
  - 1.2 Patient has immune thrombocytopenic purpura\* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and
- 2 Any of the following:
  - 2.1 Treatment with steroids and splenectomy have been ineffective; or
  - 2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or
  - 2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy).

Note: Indications marked with \* are unapproved indications.

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	Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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## **Continuation – immune thrombocytopenic purpura (ITP)**

Haematologist

*Re-assessment required after 4 weeks*

Either:

- 1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m<sup>2</sup> weekly for 4 weeks) is now planned; or
- 2 All of the following:
  - 2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura\*; 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.

## **Initiation – pure red cell aplasia (PRCA)**

Haematologist

*Re-assessment required after 6 weeks*

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

Note: Indications marked with \* are unapproved indications.

## **Continuation – pure red cell aplasia (PRCA)**

Haematologist

*Re-assessment required after 6 weeks*

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

Note: Indications marked with \* are unapproved indications.

## **Initiation – ANCA associated vasculitis**

*Re-assessment required after 4 weeks*

All of the following:

- 1 Patient has been diagnosed with ANCA associated vasculitis\*; and
- 2 The total rituximab dose would not exceed the equivalent of 375 mg/m<sup>2</sup> of body-surface area per week for a total of 4 weeks; and
- 3 Any of the following:
  - 3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months; or

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 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\*;
- 2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
- 3 The total rituximab dose would not exceed the equivalent of 375 mg/m<sup>2</sup> of body-surface area per week for a total of 4 weeks.

Note: Indications marked with \* are unapproved indications.

**Initiation – treatment refractory systemic lupus erythematosus (SLE)**

Rheumatologist or nephrologist

All of the following:

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

Note: Indications marked with \* are unapproved indications.

**Continuation – treatment refractory systemic lupus erythematosus (SLE)**

Rheumatologist or nephrologist

All of the following:

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

Note: Indications marked with \* are unapproved indications.

**Initiation – Antibody-mediated renal transplant rejection**

Nephrologist

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

Note: Indications marked with \* are unapproved indications.

**Initiation – ABO-incompatible renal transplant**

Nephrologist

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

Note: Indications marked with \* are unapproved indications.

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

Nephrologist

*Re-assessment required after 4 weeks*

All of the following:

- 1 Patient is a child with SDNS\* or FRNS\*;
- 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 4 Treatment with mycophenolate for at least a period of 3 months with no reduction in disease relapses; and
- 5 The total rituximab dose used would not exceed the equivalent of 375 mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks.

Note: Indications marked with a \* are unapproved indications.

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

Nephrologist

*Re-assessment required after 4 weeks*

All of the following:

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

Note: Indications marked with a \* are unapproved indications.

## **Initiation – Steroid resistant nephrotic syndrome (SRNS)**

Nephrologist

*Re-assessment required after 4 weeks*

All of the following:

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

Note: Indications marked with a \* are unapproved indications.

## **Continuation – Steroid resistant nephrotic syndrome (SRNS)**

Nephrologist

*Re-assessment required after 4 weeks*

All of the following:

- 1 Patient who was previously treated with rituximab for nephrotic syndrome\*; 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<sup>2</sup> 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/m<sup>2</sup> 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

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

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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
- 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:

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

- 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 DQI 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 recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI or DQI assessment is no more than 1 month old at the time of application.

**Note:** A treatment course is defined as a minimum of 12 weeks of treatment. "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom sub scores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

## **Continuation – severe chronic plaque psoriasis, first-line biologic**

Dermatologist

*Re-assessment required after 6 months*

Both:

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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 (RS1710)**

#### 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 AALL1731 trial; and
  - 1.2 The patient has developed grade 3 or 4 cytokine release syndrome associated with the administration of blinatumomab for the treatment of acute lymphoblastic leukaemia; and
  - 1.3 Tocilizumab is to be administered at doses no greater than 8 mg/kg IV for a maximum of 3 doses (if less than 30kg, maximum of 12 mg/kg); or
- 2 All of the following:
  - 2.1 The patient is enrolled in the Malaghan Institute of Medical Research Phase I ENABLE trial; and
  - 2.2 The patient has developed CRS or CAR T-Cell Related Encephalopathy Syndrome (CRES) associated with the administration of CAR T-cell therapy for the treatment of relapsed or refractory B-cell non-Hodgkin lymphoma; and
  - 2.3 Tocilizumab is to be administered according to the consensus guidelines for CRS and CRES for CAR T-cell therapy (Neelapu et al. Nat Rev Clin Oncol 2018;15:47-62) at doses no greater than 8 mg/kg IV for a maximum of 3 doses.

#### Initiation – previous use

Any relevant practitioner

*Limited to 6 months treatment*

Both:

- 1 Patient was being treated with tocilizumab prior to 1 February 2019; and
- 2 Any of the following:
  - 2.1 rheumatoid arthritis; or
  - 2.2 systemic juvenile idiopathic arthritis; or
  - 2.3 adult-onset Still's disease; or
  - 2.4 polyarticular juvenile idiopathic arthritis; or

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

2.5 idiopathic multicentric Castleman's disease.

## Initiation – Rheumatoid Arthritis (patients previously treated with adalimumab or etanercept)

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Limited to 6 months treatment

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 adalimumab and/or etanercept; or
  - 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
- 3 Either:
  - 3.1 The patient is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor; or
  - 3.2 Both:
    - 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
    - 3.2.2 Either:
      - 3.2.2.1 The patient has experienced intolerable side effects from rituximab; or
      - 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.

## Initiation – Rheumatoid Arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

All of the following:

- 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 Tocilizumab is to be used as monotherapy; and
- 3 Either:
  - 3.1 Treatment with methotrexate is contraindicated; or
  - 3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and
- 4 Either:
  - 4.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of ciclosporin alone or in combination with another agent; or
  - 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
- 5 Either:
  - 5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
  - 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
- 6 Either:
  - 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
  - 6.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

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	Price	Brand or
(ex man. excl. GST)		Generic
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**Initiation – systemic juvenile idiopathic arthritis**

Rheumatologist or Practitioner on the recommendation of a 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.

**Initiation – adult-onset Still's disease**

Rheumatologist or Practitioner on the recommendation of a 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.

**Initiation – polyarticular juvenile idiopathic arthritis**

Rheumatologist or Practitioner on the recommendation of a rheumatologist

*Re-assessment required after 4 months*

- Either:
- 1 Both:
    - 1.1 The patient has had an initial Special Authority approval for both etanercept and adalimumab for juvenile idiopathic arthritis (JIA); and
    - 1.2 The patient has experienced intolerable side effects, or has received insufficient benefit from, both etanercept and adalimumab; or
  - 2 All of the following:
    - 2.1 Treatment with a tumour necrosis factor alpha inhibitor is contraindicated; and
    - 2.2 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
    - 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m<sup>2</sup> weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
    - 2.4 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
    - 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

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

## Initiation – idiopathic multicentric Castleman's disease

Haematologist, rheumatologist or Practitioner on the recommendation of a 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 – Rheumatoid Arthritis

Rheumatologist or Practitioner on the recommendation of a 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.

## Continuation – systemic juvenile idiopathic arthritis

Rheumatologist or Practitioner on the recommendation of a 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.

## Continuation – adult-onset Still's disease

Rheumatologist or Practitioner on the recommendation of a rheumatologist

*Re-assessment required after 6 months*

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

## Continuation – polyarticular juvenile idiopathic arthritis

Rheumatologist or Practitioner on the recommendation of a 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.

## Continuation – idiopathic multicentric Castleman's disease

Haematologist, rheumatologist or Practitioner on the recommendation of a 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.

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

† Inj 150 mg vial .....	1,350.00	1	Herceptin
† Inj 440 mg vial .....	3,875.00	1	Herceptin

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

**Initiation – Early breast cancer**

*Limited to 12 months treatment*

All of the following:

- 1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Maximum cumulative dose of 106 mg/kg (12 months' treatment); and
- 3 Any of the following:
  - 3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or
  - 3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
  - 3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
  - 3.4 12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned; or
  - 3.5 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

**Initiation – metastatic breast cancer (trastuzumab-naïve patients)**

*Limited to 12 months treatment*

All of the following:

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

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

*Limited to 12 months treatment*

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Either:
  - 2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
  - 2.2 Both:
    - 2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
    - 2.2.2 The cancer did not progress whilst on lapatinib; and
- 3 Either:
  - 3.1 Trastuzumab will not be given in combination with pertuzumab; or
  - 3.2 All of the following:

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

TRASTUZUMAB EMTANSINE – **Restricted** see terms [below](#)

⚡ Inj 100 mg vial .....	2,320.00	1	Kadcyla
⚡ Inj 160 mg vial .....	3,712.00	1	Kadcyla

➡ **Restricted (RS1715)**

## Initiation

*Re-assessment required after 6 months*

All of the following:

- 1 Patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Patient has previously received trastuzumab and chemotherapy, separately or in combination; and
- 3 Either:
  - 3.1 The patient has received prior therapy for metastatic disease\*; or
  - 3.2 The patient developed disease recurrence during, or within six months of completing adjuvant therapy\*; and
- 4 Patient has a good performance status (ECOG 0-1); and
- 5 Either:
  - 5.1 Patient does not have symptomatic brain metastases; or
  - 5.2 Patient has brain metastases and has received prior local CNS therapy; and
- 6 Treatment to be discontinued at disease progression.

## Continuation

*Re-assessment required after 6 months*

Both:

- 1 The cancer has not progressed at any time point during the previous approval period whilst on trastuzumab emtansine; and
- 2 Treatment to be discontinued at disease progression.

Note: \*Note: Prior or adjuvant therapy includes anthracycline, other chemotherapy, biological drugs, or endocrine therapy.

## 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 (RS1716)**

## Initiation

Medical oncologist

*Re-assessment required after 4 months*

All of the following:

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 1 Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
- 2 Patient has measurable disease as defined by RECIST version 1.1; 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 no greater than the equivalent of 3 mg/kg every 2 weeks; and
- 6 Baseline measurement of overall tumour burden is documented (see Note); and
- 7 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of nivolumab will not be continued beyond 12 weeks (6 cycles) if their disease progresses during this time.

## Continuation

Medical oncologist

*Re-assessment required after 4 months*

Either:

- 1 All of the following:
  - 1.1 Any of the following:
    - 1.1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
    - 1.1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
    - 1.1.3 Patient has stable disease according to RECIST criteria (see Note); and
  - 1.2 Either:
    - 1.2.1 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; or
    - 1.2.2 Both:
      - 1.2.2.1 Patient has measurable disease as defined by RECIST version 1.1; and
      - 1.2.2.2 Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and
  - 1.3 No evidence of progressive disease according to RECIST criteria (see Note); and
  - 1.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and
  - 1.5 Nivolumab will be used at a maximum dose of no greater than the equivalent of 3 mg/kg every 2 weeks; or
- 2 All of the following:
  - 2.1 Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and
  - 2.2 Patient has signs of disease progression; and
  - 2.3 Disease has not progressed during previous treatment with nivolumab; and
  - 2.4 Nivolumab will be used at a maximum dose of no greater than the equivalent of 3 mg/kg every 2 weeks.

Notes: Baseline assessment and 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. Measurable disease includes by CT or MRI imaging or caliper measurement by clinical exam. Target lesion measurements should be assessed using 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:

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 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 (RS1717)**

## Initiation

Medical oncologist

*Re-assessment required after 4 months*

All of the following:

- 1 Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
- 2 Patient has measurable disease as defined by RECIST version 1.1; and
- 3 The patient has ECOG performance score of 0-2; and
- 4 Either:
  - 4.1 Patient has not received funded nivolumab; or
  - 4.2 Both:
    - 4.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
    - 4.2.2 The cancer did not progress while the patient was on nivolumab; and
- 5 Pembrolizumab is to be used at a maximum dose of no greater than the equivalent of 2 mg/kg every 3 weeks; 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*

Either:

- 1 All of the following:
  - 1.1 Any of the following:
    - 1.1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
    - 1.1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
    - 1.1.3 Patient has stable disease according to RECIST criteria (see Note); and
  - 1.2 Either:
    - 1.2.1 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; or
    - 1.2.2 Both:
      - 1.2.2.1 Patient has measurable disease as defined by RECIST version 1.1; and
      - 1.2.2.2 Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and
  - 1.3 No evidence of progressive disease according to RECIST criteria (see Note); and

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and
- 1.5 Pembrolizumab will be used at a maximum dose of no greater than the equivalent of 2 mg/kg every 3 weeks; or
- 2 All of the following:
  - 2.1 Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression; and
  - 2.2 Patient has signs of disease progression; and
  - 2.3 Disease has not progressed during previous treatment with pembrolizumab; and
  - 2.4 Pembrolizumab will be used at a maximum dose of no greater than the equivalent of 2 mg/kg every 3 weeks.

Notes: Baseline assessment and 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. Measurable disease includes by CT or MRI imaging or caliper measurement by clinical exam. Target lesion measurements should be assessed using the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks.

Response definitions as follows:

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

## Other Immunosuppressants

### ANTITHYMOCYTE GLOBULIN (EQUINE)

Inj 50 mg per ml, 5 ml ampoule .....	2,351.25	5	ATGAM
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### ANTITHYMOCYTE GLOBULIN (RABBIT)

Inj 25 mg vial			
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### AZATHIOPRINE

Tab 25 mg – 1% DV Jan-20 to 2022 .....	7.35	60	<b>Azamun</b>
Tab 50 mg – 1% DV Jan-20 to 2022 .....	7.60	100	<b>Azamun</b>
Inj 50 mg vial – 1% DV Nov-19 to 2022 .....	199.00	1	<b>Imuran</b>

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

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

#### Initiation

For use in bladder cancer.

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

↓ Tab 5 mg .....	4,555.76	30	Afinitor
↓ Tab 10 mg .....	6,512.29	30	Afinitor

→ **Restricted (RS1440)**

#### Initiation

Neurologist or oncologist

Re-assessment required after 3 months

Both:

continued...

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

continued...

- 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
- Leukoencephalopathy; or
- Significant malignant disease

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

### Allergic Emergencies

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

↓ Inj 10 mg per ml, 3 ml prefilled syringe.....2,668.00 1 Firazyr

→ **Restricted (RS1501)**

#### Initiation

Clinical immunologist or relevant specialist

*Re-assessment required after 12 months*

Both:

- 1 Supply for anticipated emergency treatment of laryngeal/oro-pharyngeal or severe abdominal attacks of acute hereditary angioedema (HAE) for patients with confirmed diagnosis of C1-esterase inhibitor deficiency; and
- 2 The patient has undergone product training and has agreed upon an action plan for self-administration.

#### Continuation

*Re-assessment required after 12 months*

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

### Allergy Desensitisation

BEE VENOM – **Restricted** see terms [below](#)

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

↓ Inj 550 mcg vial with diluent

→ **Restricted (RS1117)**

#### Initiation

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

PAPER WASP VENOM – **Restricted** see terms [below](#)

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

↓ Inj 550 mcg vial with diluent

→ **Restricted (RS1118)**

#### Initiation

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

YELLOW JACKET WASP VENOM – **Restricted** see terms [below](#)

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

↓ Inj 550 mcg vial with diluent

→ **Restricted (RS1119)**

#### Initiation

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

### Allergy Prophylactics

BECLOMETHASONE DIPROPIONATE

Nasal spray 50 mcg per dose.....5.26 200 dose Alanase

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

## RESPIRATORY SYSTEM AND ALLERGIES

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

### Antihistamines

<b>CETIRIZINE HYDROCHLORIDE</b>			
Tab 10 mg – 1% DV Nov-19 to 2022 .....	1.12	100	<b>Zista</b>
Oral liq 1 mg per ml .....	2.99	200 ml	<b>Histaclear</b>
<b>CHLORPHENIRAMINE MALEATE</b>			
Oral liq 0.4 mg per ml			
Inj 10 mg per ml, 1 ml ampoule			
<b>CYPROHEPTADINE HYDROCHLORIDE</b>			
Tab 4 mg			
<b>FEXOFENADINE HYDROCHLORIDE</b>			
Tab 60 mg			
Tab 120 mg			
Tab 180 mg			
<b>LORATADINE</b>			
Tab 10 mg – 1% DV Feb-20 to 2022 .....	1.69	100	<b>Lorafix</b>
Oral liq 1 mg per ml .....	2.15	120 ml	<b>Lorfast</b>
<b>PROMETHAZINE HYDROCHLORIDE</b>			
Tab 10 mg – 1% DV Sep-18 to 2021 .....	1.68	50	<b>Allersoothe</b>
Tab 25 mg – 1% DV Sep-18 to 2021 .....	1.89	50	<b>Allersoothe</b>
Oral liq 1 mg per ml – 1% DV Sep-18 to 2021 .....	2.69	100 ml	<b>Allersoothe</b>
Inj 25 mg per ml, 2 ml ampoule .....	15.54	5	<b>Hospira</b>

### Anticholinergic Agents

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

### Anticholinergic Agents with Beta-Adrenoceptor Agonists

<b>SALBUTAMOL WITH IPRATROPIUM BROMIDE</b>			
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	<b>Duolin</b>

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

## Long-Acting Muscarinic Agents

### GLYCOPYRRONIUM

Note: inhaled glycopyrronium treatment must not be used if the patient is also receiving treatment with subsidised tiotropium or umeclidinium.

Powder for inhalation 50 mcg per dose ..... 61.00      30 dose      Seebri Breezhaler

### TIOTROPIUM BROMIDE

Note: tiotropium treatment must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.

Soln for inhalation 2.5 mcg per dose ..... 50.37      60 dose      Spiriva Respimat

Powder for inhalation 18 mcg per dose ..... 50.37      30 dose      Spiriva

### UMECLIDINIUM

Note: Umeclidinium must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or tiotropium bromide.

Powder for inhalation 62.5 mcg per dose ..... 61.50      30 dose      Incruse Ellipta

## Long-Acting Muscarinic Antagonists with Long-Acting Beta-Adrenoceptor Agonists

### ➔ Restricted (RS1518)

#### Initiation

*Re-assessment required after 2 years*

Both:

- 1 Patient has been stabilised on a long acting muscarinic antagonist; and
- 2 The prescriber considers that the patient would receive additional benefit from switching to a combination product.

#### Continuation

*Re-assessment required after 2 years*

Both:

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

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

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

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

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

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

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

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

## Antifibrotics

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

↓ Cap 100 mg ..... 2,554.00      60      Ofev

↓ Cap 150 mg ..... 3,870.00      60      Ofev

### ➔ Restricted (RS1654)

#### Initiation – idiopathic pulmonary fibrosis

Respiratory specialist

*Re-assessment required after 12 months*

All of the following:

continued...

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

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

⚡ Tab 801 mg .....	3,645.00	90	Esbriet
⚡ Cap 267 mg .....	3,645.00	270	Esbriet

➡ Restricted (RS1718)

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 90% 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
<b>Beta-Adrenoceptor Agonists</b>			
<b>SALBUTAMOL</b>			
Oral liq 400 mcg per ml – <b>1% DV Nov-18 to 2021</b> .....	20.00	150 ml	<b>Ventolin</b>
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 – <b>1% DV Oct-18 to 2021</b> .....	3.93	20	<b>Asthalin</b>
Nebuliser soln 2 mg per ml, 2.5 ml ampoule – <b>1% DV Oct-18 to 2021</b> .....	4.03	20	<b>Asthalin</b>
<b>TERBUTALINE SULPHATE</b>			
Powder for inhalation 250 mcg per dose			
Inj 0.5 mg per ml, 1 ml ampoule			
<b>Cough Suppressants</b>			
<b>PHOLCODINE</b>			
Oral liq 1 mg per ml – <b>1% DV Jun-20 to 2022</b> .....	3.09	200 ml	<b>Pholcodine Linctus BP</b>
<b>Decongestants</b>			
<b>OXYMETAZOLINE HYDROCHLORIDE</b>			
Aqueous nasal spray 0.25 mg per ml			
Aqueous nasal spray 0.5 mg per ml			
<b>PSEUDOEPHEDRINE HYDROCHLORIDE</b>			
Tab 60 mg			
<b>SODIUM CHLORIDE</b>			
Aqueous nasal spray isotonic			
<b>SODIUM CHLORIDE WITH SODIUM BICARBONATE</b>			
Soln for nasal irrigation			
<b>XYLOMETAZOLINE HYDROCHLORIDE</b>			
Aqueous nasal spray 0.05%			
Aqueous nasal spray 0.1%			
Nasal drops 0.05%			
Nasal drops 0.1%			
<b>Inhaled Corticosteroids</b>			
<b>BECLOMETHASONE DIPROPIONATE</b>			
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
<b>BUDESONIDE</b>			
Nebuliser soln 250 mcg per ml, 2 ml ampoule			
Nebuliser soln 500 mcg per ml, 2 ml ampoule			
Powder for inhalation 100 mcg per dose			
Powder for inhalation 200 mcg per dose			
Powder for inhalation 400 mcg per dose			

## RESPIRATORY SYSTEM AND ALLERGIES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FLUTICASONE</b>			
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

<b>MONTELUKAST</b>			
Tab 4 mg – 1% DV Jan-20 to 2022 .....	4.25	28	Montelukast Mylan
Tab 5 mg – 1% DV Jan-20 to 2022 .....	4.25	28	Montelukast Mylan
Tab 10 mg – 1% DV Jan-20 to 2022 .....	3.95	28	Montelukast Mylan

### Long-Acting Beta-Adrenoceptor Agonists

<b>EFORMOTEROL FUMARATE</b>			
Powder for inhalation 12 mcg per dose			
<b>EFORMOTEROL FUMARATE DIHYDRATE</b>			
Powder for inhalation 4.5 mcg per dose, breath activated (equivalent to eformoterol fumarate 6 mcg metered dose)			
<b>INDACATEROL</b>			
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
<b>SALMETEROL</b>			
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

<b>BUDESONIDE WITH EFORMOTEROL</b>			
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			
<b>FLUTICASONE FUROATE WITH VILANTEROL</b>			
Powder for inhalation 100 mcg with vilanterol 25 mcg .....	44.08	30 dose	Breo Ellipta
<b>FLUTICASONE WITH SALMETEROL</b>			
Aerosol inhaler 50 mcg with salmeterol 25 mcg .....	14.58	120 dose	RexAir
	33.74		Seretide
Powder for inhalation 100 mcg with salmeterol 50 mcg .....	33.74	60 dose	Seretide Accuhaler
Aerosol inhaler 125 mcg with salmeterol 25 mcg .....	16.83	120 dose	RexAir
	44.08		Seretide
Powder for inhalation 250 mcg with salmeterol 50 mcg .....	44.08	60 dose	Seretide Accuhaler



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

### NEDOCROMIL

Aerosol inhaler 2 mg per dose

### SODIUM CROMOGLICATE

Aerosol inhaler 5 mg per dose

## Methylxanthines

### AMINOPHYLLINE

Inj 25 mg per ml, 10 ml ampoule – 1% DV Nov-17 to 2020..... 124.37      5      **DBL Aminophylline**

### 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

### PORACTANT ALFA

Soln 120 mg per 1.5 ml vial ..... 425.00      1      **Curosurf**

Soln 240 mg per 3 ml vial ..... 695.00      1      **Curosurf**

## Respiratory Stimulants

### DOXAPRAM

Inj 20 mg per ml, 5 ml vial

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Anti-Infective Preparations</b>			
<b>Antibacterials</b>			
CHLORAMPHENICOL			
Eye oint 1% – <b>1% DV May-20 to 2022</b> .....	2.48	4 g	Chlorsig
.....	1.55	5 g	<b>Devatis</b>
Ear drops 0.5%			
Eye drops 0.5% – <b>1% DV Nov-19 to 2022</b> .....	1.54	10 ml	<b>Chlorafast</b>
Eye drops 0.5%, single dose			
<i>(Chlorsig Eye oint 1% to be delisted 1 May 2020)</i>			
CIPROFLOXACIN			
Eye drops 0.3% – <b>1% DV Jun-18 to 2020</b> .....	9.99	5 ml	<b>Ciprofloxacin Teva</b>
FRAMYCETIN SULPHATE			
Ear/eye drops 0.5%			
GENTAMICIN SULPHATE			
Eye drops 0.3% .....	11.40	5 ml	Genoptic
PROPAMIDINE ISETHIONATE			
Eye drops 0.1%			
SODIUM FUSIDATE [FUSIDIC ACID]			
Eye drops 1% .....	5.29	5 g	Fucithalmic
SULPHACETAMIDE SODIUM			
Eye drops 10%			
TOBRAMYCIN			
Eye oint 0.3% .....	10.45	3.5 g	Tobrex
Eye drops 0.3% .....	11.48	5 ml	Tobrex
<b>Antifungals</b>			
NATAMYCIN			
Eye drops 5%			
<b>Antivirals</b>			
ACICLOVIR			
Eye oint 3% .....	14.92	4.5 g	ViruPOS
<b>Combination Preparations</b>			
CIPROFLOXACIN WITH HYDROCORTISONE			
Ear drops ciprofloxacin 0.2% with 1% hydrocortisone.....	16.30	10 ml	Ciproxin HC Otic
DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN			
Ear/eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml			
DEXAMETHASONE WITH NEOMYCIN SULPHATE AND POLYMYXIN B SULPHATE			
Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per g .....	5.39	3.5 g	Maxitrol
Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per ml .....	4.50	5 ml	Maxitrol

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>DEXAMETHASONE WITH TOBRAMYCIN</b>			
Eye drops 0.1% with tobramycin 0.3% .....	12.64	5 ml	Tobradex
<b>FLUMETASONE PIVALATE WITH CLIOQUINOL</b>			
Ear drops 0.02% with clioquinol 1%			
<b>TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN</b>			
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

<b>DEXAMETHASONE</b>			
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.

continued...

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

### **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.

### **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  
..... 5.93      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

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

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

## SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUORESCIN SODIUM WITH LIGNOCAINE HYDROCHLORIDE			
Eye drops 0.25% with lignocaine hydrochloride 4%, single dose			
LISSAMINE GREEN			
Ophthalmic strips 1.5 mg			
ROSE BENGAL SODIUM			
Ophthalmic strips 1%			

### Irrigation Solutions

#### MIXED SALT SOLUTION FOR EYE IRRIGATION

Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 15 ml dropper bottle .....	5.00	15 ml	Balanced Salt Solution
Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 250 ml			<i>e.g. Balanced Salt Solution</i>
Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml bottle.....	10.50	500 ml	Balanced Salt Solution

### Ocular Anaesthetics

#### OXYBUPROCAINE HYDROCHLORIDE

Eye drops 0.4%, single dose

#### PROXYMETACAINE HYDROCHLORIDE

Eye drops 0.5%

#### TETRACAINE [AMETHOCAINE] HYDROCHLORIDE

Eye drops 0.5%, single dose

Eye drops 1%, single dose

### Viscoelastic Substances

#### HYPROMELLOSE

Inj 2%, 1 ml syringe

Inj 2%, 2 ml syringe

#### SODIUM HYALURONATE [HYALURONIC ACID]

Inj 14 mg per ml, 0.85 ml syringe – 1% DV 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Other</b>			
DISODIUM EDETATE			
Inj 150 mg per ml, 20 ml ampoule			
Inj 150 mg per ml, 20 ml vial			
Inj 150 mg per ml, 100 ml vial			
RIBOFLAVIN 5-PHOSPHATE			
Soln trans epithelial riboflavin			
Inj 0.1%			
Inj 0.1% plus 20% dextran T500			
<b>Glaucoma Preparations</b>			
<b>Beta Blockers</b>			
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	<b>Arrow-Timolol</b>
Eye drops 0.5% – 1% DV Sep-17 to 2020 .....	1.43	5 ml	<b>Arrow-Timolol</b>
Eye drops 0.5%, gel forming .....	3.78	2.5 ml	Timoptol XE
<b>Carbonic Anhydrase Inhibitors</b>			
ACETAZOLAMIDE			
Tab 250 mg – 1% DV Sep-17 to 2020 .....	17.03	100	<b>Diamox</b>
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	<b>Dortimopt</b>
<b>Miotics</b>			
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
<b>Prostaglandin Analogues</b>			
BIMATOPROST			
Eye drops 0.03% – 1% DV Feb-19 to 2021 .....	3.30	3 ml	<b>Bimatoprost Multichem</b>

## SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LATANOPROST			
Eye drops 0.005% – 1% DV Apr-19 to 2021 .....	1.57	2.5 ml	<b>Teva</b>
TRAVOPROST			
Eye drops 0.004% – 1% DV Jan-18 to 2020 .....	7.30	5 ml	<b>Travopt</b>

### Sympathomimetics

APRACLONIDINE			
Eye drops 0.5% .....	19.77	5 ml	lopidine
BRIMONIDINE TARTRATE			
Eye drops 0.2% – 1% DV Feb-18 to 2020 .....	4.29	5 ml	<b>Arrow-Brimonidine</b>
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	<b>Atropt</b>
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



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>HYPROMELLOSE WITH DEXTRAN</b>			
Eye drops 0.3% with dextran 0.1%.....	2.30	15 ml	Poly-Tears
Eye drops 0.3% with dextran 0.1%, single dose			
<b>MACROGOL 400 AND PROPYLENE GLYCOL</b>			
Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose.....	4.30	24	Systane Unit Dose
<b>PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN</b>			
Eye oint 42.5% with soft white paraffin 57.3%			
<b>PARAFFIN LIQUID WITH WOOL FAT</b>			
Eye oint 3% with wool fat 3% .....	3.63	3.5 g	Poly-Visc
<b>POLYVINYL ALCOHOL WITH POVIDONE</b>			
Eye drops 1.4% with povidone 0.6%, single dose			
<b>RETINOL PALMITATE</b>			
Oint 138 mcg per g .....	3.80	5 g	VitA-POS
<b>SODIUM HYALURONATE [HYALURONIC ACID]</b>			
Eye drops 1 mg per ml .....	22.00	10 ml	Hylo-Fresh

### Other Otological Preparations

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Agents Used in the Treatment of Poisonings</b>			
<b>Antidotes</b>			
ACETYLCYSTEINE			
Tab eff 200 mg			
Inj 200 mg per ml, 10 ml ampoule – 1% DV Sep-18 to 2021 .....	58.76	10	DBL Acetylcysteine
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			
<b>Antitoxins</b>			
BOTULISM ANTITOXIN			
Inj 250 ml vial			
DIPHThERIA ANTITOXIN			
Inj 10,000 iu vial			

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

### RED BACK SPIDER ANTIVENOM

Inj 500 u vial

### SNAKE ANTIVENOM

Inj 50 ml vial

## Removal and Elimination

### CHARCOAL

Oral liq 200 mg per ml .....43.50      250 ml      Carbasorb-X

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

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

→ **Restricted (RS1444)**

### Initiation

Haematologist

*Re-assessment required after 2 years*

All of the following:

- 1 The patient has been diagnosed with chronic iron overload due to congenital inherited anaemia; and
- 2 Deferasirox is to be given at a daily dose not exceeding 40 mg/kg/day; and
- 3 Any of the following:
  - 3.1 Treatment with maximum tolerated doses of deferiprone monotherapy or deferiprone and desferrioxamine combination therapy have proven ineffective as measured by serum ferritin levels, liver or cardiac MRI T2\*; or
  - 3.2 Treatment with deferiprone has resulted in severe persistent vomiting or diarrhoea; or
  - 3.3 Treatment with deferiprone has resulted in arthritis; or
  - 3.4 Treatment with deferiprone is contraindicated due to a history of agranulocytosis (defined as an absolute neutrophil count (ANC) of < 0.5 cells per  $\mu$ L) or recurrent episodes (greater than 2 episodes) of moderate neutropenia (ANC 0.5 - 1.0 cells per  $\mu$ L).

### Continuation

Haematologist

*Re-assessment required after 2 years*

Either:

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

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

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

→ **Restricted (RS1445)**

### Initiation

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

### DEFERRIOXAMINE MESILATE

Inj 500 mg vial – 1% DV Mar-19 to 2021 .....	84.53	10	<b>DBL Desferrioxamine Mesylate for Inj BP</b>
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### DICOBALT EDETATE

Inj 15 mg per ml, 20 ml ampoule

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

## Antiseptics and Disinfectants

<b>CHLORHEXIDINE</b>			
Soln 4% .....	1.86	50 ml	healthE
Soln 5% .....	15.50	500 ml	healthE
<b>CHLORHEXIDINE WITH CETRIMIDE</b>			
Crm 0.1% with cetrimide 0.5%			
Foaming soln 0.5% with cetrimide 0.5%			
<b>CHLORHEXIDINE WITH ETHANOL</b>			
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
<b>IODINE WITH ETHANOL</b>			
Soln 1% with ethanol 70%, 100 ml .....	9.30	1	healthE
<b>ISOPROPYL ALCOHOL</b>			
Soln 70%, 500 ml .....	5.65	1	healthE
<b>POVIDONE-IODINE</b>			
↓ Vaginal tab 200 mg			
➔ <b>Restricted (RS1354)</b>			
<b>Initiation</b>			
Rectal administration pre-prostate biopsy.			
Oint 10% .....	3.27	25 g	Betadine
Soln 10% – 1% DV Nov-19 to 2021 .....	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%			
<b>POVIDONE-IODINE WITH ETHANOL</b>			
Soln 10% with ethanol 30% .....	10.00	500 ml	Betadine Skin Prep
Soln 10% with ethanol 70%			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SODIUM HYPOCHLORITE</b>			
Soln			
<b>Contrast Media</b>			
<b>Iodinated X-ray Contrast Media</b>			
<b>DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE</b>			
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
<b>DIATRIZOATE SODIUM</b>			
Oral liq 370 mg per ml, 10 ml sachet.....	156.12	50	Ioscan
<b>IODISED OIL</b>			
Inj 38% w/w (480 mg per ml), 10 ml ampoule .....	410.00	1	Lipiodol Ultra Fluid
<b>IODIXANOL</b>			
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
<b>IOHEXOL</b>			
Inj 240 mg per ml (iodine equivalent), 50 ml bottle.....	75.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 20 ml bottle.....	57.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 50 ml bottle.....	75.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 100 ml bottle.....	150.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 20 ml bottle.....	59.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 50 ml bottle.....	75.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 75 ml bottle.....	114.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 100 ml bottle.....	150.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 200 ml bottle.....	290.00	10	Omnipaque
<b>Non-iodinated X-ray Contrast Media</b>			
<b>BARIUM SULPHATE</b>			
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
<b>BARIUM SULPHATE WITH SODIUM BICARBONATE</b>			
Grans eff 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet.....	102.93	50	E-Z-Gas II

## VARIOUS

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

### Paramagnetic Contrast Media

<b>GADOBENIC ACID</b>			
Inj 334 mg per ml, 10 ml vial.....	324.74	10	Multihance
Inj 334 mg per ml, 20 ml vial.....	636.28	10	Multihance
<b>GADOBUTROL</b>			
Inj 1 mmol per ml, 15 ml vial			
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 5 ml prefilled syringe.....	120.00	5	Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe.....	180.00	5	Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe.....	700.00	10	Gadovist 1.0
<b>GADODIAMIDE</b>			
Inj 287 mg per ml, 10 ml prefilled syringe.....	200.00	10	Omniscan
Inj 287 mg per ml, 10 ml vial.....	170.00	10	Omniscan
Inj 287 mg per ml, 5 ml vial.....	120.00	10	Omniscan
Inj 287 mg per ml, 15 ml prefilled syringe.....	320.00	10	Omniscan
<b>GADOTERIC ACID</b>			
Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml prefilled syringe.....	24.50	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml bottle.....	34.50	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml prefilled syringe.....	41.00	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml prefilled syringe.....	55.00	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml bottle.....	23.20	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml bottle.....	46.30	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 5 ml bottle.....	12.30	1	Dotarem
<b>GADOXETATE DISODIUM</b>			
Inj 181.43 mg per ml (equivalent to 0.25 mmol per ml), 10 ml prefilled syringe.....	300.00	1	Primovist
<b>MEGLUMINE GADOPENTETATE</b>			
Inj 469 mg per ml, 10 ml prefilled syringe.....	95.00	5	Magnevist
Inj 469 mg per ml, 10 ml vial.....	185.00	10	Magnevist
<b>MEGLUMINE IOTROXATE</b>			
Inj 105 mg per ml, 100 ml bottle.....	150.00	100 ml	Biliscopin

### Ultrasound Contrast Media

<b>PERFLUTREN</b>			
Inj 1.1 mg per ml, 1.5 ml vial.....	180.00	1	Definity
	720.00	4	Definity

### Diagnostic Agents

<b>ARGININE</b>			
Inj 50 mg per ml, 500 ml bottle			
Inj 100 mg per ml, 300 ml bottle			

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

## Diagnostic Dyes

<b>BONNEY'S BLUE DYE</b>			
Soln			
<b>INDIGO CARMINE</b>			
Inj 4 mg per ml, 5 ml ampoule			
Inj 8 mg per ml, 5 ml ampoule			
<b>INDOCYANINE GREEN</b>			
Inj 25 mg vial			
<b>METHYLTHIONIUM CHLORIDE [METHYLENE BLUE]</b>			
Inj 5 mg per ml, 10 ml ampoule .....	240.35	5	Proveblue
<b>PATENT BLUE V</b>			
Inj 2.5%, 2 ml ampoule .....	440.00	5	Obex Medical
Inj 2.5%, 5 ml prefilled syringe.....	420.00	5	InterPharma

## 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**

### GLYCINE

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SODIUM CHLORIDE</b>			
Irrigation soln 0.9%, 3,000 ml bag – 1% DV Sep-18 to 2021 .....	26.80	4	<b>B Braun</b>
Irrigation soln 0.9%, 30 ml ampoule – 1% DV Sep-18 to 2021 .....	7.00	20	<b>Interpharma</b>
Irrigation soln 0.9%, 1,000 ml bottle – 1% DV Jun-18 to 2021 .....	14.90	10	<b>Baxter Sodium</b>
			<b>Chloride 0.9%</b>
Irrigation soln 0.9%, 250 ml bottle – 1% DV Aug-18 to 2021 .....	17.64	12	<b>Fresenius Kabi</b>
<b>WATER</b>			
Irrigation soln, 3,000 ml bag – 1% DV Sep-18 to 2021 .....	28.80	4	<b>B Braun</b>
Irrigation soln, 1,000 ml bottle – 1% DV Jun-18 to 2021 .....	17.30	10	<b>Baxter Water for</b>
			<b>Irrigation</b>
Irrigation soln, 250 ml bottle – 1% DV Aug-18 to 2021 .....	17.64	12	<b>Fresenius Kabi</b>

## 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
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## 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 per 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

## EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Extemporaneously Compounded Preparations</b>			
ACETIC ACID Liq			
ALUM Powder BP			
ARACHIS OIL [PEANUT OIL] Liq			
ASCORBIC ACID Powder			
BENZOIN Tincture compound BP			
BISMUTH SUBGALLATE Powder			
BORIC ACID Powder			
CARBOXYMETHYLCELLULOSE Soln 1.5%			
CETRIMIDE Soln 40%			
CHLORHEXIDINE GLUCONATE Soln 20 %			
CHLOROFORM Liq BP			
CITRIC ACID Powder BP			
CLOVE OIL Liq			
COAL TAR Soln BP – 1% DV 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			

# EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
GLYCERIN WITH SODIUM SACCHARIN			
Suspension – <b>1% DV Jul-19 to 2022</b> .....	30.95	473 ml	<b>Ora-Sweet SF</b>
GLYCERIN WITH SUCROSE			
Suspension – <b>1% DV Jul-19 to 2022</b> .....	30.95	473 ml	<b>Ora-Sweet</b>
GLYCEROL			
Liq – <b>1% DV Sep-17 to 2020</b> .....	3.28	500 ml	<b>healthE Glycerol BP Liquid</b>
HYDROCORTISONE			
Powder – <b>1% DV Sep-17 to 2020</b> .....	49.95	25 g	<b>ABM</b>
LACTOSE			
Powder			
MAGNESIUM HYDROXIDE			
Paste			
Suspension			
MENTHOL			
Crystals			
METHADONE HYDROCHLORIDE			
Powder			
METHYL HYDROXYBENZOATE			
Powder – <b>1% DV Jul-19 to 2022</b> .....	8.98	25 g	<b>Midwest</b>
METHYLCELLULOSE			
Powder – <b>1% DV Jul-19 to 2022</b> .....	36.95	100 g	<b>Midwest</b>
Suspension – <b>1% DV Jul-19 to 2022</b> .....	30.95	473 ml	<b>Ora-Plus</b>
METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN			
Suspension – <b>1% DV Jul-19 to 2022</b> .....	30.95	473 ml	<b>Ora-Blend SF</b>
METHYLCELLULOSE WITH GLYCERIN AND SUCROSE			
Suspension – <b>1% DV Jul-19 to 2022</b> .....	30.95	473 ml	<b>Ora-Blend</b>
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 – <b>1% DV Jan-20 to 2022</b> .....	10.05	500 g	<b>Midwest</b>

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

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

## EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM CITRATE			
Powder			
SODIUM METABISULFITE			
Powder			
STARCH			
Powder			
SULPHUR			
Precipitated			
Sublimed			
SYRUP			
Liq (pharmaceutical grade) – <b>1% DV Jan-20 to 2022</b> .....	14.95	500 ml	<b>Midwest</b>
THEOBROMA OIL			
Oint			
TRI-SODIUM CITRATE			
Crystals			
TRICHLORACETIC ACID			
Grans			
UREA			
Powder BP			
WOOL FAT			
Oint, anhydrous			
XANTHAN			
Gum 1%			
ZINC OXIDE			
Powder			

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT – Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 50 g fat per 100 ml, 250 ml bottle			<i>e.g. Liquigen</i>
† Liquid 95 g fat per 100 ml, 500 ml bottle			<i>e.g. MCT Oil</i>
<b>WALNUT OIL – Restricted</b> see terms <a href="#">on the previous page</a>			
† Liq			

## Protein

➔ **Restricted** (RS1469)

**Initiation – Use as an additive**

Either:

- 1 Protein losing enteropathy; or
- 2 High protein needs.

**Initiation – Use as a module**

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

**PROTEIN SUPPLEMENT – Restricted** see terms [above](#)

† Powder 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g, 275 g can			
† Powder 6 g protein per 7 g, can .....	8.95	227 g	Resource Beneprotein
† Powder 89 g protein, < 1.5 g carbohydrate and 2 g fat per 100 g, 225 g can			<i>e.g. Protifar</i>

## Other Supplements

**BREAST MILK FORTIFIER**

Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet	<i>e.g. FM 85</i>
Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet	<i>e.g. S26 Human Milk Fortifier</i>
Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet	<i>e.g. Nutricia Breast Milk Fortifier</i>

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

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

**Initiation**

Both:

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

	Price		Brand or
	(ex man. excl. GST)		Generic
	\$	Per	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 acidemia, propionic acidemia, methylmalonic acidemia, tyrosinemia or urea cycle disorders; or
- 2 Patient has adrenoleukodystrophy; or
- 3 For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

## Glutaric Aciduria Type 1 Products

AMINO ACID FORMULA (WITHOUT LYSINE AND LOW TRYPTOPHAN) – **Restricted** see terms [above](#)

† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per  
100 g, 400 g can

*e.g. GA1 Anamix Infant*

† Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can

*e.g. XLYS Low TRY  
Maxamaid*

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

AMINO ACID FORMULA (WITHOUT METHIONINE) – **Restricted** see terms [on the previous page](#)

† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			e.g. HCU Anamix Infant
† Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can			e.g. XMET Maxamaid
† Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can			e.g. XMET Maxamum
† Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle			e.g. HCU Anamix Junior LQ

## Isovaleric Acidaemia Products

AMINO ACID FORMULA (WITHOUT LEUCINE) – **Restricted** see terms [on the previous page](#)

† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			e.g. IVA Anamix Infant
† Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can			e.g. XLEU Maxamaid
† Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can			e.g. XLEU Maxamum

## Maple Syrup Urine Disease Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE) – **Restricted** see terms [on the previous page](#)

† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			e.g. MSUD Anamix Infant
† Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can			e.g. MSUD Maxamum
† Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle			e.g. MSUD Anamix Junior LQ



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

AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – **Restricted** see terms [on page 223](#)

† Tab 8.33 mg				<i>e.g. Phlexy-10</i>
† Powder 20 g protein, 2.5 g carbohydrate and 0.22 g fibre per 27.8 g sachet				<i>e.g. PKU Lophlex Powder (unflavoured)</i>
† Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet				<i>e.g. PKU Anamix Junior (van/choc/unfl)</i>
† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can				<i>e.g. PKU Anamix Infant</i>
† Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can				<i>e.g. XP Maxamum</i>
† Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet				<i>e.g. Phlexy-10</i>
† Liquid 10 g protein, 4.4 g carbohydrate and 0.25 g fibre per 100 ml, 62.5 ml bottle				<i>e.g. PKU Lophlex LQ 10</i>
† Liquid 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle				<i>e.g. PKU Lophlex LQ 20</i>
† 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			<i>e.g. PKU Lophlex LQ 20</i>	
† Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 62.5 ml bottle			<i>e.g. PKU Lophlex LQ 10</i>	
† Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 125 ml bottle			<i>e.g. PKU Lophlex LQ 20</i>	
† Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 62.5 ml bottle			<i>e.g. PKU Lophlex LQ 10</i>	
† Liquid 6.7 g protein, 5.1 g carbohydrate and 2 g fat per 100 ml, 250 ml carton			<i>e.g. Easiphen</i>	
† Semi-solid 18.3 g protein, 18.5 g carbohydrate and 0.92 g fibre per 100 g, 109 g pot			<i>e.g. PKU Lophlex Sensations 20 (berries)</i>	

## Propionic Acidaemia and Methylmalonic Acidaemia Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – **Restricted** see terms [on page 223](#)

† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can	<i>e.g. MMA/PA Anamix Infant</i>
† Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can	<i>e.g. XMTVI Maxamaid</i>
† Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can	<i>e.g. XMTVI Maxamum</i>

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

PROTEIN FREE SUPPLEMENT – **Restricted** see terms [on page 223](#)

† 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 223](#)

† 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 223](#)

† 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 223](#)

† Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE – **Restricted** see terms [on page 223](#)

† Liquid, 500 ml bottle

## Specialised Formulas

### Diabetic Products

➡ **Restricted (RS1215)**

#### Initiation

Any of the following:

- 1 For patients with type I or type II diabetes suffering weight loss and malnutrition that requires nutritional support; or
- 2 For patients with pancreatic insufficiency; or
- 3 For patients who have, or are expected to, eat little or nothing for 5 days; or
- 4 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or
- 5 For use pre- and post-surgery; or
- 6 For patients being tube-fed; or
- 7 For tube-feeding as a transition from intravenous nutrition.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LOW-GI ENTERAL FEED 1 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 1,000 ml bottle.....	7.50	1,000 ml	Glucerna Select RTH (Vanilla)
† Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bag			<i>e.g. Nutrison Advanced Diason</i>
<b>LOW-GI ORAL FEED 1 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 4.5 g protein, 9.8 g carbohydrate, 4.4 g fat and 1.9 g fibre per 100 ml, can.....	2.10	237 ml	Sustagen Diabetic (Vanilla)
† Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 250 ml bottle.....	1.88	250 ml	Glucerna Select (Vanilla)
† Liquid 6 g protein, 9.5 g carbohydrate, 4.7 g fat and 2.6 g fibre per 100 ml, can.....	2.10	237 ml	Resource Diabetic (Vanilla)
† Liquid 4.9 g protein, 11.7 g carbohydrate, 3.8 g fat and 2 g fibre per 100 ml, 200 ml bottle			<i>e.g. Diasip</i>

## Elemental and Semi-Elemental Products

### ➔ **Restricted (RS1216)**

#### Initiation

Any of the following:

- 1 Malabsorption; or
- 2 Short bowel syndrome; or
- 3 Enterocutaneous fistulas; or
- 4 Eosinophilic enteritis (including oesophagitis); or
- 5 Inflammatory bowel disease; or
- 6 Acute pancreatitis where standard feeds are not tolerated; or
- 7 Patients with multiple food allergies requiring enteral feeding.

#### AMINO ACID ORAL FEED – **Restricted** see terms [above](#)

† Powder 11 g protein, 62 g carbohydrate and 1 g fat per sachet..... 4.50      80 g      Vivonex TEN

#### AMINO ACID ORAL FEED 0.8 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 ml, 250 ml carton      *e.g. Elemental 028 Extra*

#### PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 4 g protein, 17.6 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bag      *e.g. Nutrison Advanced Peptisorb*

#### PEPTIDE-BASED ENTERAL FEED 1.5 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 6.75 g protein, 18.4 g carbohydrate and 5.5 g fat per 100 ml, bottle.... 18.06      1,000 ml      Vital

#### PEPTIDE-BASED ORAL FEED – **Restricted** see terms [above](#)

† Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 100 g, 400 g can      *e.g. Peptamen Junior*

† Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can      *e.g. MCT Peptide; MCT Peptide 1+*

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PEPTIDE-BASED ORAL FEED 1 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 5 g protein, 16 g carbohydrate and 1.69 g fat per 100 ml, carton.....	4.95	237 ml	Peptamen OS 1.0 (Vanilla)

## Fat Modified Products

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

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

*e.g. Monogen*

➔ **Restricted (RS1470)**

### Initiation

Any of the following:

- 1 Patient has metabolic disorders of fat metabolism; or
- 2 Patient has a chyle leak; or
- 3 Modified as a modular feed, made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule, for adults.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

## Hepatic Products

➔ **Restricted (RS1217)**

### Initiation

For children (up to 18 years) who require a liver transplant.

**HEPATIC ORAL FEED – Restricted** see terms [above](#)

† Powder 11 g protein, 64 g carbohydrate and 20 g fat per 100 g, can ..... 78.97      400 g      Heparon Junior

## High Calorie Products

➔ **Restricted (RS1317)**

### Initiation

Any of the following:

- 1 Patient is fluid volume or rate restricted; or
- 2 Patient requires low electrolyte; or
- 3 Both:
  - 3.1 Any of the following:
    - 3.1.1 Cystic fibrosis; or
    - 3.1.2 Any condition causing malabsorption; or
    - 3.1.3 Faltering growth in an infant/child; or
    - 3.1.4 Increased nutritional requirements; and
  - 3.2 Patient has substantially increased metabolic requirements.

**ENTERAL FEED 2 KCAL/ML – Restricted** see terms [above](#)

† Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, bottle .....	5.50	500 ml	Nutrison Concentrated
† Liquid 8.4 g protein, 21.9 g carbohydrate, 9.1 g fat and 0.5 g fibre per 100 ml, bottle .....	11.00	1,000 ml	TwoCal HN RTH (Vanilla)

**ORAL FEED 2 KCAL/ML – Restricted** see terms [above](#)

† Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml, bottle .....	1.90	200 ml	Two Cal HN
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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
Per	

## 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)*

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## ➔ 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 1.6 g protein, 7.5 g carbohydrate and 3.1 g fat per 100 ml, 900 g can.....	30.42	900 g	Allerpro 1
↓ Powder 1.6 g protein, 7.8 g carbohydrate and 3.2 g fat per 100 ml, 900 g can.....	30.42	900 g	Allerpro 2
↓ Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can			<i>e.g. Aptamil Gold+ Pepti Junior</i>

## ➔ Restricted (RS1502)

### Initiation

Any of the following:

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

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

### Continuation

Both:

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

### FRUCTOSE-BASED FORMULA

Powder 14.6 g protein, 49.7 g carbohydrate and 30.8 g fat per 100 g, 400 g can	<i>e.g. Galactomin 19</i>
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LACTOSE-FREE FORMULA</b>			
Powder 1.3 g protein, 7.3 g carbohydrate and 3.5 g fat per 100 ml, 900 g can			<i>e.g. Karicare Aptamil Gold De-Lact</i>
Powder 1.5 g protein, 7.2 g carbohydrate and 3.6 g fat per 100 ml, 900 g can			<i>e.g. S26 Lactose Free</i>
<b>LOW-CALCIUM FORMULA</b>			
Powder 14.6 g protein, 53.7 g carbohydrate and 26.1 g fat per 100 g, 400 g can			<i>e.g. Locasol</i>
<b>PAEDIATRIC ORAL/ENTERAL FEED 1 KCAL/ML – <b>Restricted</b> see terms <a href="#">below</a></b>			
↓ 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
<b>→ Restricted (RS1614)</b>			
<b>Initiation – Fluid restricted or volume intolerance with faltering growth</b>			
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.			
<b>PRETERM FORMULA – <b>Restricted</b> see terms <a href="#">below</a></b>			
↓ 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			<i>e.g. Pre Nan Gold RTF</i>
↓ Liquid 2.6 g protein, 8.4 g carbohydrate and 3.9 g fat per 100 ml, 70 ml bottle			<i>e.g. Karicare Aptamil Gold+Preterm</i>
<b>→ Restricted (RS1224)</b>			
<b>Initiation</b>			
For infants born before 33 weeks' gestation or weighing less than 1.5 kg at birth.			
<b>THICKENED FORMULA</b>			
Powder 1.8 g protein, 8.1 g carbohydrate and 3.3 g fat per 100 ml, 900 g can			<i>e.g. Karicare Aptamil Thickened AR</i>

## Ketogenic Diet Products

<b>HIGH FAT FORMULA – <b>Restricted</b> see terms <a href="#">below</a></b>			
↓ 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)
<b>→ Restricted (RS1225)</b>			

### Initiation

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Paediatric Products</b>			
➔ <b>Restricted (RS1473)</b>			
<b>Initiation</b>			
Both:			
1 Child is aged one to ten years; and			
2 Any of the following:			
2.1 The child is being fed via a tube or a tube is to be inserted for the purposes of feeding; or			
2.2 Any condition causing malabsorption; or			
2.3 Faltering growth in an infant/child; or			
2.4 Increased nutritional requirements; or			
2.5 The child is being transitioned from TPN or tube feeding to oral feeding; or			
2.6 The child has eaten, or is expected to eat, little or nothing for 3 days.			
PAEDIATRIC ENTERAL FEED 0.76 KCAL/ML – <b>Restricted</b> see terms <a href="#">above</a>			
† Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat and 0.7 g fibre per 100 ml, bag.....	4.00	500 ml	Nutrini Low Energy Multifibre RTH
PAEDIATRIC ENTERAL FEED 1 KCAL/ML – <b>Restricted</b> see terms <a href="#">above</a>			
† Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag.....	2.68	500 ml	Pediasure RTH
† Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bag			<i>e.g. Nutrini RTH</i>
PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – <b>Restricted</b> see terms <a href="#">above</a>			
† Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bag.....	6.00	500 ml	Nutrini Energy Multi Fibre
† Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bag			<i>e.g. Nutrini Energy RTH</i>
PAEDIATRIC ORAL FEED 1 KCAL/ML – <b>Restricted</b> see terms <a href="#">above</a>			
† Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle .....	1.07	200 ml	Pediasure (Chocolate) Pediasure (Strawberry) Pediasure (Vanilla)
† Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, can .....	1.34	250 ml	Pediasure (Vanilla)
<i>(Pediasure (Chocolate) Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle to be delisted 1 September 2020)</i>			
<i>(Pediasure (Strawberry) Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle to be delisted 1 September 2020)</i>			
<i>(Pediasure (Vanilla) Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle to be delisted 1 September 2020)</i>			
PAEDIATRIC ORAL FEED 1.5 KCAL/ML – <b>Restricted</b> see terms <a href="#">above</a>			
† Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml bottle			<i>e.g. Fortini</i>
† Liquid 4.0 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle			<i>e.g. Fortini Multifibre</i>
<b>Renal Products</b>			
LOW ELECTROLYTE ENTERAL FEED 1.8 KCAL/ML – <b>Restricted</b> see terms <a href="#">below</a>			
† 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
➔ <b>Restricted (RS1229)</b>			
<b>Initiation</b>			
For patients with acute or chronic kidney disease.			

† Item restricted (see ➔ above); ‡ Item restricted (see ➔ below)  
*e.g. Brand* indicates brand example only. It is not a contracted product.



	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LOW ELECTROLYTE ORAL FEED – Restricted</b> see terms <a href="#">below</a>			
↓ Powder 7.5 g protein, 59 g carbohydrate and 26.3 g fat per 100 g, 400 g can			<i>e.g. Kindergen</i>
➔ <b>Restricted (RS1227)</b>			
<b>Initiation</b>			
For children (up to 18 years) with acute or chronic kidney disease.			
<b>LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML</b>			
↓ 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)
➔ <b>Restricted (RS1228)</b>			
<b>Initiation</b>			
For patients with acute or chronic kidney disease.			
<b>LOW ELECTROLYTE ORAL FEED 2 KCAL/ML – Restricted</b> see terms <a href="#">below</a>			
↓ Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, carton.....	3.31	237 ml	Novasource Renal (Vanilla)
↓ Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml bottle			
↓ Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 125 ml carton			<i>e.g. Renilon 7.5</i>
➔ <b>Restricted (RS1228)</b>			
<b>Initiation</b>			
For patients with acute or chronic kidney disease.			

## Respiratory Products

<b>LOW CARBOHYDRATE ORAL FEED 1.5 KCAL/ML – Restricted</b> see terms <a href="#">below</a>			
↓ Liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml, bottle .....	1.66	237 ml	Pulmocare (Vanilla)
<i>(Pulmocare (Vanilla) Liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml, bottle to be delisted 1 October 2020)</i>			
➔ <b>Restricted (RS1230)</b>			
<b>Initiation</b>			
For patients with CORD and hypercapnia, defined as a CO <sub>2</sub> value exceeding 55 mmHg.			

## Surgical Products

<b>HIGH ARGININE ORAL FEED 1.4 KCAL/ML – Restricted</b> see terms <a href="#">below</a>			
↓ Liquid 10.1 g protein, 15 g carbohydrate, 4.5 g fat and 0 g fibre per 100 ml, carton.....	4.00	178 ml	Impact Advanced Recovery
➔ <b>Restricted (RS1231)</b>			
<b>Initiation</b>			
Three packs per day for 5 to 7 days prior to major gastrointestinal, head or neck surgery.			
<b>PREOPERATIVE CARBOHYDRATE FEED 0.5 KCAL/ML – Restricted</b> see terms <a href="#">below</a>			
↓ Oral liq 0 g protein, 12.6 g carbohydrate and 0 g fat per 100 ml, 200 ml bottle.....	6.80	4	preOp
➔ <b>Restricted (RS1415)</b>			
<b>Initiation</b>			
Maximum of 400 ml as part of an Enhanced Recovery After Surgery (ERAS) protocol 2 to 3 hours before major abdominal surgery.			

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

### ➔ **Restricted (RS1214)**

#### Initiation

Any of the following:

For patients with malnutrition, defined as any of the following:

- 1 Any of the following:
  - 1.1 BMI < 18.5; or
  - 1.2 Greater than 10% weight loss in the last 3-6 months; or
  - 1.3 BMI < 20 with greater than 5% weight loss in the last 3-6 months; or
- 2 For patients who have, or are expected to, eat little or nothing for 5 days; or
- 3 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or
- 4 For use pre- and post-surgery; or
- 5 For patients being tube-fed; or
- 6 For tube-feeding as a transition from intravenous nutrition; or
- 7 For any other condition that meets the community Special Authority criteria.

#### ENTERAL FEED 1.5 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, bag.....	7.00	1,000 ml	Nutrison Energy
† Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag			<i>e.g. Nutrison Energy Multi Fibre</i>
† Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, can .....	1.75	250 ml	Ensure Plus HN
† Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag .....	7.00	1,000 ml	Ensure Plus HN RTH
† Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per 100 ml, bag.....	7.00	1,000 ml	Jevity HiCal RTH
<b>ENTERAL FEED 1 KCAL/ML – <b>Restricted</b> see terms <a href="#">above</a></b>			
† Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, bottle .....	5.29	1,000 ml	Osmolite RTH
† Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, bottle .....	5.29	1,000 ml	Jevity RTH
† Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bag			<i>e.g. NutrisonStdRTH; NutrisonLowSodium</i>
† Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1000 ml bag			<i>e.g. Nutrison Multi Fibre</i>

#### ENTERAL FEED 1.2 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 5.55 g protein, 15.1 g carbohydrate, 3.93 g fat and 2 g fibre per 100 ml, 1,000 ml bag			<i>e.g. Jevity Plus RTH</i>
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#### ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre per 100 ml, bottle .....	5.29	1,000 ml	Nutrison 800 Complete Multi Fibre
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ORAL FEED – Restricted</b> see terms <a href="#">on the previous page</a>			
† Powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can .....	26.00	850 g	Ensure (Chocolate) Ensure (Vanilla)
† Powder 20.8 g protein, 61 g carbohydrate and 9.4 g fat per 100 g, can .....	8.54	857 g	Fortisip (Vanilla)
† Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can .....	26.00	840 g	Sustagen Hospital Formula Active (Choc) Sustagen Hospital Formula Active (Van)
Note: Community subsidy of Sustagen Hospital Formula is subject to both Special Authority criteria and a manufacturer's surcharge. Higher subsidy by endorsement is available for patients meeting the following endorsement criteria; fat malabsorption, fat intolerance or chyle leak.			
<b>ORAL FEED 1 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml carton			<i>e.g. Resource Fruit Beverage</i>
<b>ORAL FEED 1.5 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can .....	1.33	237 ml	Ensure Plus (Vanilla)
† Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton.....	1.26	200 ml	Ensure Plus (Banana) Ensure Plus (Chocolate) Ensure Plus (Fruit of the Forest) Ensure Plus (Vanilla) <i>e.g. Fortijuice</i>
† Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle			<i>e.g. Fortisip</i>
† Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle			<i>e.g. Fortisip</i>
† Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle			<i>e.g. Fortisip Multi Fibre</i>

## Bacterial and Viral Vaccines

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

<b>†</b> Inj 30 IU diphtheria toxoid with 30IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe – <b>0% DV Sep-17 to 2020</b> .....	0.00	10	<b>Infanrix IPV</b>
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➔ **Restricted (RS1387)**

### Initiation

Any of the following:

- 1 A single dose for children up to the age of 7 who have completed primary immunisation; or
- 2 A course of up to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation; or
- 3 An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
- 4 Five doses will be funded for children requiring solid organ transplantation.

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

DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE –

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

<b>†</b> Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe (1) and inj 10 mcg haemophilus influenzae type B vaccine vial – <b>0% DV Sep-17 to 2020</b> .....	0.00	10	<b>Infanrix-hexa</b>
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➔ **Restricted (RS1478)**

### Initiation

Any of the following:

- 1 Up to four doses for children up to and under the age of 10 for primary immunisation; or
- 2 An additional four doses (as appropriate) are funded for (re-)immunisation for children up to and under the age of 10 who are patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
- 3 Up to five doses for children up to and under the age of 10 receiving solid organ transplantation.

Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

## Bacterial Vaccines

ADULT DIPHTHERIA AND TETANUS VACCINE

<b>†</b> Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe – <b>0% DV Jul-17 to 2020</b> .....	0.00	5	<b>ADT Booster</b>
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➔ **Restricted (RS1386)**

### Initiation

Any of the following:

- 1 For vaccination of patients aged 45 and 65 years old; or
- 2 For vaccination of previously unimmunised or partially immunised patients; or

continued...

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

- 3 For revaccination following immunosuppression; or
- 4 For boosting of patients with tetanus-prone wounds; or
- 5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

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

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

<p>↓ Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial Danish strain 1331, live attenuated, vial with diluent.....</p>	0.00	10	BCG Vaccine
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#### → **Restricted (RS1233)**

##### Initiation

All of the following:

For infants at increased risk of tuberculosis defined as:

- 1 Living in a house or family with a person with current or past history of TB; and
- 2 Having one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer; and
- 3 During their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000.

Note: A list of countries with high rates of TB are available at <http://www.health.govt.nz/tuberculosis> (Search for Downloads) or [www.bcgatlas.org/index.php](http://www.bcgatlas.org/index.php)

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

<p>↓ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe – <b>0% DV Sep-17 to 2020</b> .....</p>	0.00	1 10	<b>Boostrix</b> <b>Boostrix</b>
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#### → **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](#)

<p>↓ Haemophilus Influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml – <b>0% DV Sep-17 to 2020</b> .....</p>	0.00	1	<b>Hiberix</b>
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#### → **Restricted (RS1520)**

##### Initiation

*Therapy limited to 1 dose*

Any of the following:

- 1 For primary vaccination in children; or

continued...

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

<p>‡ Inj 4 mcg or each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial –</p> <p><b>0% DV Jul-17 to 2020</b>.....</p>	0.00	1	<b>Menactra</b>
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→ **Restricted (RS1719)**

### Initiation

Either:

- 1 Any of the following:
  - 1.1 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
  - 1.2 One dose for close contacts of meningococcal cases; or
  - 1.3 A maximum of two doses for bone marrow transplant patients; or
  - 1.4 A maximum of two doses for patients following immunosuppression\*; or
- 2 Both:
  - 2.1 Person is aged between 13 and 25 years, inclusive; and
  - 2.2 Either:
    - 2.2.1 One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons; or
    - 2.2.2 One dose for individuals who are currently living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons, from 1 December 2019 to 30 November 2020.

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](#)

<p>‡ Inj 10 mcg in 0.5 ml syringe – <b>0% DV Jul-17 to 2020</b>.....</p>	0.00	1	<b>Neisvac-C</b>
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→ **Restricted (RS1482)**

### Initiation

Any of the following:

- 1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
- 2 One dose for close contacts of meningococcal cases; or
- 3 A maximum of two doses for bone marrow transplant patients; or
- 4 A maximum of two doses for patients following immunosuppression\*.

Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

\*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

## PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – **Restricted** see terms [on the next page](#)

<p>‡ mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe – <b>0% DV Sep-17 to 2020</b>.....</p>	0.00	10	<b>Synflorix</b>
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1585)**

**Initiation**

Either:

- 1 A primary course of four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or
- 2 Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV13.

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

PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – **Restricted** see terms [below](#)

↓ Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5 ml syringe .....	0.00	1	Prevenar 13
		10	Prevenar 13

➔ **Restricted (RS1586)**

**Initiation – High risk children who have received PCV10**

*Therapy limited to 1 dose*

One dose is funded for high risk children (over the age of 17 months and under 18 years) who have previously received four doses of PCV10.

**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 [on the next page](#)

↓ Inj 575 mcg in 0.5 ml pre-filled syringe (25 mcg of each pneumococcal serotype) – 0% DV Jul-17 to 2020 .....	0.00	1	Pneumovax 23
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## ➔ Restricted (RS1587)

### Initiation – High risk patients

Therapy limited to 3 doses

For patients with HIV, for patients post haematopoietic stem cell transplant, or chemotherapy; pre- or post-splenectomy; or with functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency.

### Initiation – High risk children

Therapy limited to 2 doses

Both:

- 1 Patient is a child under 18 years for (re-)immunisation; and
- 2 Any of the following:
  - 2.1 On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
  - 2.2 With primary immune deficiencies; or
  - 2.3 With HIV infection; or
  - 2.4 With renal failure, or nephrotic syndrome; or
  - 2.5 Who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
  - 2.6 With cochlear implants or intracranial shunts; or
  - 2.7 With cerebrospinal fluid leaks; or
  - 2.8 Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
  - 2.9 With chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
  - 2.10 Pre term infants, born before 28 weeks gestation; or
  - 2.11 With cardiac disease, with cyanosis or failure; or
  - 2.12 With diabetes; or
  - 2.13 With Down syndrome; or
  - 2.14 Who are pre-or post-splenectomy, or with functional asplenia.

### Initiation – Testing for primary immunodeficiency diseases

For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

SALMONELLA TYPHI VACCINE – **Restricted** see terms [below](#)

⚡ Inj 25 mcg in 0.5 ml syringe

## ➔ Restricted (RS1243)

### Initiation

For use during typhoid fever outbreaks.

## Viral Vaccines

HEPATITIS A VACCINE – **Restricted** see terms [below](#)

⚡ Inj 720 ELISA units in 0.5 ml syringe – 0% DV Sep-17 to 2020 .....	0.00	1	Havrix Junior
⚡ Inj 1440 ELISA units in 1 ml syringe – 0% DV Sep-17 to 2020 .....	0.00	1	Havrix

## ➔ Restricted (RS1638)

### Initiation

Any of the following:

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

HEPATITIS B RECOMBINANT VACCINE

⚡ Inj 5 mcg in 0.5 ml vial – 0% DV Jul-17 to 2020 .....	0.00	1	HBvaxPRO
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔ Restricted (RS1588)</b>			
<b>Initiation</b>			
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 10 mcg in 1 ml vial.....	0.00	1	HBvaxPRO
<b>➔ Restricted (RS1588)</b>			
<b>Initiation</b>			
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
<b>➔ Restricted (RS1671)</b>			
<b>Initiation</b>			
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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## ➔ Restricted (RS1413)

### Initiation

Both:

- 1 For dialysis patients; and
- 2 For liver or kidney transplant patient.

HUMAN PAPILLOMAVIRUS (6, 11, 16, 18, 31, 33, 45, 52 AND 58) VACCINE [HPV] – **Restricted** see terms [below](#)

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

## ➔ Restricted (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 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine).....9.00 1 Afluria Quad Junior (2020 Formulation)

## ➔ 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:

continued...

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

- 1 Diabetes; or
- 2 Chronic renal disease; or
- 3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
- 4 Autoimmune disease; or
- 5 Immune suppression or immune deficiency; or
- 6 HIV; or
- 7 Transplant recipient; or
- 8 Neuromuscular and CNS diseases/ disorders; or
- 9 Haemoglobinopathies; or
- 10 Is a child on long term aspirin; or
- 11 Has a cochlear implant; or
- 12 Errors of metabolism at risk of major metabolic decompensation; or
- 13 Pre and post splenectomy; or
- 14 Down syndrome; or
- 15 Child who has been hospitalised for respiratory illness or has a history of significant respiratory illness.

↓ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).....	90.00	10	Afluria Quad (2020 Formulation)
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#### → Restricted (RS1674)

##### Initiation – People over 65

The patient is 65 years of age or over.

##### Initiation – cardiovascular disease for patients 3 years and over

Any of the following:

- 1 Ischaemic heart disease; or
- 2 Congestive heart failure; or
- 3 Rheumatic heart disease; or
- 4 Congenital heart disease; or
- 5 Cerebro-vascular disease.

Note: hypertension and/or dyslipidaemia without evidence of end-organ disease is excluded from funding.

##### Initiation – chronic respiratory disease for patients 3 years and over

Either:

- 1 Asthma, if on a regular preventative therapy; or
- 2 Other chronic respiratory disease with impaired lung function.

Note: asthma not requiring regular preventative therapy is excluded from funding.

##### Initiation – Other conditions for patients 3 years and over

Either:

- 1 Any of the following:
  - 1.1 Diabetes; or
  - 1.2 chronic renal disease; or
  - 1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
  - 1.4 Autoimmune disease; or
  - 1.5 Immune suppression or immune deficiency; or
  - 1.6 HIV; or
  - 1.7 Transplant recipient; or
  - 1.8 Neuromuscular and CNS diseases/ disorders; or
  - 1.9 Haemoglobinopathies; or
  - 1.10 Is a child on long term aspirin; or
  - 1.11 Has a cochlear implant; or

continued...

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

- 1.12 Errors of metabolism at risk of major metabolic decompensation; or
- 1.13 Pre and post splenectomy; or
- 1.14 Down syndrome; or
- 1.15 Is pregnant; or
- 1.16 Is a child aged four and under who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or
- 2 Patients in a long-stay inpatient mental health care unit or who are compulsorily detained long-term in a forensic unit within a DHB hospital.

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

<b>¶</b> Injection, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml – <b>0% DV Sep-17 to 2020</b> .....	0.00	10	<b>Priorix</b>
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➔ **Restricted (RS1487)**

### Initiation – first dose prior to 12 months

*Therapy limited to 3 doses*

Any of the following:

- 1 For primary vaccination in children; or
- 2 For revaccination following immunosuppression; or
- 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](#)

<b>¶</b> Inj 80 D-antigen units in 0.5 ml syringe – <b>0% DV Jul-17 to 2020</b> .....	0.00	1	<b>IPOL</b>
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➔ **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](#)

<b>¶</b> Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator – <b>0% DV Sep-17 to 2020</b> .....	0.00	10	<b>Rotarix</b>
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➔ **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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>VARICELLA VACCINE [CHICKENPOX VACCINE] – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 2000 PFU prefilled syringe plus vial – <b>0% DV Sep-17 to 2020</b> .....	0.00	1	<b>Varilrix</b>
		10	<b>Varilrix</b>

→ **Restricted (RS1591)**

**Initiation – primary vaccinations**

*Therapy limited to 1 dose*

Either:

- Any infant born on or after 1 April 2016; or
- For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox).

**Initiation – other conditions**

*Therapy limited to 2 doses*

Any of the following:

- Any of the following:
  - for non-immune patients:
    - With chronic liver disease who may in future be candidates for transplantation; or
    - With deteriorating renal function before transplantation; or
    - Prior to solid organ transplant; or
    - Prior to any elective immunosuppression\*; or
    - For post exposure prophylaxis who are immune competent inpatients; or
  - For patients at least 2 years after bone marrow transplantation, on advice of their specialist; or
  - For patients at least 6 months after completion of chemotherapy, on advice of their specialist; or
  - For HIV positive patients non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist; or
  - For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella; or
  - 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
  - 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	<b>Zostavax</b>
		10	<b>Zostavax</b>

→ **Restricted (RS1720)**

**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 December 2020.

## Diagnostic Agents

**TUBERCULIN PPD [MANTOUX] TEST**

Inj 5 TU per 0.1 ml, 1 ml vial – <b>0% DV Jul-17 to 2020</b> .....	0.00	1	<b>Tubersol</b>
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## PART III: OPTIONAL PHARMACEUTICALS

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

<b>- Symbols -</b>		
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Alfacalcidol .....	22	
Alfamino Junior .....	229	
Alfentanil .....	108	
Alglucosidase alfa .....	13	
Alinia .....	84	
Allerpro 1 .....	230	
Allerpro 2 .....	230	
Allersoothe .....	196	
Almercac .....	131	
Allopurinol .....	98	
Alpha tocopheryl .....	22	
Alpha tocopheryl acetate .....	22	
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