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Editor:

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

Freephone Information Line

0800 66 00 50 (9am – 5pm weekdays)

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Programmers

Anrik Drenth & John Geering

email: texschedule@pharmac.govt.nz

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

Part II	Alimentary Tract and Metabolism	5
	Blood and Blood Forming Organs	24
	Cardiovascular System	38
	Dermatologicals	52
	Genito-Urinary System	58
	Hormone Preparations	62
	Infections	72
	Musculoskeletal System	94
	Nervous System	103
	Oncology Agents and Immunosuppressants	128
	Respiratory System and Allergies	204
	Sensory Organs	212
	Various	219
	Extemporaneous Compounds (ECPs)	227
	Special Foods	230
	Vaccines	245

Part III	Optional Pharmaceuticals	256
-----------------	---------------------------------	------------

Index	257
--------------	------------

Introducing PHARMAC

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

PHARMAC's role:

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

New Zealand Public Health and Disability Act 2000

To ensure our decisions are as fair and robust as possible we use a decision-making process that incorporates clinical, economic and commercial issues. We also seek the views of users and the wider community through consultation. The processes we generally use are outlined in our Operating Policies and Procedures.

Further information about PHARMAC and the way we make funding decisions can be found on the PHARMAC website at <http://www.pharmac.health.nz/about>.

Glossary

Units of Measure

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

Abbreviations

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

HSS Hospital Supply Status

Guide to Section H listings

Example

ANATOMICAL HEADING			
	Price (ex man. Excl. GST) \$	Per	Brand or Generic Manufacturer
THERAPEUTIC HEADING			
Generic name listed by therapeutic group and subgroup	CHEMICAL A - Restricted see terms below ⚡ Presentation A.....10.00	100	Brand A
	➡ Restricted Only for use in children under 12 years of age		Brand or manufacturer's name
Indicates only presentation B1 is Restricted	CHEMICAL B - Some items restricted see terms below ⚡ Presentation B1.....1,589,00 Presentation B2 ➡ Restricted Oncologist or haematologist	1	Brand B1 e.g. Brand B2
From 1 January 2012 to 30 June 2014, at least 99% of the total volume of this item purchased must be Brand C	CHEMICAL C Presentation C - -1% DV Limit Jan-12 to 201415.00	28	Brand C
	CHEMICAL D - Restricted see terms below ⚡ Presentation D - -1% DV Limit Mar-13 to 201438.65	500	Brand D
Standard national price excluding GST	➡ Restricted <i>Limited to five weeks' treatment</i> Either: 1 For the prophylaxis of venous thromboembolism following a total hip replacement; or 2 For the prophylaxis of venous thromboembolism following a total knee replacement.		Quantity the Price applies to
Form and strength	CHEMICAL E Presentation E		e.g. Brand E
			Not a contracted product
⚡ Item restricted (see above); ⚡ Item restricted (see below) Products with Hospital Supply Status (HSS) are in bold			

PART I: GENERAL RULES

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Antacids and Antiflatulents			
Antacids and Reflux Barrier Agents			
ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETICONE			
Tab 200 mg with magnesium hydroxide 200 mg and simeticone 20 mg			<i>e.g. Mylanta</i>
Oral liq 400 mg with magnesium hydroxide 400 mg and simeticone 30 mg per 5 ml			<i>e.g. Mylanta Double Strength</i>
SIMETICONE			
Oral drops 100 mg per ml			
Oral drops 20 mg per 0.3 ml			
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)			
Phosphate Binding Agents			
ALUMINIUM HYDROXIDE			
Tab 600 mg			
CALCIUM CARBONATE – Restricted see terms below			
↓ Oral liq 250 mg per ml (100 mg elemental per ml)	39.00	500 ml	Roxane
→ Restricted (RS1698)			
Initiation			
Only when prescribed for patients unable to swallow calcium carbonate tablets or where calcium carbonate tablets are inappropriate..			
Antidiarrhoeals and Intestinal Anti-Inflammatory Agents			
Antipropulsives			
DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE			
Tab 2.5 mg with atropine sulphate 25 mcg			
LOPERAMIDE HYDROCHLORIDE			
Tab 2 mg	10.75	400	Nodia
Cap 2 mg – 1% DV Oct-19 to 2022	6.25	400	Diamide Relief
Rectal and Colonic Anti-Inflammatories			
BUDESONIDE – Restricted see terms on the next page			
↓ Cap 3 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1723)			
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.			
Initiation – non-cirrhotic autoimmune hepatitis			
<i>Re-assessment required after 6 months</i>			
All of the following:			
1	Patient has autoimmune hepatitis*; and		
2	Patient does not have cirrhosis; and		
3	Any of the following:		
3.1	Diabetes; or		
3.2	Cushingoid habitus; or		
3.3	Osteoporosis where there is significant risk of fracture; or		
3.4	Severe acne following treatment with conventional corticosteroid therapy; or		
3.5	History of severe psychiatric problems associated with corticosteroid treatment; or		
3.6	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		
3.7	Relapse during pregnancy (where conventional corticosteroids are considered to be contraindicated); or		
3.8	Adolescents with poor linear growth (where conventional corticosteroid use may limit further growth).		
Note: Indications marked with * are unapproved indications.			
Continuation – non-cirrhotic autoimmune hepatitis			
<i>Re-assessment required after 6 months</i>			
Treatment remains appropriate and the patient is benefitting from the treatment.			
HYDROCORTISONE ACETATE			
Rectal foam 10%, CFC free (14 applications)	26.55	21.1 g	Colifoam
HYDROCORTISONE ACETATE WITH PRAMOXINE HYDROCHLORIDE			
Topical Aerosol foam, 1% with pramoxine hydrochloride 1%			
MESALAZINE			
Tab EC 400 mg	49.50	100	Asacol
Tab EC 500 mg	49.50	100	Asamax
Tab long-acting 500 mg – 1% DV Jul-20 to 2023	56.10	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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
OLSALAZINE			
Tab 500 mg	93.37	100	Dipentum
Cap 250 mg	53.00	100	Dipentum
SODIUM CROMOGLICATE			
Cap 100 mg			
SULFASALAZINE			
Tab 500 mg	14.00	100	Salazopyrin
Tab EC 500 mg – 1% DV Dec-19 to 2022	15.53	100	Salazopyrin EN

Local Preparations for Anal and Rectal Disorders

Antihaemorrhoidal Preparations

CINCHOCAINE HYDROCHLORIDE WITH HYDROCORTISONE			
Oint 5 mg with hydrocortisone 5 mg per g	15.00	30 g	Proctosedyl
Suppos 5 mg with hydrocortisone 5 mg per g	9.90	12	Proctosedyl
FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE			
Oint 950 mcg with fluocortolone pivalate 920 mcg and cinchocaine hydrochloride 5 mg per g	6.35	30 g	Ultraproct
Suppos 630 mcg with fluocortolone pivalate 610 mcg and cinchocaine hydrochloride 1 mg	2.66	12	Ultraproct

Management of Anal Fissures

GLYCERYL TRINITRATE			
Oint 0.2%	22.00	30 g	Rectogesic

Rectal Sclerosants

OILY PHENOL [PHENOL OILY]			
Inj 5%, 5 ml vial			

Antispasmodics and Other Agents Altering Gut Motility

GLYCOPYRRONIUM BROMIDE			
Inj 200 mcg per ml, 1 ml ampoule	17.14	10	Max Health
HYOSCINE BUTYLBROMIDE			
Tab 10 mg – 1% DV Dec-17 to 2020	8.75	100	Buscopan
Inj 20 mg, 1 ml ampoule – 1% DV Jul-20 to 2023	6.35	5	Buscopan
MEBEVERINE HYDROCHLORIDE			
Tab 135 mg – 1% DV Jul-20 to 2023	9.20	90	Colofac

Antiulcerants

Antisecretory and Cytoprotective

MISOPROSTOL			
Tab 200 mcg	41.50	120	Cytotec

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
H2 Antagonists			
CIMETIDINE			
Tab 200 mg			
Tab 400 mg			
FAMOTIDINE			
Tab 20 mg			
Tab 40 mg			
Inj 10 mg per ml, 2 ml vial			
Inj 10 mg per ml, 4 ml vial			
RANITIDINE – Restricted see terms below			
⚡ Tab 150 mg – 1% DV Oct-17 to 2020.....	12.91	500	Ranitidine Relief
⚡ Tab 300 mg – 1% DV Oct-17 to 2020.....	18.21	500	Ranitidine Relief
⚡ Oral liq 150 mg per 10 ml – 1% DV Oct-17 to 2020	5.14	300 ml	Peptisooth
⚡ Inj 25 mg per ml, 2 ml ampoule	13.40	5	Zantac
➡ Restricted (RS1703)			
Initiation			
Either:			
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
SUCRALFATE			
Tab 1 g			

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

Bile and Liver Therapy

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

↓ Grans for oral liquid 3 g

→ **Restricted (RS1261)**

Initiation

For patients with chronic hepatic encephalopathy who have not responded to treatment with, or are intolerant to lactulose, or where lactulose is contraindicated.

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

↓ Tab 550 mg – 1% DV Sep-17 to 2020 625.00 56 **Xifaxan**

→ **Restricted (RS1416)**

Initiation

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

Diabetes

Alpha Glucosidase Inhibitors

ACARBOSE

Tab 50 mg – 1% DV Sep-18 to 2021 3.50 90 **Glucobay**

Tab 100 mg – 1% DV Sep-18 to 2021 6.40 90 **Glucobay**

Hyperglycaemic Agents

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

↓ 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**

→ **Restricted (RS1028)**

Initiation

For patients with confirmed hypoglycaemia caused by hyperinsulinism.

GLUCAGON HYDROCHLORIDE

Inj 1 mg syringe kit – 1% DV Jul-20 to 2023 32.00 1 **Glucagen Hypokit**

GLUCOSE [DEXTROSE]

Tab 1.5 g

Tab 3.1 g

Tab 4 g

Gel 40%

GLUCOSE WITH SUCROSE AND FRUCTOSE

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

Insulin - Intermediate-Acting Preparations

INSULIN ASPART WITH INSULIN ASPART PROTAMINE

Inj insulin aspart 30% with insulin aspart protamine 70%, 100 u per ml,
3 ml prefilled pen 52.15 5 **NovoMix 30 FlexPen**

INSULIN ISOPHANE

Inj insulin human 100 u per ml, 10 ml vial

Inj insulin human 100 u per ml, 3 ml cartridge

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE			
Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge.....	42.66	5	Humalog Mix 25
Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge.....	42.66	5	Humalog Mix 50
INSULIN NEUTRAL WITH INSULIN ISOPHANE			
Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 10 ml vial			
Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 3 ml cartridge			
Inj insulin neutral 40% with insulin isophane 60%, 100 u per ml, 3 ml cartridge			
Inj insulin neutral 50% with insulin isophane 50%, 100 u per ml, 3 ml cartridge			
Insulin - Long-Acting Preparations			
INSULIN GLARGINE			
Inj 100 u per ml, 3 ml disposable pen.....	94.50	5	Lantus SoloStar
Inj 100 u per ml, 3 ml cartridge.....	94.50	5	Lantus
Inj 100 u per ml, 10 ml vial.....	63.00	1	Lantus
Insulin - Rapid-Acting Preparations			
INSULIN ASPART			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
Inj 100 u per ml, 3 ml syringe	51.19	5	NovoRapid FlexPen
INSULIN GLULISINE			
Inj 100 u per ml, 10 ml vial.....	27.03	1	Apidra
Inj 100 u per ml, 3 ml cartridge.....	46.07	5	Apidra
Inj 100 u per ml, 3 ml disposable pen.....	46.07	5	Apidra Solostar
INSULIN LISPRO			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
Insulin - Short-Acting Preparations			
INSULIN NEUTRAL			
Inj human 100 u per ml, 10 ml vial			
Inj human 100 u per ml, 3 ml cartridge			
Oral Hypoglycaemic Agents			
GLIBENCLAMIDE			
Tab 5 mg – 1% DV Oct-18 to 2021.....	6.00	100	Daonil
GLICLAZIDE			
Tab 80 mg – 1% DV Sep-17 to 2020.....	10.29	500	Glizide
GLIPIZIDE			
Tab 5 mg – 1% DV Dec-18 to 2021.....	3.27	100	Minidiab

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METFORMIN HYDROCHLORIDE			
Tab immediate-release 500 mg – 1% DV Feb-19 to 2021	8.63	1,000	Apotex
Tab immediate-release 850 mg – 1% DV Feb-19 to 2021	7.04	500	Apotex
PIOGLITAZONE			
Tab 15 mg – 1% DV Oct-18 to 2021	3.47	90	Vexazone
Tab 30 mg – 1% DV Oct-18 to 2021	5.06	90	Vexazone
Tab 45 mg – 1% DV Oct-18 to 2021	7.10	90	Vexazone
VILDAGLIPTIN			
Tab 50 mg	40.00	60	Galvus
VILDAGLIPTIN WITH METFORMIN HYDROCHLORIDE			
Tab 50 mg with 1,000 mg metformin hydrochloride	40.00	60	Galvumet
Tab 50 mg with 850 mg metformin hydrochloride	40.00	60	Galvumet

Digestives Including Enzymes

PANCREATIC ENZYME

Cap pancreatin (175 mg (25,000 U lipase, 22,500 U amylase, 1,250 U protease))

Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) – **1% DV Sep-18 to 2021** 34.93 100 **Creon 10000**

Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U) – **1% DV Sep-18 to 2021** 94.38 100 **Creon 25000**

Modified release granules pancreatin 60.12 mg (amylase 3,600 Ph Eur U, lipase 5,000 Ph Eur U, protease 200 Ph Eur U) 34.93 20 g Creon Micro

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 **Ursosan**

→ **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

continued...

ALIMENTARY TRACT AND METABOLISM

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

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

Initiation – Total parenteral nutrition induced cholestasis

Both:

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

Laxatives

Bowel-Cleansing Preparations

CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE

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

e.g. PicoPrep

MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE

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

e.g. Glycoprep-C

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

e.g. Glycoprep-C

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

Powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulphate 5.685 g per sachet – 1% DV Aug-19 to 2022

14.31 4 **Klean Prep**

Bulk-Forming Agents

ISPAGHULA (PSYLLIUM) HUSK

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

500 g **Konsyl-D**

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

➡ Powder for oral soln

Faecal Softeners

DOCUSATE SODIUM

Tab 50 mg – 1% DV Sep-17 to 2020 2.31

100 **Coloxyl**

Tab 120 mg – 1% DV Sep-17 to 2020 3.13

100 **Coloxyl**

DOCUSATE SODIUM WITH SENNOSIDES

Tab 50 mg with sennosides 8 mg – 1% DV Jun-18 to 2021 3.10

200 **Laxsol**

PARAFFIN

Oral liquid 1 mg per ml

Enema 133 ml

POLOXAMER

Oral drops 10% – 1% DV Sep-17 to 2020 3.78

30 ml **Coloxyl**

Opioid Receptor Antagonists - Peripheral

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

⚡ Inj 12 mg per 0.6 ml vial 36.00

246.00 1 **Relistor**

7 **Relistor**

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ Restricted (RS1601)

Initiation – Opioid induced constipation

Both:

- 1 The patient is receiving palliative care; and
- 2 Either:
 - 2.1 Oral and rectal treatments for opioid induced constipation are ineffective; or
 - 2.2 Oral and rectal treatments for opioid induced constipation are unable to be tolerated.

Osmotic Laxatives

GLYCEROL

Suppos 1.27 g			
Suppos 2.55 g			
Suppos 3.6 g – 1% DV Oct-18 to 2021	9.25	20	PSM

LACTULOSE

Oral liq 10 g per 15 ml – 1% DV Nov-19 to 2022	3.33	500 ml	Laevolac
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MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE

Powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg

Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – 1% DV

Feb-18 to 2020	6.78	30	Molaxole
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SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE

Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml – 1%

DV Nov-19 to 2022	29.98	50	Micolette
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SODIUM PHOSPHATE WITH PHOSPHORIC ACID

Oral liq 16.4% with phosphoric acid 25.14%

Enema 10% with phosphoric acid 6.58%	2.50	1	Fleet Phosphate Enema
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Stimulant Laxatives

BISACODYL

Tab 5 mg – 1% DV Sep-18 to 2021	5.99	200	Lax-Tabs
Suppos 10 mg – 1% DV Sep-18 to 2021	3.74	10	Lax-Suppositories

SENNOSIDES

Tab 7.5 mg

Metabolic Disorder Agents

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

⚠ Inj 50 mg vial	1,142.60	1	Myozyme
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➔ Restricted (RS1750)

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

continued...

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

- 2 Any of the following:
 - 2.1 Diagnosis confirmed by documented deficiency of acid alpha-glucosidase by prenatal diagnosis using chorionic villus biopsies and/or cultured amniotic cells; or
 - 2.2 Documented deficiency of acid alpha-glucosidase, and urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides; or
 - 2.3 Documented deficiency of acid alpha-glucosidase, and documented molecular genetic testing indicating a disease-causing mutation in the acid alpha-glucosidase gene (GAA gene); or
 - 2.4 Documented urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides, and molecular genetic testing indicating a disease-causing mutation in the GAA gene; and
- 3 Patient has not required long-term invasive ventilation for respiratory failure prior to starting enzyme replacement therapy (ERT); and
- 4 Patient does not have another life-threatening or severe disease where the prognosis is unlikely to be influenced by ERT or might be reasonably expected to compromise a response to ERT; and
- 5 Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks.

Continuation

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 (RS1751)**

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

Re-assessment required after 12 months

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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** (RS1752)

Initiation

Metabolic physician

Re-assessment required after 12 months

Both:

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

Continuation

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.

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

⚡ Inj 100 U per ml, 5 ml vial 1,335.16 1 Aldurazyme

➡ **Restricted (RS1607)**

Initiation

Metabolic physician

Limited to 24 weeks treatment

All of the following:

- 1 The patient has been diagnosed with Hurler Syndrome (mucopolysaccharidosis I-H); and
- 2 Either:
 - 2.1 Diagnosis confirmed by demonstration of alpha-L-iduronidase deficiency in white blood cells by either enzyme assay in cultured skin fibroblasts; or
 - 2.2 Detection of two disease causing mutations in the alpha-L-iduronidase gene and patient has a sibling who is known to have Hurler syndrome; and
- 3 Patient is going to proceed with a haematopoietic stem cell transplant (HSCT) within the next 3 months and treatment with laronidase would be bridging treatment to transplant; and
- 4 Patient has not required long-term invasive ventilation for respiratory failure prior to starting Enzyme Replacement Therapy (ERT); and
- 5 Laronidase to be administered for a total of 24 weeks (equivalent to 12 weeks pre- and 12 post-HSCT) at doses no greater than 100 units/kg every week.

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

⚡ Cap 500 mg

⚡ Oral soln 1,000 mg per 10 ml

⚡ Oral soln 1,100 mg per 15 ml

⚡ Inj 200 mg per ml, 5 ml vial

➡ **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 (RS1753)**

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

Re-assessment required after 12 months

All of the following:

- 1 Either:

continued...

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

- 1.1 Following the initial one-month approval, the patient has demonstrated an adequate response to a 2 to 4 week trial of sapropterin with a clinically appropriate reduction in phenylalanine levels to support management of PKU during pregnancy; or
- 1.2 On subsequent renewal applications, the patient has previously demonstrated response to treatment with sapropterin and maintained adequate phenylalanine levels to support management of PKU during pregnancy; and
- 2 Any of the following:
 - 2.1 Patient continues to be pregnant and treatment with sapropterin will not continue after delivery; or
 - 2.2 Patient is actively planning a pregnancy and this is the first renewal for treatment with sapropterin; or
 - 2.3 Treatment with sapropterin is required for a second or subsequent pregnancy to support management of their PKU during pregnancy; and
- 3 Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and
- 4 Sapropterin to be used alone or in combination with PKU dietary management; and
- 5 Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery.

SODIUM BENZOATE

Cap 500 mg
Powder
Soln 100 mg per ml
Inj 20%, 10 ml ampoule

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

Tab 500 mg
↓ Grans 483 mg per g 1,920.00 174 g Pheburane
Oral liq 250 mg per ml
Inj 200 mg per ml, 10 ml ampoule

➔ **Restricted (RS1754)****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*Re-assessment required after 12 months*

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

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

↓ Inj 200 unit vial 1,072.00 1 Elelyso

➔ **Restricted (RS1034)****Initiation**

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

TRIENTINE DIHYDROCHLORIDE

Cap 300 mg

Minerals**Calcium****CALCIUM CARBONATE**

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

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Fluoride			
SODIUM FLUORIDE			
Tab 1.1 mg (0.5 mg elemental)			
Iodine			
POTASSIUM IODATE			
Tab 253 mcg (150 mcg elemental iodine) – 1% DV Mar-19 to 2020	4.69	90	NeuroTabs
POTASSIUM IODATE WITH IODINE			
Oral liq 10% with iodine 5%			
Iron			
FERRIC CARBOXYMALTOSE – Restricted see terms below			
‡ Inj 50 mg per ml, 10 ml vial.....	150.00	1	Ferinject
➔ Restricted (RS1417)			
Initiation			
Treatment with oral iron has proven ineffective or is clinically inappropriate.			
FERROUS FUMARATE			
Tab 200 mg (65 mg elemental) – 1% DV Jan-19 to 2021	3.09	100	Ferro-tab
FERROUS FUMARATE WITH FOLIC ACID			
Tab 310 mg (100 mg elemental) with folic acid 350 mcg – 1% DV Jun-18 to 2021.....	4.68	60	Ferro-F-Tabs
FERROUS GLUCONATE WITH ASCORBIC ACID			
Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg			
FERROUS SULFATE			
Oral liq 30 mg (6 mg elemental) per ml – 1% DV Nov-19 to 2022.....	12.08	500 ml	Ferodan
FERROUS SULPHATE			
Tab long-acting 325 mg (105 mg elemental) – 1% DV Jun-18 to 2021.....	2.06	30	Ferrograd
FERROUS SULPHATE WITH ASCORBIC ACID			
Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg			
IRON POLYMALTOSE			
Inj 50 mg per ml, 2 ml ampoule	34.50	5	Ferrosig
IRON SUCROSE			
Inj 20 mg per ml, 5 ml ampoule	100.00	5	Venofer
Magnesium			
MAGNESIUM AMINO ACID CHELATE			
Cap 750 mg (150 mg elemental)			
MAGNESIUM CHLORIDE			
Inj 1 mmol per 1 ml, 100 ml bag			
MAGNESIUM HYDROXIDE			
Tab 311 mg (130 mg elemental)			
MAGNESIUM OXIDE			
Cap 663 mg (400 mg elemental)			
Cap 696 mg (420 mg elemental)			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MAGNESIUM OXIDE WITH MAGNESIUM ASPARTATE, MAGNESIUM AMINO ACID CHELATE AND MAGNESIUM CITRATE			
Cap 500 mg with magnesium aspartate 100 mg, magnesium amino acid chelate 100 mg and magnesium citrate 100 mg (360 mg elemental magnesium)			
MAGNESIUM SULPHATE			
Inj 0.4 mmol per ml, 250 ml bag			
Inj 2 mmol per ml, 5 ml ampoule – 1% DV Sep-17 to 2020	10.21	10	DBL
Inj 100 mg per ml, 50 ml bag			

Zinc

ZINC

Oral liq 5 mg per 5 drops

ZINC CHLORIDE

Inj 5.3 mg per ml (5.1 mg per ml elemental), 2 ml ampoule

ZINC SULPHATE

Cap 137.4 mg (50 mg elemental) – **1% DV Dec-19 to 2022**..... 11.00 100 **Zincaps**

Mouth and Throat

Agents Used in Mouth Ulceration

BENZYDAMINE HYDROCHLORIDE

Soln 0.15%

Spray 0.15%

Spray 0.3%

BENZYDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE

Lozenge 3 mg with cetylpyridinium chloride

CARBOXYMETHYLCELLULOSE

Oral spray

CARMELLOSE SODIUM WITH PECTIN AND GELATINE

Paste

Powder

CHLORHEXIDINE GLUCONATE

Mouthwash 0.2% 2.57 200 ml healthE

(healthE Mouthwash 0.2% to be delisted 1 November 2020)

CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE

Adhesive gel 8.7% with cetalkonium chloride 0.01%

DICHLOROBENZYL ALCOHOL WITH AMYLMETACRESOL

Lozenge 1.2 mg with amylmetacresol 0.6 mg

TRIAMCINOLONE ACETONIDE

Paste 0.1% – **1% DV Sep-17 to 2020** 5.33 5 g **Kenalog in Orabase**

Oropharyngeal Anti-Infectives

AMPHOTERICIN B

Lozenge 10 mg 5.86 20 Fungilin

MICONAZOLE

Oral gel 20 mg per g – **1% DV Sep-18 to 2021** 4.74 40 g **Decozol**

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
NYSTATIN			
Oral liquid 100,000 u per ml – 1% DV Oct-17 to 2020.....	1.95	24 ml	Nilstat

Other Oral Agents

HYALURONIC ACID WITH LIDOCAINE [LIGNOCAINE]

Inj 20 mg per ml

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

↓ Inj 20 mg per ml, 1 ml syringe

→ **Restricted (RS1175)**

Otolaryngologist

THYMOL GLYCERIN

Compound, BPC.....9.15 500 ml PSM

Vitamins

Multivitamin Preparations

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

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

→ **Restricted (RS1498)**

Initiation

Limited to 3 months treatment

Both:

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

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

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

→ **Restricted (RS1499)**

Initiation

Either:

- 1 The patient has chronic kidney disease and is receiving either peritoneal dialysis or haemodialysis; or
- 2 The patient has chronic kidney disease grade 5, defined as patient with an estimated glomerular filtration rate of < 15 ml/min/1.73m² body surface area (BSA).

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MULTIVITAMINS			
Tab (BPC cap strength) – 1% DV Mar-20 to 2022	11.45	1,000	Mvite
↓ cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 11 mcg, alpha tocopherol 150 u, phytomenadione 150 mcg, folic acid 0.2 mg, ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 mg, riboflavin 1.7 mg, niacin 20 mg, pyridoxine hydrochloride 1.9 mg, cyanocobalamin 3 mcg, zinc 7.5 mg and biotin 100 mcg			<i>e.g. Vitabdeck</i>
→ Restricted (RS1620)			
Initiation			
Any of the following:			
1 Patient has cystic fibrosis with pancreatic insufficiency; or			
2 Patient is an infant or child with liver disease or short gut syndrome; or			
3 Patient has severe malabsorption syndrome.			
↓ Powder vitamin A 4200 mcg with vitamin D 155.5 mcg, vitamin E 21.4 mg, vitamin C 400 mg, vitamin K1 166 mcg thiamine 3.2 mg, riboflavin 4.4 mg, niacin 35 mg, vitamin B6 3.4 mg, folic acid 303 mcg, vitamin B12 8.6 mcg, biotin 214 mcg, pantothenic acid 17 mg, choline 350 mg and inositol 700 mg			<i>e.g. Paediatric Seravit</i>
→ Restricted (RS1178)			
Initiation			
Patient has inborn errors of metabolism.			
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg and glucose 1000 mg, 5 ml ampoule (1)			<i>e.g. Pabrinex IV</i>
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg, 2 ml ampoule (1)			<i>e.g. Pabrinex IM</i>
Inj thiamine hydrochloride 500 mg with riboflavin 8 mg and pyridoxine hydrochloride 100 mg, 10 ml ampoule (1) and inj ascorbic acid 1000 mg with nicotinamide 320 mg and glucose 2000 mg, 10 ml ampoule (1)			<i>e.g. Pabrinex IV</i>
VITAMIN A WITH VITAMINS D AND C			
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 https://pharmac.govt.nz/assets/form-alphatocopheryllacetate-and-vitaminA.pdf			
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**

ALIMENTARY TRACT AND METABOLISM

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

Vitamin C

ASCORBIC ACID			
Tab 100 mg – 1% DV Mar-20 to 2022	9.90	500	Cvite
Tab chewable 250 mg			

Vitamin D

ALFACALCIDOL			
Cap 0.25 mcg – 1% DV Aug-17 to 2020	26.32	100	One-Alpha
Cap 1 mcg – 1% DV Aug-17 to 2020	87.98	100	One-Alpha
Oral drops 2 mcg per ml – 1% DV Aug-17 to 2020	60.68	20 ml	One-Alpha
CALCITRIOL			
Cap 0.25 mcg – 1% DV Oct-19 to 2022	7.95	100	Calcitriol-AFT
Cap 0.5 mcg – 1% DV Oct-19 to 2022	13.75	100	Calcitriol-AFT
Oral liq 1 mcg per ml			
Inj 1 mcg per ml, 1 ml ampoule			
COLECALCIFEROL			
Cap 1.25 mg (50,000 iu) – 1% DV Oct-17 to 2020	2.50	12	Vit.D3
Oral liq 188 mcg per ml (7,500 iu per ml)	9.00	4.8 ml	Puria

Vitamin E

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

⚡ Oral liq 156 u per ml

➡ **Restricted** ([RS1632](#))

Initiation – Cystic fibrosis

Both:

- 1 Cystic fibrosis patient; and
- 2 Either:

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

Initiation – Osteoradionecrosis

For the treatment of osteoradionecrosis.

continued...

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

continued...

Initiation – Other indications

All of the following:

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

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

- ↓ Cap 100 u
- ↓ Cap 500 u
- ↓ Oral liq 156 u per ml

→ **Restricted (RS1176)**

Initiation – Cystic fibrosis

Both:

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

Initiation – Osteoradionecrosis

For the treatment of osteoradionecrosis.

Initiation – Other indications

All of the following:

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

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

Hypoplastic and Haemolytic

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

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

➡ **Restricted (RS1660)**

Initiation – chronic renal failure

All of the following:

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

Initiation – myelodysplasia*

Re-assessment required after 2 months

All of the following:

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

Continuation – myelodysplasia*

Re-assessment required after 12 months

All of the following:

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

Initiation – all other indications

Haematologist

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

Note: Indications marked with * are unapproved indications

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

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

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

→ **Restricted (RS1661)**

Initiation – chronic renal failure

All of the following:

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

Initiation – myelodysplasia*

Re-assessment required after 12 months

All of the following:

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

Continuation – myelodysplasia*

Re-assessment required after 2 months

All of the following:

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

Initiation – all other indications

Haematologist.

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

*Note: Indications marked with * are unapproved indications.

Megaloblastic

FOLIC ACID

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

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

Antifibrinolytics, Haemostatics and Local Sclerosants

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

↓ Topical soln 20% w/v

e.g. Driclor

→ **Restricted (RS1500)**

Initiation

For use as a haemostatis agent.

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

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

→ **Restricted (RS1332)**

Initiation

Cardiac anaesthetist

Either:

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

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

↓ Tab 25 mg 1,550.00

28 Revolade

↓ Tab 50 mg 3,100.00

28 Revolade

→ **Restricted (RS1648)**

Initiation – idiopathic thrombocytopenic purpura - post-splenectomy

Haematologist

Re-assessment required after 6 weeks

All of the following:

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

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

Continuation – idiopathic thrombocytopenic purpura contraindicated to splenectomy

Haematologist

Re-assessment required after 12 months

All of the following:

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

Initiation – severe aplastic anaemia

Haematologist

Re-assessment required after 3 months

Both:

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

Continuation – severe aplastic anaemia

Haematologist

Re-assessment required after 12 months

Both:

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

FERRIC SUBSULFATE

Gel 25.9%

Soln 500 ml

POLIDOCANOL

Inj 0.5%, 30 ml vial

SODIUM TETRADECYL SULPHATE

Inj 3%, 2 ml ampoule

THROMBIN

Powder

TRANEXAMIC ACID

Tab 500 mg – 1% DV May-20 to 2022..... 9.45

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

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

60

5

5

Mercury Pharma

Tranexamic-AFT

Tranexamic-AFT

Anticoagulant Reversal Agents

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

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

2

Praxbind

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ Restricted (RS1535)

Initiation

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

Blood Factors

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

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

➔ Restricted (RS1684)

Initiation

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

EPTACOG ALFA [RECOMBINANT FACTOR VIIA] – Restricted see terms [below](#)

⚡ Inj 1 mg syringe.....	1,178.30	1	NovoSeven RT
⚡ Inj 2 mg syringe.....	2,356.60	1	NovoSeven RT
⚡ Inj 5 mg syringe.....	5,891.50	1	NovoSeven RT
⚡ Inj 8 mg syringe.....	9,426.40	1	NovoSeven RT

➔ Restricted (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

NONACOG GAMMA, [RECOMBINANT FACTOR IX] – Restricted see terms [on the next page](#)

⚡ 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

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

Antithrombotics

Anticoagulants

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

⚡ Inj 250 mg vial

➔ **Restricted (RS1181)**

Initiation

Either:

continued...

BLOOD AND BLOOD FORMING ORGANS

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

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

CITRATE SODIUM

- Inj 4% (200 mg per 5 ml), 5 ml ampoule
- Inj 46.7% (1.4 g per 3 ml), 3 ml syringe
- Inj 46.7% (2.36 g per 5 ml), 5 ml ampoule

DABIGATRAN

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

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

⚡ Inj 750 u in 0.6 ml ampoule

➡ **Restricted** (RS1182)

Initiation

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

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

⚡ Inj 80 mg per ml, 2.5 ml ampoule

➡ **Restricted** (RS1183)

Initiation

Haematologist

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

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

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

ENOXAPARIN SODIUM

Inj 20 mg in 0.2 ml syringe.....	27.93	10	Clexane
Inj 40 mg in 0.4 ml ampoule			
Inj 40 mg in 0.4 ml syringe.....	37.27	10	Clexane
Inj 60 mg in 0.6 ml syringe.....	56.18	10	Clexane
Inj 80 mg in 0.8 ml syringe.....	74.90	10	Clexane
Inj 100 mg in 1 ml syringe.....	93.80	10	Clexane
Inj 120 mg in 0.8 ml syringe.....	116.55	10	Clexane
			Clexane Forte
Inj 150 mg in 1 ml syringe.....	133.20	10	Clexane
			Clexane Forte

(Clexane Inj 120 mg in 0.8 ml syringe to be delisted 1 January 2021)

(Clexane Inj 150 mg in 1 ml syringe to be delisted 1 January 2021)

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

⚡ Inj 2.5 mg in 0.5 ml syringe

⚡ Inj 7.5 mg in 0.6 ml syringe

➡ **Restricted** (RS1184)

Initiation

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
HEPARIN SODIUM			
Inj 100 iu per ml, 250 ml bag			
Inj 1,000 iu per ml, 1 ml ampoule	197.06	50	Hospira
Inj 1,000 iu per ml, 5 ml ampoule – 1% DV Nov-18 to 2021	58.57	50	Pfizer
Inj 5,000 iu in 0.2 ml ampoule			
Inj 5,000 iu per ml, 1 ml ampoule	32.66	5	Hospira
Inj 5,000 iu per ml, 5 ml ampoule – 1% DV Nov-18 to 2021	203.68	50	Pfizer
HEPARINISED SALINE			
Inj 10 iu per ml, 5 ml ampoule	65.48	50	Pfizer
Inj 100 iu per ml, 2 ml ampoule			
Inj 100 iu per ml, 5 ml ampoule			
PHENINDIONE			
Tab 10 mg			
Tab 25 mg			
Tab 50 mg			
PROTAMINE SULPHATE			
Inj 10 mg per ml, 5 ml ampoule			
RIVAROXABAN			
Tab 10 mg	83.10	30	Xarelto
Tab 15 mg	77.56	28	Xarelto
Tab 20 mg	77.56	28	Xarelto
SODIUM CITRATE WITH SODIUM CHLORIDE AND POTASSIUM CHLORIDE			
Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride 74.6 mcg per ml, 5,000 ml bag			
WARFARIN SODIUM			
Tab 1 mg	6.46	100	Marevan
Tab 2 mg			
Tab 3 mg	10.03	100	Marevan
Tab 5 mg	11.48	100	Marevan

Antiplatelets

ASPIRIN			
Tab 100 mg – 10% DV Nov-19 to 2022	1.95	90	Ethics Aspirin EC
	10.80	990	Ethics Aspirin EC
Suppos 300 mg			
CLOPIDOGREL			
Tab 75 mg – 1% DV May-20 to 2022	4.60	84	Clopidogrel Multichem
DIPYRIDAMOLE			
Tab 25 mg			
Tab long-acting 150 mg – 1% DV Oct-19 to 2022	10.90	60	Pytazen SR
Inj 5 mg per ml, 2 ml ampoule			
EPTIFIBATIDE – Restricted see terms below			
↓ Inj 2 mg per ml, 10 ml vial – 1% DV Nov-18 to 2021	138.75	1	Integrilin
↓ Inj 750 mcg per ml, 100 ml vial – 1% DV Nov-18 to 2021	405.00	1	Integrilin

➔ **Restricted (RS1759)**

Initiation

Any of the following:

continued...

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

- 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; or
- 3 For use in patients undergoing intra-cranial intervention.

LYSINE ACETYSALICYLATE [LYSINE ASPRIN] – **Restricted** see terms [below](#)

⚡ Inj 500 mg

e.g. *Aspegic*

➔ **Restricted** (RS1689)

Initiation

Both:

- 1 For use when an immediate antiplatelet effect is required prior to an urgent interventional neuro-radiology or interventional cardiology procedure; and
- 2 Administration of oral aspirin would delay the procedure.

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

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

➔ **Restricted** (RS1187)

Initiation – Bare metal stents

Limited to 6 months treatment

Patient has undergone coronary angioplasty in the previous 4 weeks and is clopidogrel-allergic.

Initiation – Drug-eluting stents

Limited to 12 months treatment

Patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic.

Initiation – Stent thrombosis

Patient has experienced cardiac stent thrombosis whilst on clopidogrel.

Initiation – Myocardial infarction

Limited to 1 week treatment

For short term use while in hospital following ST-elevated myocardial infarction.

Note: Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment

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

⚡ Tab 90 mg	90.00	56	Brilinta
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➔ **Restricted** (RS1724)

Initiation

Restricted to treatment of acute coronary syndromes specifically for patients who have recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome, and in whom fibrinolytic therapy has not been given in the last 24 hours and is not planned.

Initiation – thrombosis prevention post neurological stenting

Re-assessment required after 12 months

Both:

- 1 Patient has had a neurological stenting procedure* in the last 60 days; and
- 2 Either:
 - 2.1 Patient has demonstrated clopidogrel resistance using the P2Y12 (VerifyNow) assay and requires antiplatelet treatment with ticagrelor; or
 - 2.2 Clopidogrel resistance has been demonstrated by the occurrence of a new cerebral ischemic event.

Continuation – thrombosis prevention post neurological stenting

Re-assessment required after 12 months

Both:

- 1 Patient is continuing to benefit from treatment; and
- 2 Treatment continues to be clinically appropriate.

Note: Indications marked with * are unapproved indications.

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

Tab 250 mg

Fibrinolytic Agents

ALTEPLASE

Inj 2 mg vial

Inj 10 mg vial

Inj 50 mg vial

TENECTEPLASE

Inj 50 mg vial

UROKINASE

Inj 5,000 iu vial

Inj 10,000 iu vial

Inj 50,000 iu vial

Inj 100,000 iu vial

Inj 500,000 iu vial

Colony-Stimulating Factors

Drugs Used to Mobilise Stem Cells

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

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

➔ **Restricted (RS1536)****Initiation – Autologous stem cell transplant**

Haematologist

Limited to 3 days treatment

All of the following:

- 1 Patient is to undergo stem cell transplantation; and
- 2 Patient has not had a previous unsuccessful mobilisation attempt with plerixafor; and
- 3 Any of the following:
 - 3.1 Both:
 - 3.1.1 Patient is undergoing G-CSF mobilisation; and
 - 3.1.2 Either:
 - 3.1.2.1 Has a suboptimal peripheral blood CD34 count of less than or equal to $10 \times 10^6/L$ 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.

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

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

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

➡ **Restricted (RS1188)**

Haematologist or oncologist

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

⚡ Inj 6 mg per 0.6 ml syringe	1,080.00	1	Neulastim
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➡ **Restricted (RS1743)**

Initiation

For prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk greater than or equal to 5%*).

Note: *Febrile neutropenia risk greater than or equal to 5% after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines

Fluids and Electrolytes

Intravenous Administration

CALCIUM CHLORIDE

Inj 100 mg per ml, 10 ml vial

Inj 100 mg per ml, 50 ml syringe

e.g. Baxter

CALCIUM GLUCONATE

Inj 10%, 10 ml ampoule

e.g. Max Health

COMPOUND ELECTROLYTES

Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l,
chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, 500 ml
bag – **1% DV Jun-18 to 2021**

44.10 18 **Plasma-Lyte 148**

Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l,
chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l,
1,000 ml bag – **1% DV Jun-18 to 2021**

27.24 12 **Plasma-Lyte 148**

COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]

Inj sodium 140 mmol/l, 5 mmol/l potassium, 1.5 mmol/l magnesium,
98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l gluconate,
glucose 23 mmol/l (5%), 1,000 ml bag – **1% DV Jun-18 to 2021**

211.92 12 **Plasma-Lyte 148 & 5%
Glucose**

COMPOUND SODIUM LACTATE [HARTMANN'S SOLUTION]

Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l,
bicarbonate 29 mmol/l, chloride 111 mmol/l, 500 ml bag – **1% DV**

Jun-18 to 2021

23.40 18 **Baxter**

Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l,
bicarbonate 29 mmol/l, chloride 111 mmol/l, 1,000 ml bag – **1% DV**

Jun-18 to 2021

15.72 12 **Baxter**

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
GLUCOSE [DEXTROSE]			
Inj 5%, 1,000 ml bag – 1% DV Aug-18 to 2021	16.80	10	Fresenius Kabi
Inj 5%, 100 ml bag – 1% DV Aug-18 to 2021	77.50	50	Fresenius Kabi
Inj 5%, 250 ml bag – 1% DV Aug-18 to 2021	52.50	30	Fresenius Kabi
Inj 5%, 50 ml bag – 1% DV Jun-18 to 2021	143.40	60	Baxter Glucose 5%
Inj 5%, 500 ml bag – 1% DV Aug-18 to 2021	24.00	20	Fresenius Kabi
Inj 10%, 1,000 ml bag – 1% DV Jun-18 to 2021	111.96	12	Baxter Glucose 10%
Inj 10%, 500 ml bag – 1% DV Jun-18 to 2021	109.98	18	Baxter Glucose 10%
Inj 50%, 10 ml ampoule – 1% DV Oct-17 to 2020	29.50	5	Biomed
Inj 50%, 500 ml bag – 1% DV Jun-18 to 2021	337.32	18	Baxter Glucose 50%
Inj 50%, 90 ml bottle – 1% DV Oct-17 to 2020	14.50	1	Biomed
GLUCOSE WITH POTASSIUM CHLORIDE			
Inj 10% glucose with 20 mmol/l potassium chloride, 500 ml bag			
GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE			
Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag			
Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag			
Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, 1,000 ml bag – 1% DV Jun-18 to 2021	203.40	12	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 1,000 ml bag – 1% DV Jun-18 to 2021	159.96	12	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, 1,000 ml bag – 1% DV Jun-18 to 2021	282.72	12	Baxter
GLUCOSE WITH SODIUM CHLORIDE			
Inj glucose 2.5% with sodium chloride 0.45%, 500 ml bag			
Inj 4% glucose and sodium chloride 0.18%, 1,000 ml bag – 1% DV Jun-18 to 2021	163.32	12	Baxter
Inj 5% glucose and sodium chloride 0.45%, 1,000 ml bag – 1% DV Jun-18 to 2021	163.20	12	Baxter
Inj 5% glucose and sodium chloride 0.9%, 1,000 ml bag – 1% DV Jun-18 to 2021	173.40	12	Baxter
POTASSIUM CHLORIDE			
Inj 75 mg (1 mmol) per ml, 10 ml ampoule			
Inj 225 mg (3 mmol) per ml, 20 ml ampoule			
POTASSIUM CHLORIDE WITH SODIUM CHLORIDE			
Inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag – 1% DV Jun-18 to 2021	476.64	48	Baxter
Inj 20 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag – 1% DV Jun-18 to 2021	163.08	12	Baxter
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag – 1% DV Jun-18 to 2021	253.32	12	Baxter
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag – 1% DV Jun-18 to 2021	772.32	48	Baxter
POTASSIUM DIHYDROGEN PHOSPHATE			
Inj 1 mmol per ml, 10 ml ampoule	151.80	10	Hospira
RINGER'S SOLUTION			
Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, 1,000 ml bag			
SODIUM ACETATE			
Inj 4 mmol per ml, 20 ml ampoule			

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM BICARBONATE			
Inj 8.4%, 10 ml vial			
Inj 8.4%, 50 ml vial	19.95	1	Biomed
Inj 8.4%, 100 ml vial	20.50	1	Biomed
SODIUM CHLORIDE			
Inj 0.9%, 5 ml ampoule – 1% DV Dec-19 to 2022	2.80	20	Fresenius Kabi
Inj 0.9%, 10 ml ampoule – 1% DV Dec-19 to 2022	5.40	50	Fresenius Kabi
⚡ Inj 0.9%, 3 ml syringe, non-sterile pack – 1% DV Sep-18 to 2021	160.90	480	BD PosiFlush
➡ Restricted (RS1297)			
Initiation			
For use in flushing of in-situ vascular access devices only.			
⚡ Inj 0.9%, 5 ml syringe, non-sterile pack – 1% DV Sep-18 to 2021	162.91	480	BD PosiFlush
➡ Restricted (RS1297)			
Initiation			
For use in flushing of in-situ vascular access devices only.			
⚡ Inj 0.9%, 10 ml syringe, non-sterile pack – 1% DV Sep-18 to 2021	170.35	480	BD PosiFlush
➡ Restricted (RS1297)			
Initiation			
For use in flushing of in-situ vascular access devices only.			
Inj 0.9%, 20 ml ampoule – 1% DV Dec-19 to 2022	5.00	20	Fresenius Kabi
Inj 23.4% (4 mmol/ml), 20 ml ampoule	33.00	5	Biomed
Inj 0.45%, 500 ml bag	71.28	18	Baxter
Inj 3%, 1,000 ml bag	91.20	12	Baxter
Inj 0.9%, 50 ml bag	109.80	60	Baxter
Inj 0.9%, 100 ml bag	78.24	48	Baxter
Inj 0.9%, 250 ml bag	44.64	24	Baxter
Inj 0.9%, 500 ml bag	22.14	18	Baxter
Inj 0.9%, 1,000 ml bag	15.12	12	Baxter
Inj 1.8%, 500 ml bottle			
SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]			
Inj 1 mmol per ml, 20 ml ampoule – 1% DV Oct-18 to 2021	48.70	5	Biomed
WATER			
Inj 5 ml ampoule	7.00	50	InterPharma
Inj 10 ml ampoule	6.63	50	Pfizer
Inj 20 ml ampoule	5.00	20	Fresenius Kabi
	7.50	30	InterPharma
	5.00	20	Multichem
Inj 250 ml bag			
Inj 500 ml bag			
Inj, 1,000 ml bag	19.08	12	Baxter

Oral Administration

CALCIUM POLYSTYRENE SULPHONATE			
Powder	169.85	300 g	Calcium Resonium
COMPOUND ELECTROLYTES			
Powder for oral soln – 1% DV Apr-20 to 2022	9.77	50	Electral
COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]			
Soln with electrolytes (2 x 500 ml) – 1% DV Nov-18 to 2021	6.55	1,000 ml	Pedialyte - Bubblegum
PHOSPHORUS			
Tab eff 500 mg (16 mmol)			

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

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

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

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

ACE Inhibitors

CAPTOPRIL

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

Initiation

Any of the following:

- 1 For use in children under 12 years of age; or
- 2 For use in tube-fed patients; or
- 3 For management of rebound transient hypertension following cardiac surgery.

CILAZAPRIL

Tab 0.5 mg – 1% DV Sep-19 to 2022	2.09	90	Zapril
Tab 2.5 mg – 1% DV Feb-20 to 2022	4.80	90	Zapril
Tab 5 mg – 1% DV Feb-20 to 2022	8.35	90	Zapril

ENALAPRIL MALEATE

Tab 5 mg – 1% DV Jun-20 to 2022	1.82	100	Acetec
Tab 10 mg – 1% DV Jun-20 to 2022	2.02	100	Acetec
Tab 20 mg – 1% DV Jun-20 to 2022	2.42	100	Acetec

LISINOPRIL

Tab 5 mg – 1% DV Dec-18 to 2021	2.07	90	Ethics Lisinopril
Tab 10 mg – 1% DV Dec-18 to 2021	2.36	90	Ethics Lisinopril
Tab 20 mg – 1% DV Dec-18 to 2021	3.17	90	Ethics Lisinopril

PERINDOPRIL

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

QUINAPRIL

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

ACE Inhibitors with Diuretics

CILAZAPRIL WITH HYDROCHLOROTHIAZIDE – **Restricted:** For continuation only

➔ Tab 5 mg with hydrochlorothiazide 12.5 mg	10.18	100	Apo-Cilazapril/ Hydrochlorothiazide
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(Apo-Cilazapril/ Hydrochlorothiazide Tab 5 mg with hydrochlorothiazide 12.5 mg to be delisted 1 December 2020)

QUINAPRIL WITH HYDROCHLOROTHIAZIDE

Tab 10 mg with hydrochlorothiazide 12.5 mg – 1% DV Dec-18 to 2021	3.83	30	Accuretic 10
Tab 20 mg with hydrochlorothiazide 12.5 mg – 1% DV Dec-18 to 2021	4.92	30	Accuretic 20

Angiotensin II Antagonists

CANDESARTAN CILEXETIL

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LOSARTAN POTASSIUM			
Tab 12.5 mg – 1% DV Nov-17 to 2020	1.39	84	Losartan Actavis
Tab 25 mg – 1% DV Nov-17 to 2020	1.63	84	Losartan Actavis
Tab 50 mg – 1% DV Nov-17 to 2020	2.00	84	Losartan Actavis
Tab 100 mg – 1% DV Nov-17 to 2020	2.31	84	Losartan Actavis

Angiotensin II Antagonists with Diuretics

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

Angiotensin II Antagonists with Neprilysin Inhibitors

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

➔ **Restricted (RS1738)**

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 Either:
 - 3.1 Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%; or
 - 3.2 An ECHO is not reasonably practical, and in the opinion of the treating practitioner the patient would benefit from treatment; and
- 4 Patient is receiving concomitant optimal standard chronic heart failure treatments.

Continuation

Re-assessment required after 12 months

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

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

Alpha-Adrenoceptor Blockers

DOXAZOSIN			
Tab 2 mg – 1% DV Sep-17 to 2020	6.75	500	Apo-Doxazosin
Tab 4 mg – 1% DV Sep-17 to 2020	9.09	500	Apo-Doxazosin
PHENOXYBENZAMINE HYDROCHLORIDE			
Cap 10 mg			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			
PHENTOLAMINE MESYLATE			
Inj 5 mg per ml, 1 ml ampoule			
Inj 10 mg per ml, 1 ml ampoule			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PRAZOSIN			
Tab 1 mg	5.53	100	Apo-Prazosin
Tab 2 mg	7.00	100	Apo-Prazosin
Tab 5 mg	11.70	100	Apo-Prazosin
TERAZOSIN			
Tab 1 mg	0.59	28	Actavis
Tab 2 mg	7.50	500	Apo-Terazosin
Tab 5 mg	10.90	500	Apo-Terazosin

Antiarrhythmics

ADENOSINE			
Inj 3 mg per ml, 2 ml vial – 1% DV Feb-20 to 2022	62.73	6	Adenocor
↓ Inj 3 mg per ml, 10 ml vial			
→ Restricted (RS1266)			

Initiation

For use in cardiac catheterisation, electrophysiology and MRI.

AJMALINE – Restricted see terms [below](#)

↓ Inj 5 mg per ml, 10 ml ampoule

→ **Restricted (RS1001)**

Cardiologist

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

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

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

DISOPYRAMIDE PHOSPHATE			
Cap 100 mg			

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

IVABRADINE – Restricted see terms [below](#)

↓ Tab 5 mg

→ **Restricted (RS1566)**

Initiation

Both:

- 1 Patient is indicated for computed tomography coronary angiography; and

continued...

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

2 Either:

2.1 Patient has a heart rate of greater than 70 beats per minute while taking a maximally tolerated dose of beta blocker;
or

2.2 Patient is unable to tolerate beta blockers.

MEXILETINE HYDROCHLORIDE

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

PROPAFENONE HYDROCHLORIDE

Tab 150 mg

Antihypotensives

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

↓ Tab 2.5 mg

↓ Tab 5 mg

→ **Restricted (RS1427)**

Initiation

Patient has disabling orthostatic hypotension not due to drugs.

Beta-Adrenoceptor Blockers

ATENOLOL

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

BISOPROLOL FUMARATE

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

CARVEDILOL

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

CELIPROLOL

Tab 200 mg	21.40	180	Celol
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ESMOLOL HYDROCHLORIDE

Inj 10 mg per ml, 10 ml vial

LABETALOL

Tab 50 mg			
Tab 100 mg – 1% DV Sep-20 to 2024	11.36	100	Presolol
	14.50		Trandate
Tab 200 mg – 1% DV Sep-20 to 2024	29.74	100	Presolol
	27.00		Trandate

Inj 5 mg per ml, 20 ml ampoule

(Presolol Tab 100 mg to be delisted 1 September 2020)

(Presolol Tab 200 mg to be delisted 1 September 2020)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METOPROLOL SUCCINATE			
Tab long-acting 23.75 mg – 1% DV Mar-18 to 2020.....	1.03	30	Betaloc CR
Tab long-acting 47.5 mg – 1% DV Mar-18 to 2020.....	1.25	30	Betaloc CR
Tab long-acting 95 mg – 1% DV Mar-18 to 2020.....	1.99	30	Betaloc CR
Tab long-acting 190 mg – 1% DV Mar-18 to 2020.....	3.00	30	Betaloc CR
METOPROLOL TARTRATE			
Tab 50 mg – 1% DV Oct-18 to 2021.....	5.66	100	Apo-Metoprolol
Tab 100 mg – 1% DV Oct-18 to 2021.....	7.55	60	Apo-Metoprolol
Tab long-acting 200 mg.....	23.40	28	Slow-Lopresor
Inj 1 mg per ml, 5 ml vial – 1% DV Feb-19 to 31 Jan 2022	29.50	5	Metoprolol IV Mylan
NADOLOL			
Tab 40 mg – 1% DV Oct-18 to 2021.....	16.69	100	Apo-Nadolol
Tab 80 mg – 1% DV Oct-18 to 2021.....	26.43	100	Apo-Nadolol
PINDOLOL			
Tab 5 mg – 1% DV Oct-18 to 2021.....	13.22	100	Apo-Pindolol
Tab 10 mg – 1% DV Oct-18 to 2021.....	23.12	100	Apo-Pindolol
Tab 15 mg – 1% DV Oct-18 to 2021.....	33.31	100	Apo-Pindolol
PROPRANOLOL			
Tab 10 mg – 1% DV Oct-18 to 2021.....	4.64	100	Apo-Propranolol
Tab 40 mg – 1% DV Oct-18 to 2021.....	5.72	100	Apo-Propranolol
Cap long-acting 160 mg	18.17	100	Cardinol LA
Oral liq 4 mg per ml			
Inj 1 mg per ml, 1 ml ampoule			
SOTALOL			
Tab 80 mg – 1% DV Oct-19 to 2022.....	32.58	500	Mylan
Tab 160 mg – 1% DV Oct-19 to 2022.....	10.98	100	Mylan
TIMOLOL MALEATE			
Tab 10 mg			

Calcium Channel Blockers

Dihydropyridine Calcium Channel Blockers

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

ISRADIPINE
 Tab 2.5 mg
 Cap 2.5 mg

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

⚡ Inj 2.5 mg per ml, 10 ml vial

➡ **Restricted (RS1699)**

Initiation

Anaesthetist, intensivist, cardiologist or paediatric cardiologist

Any of the following:

continued...

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

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

NIFEDIPINE

Tab long-acting 10 mg – 1% DV Aug-17 to 2020	10.63	60	Adalat 10
Tab long-acting 20 mg	17.72	100	Nyefax Retard
Tab long-acting 30 mg	3.14	30	Adalat Oros
Tab long-acting 60 mg – 1% DV Dec-17 to 2020	5.67	30	Adalat Oros
Cap 5 mg			

NIMODIPINE

Tab 30 mg – 1% DV Jul-20 to 2022	350.00	100	Nimotop
Inj 200 mcg per ml, 50 ml vial – 1% DV Jul-20 to 2022	67.50	1	Nimotop

Other Calcium Channel Blockers

DILTIAZEM HYDROCHLORIDE

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

PERHEXILINE MALEATE

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

Tab 40 mg	7.01	100	Isoptin
Tab 80 mg	11.74	100	Isoptin
Tab long-acting 120 mg	36.02	100	Isoptin SR
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

(Verpamil SR Tab long-acting 240 mg to be delisted 1 September 2020)

Centrally-Acting Agents

CLONIDINE

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

CLONIDINE HYDROCHLORIDE

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

METHYLDOPA

Tab 250 mg	15.10	100	Methyldopa Mylan
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Diuretics			
Loop Diuretics			
BUMETANIDE			
Tab 1 mg	16.36	100	Burinex
Inj 500 mcg per ml, 4 ml vial			
FUROSEMIDE [FRUSEMIDE]			
Tab 40 mg – 1% DV Dec-19 to 2022	7.24	1,000	Apo-Furosemide
Tab 500 mg – 1% DV Mar-19 to 2021	25.00	50	Urex Forte
Oral liq 10 mg per ml – 1% DV Jan-20 to 2022	11.20	30 ml	Lasix
Inj 10 mg per ml, 2 ml ampoule – 1% DV Oct-19 to 2022	1.15	5	Frusemide-Clarix
Inj 10 mg per ml, 25 ml ampoule – 1% DV Jan-20 to 2022	60.65	6	Lasix
Osmotic Diuretics			
MANNITOL			
Inj 10%, 1,000 ml bag – 1% DV Jun-18 to 2021	747.24	12	Baxter
Inj 20%, 500 ml bag – 1% DV Jun-18 to 2021	1,096.92	18	Baxter
Potassium Sparing Combination Diuretics			
AMILORIDE HYDROCHLORIDE WITH FUROSEMIDE			
Tab 5 mg with furosemide 40 mg			
AMILORIDE HYDROCHLORIDE WITH HYDROCHLOROTHIAZIDE			
Tab 5 mg with hydrochlorothiazide 50 mg			
Potassium Sparing Diuretics			
AMILORIDE HYDROCHLORIDE			
Tab 5 mg			
Oral liq 1 mg per ml	30.00	25 ml	Biomed
EPLERENONE – Restricted see terms below			
⚡ Tab 25 mg – 1% DV Sep-18 to 2021	11.87	30	Inspra
⚡ Tab 50 mg – 1% DV Dec-18 to 2021	17.00	30	Inspra
➡ Restricted (RS1640)			
Initiation			
Both:			
1 Patient has heart failure with ejection fraction less than 40%; and			
2 Either:			
2.1 Patient is intolerant to optimal dosing of spironolactone; or			
2.2 Patient has experienced a clinically significant adverse effect while on optimal dosing of spironolactone.			
SPIRONOLACTONE			
Tab 25 mg	4.38	100	Spiractin
Tab 100 mg	11.80	100	Spiractin
Oral liq 5 mg per ml – 1% DV Nov-19 to 2022	30.60	25 ml	Biomed
Thiazide and Related Diuretics			
BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]			
Tab 2.5 mg – 1% DV Mar-18 to 2020	12.50	500	Arrow-Bendrofluaizide
Tab 5 mg – 1% DV Mar-18 to 2020	20.42	500	Arrow-Bendrofluaizide

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CHLOROTHIAZIDE			
Oral liq 50 mg per ml	26.00	25 ml	Biomed
CHLORTALIDONE [CHLORThALIDONE]			
Tab 25 mg – 1% DV Dec-19 to 2022	6.50	50	Hygroton
INDAPAMIDE			
Tab 2.5 mg	2.60	90	Dapa-Tabs
METOLAZONE			
Tab 5 mg			

Lipid-Modifying Agents

Fibrates

BEZAFIBRATE			
Tab 200 mg – 1% DV Dec-18 to 2021	19.01	90	Bezalip
Tab long-acting 400 mg – 1% DV Dec-18 to 2021	12.89	30	Bezalip Retard
GEMFIBROZIL			
Tab 600 mg	19.56	60	Lipazil

HMG CoA Reductase Inhibitors (Statins)

ATORVASTATIN			
Tab 10 mg – 1% DV Sep-18 to 2021	6.96	500	Lorstat
Tab 20 mg – 1% DV Sep-18 to 2021	9.99	500	Lorstat
Tab 40 mg – 1% DV Sep-18 to 2021	15.93	500	Lorstat
Tab 80 mg – 1% DV Sep-18 to 2021	27.19	500	Lorstat
PRAVASTATIN			
Tab 10 mg			
Tab 20 mg – 1% DV Mar-18 to 2020	4.72	100	Apo-Pravastatin
Tab 40 mg – 1% DV Mar-18 to 2020	8.06	100	Apo-Pravastatin
SIMVASTATIN			
Tab 10 mg – 1% DV Mar-18 to 2020	0.95	90	Simvastatin Mylan
Tab 20 mg – 1% DV Mar-18 to 2020	1.52	90	Simvastatin Mylan
Tab 40 mg – 1% DV Mar-18 to 2020	2.63	90	Simvastatin Mylan
Tab 80 mg – 1% DV Mar-18 to 2020	6.00	90	Simvastatin Mylan

Resins

CHOLESTYRAMINE	
Powder for oral liq 4 g	
COLESTIPOL HYDROCHLORIDE	
Grans for oral liq 5 g	

Selective Cholesterol Absorption Inhibitors

EZETIMIBE – Restricted see terms below			
↓ Tab 10 mg – 1% DV Mar-18 to 2020	2.00	30	Ezetimibe Sandoz
→ Restricted (RS1005)			

Initiation

All of the following:

continued...

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

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

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

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

➡ **Restricted (RS1006)**

Initiation

All of the following:

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

Other Lipid-Modifying Agents

ACIPIMOX

Cap 250 mg

NICOTINIC ACID

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

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
Patch 25 mg, 5 mg per day	15.73	30	Nitroderm TTS 5
Patch 50 mg, 10 mg per day	18.62	30	Nitroderm TTS 10

ISOSORBIDE MONONITRATE

Tab 20 mg – 1% DV Oct-17 to 2020	18.80	100	Ismo-20
Tab long-acting 40 mg	8.20	30	Ismo 40 Retard
Tab long-acting 60 mg – 1% DV Sep-17 to 2020	8.29	90	Duride

Other Cardiac Agents

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

- ⚡ Inj 2.5 mg per ml, 5 ml vial
- ⚡ Inj 2.5 mg per ml, 10 ml vial

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1007)			
Initiation – Heart transplant			
Either:			
1 For use as a bridge to heart transplant, in patients who have been accepted for transplant; or			
2 For the treatment of heart failure following heart transplant.			
Initiation – Heart failure			
Cardiologist or intensivist			
For the treatment of severe acute decompensated heart failure that is non-responsive to dobutamine.			
Sympathomimetics			
ADRENALINE			
Inj 1 in 1,000, 1 ml ampoule	4.98	5	Aspen Adrenaline
	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			
DOBUTAMINE			
Inj 12.5 mg per ml, 20 ml ampoule – 1% DV Jan-19 to 2021	61.13	5	Dobutamine-hameln
DOPAMINE HYDROCHLORIDE			
Inj 40 mg per ml, 5 ml ampoule – 1% DV Sep-18 to 2021	29.73	10	Max Health Ltd
EPHEDRINE			
Inj 3 mg per ml, 10 ml syringe			
Inj 30 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	36.04	10	Max Health
ISOPRENALINE [ISOPROTERENOL]			
Inj 200 mcg per ml, 1 ml ampoule			
Inj 200 mcg per ml, 5 ml ampoule			
METARAMINOL			
Inj 0.5 mg per ml, 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			
NORADRENALINE			
Inj 0.06 mg per ml, 100 ml bag			
Inj 0.06 mg per ml, 50 ml syringe			
Inj 0.1 mg per ml, 100 ml bag			
Inj 0.1 mg per ml, 50 ml syringe			
Inj 0.12 mg per ml, 100 ml bag			
Inj 0.12 mg per ml, 50 ml syringe			
Inj 0.16 mg per ml, 50 ml syringe			
Inj 1 mg per ml, 100 ml bag			
Inj 1 mg per ml, 4 ml ampoule – 1% DV Oct-19 to 2022	45.00	10	Noradrenaline BNM
PHENYLEPHRINE HYDROCHLORIDE			
Inj 10 mg per ml, 1 ml ampoule	142.07	25	Neosynephrine HCL

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Vasodilators			
ALPROSTADIL HYDROCHLORIDE Inj 500 mcg per ml, 1 ml ampoule – 1% DV Dec-18 to 2021	1,765.50	5	Prostin VR
DIAZOXIDE Inj 15 mg per ml, 20 ml ampoule			
HYDRALAZINE HYDROCHLORIDE ↓ Tab 25 mg ➔ Restricted (RS1008)			
Initiation			
Either:			
1 For the treatment of refractory hypertension; or			
2 For the treatment of heart failure, in combination with a nitrate, in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers.			
Inj 20 mg ampoule	25.90	5	Apresoline
MILRINONE Inj 1 mg per ml, 10 ml ampoule – 1% DV Sep-18 to 2021	99.00	10	Primacor
MINOXIDIL Tab 10 mg	70.00	100	Loniten
NICORANDIL Tab 10 mg – 1% DV Dec-19 to 2022	25.57	60	Ikorel
Tab 20 mg – 1% DV Dec-19 to 2022	32.28	60	Ikorel
PAPAVERINE HYDROCHLORIDE Inj 30 mg per ml, 1 ml vial Inj 12 mg per ml, 10 ml ampoule	217.90	5	Hospira
PENTOXIFYLLINE [OXPENTIFYLLINE] Tab 400 mg			
SODIUM NITROPRUSSIDE Inj 50 mg vial			
Endothelin Receptor Antagonists			
AMBRISENTAN – Restricted see terms below ↓ Tab 5 mg	4,585.00	30	Volibris
↓ Tab 10 mg	4,585.00	30	Volibris
➔ Restricted (RS1621)			
Initiation			
Either:			
1 For use in patients with a valid Special Authority approval for ambrisentan by the Pulmonary Arterial Hypertension Panel; or			
2 In-hospital stabilisations in emergency situations.			
BOSENTAN – Restricted see terms below ↓ Tab 62.5 mg – 1% DV Dec-18 to 2021	141.00	60	Bosentan Dr Reddy's
↓ Tab 125 mg – 1% DV Dec-18 to 2021	141.00	60	Bosentan Dr Reddy's
➔ Restricted (RS1622)			
Initiation – Pulmonary arterial hypertension			
<i>Re-assessment required after 6 months</i>			
Either:			

continued...

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

continued...

1 All of the following:

- 1.1 Patient has pulmonary arterial hypertension (PAH); and
- 1.2 PAH is in Group 1, 4 or 5 of the WHO (Venice) clinical classifications; and
- 1.3 PAH is at NYHA/WHO functional class II, III, or IV; and
- 1.4 Any of the following:

1.4.1 Both:

1.4.1.1 Bosentan is to be used as PAH monotherapy; and

1.4.1.2 Either:

1.4.1.2.1 Patient is intolerant or contraindicated to sildenafil; or

1.4.1.2.2 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease; or

1.4.2 Both:

1.4.2.1 Bosentan is to be used as PAH dual therapy; and

1.4.2.2 Either:

1.4.2.2.1 Patient has tried a PAH monotherapy for at least three months and failed to respond; or

1.4.2.2.2 Patient deteriorated while on a PAH monotherapy; or

1.4.3 Both:

1.4.3.1 Bosentan is to be used as PAH triple therapy; and

1.4.3.2 Any of the following:

1.4.3.2.1 Patient is on the lung transplant list; or

1.4.3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or

1.4.3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or

1.4.3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy; or

2 In-hospital stabilisation in emergency situations.

Continuation – Pulmonary arterial hypertension

Re-assessment required after 6 months

Any of the following:

1 Both:

1.1 Bosentan is to be used as PAH monotherapy; and

1.2 Patient is stable or has improved while on bosentan; or

2 Both:

2.1 Bosentan is to be used as PAH dual therapy; and

2.2 Patient has tried a PAH monotherapy for at least three months and either failed to respond or later deteriorated; or

3 Both:

3.1 Bosentan is to be used as PAH triple therapy; and

3.2 Any of the following:

3.2.1 Patient is on the lung transplant list; or

3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or

3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or

3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.

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

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

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

→ **Restricted** (RS1740)

Initiation – tablets Raynaud's Phenomenon

All of the following:

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

Initiation – tablets Pulmonary arterial hypertension

Any of the following:

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

continued...

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

Initiation – injection

- Both:
- 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
 - Any of the following:
 - For perioperative use following cardiac surgery; or
 - For use in persistent pulmonary hypertension of the newborn (PPHN); or
 - For use in congenital diaphragmatic hernia.

Prostacyclin Analogues

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

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

→ **Restricted** (RS1624)

Initiation

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

ILOPROST

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

→ **Restricted** (RS1625)

Initiation

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MALATHION [MALDISON] Lotn 0.5% Shampoo 1%			
PERMETHRIN Crm 5% – 1% DV Dec-17 to 2020	4.95	30 g	Lyderm
Lotn 5% – 1% DV Oct-17 to 2020	3.69	30 ml	A-Scabies
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
ZINC AND CASTOR OIL			
Crm.....	1.63	20 g	Orion
Oint – 1% DV Jul-18 to 2020	4.25	500 g	Boucher
Note: DV limit applies to the pack sizes of greater than 30 g.			
Oint, BP – 1% DV Nov-17 to 2020	1.26	20 g	healthE
Note: DV limit applies to the pack sizes of 30 g or less.			
ZINC WITH WOOL FAT			
Crm zinc 15.25% with wool fat 4%			<i>e.g. Sudocrem</i>
Emollients			
AQUEOUS CREAM			
Crm 100 g – 1% DV Oct-18 to 2021	1.05	100 g	Pharmacy Health SLS-free
Note: DV limit applies to the pack sizes of 100 g or less.			
Crm 500 g – 1% DV Dec-18 to 2021	1.92	500 g	Boucher
Note: DV limit applies to the pack sizes of greater than 100 g.			
CETOMACROGOL			
Crm BP, 500 g – 1% DV Sep-18 to 2021	2.48	500 g	healthE
Crm BP, 100 g – 1% DV Sep-18 to 2021	1.42	1	healthE
CETOMACROGOL WITH GLYCEROL			
Crm 90% with glycerol 10%, – 1% DV Dec-19 to 2022	1.65	100 g	healthE
Note: DV limit applies to the pack sizes of 100 g or less.			
Crm 90% with glycerol 10% – 1% DV Mar-20 to 2022	2.35	500 ml	ADE
	3.10	1,000 ml	ADE
	2.35	500 ml	Boucher
	3.10	1,000 ml	Boucher
Note: DV limit applies to the pack sizes of greater than 100 g.			
EMULSIFYING OINTMENT			
Oint BP – 1% DV Oct-17 to 2020	1.84	100 g	Jaychem
Note: DV limit applies to pack sizes of less than 200 g.			
Oint BP, 500 g – 1% DV Oct-17 to 2020	3.59	500 g	AFT
Note: DV limit applies to pack sizes of greater than 200 g.			
GLYCEROL WITH PARAFFIN			
Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10%			<i>e.g. QV cream</i>
OIL IN WATER EMULSION			
Crm, 500 g – 1% DV Jan-19 to 2021	2.19	500 g	O/W Fatty Emulsion Cream
Note: DV limit applies to the pack sizes of greater than 100 g.			
Crm, 100 g – 1% DV Dec-18 to 2021	1.44	1	healthE Fatty Cream
PARAFFIN			
Oint liquid paraffin 50% with white soft paraffin 50% – 1% DV Jan-19 to 2021	1.97	100 g	healthE
Note: DV limit applies to the pack sizes of 100 g or greater.			
White soft – 1% DV Sep-18 to 2021	0.79	10 g	healthE
Note: DV limit applies to pack sizes of 30 g or less, and to both white soft paraffin and yellow soft paraffin.			
White soft, – 1% DV Apr-20 to 2022	4.99	450 g	healthE
Yellow soft			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PARAFFIN WITH WOOL FAT			
Lotn liquid paraffin 15.9% with wool fat 0.6%			<i>e.g. AlphaKeri;BK ;DP; Hydroderm Lotn</i>
Lotn liquid paraffin 91.7% with wool fat 3%			<i>e.g. Alpha Keri Bath Oil</i>
UREA			
Crm 10%.....	1.37	100 g	healthE Urea Cream
WOOL FAT			
Crm			
Corticosteroids			
BETAMETHASONE DIPROPIONATE			
Crm 0.05%			
Oint 0.05%			
BETAMETHASONE VALERATE			
Crm 0.1% – 1% DV Oct-18 to 2021	3.45	50 g	Beta Cream
Oint 0.1% – 1% DV Oct-18 to 2021	3.45	50 g	Beta Ointment
Lotn 0.1% – 1% DV Dec-18 to 2021	18.00	50 ml	Betnovate
CLOBETASOL PROPIONATE			
Crm 0.05% – 1% DV Nov-19 to 2022	2.18	30 g	Dermol
Oint 0.05% – 1% DV Nov-19 to 2022	2.12	30 g	Dermol
CLOBETASONE BUTYRATE			
Crm 0.05%			
DIFLUCORTOLONE VALERATE – Restricted: For continuation only			
➔ Crm 0.1%			
➔ Fatty oint 0.1%			
HYDROCORTISONE			
Crm 1%, 100 g – 1% DV Sep-20 to 2022	3.70	100 g	Hydrocortisone (PSM)
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
<i>(DermAssist Crm 1%, 30 g to be delisted 1 September 2020)</i>			
HYDROCORTISONE ACETATE			
Crm 1%.....	2.48	14.2 g	AFT
<i>(AFT Crm 1% to be delisted 1 November 2020)</i>			
HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN			
Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – 1% DV Sep-17 to 2020	10.57	250 ml	DP Lotn HC
HYDROCORTISONE BUTYRATE			
Crm 0.1%.....	3.42	30 g	Locoid Lipocream
	6.85	100 g	Locoid Lipocream
Oint 0.1% – 1% DV Mar-19 to 2021	13.70	100 g	Locoid
Milky emul 0.1% – 1% DV Mar-19 to 2021	13.70	100 ml	Locoid Crelo
METHYLPREDNISOLONE ACEPONATE			
Crm 0.1%.....	4.95	15 g	Advantan
Oint 0.1%.....	4.95	15 g	Advantan

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MOMETASONE FUROATE			
Crm 0.1% – 1% DV Nov-18 to 2021	1.51	15 g	Elocon Alcohol Free
	2.50	50 g	Elocon Alcohol Free
Oint 0.1% – 1% DV Nov-18 to 2021	1.51	15 g	Elocon
	2.90	50 g	Elocon
Lotn 0.1% – 1% DV Nov-18 to 2021	6.30	30 ml	Elocon
TRIAMCINOLONE ACETONIDE			
Crm 0.02% – 1% DV Sep-17 to 2020	6.30	100 g	Aristocort
Oint 0.02% – 1% DV Sep-17 to 2020	6.35	100 g	Aristocort

Corticosteroids with Anti-Infective Agents

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

↓ Crm 0.1% with clioquinol 3%

→ **Restricted (RS1125)**

Initiation

Either:

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

BETAMETHASONE VALERATE WITH SODIUM FUSIDATE [FUSIDIC ACID]

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

HYDROCORTISONE WITH MICONAZOLE

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

HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN

Crm 1% with natamycin 1% and neomycin sulphate 0.5% 3.35 15 g Pimafucort

Oint 1% with natamycin 1% and neomycin sulphate 0.5% 3.35 15 g Pimafucort

TRIAMCINOLONE ACETONIDE WITH NEOMYCIN SULPHATE, GRAMICIDIN AND NYSTATIN

Crm 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and
gramicidin 250 mcg per g

Psoriasis and Eczema Preparations

ACITRETIN

Cap 10 mg – **1% DV Sep-17 to 2020** 17.86 60 **Novatretin**

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

BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL

Foam spray 500 mcg with calcipotriol 50 mcg per g 59.95 60 g Enstilar

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

Oint 500 mcg with calcipotriol 50 mcg per g – **1% DV Dec-18 to 2021** 19.95 30 g **Daivobet**

CALCIPOTRIOL

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

COAL TAR WITH SALICYLIC ACID AND SULPHUR

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

METHOXSALEN [8-METHOXYPSORALEN]

Tab 10 mg

Lotn 1.2%

PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCEN

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
POTASSIUM PERMANGANATE			
Tab 400 mg			
Crystals			

Scalp Preparations

BETAMETHASONE VALERATE			
Scalp app 0.1% – 1% DV Oct-18 to 2021	7.75	100 ml	Beta Scalp
CLOBETASOL PROPIONATE			
Scalp app 0.05% – 1% DV Nov-19 to 2022	5.69	30 ml	Dermol
HYDROCORTISONE BUTYRATE			
Scalp lotn 0.1% – 1% DV Mar-19 to 2021	7.30	100 ml	Locoid

Wart Preparations

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

Other Skin Preparations

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

Antineoplastics

FLUOROURACIL SODIUM			
Crm 5% – 1% DV Sep-18 to 2021	7.95	20 g	Efudix
METHYL AMINOLEVULINATE HYDROCHLORIDE – Restricted see terms below			
↓ Crm 16%			
➔ Restricted (RS1127)			
Dermatologist or plastic surgeon			

Wound Management Products

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Anti-Infective Agents			
ACETIC ACID			
Soln 3%			
Soln 5%			
ACETIC ACID WITH HYDROXYQUINOLINE, GLYCEROL AND RICINOLEIC ACID			
Jelly 0.94% with hydroxyquinoline sulphate 0.025%, glycerol 5% and ricinoleic acid 0.75% with applicator			
CHLORHEXIDINE GLUCONATE			
Crm 1%.....	1.21	50 g	healthE
Lotn 1%, 200 ml.....	2.98	1	healthE
<i>(healthE Crm 1% to be delisted 1 November 2020)</i>			
<i>(healthE Lotn 1%, 200 ml to be delisted 1 November 2020)</i>			
CLOTRIMAZOLE			
Vaginal crm 1% with applicator – 1% DV Jan-20 to 2022	2.50	35 g	Clomazol
Vaginal crm 2% with applicator – 1% DV Jan-20 to 2022	3.00	20 g	Clomazol
MICONAZOLE NITRATE			
Vaginal crm 2% with applicator – 1% DV Sep-17 to 2020	3.88	40 g	Micreme
NYSTATIN			
Vaginal crm 100,000 u per 5 g with applicator(s) – 1% DV Aug-17 to 2020....	4.45	75 g	Nilstat

Contraceptives

Antiandrogen Oral Contraceptives

CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL			
Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets – 1% DV Sep-17 to 2020	4.67	168	Ginet

Combined Oral Contraceptives

ETHINYLOESTRADIOL WITH DESOGESTREL			
Tab 20 mcg with desogestrel 150 mcg			
Tab 30 mcg with desogestrel 150 mcg			
ETHINYLOESTRADIOL WITH LEVONORGESTREL			
Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – 1% DV Jan-18 to 2020	2.18	84	Microgynon 20 ED
Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – 1% DV Jan-18 to 2020	1.77	84	Levlen ED
Tab 20 mcg with levonorgestrel 100 mcg			
Tab 30 mcg with levonorgestrel 150 mcg			
Tab 50 mcg with levonorgestrel 125 mcg	9.45	84	Microgynon 50 ED
ETHINYLOESTRADIOL WITH NORETHISTERONE			
Tab 35 mcg with norethisterone 1 mg			
Tab 35 mcg with norethisterone 1 mg and 7 inert tab – 1% DV Mar-20 to 2022	6.95	84	Brevinor 1/28
Tab 35 mcg with norethisterone 500 mcg			
NORETHISTERONE WITH MESTRANOL			
Tab 1 mg with mestranol 50 mcg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Contraceptive Devices			
INTRA-UTERINE DEVICE			
IUD 29.1 mm length × 23.2 mm width – 1% DV Nov-19 to 2022	18.45	1	Choice TT380 Short
IUD 33.6 mm length × 29.9 mm width – 1% DV Nov-19 to 2022	18.45	1	Choice TT380 Standard
IUD 35.5 mm length × 19.6 mm width – 1% DV Nov-19 to 2022	15.50	1	Choice Load 375
Emergency Contraception			
LEVONORGESTREL			
Tab 1.5 mg	4.95	1	Postinor-1
Progestogen-Only Contraceptives			
LEVONORGESTREL			
Tab 30 mcg – 1% DV May-20 to 2022	16.50	84	Microlut
Subdermal implant (2 × 75 mg rods) – 1% DV Mar-18 to 2020	106.92	1	Jadelle
Intra-uterine device 52 mg – 1% DV Nov-19 to 31 Oct 2022	269.50	1	Mirena
Intra-uterine device 13.5 mg – 1% DV Nov-19 to 31 Oct 2022	215.60	1	Jaydess
MEDROXYPROGESTERONE ACETATE			
Inj 150 mg per ml, 1 ml syringe – 1% DV Dec-19 to 2022	7.98	1	Depo-Provera
NORETHISTERONE			
Tab 350 mcg – 1% DV Sep-18 to 2021	6.25	84	Noriday 28
Obstetric Preparations			
Antiprogestogens			
MIFEPRISTONE			
Tab 200 mg			
Oxytocics			
CARBOPROST TROMETAMOL			
Inj 250 mcg per ml, 1 ml ampoule			
DINOPROSTONE			
Pessaries 10 mg			
Vaginal gel 1 mg in 3 g	56.86	1	Prostin E2
Vaginal gel 2 mg in 3 g	69.77	1	Prostin E2
ERGOMETRINE MALEATE			
Inj 500 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020	105.00	5	DBL Ergometrine
OXYTOCIN			
Inj 5 iu per ml, 1 ml ampoule – 1% DV Nov-18 to 2021	3.98	5	Oxytocin BNM
Inj 10 iu per ml, 1 ml ampoule – 1% DV Nov-18 to 2021	4.98	5	Oxytocin BNM
OXYTOCIN WITH ERGOMETRINE MALEATE			
Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – 1% DV Oct-18 to 2021	15.00	5	Syntometrine
Tocolytics			
PROGESTERONE – Restricted see terms on the next page			
↓ 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	Ovestin
Pessaries 500 mcg – 1% DV Oct-17 to 2020	6.86	15	Ovestin

Urologicals

5-Alpha Reductase Inhibitors

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

⚡ Tab 5 mg – 1% DV Dec-17 to 2020 4.81 100 **Ricit**

➔ Restricted (RS1131)

Initiation

Both:

- 1 Patient has symptomatic benign prostatic hyperplasia; and
- 2 Either:
 - 2.1 The patient is intolerant of non-selective alpha blockers or these are contraindicated; or
 - 2.2 Symptoms are not adequately controlled with non-selective alpha blockers.

Alpha-1A Adrenoceptor Blockers

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

⚡ Cap 400 mcg – 1% DV Jan-20 to 2022 17.73 100 **Tamsulosin-Rex**

➔ Restricted (RS1132)

Initiation

Both:

continued...

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

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 2 mg 14.56 56 Arrow-Tolterodine

(Arrow-Tolterodine Tab 2 mg to be delisted 1 July 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		Brand or
	(ex man. excl. GST)		Generic
	\$	Per	Manufacturer

continued...

Continuation

Nephrologist or endocrinologist

Both:

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

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

ZOLEDRONIC ACID

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

→ **Restricted (RS1602)**

Initiation – bone metastases

Oncologist, haematologist or palliative care specialist

Any of the following:

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

Initiation – early breast cancer

Oncologist

All of the following:

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

Corticosteroids

BETAMETHASONE

Tab 500 mcg

Inj 4 mg per ml, 1 ml ampoule

BETAMETHASONE SODIUM PHOSPHATE WITH BETAMETHASONE ACETATE

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

DEXAMETHASONE

Tab 0.5 mg – 1% DV Oct-18 to 2021 0.99 30 **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
DEXAMETHASONE PHOSPHATE			
Inj 4 mg per ml, 1 ml ampoule – 1% DV Jul-20 to 2022	9.25	10	Dexamethasone Phosphate Panpharma
	14.19		Max Health
Inj 4 mg per ml, 2 ml ampoule – 1% DV Jul-20 to 2022	16.37	10	Dexamethasone Phosphate Panpharma
	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>			
FLUDROCORTISONE ACETATE			
Tab 100 mcg.....	14.32	100	Florinef
HYDROCORTISONE			
Tab 5 mg – 1% DV Sep-18 to 2021	8.10	100	Douglas
Tab 20 mg – 1% DV Sep-18 to 2021	20.32	100	Douglas
Inj 100 mg vial	5.30	1	Solu-Cortef
METHYLPREDNISOLONE (AS SODIUM SUCCINATE)			
Tab 4 mg – 1% DV Dec-18 to 2021	112.00	100	Medrol
Tab 100 mg – 1% DV Dec-18 to 2021	194.00	20	Medrol
Inj 40 mg vial – 1% DV Dec-18 to 2021	18.90	1	Solu-Medrol Act-O-Vial
Inj 125 mg vial – 1% DV Dec-18 to 2021	28.90	1	Solu-Medrol Act-O-Vial
Inj 500 mg vial – 1% DV Dec-18 to 2021	22.78	1	Solu-Medrol Act-O-Vial
Inj 1 g vial – 1% DV Dec-18 to 2021	27.83	1	Solu-Medrol
METHYLPREDNISOLONE ACETATE			
Inj 40 mg per ml, 1 ml vial – 1% DV Dec-18 to 2021	44.40	5	Depo-Medrol
PREDNISOLONE			
Oral liq 5 mg per ml – 1% DV Jun-18 to 2021	6.00	30 ml	Redipred
Enema 200 mcg per ml, 100 ml			
PREDNISONE			
Tab 1 mg – 1% DV Jun-17 to 2020	10.68	500	Apo-Prednisone
Tab 2.5 mg – 1% DV Jun-17 to 2020	12.09	500	Apo-Prednisone
Tab 5 mg – 1% DV Jun-17 to 2020	11.09	500	Apo-Prednisone
Tab 20 mg – 1% DV Jun-17 to 2020	29.03	500	Apo-Prednisone
TRIAMCINOLONE ACETONIDE			
Inj 10 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	20.80	5	Kenacort-A 10
Inj 40 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	51.10	5	Kenacort-A 40
TRIAMCINOLONE HEXACETONIDE			
Inj 20 mg per ml, 1 ml vial			

Hormone Replacement Therapy

Oestrogens

OESTRADIOL

Tab 1 mg			
Patch 25 mcg per day.....	6.12	8	Estradot
Patch 50 mcg per day.....	7.04	8	Estradot
Patch 75 mcg per day.....	7.91	8	Estradot
Patch 100 mcg per day.....	7.91	8	Estradot

↑ 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
OESTRADIOL VALERATE			
Tab 1 mg – 1% DV Sep-18 to 2021	12.36	84	Progynova
Tab 2 mg – 1% DV Sep-18 to 2021	12.36	84	Progynova
OESTROGENS (CONJUGATED EQUINE)			
Tab 300 mcg			
Tab 625 mcg			

Progestogen and Oestrogen Combined Preparations

OESTRADIOL WITH NORETHISTERONE ACETATE			
Tab 1 mg with 0.5 mg norethisterone acetate			
Tab 2 mg with 1 mg norethisterone acetate			
Tab 2 mg with 1 mg norethisterone acetate (10), and tab 2 mg oestradiol (12) and tab 1 mg oestradiol (6)			
OESTROGENS WITH MEDROXYPROGESTERONE ACETATE			
Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate			
Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate			

Progestogens

MEDROXYPROGESTERONE ACETATE			
Tab 2.5 mg	3.75	30	Provera
Tab 5 mg	14.00	100	Provera
Tab 10 mg	7.15	30	Provera

Other Endocrine Agents

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

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

➔ **Restricted (RS1319)**

Initiation

Any of the following:

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

CLOMIFENE CITRATE			
Tab 50 mg	29.84	10	Mylan Clomiphen
DANAZOL			
Cap 100 mg	19.13	28	Mylan
Cap 200 mg	97.83	100	Azol
GESTRINONE			
Cap 2.5 mg			
METYRAPONE			
Cap 250 mg			
PENTAGASTRIN			
Inj 250 mcg per ml, 2 ml ampoule			

	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 – 1% DV Sep-20 to 2023	7.00	30	Ovestin
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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
Growth Hormone			
SOMATROPIN – Restricted see terms below			
↓ Inj 5 mg cartridge – 1% DV Oct-18 to 2021	34.88	1	Omnitrope
↓ Inj 10 mg cartridge – 1% DV Oct-18 to 2021	69.75	1	Omnitrope
↓ Inj 15 mg cartridge – 1% DV Oct-18 to 2021	104.63	1	Omnitrope

→ **Restricted (RS1549)**

Initiation – growth hormone deficiency in children

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

Either:

- 1 Growth hormone deficiency causing symptomatic hypoglycaemia, or with other significant growth hormone deficient sequelae (e.g. cardiomyopathy, hepatic dysfunction) and diagnosed with GH < 5 mcg/l on at least two random blood samples in the first 2 weeks of life, or from samples during established hypoglycaemia (whole blood glucose < 2 mmol/l using a laboratory device); or
- 2 All of the following:
 - 2.1 Height velocity < 25th percentile for age; and adjusted for bone age/pubertal status if appropriate over 6 or 12 months using the standards of Tanner and Davies (1985); and
 - 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 m² as measured by the Schwartz method (Height(cm)/plasma creatinine (umol/l × 40 = corrected GFR (ml/min/1.73 m²) in a child who may or may not be receiving dialysis; or
 - 6.2 The patient has received a renal transplant and has received < 5mg/ m² /day of prednisone or equivalent for at least 6 months.

Continuation – short stature due to chronic renal insufficiency

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

continued...

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

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

Thyroid and Antithyroid Preparations

CARBIMAZOLE

Tab 5 mg

IODINE

Soln BP 50 mg per ml

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

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

→ **Restricted (RS1047)**

Clinical microbiologist or infectious disease specialist

Cephalosporins and Cephamycins - 1st Generation

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

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

Cephalosporins and Cephamycins - 2nd Generation

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

Cephalosporins and Cephamycins - 3rd Generation

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

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

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

Clinical microbiologist, infectious disease specialist or respiratory specialist

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

Cephalosporins and Cephamycins - 4th Generation

CEFEPIME – Restricted see terms below			
↓ Inj 1 g vial – 1% DV Sep-18 to 2021	3.75	1	Cefepime-AFT
↓ Inj 2 g vial – 1% DV Sep-18 to 2021	5.69	1	Cefepime-AFT

→ **Restricted (RS1049)**

Clinical microbiologist or infectious disease specialist

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

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

⚡ Inj 600 mg vial 1,595.00 10 Zinforo

➡ **Restricted (RS1446)**

Initiation – multi-resistant organism salvage therapy

Clinical microbiologist or infectious disease specialist

Either:

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

Macrolides

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

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

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

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

➡ **Restricted (RS1598)**

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

Any of the following:

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

Note: Indications marked with * are unapproved indications

Initiation – non-cystic fibrosis bronchiectasis*

Respiratory specialist or paediatrician

Re-assessment required after 12 months

All of the following:

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

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

Continuation – non-cystic fibrosis bronchiectasis*

Respiratory specialist or paediatrician

Re-assessment required after 12 months

All of the following:

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

continued...

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

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

Initiation – other indications

Re-assessment required after 5 days

For any other condition.

Continuation – other indications

Re-assessment required after 5 days

For any other condition.

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

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

➔ **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 – 1% DV Dec-19 to 2022	10.00	1	Erythrocin IV
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ERYTHROMYCIN (AS STEARATE) – **Restricted:** For continuation only

➔ Tab 250 mg

➔ Tab 500 mg

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

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

➔ **Restricted (RS1569)**

Initiation

Only for use in patients under 12 years of age.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Penicillins			
AMOXICILLIN			
Cap 250 mg – 1% DV Apr-20 to 2022	22.50	500	Alphamox
Cap 500 mg – 1% DV Apr-20 to 2022	36.98	500	Alphamox
Grans for oral liq 125 mg per 5 ml – 1% DV Feb-18 to 2020	1.20	100 ml	Alphamox 125
Grans for oral liq 250 mg per 5 ml – 1% DV Feb-18 to 2020	1.31	100 ml	Alphamox 250
Inj 250 mg vial – 1% DV Sep-17 to 2020	10.67	10	Ibiamox
Inj 500 mg vial – 1% DV Sep-17 to 2020	12.41	10	Ibiamox
Inj 1 g vial – 1% DV Sep-17 to 2020	17.29	10	Ibiamox
AMOXICILLIN WITH CLAVULANIC ACID			
Tab 500 mg with clavulanic acid 125 mg – 1% DV Oct-17 to 2020	1.88	20	Augmentin
Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml	3.83	100 ml	Augmentin
Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml	2.20	100 ml	Curam
Inj 500 mg with clavulanic acid 100 mg vial	28.18	10	m-Amoxiclav
Inj 1,000 mg with clavulanic acid 200 mg vial	43.30	10	m-Amoxiclav
BENZATHINE BENZYL PENICILLIN			
Inj 900 mg (1.2 million units) in 2.3 ml syringe – 1% DV Dec-18 to 2021	344.93	10	Bicillin LA
BENZYL PENICILLIN SODIUM [PENICILLIN G]			
Inj 600 mg (1 million units) vial – 1% DV Sep-17 to 2020	25.88	25	Pan-Penicillin G Sodium
	10.35	10	Sandoz
	103.50	100	Sandoz
			Sandoz
FLUCLOXACILLIN			
Cap 250 mg – 1% DV Sep-18 to 2021	16.83	250	Staphlex
Cap 500 mg – 1% DV Sep-18 to 2021	56.61	500	Staphlex
Grans for oral liq 25 mg per ml – 1% DV Oct-18 to 2021	2.29	100 ml	AFT
Grans for oral liq 50 mg per ml – 1% DV Oct-18 to 2021	3.68	100 ml	AFT
Inj 250 mg vial – 1% DV Sep-17 to 2020	9.00	10	Flucloxin
Inj 500 mg vial – 1% DV Sep-17 to 2020	9.40	10	Flucloxin
Inj 1 g vial – 1% DV Sep-17 to 2020	5.22	5	Flucil
PHENOXYMETHYL PENICILLIN [PENICILLIN V]			
Cap 250 mg – 1% DV Sep-18 to 2021	2.59	50	Cilicaine VK
Cap 500 mg – 1% DV Sep-18 to 2021	4.26	50	Cilicaine VK
Grans for oral liq 125 mg per 5 ml – 1% DV Jan-20 to 2022	2.99	100 ml	AFT
Grans for oral liq 250 mg per 5 ml – 1% DV Jan-20 to 2022	3.99	100 ml	AFT
PIPERACILLIN WITH TAZOBACTAM – Restricted see terms below			
⚡ Inj 4 g with tazobactam 0.5 g vial	38.00	10	PipTaz Sandoz
			PiperTaz Sandoz
➡ Restricted (RS1053)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
PROCAINE PENICILLIN			
Inj 1.5 g in 3.4 ml syringe – 1% DV Sep-17 to 2020	123.50	5	Cilicaine
TICARCILLIN WITH CLAVULANIC ACID – Restricted see terms below			
⚡ Inj 3 g with clavulanic acid 0.1 mg vial			
➡ Restricted (RS1054)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Tetracyclines			
DEMECLOCYCLINE HYDROCHLORIDE			
Tab 150 mg			
Cap 150 mg			
Cap 300 mg			
DOXYCYCLINE			
➔ Tab 50 mg – Restricted: For continuation only			
Tab 100 mg	64.43	500	Doxine
Inj 5 mg per ml, 20 ml vial			
MINOCYCLINE			
Tab 50 mg			
➔ Cap 100 mg – Restricted: For continuation only			
TETRACYCLINE			
Tab 250 mg	21.42	28	Accord
Cap 500 mg	46.00	30	Tetracyclin Wolff
<i>(Tetracyclin Wolff Cap 500 mg to be delisted 1 December 2020)</i>			
TIGECYCLINE – Restricted see terms below			
⚡ Inj 50 mg vial			
➔ Restricted (RS1059)			
Clinical microbiologist or infectious disease specialist			
Other Antibacterials			
AZTREONAM – Restricted see terms below			
⚡ Inj 1 g vial	364.92	10	Azactam
➔ Restricted (RS1277)			
Clinical microbiologist or infectious disease specialist			
CHLORAMPHENICOL – Restricted see terms below			
⚡ Inj 1 g vial			
➔ Restricted (RS1277)			
Clinical microbiologist or infectious disease specialist			
CLINDAMYCIN – Restricted see terms below			
⚡ Cap 150 mg – 1% DV Apr-20 to 2022	4.61	24	Dalacin C
⚡ Oral liq 15 mg per ml			
⚡ Inj 150 mg per ml, 4 ml ampoule – 1% DV Oct-19 to 2022	39.00	10	Dalacin C
➔ Restricted (RS1061)			
Clinical microbiologist or infectious disease specialist			
COLISTIN SULPHOMETHATE [COLESTIMETHATE] – Restricted see terms below			
⚡ Inj 150 mg per ml, 1 ml vial	65.00	1	Colistin-Link
➔ Restricted (RS1062)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
DAPTOMYCIN – Restricted see terms below			
⚡ Inj 500 mg vial	243.52	1	Cubicin
➔ Restricted (RS1063)			
Clinical microbiologist or infectious disease specialist			
FOSFOMYCIN – Restricted see terms on the next page			
⚡ Powder for oral solution, 3 g sachet			

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

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

Imidazoles

KETOCONAZOLE

⚡ Tab 200 mg

➡ **Restricted (RS1410)**

Oncologist

Polyene Antimycotics

AMPHOTERICIN B

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

Initiation

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

Either:

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

⚡ Inj 50 mg vial

➡ **Restricted (RS1316)**

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

NYSTATIN

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

Triazoles

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

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

➡ **Restricted (RS1072)**

Consultant

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

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

➡ **Restricted (RS1073)**

Clinical immunologist, clinical microbiologist, dermatologist or infectious disease specialist

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

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

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

Initiation

Haematologist or infectious disease specialist

Re-assessment required after 6 weeks

Both:

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

Continuation

Haematologist or infectious disease specialist

Re-assessment required after 6 weeks

Both:

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

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

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

➔ **Restricted (RS1075)**

Initiation – Proven or probable aspergillus infection

Clinical microbiologist, haematologist or infectious disease specialist

Both:

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

Initiation – Possible aspergillus infection

Clinical microbiologist, haematologist or infectious disease specialist

All of the following:

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

Initiation – Resistant candidiasis infections and other moulds

Clinical microbiologist, haematologist or infectious disease specialist

All of the following:

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

Other Antifungals

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

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

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

Initiation

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

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

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

⚡ Cap 500 mg

➔ Restricted (RS1279)

Clinical microbiologist or infectious disease specialist

TERBINAFINE

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

Antileprotics

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

⚡ Cap 50 mg

➔ Restricted (RS1077)

Clinical microbiologist, dermatologist or infectious disease specialist

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

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

➔ Restricted (RS1078)

Clinical microbiologist, dermatologist or infectious disease specialist

Antituberculotics

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

⚡ Cap 250 mg

➔ Restricted (RS1079)

Clinical microbiologist, infectious disease specialist or respiratory specialist

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

⚡ Tab 100 mg			
⚡ Tab 400 mg	49.34	56	Myambutol

➔ Restricted (RS1080)

Clinical microbiologist, infectious disease specialist or respiratory specialist

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

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

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

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

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

➔ Restricted (RS1282)

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PARA-AMINOSALICYLIC ACID – Restricted see terms below			
↓ Grans for oral liq 4 g.....	280.00	30	Paser
→ Restricted (RS1083)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
PROTIONAMIDE – Restricted see terms below			
↓ Tab 250 mg.....	305.00	100	Peteha
→ Restricted (RS1084)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
PYRAZINAMIDE – Restricted see terms below			
↓ Tab 500 mg.....			
→ Restricted (RS1085)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
RIFABUTIN – Restricted see terms below			
↓ Cap 150 mg.....	299.75	30	Mycobutin
→ Restricted (RS1086)			
Clinical microbiologist, gastroenterologist, infectious disease specialist or respiratory specialist			
RIFAMPICIN – Restricted see terms below			
↓ Cap 150 mg – 1% DV Sep-17 to 2020.....	55.75	100	Rifadin
↓ Cap 300 mg – 1% DV Sep-17 to 2020.....	116.25	100	Rifadin
↓ Oral liq 100 mg per 5 ml – 1% DV Sep-17 to 2020.....	12.00	60 ml	Rifadin
↓ Inj 600 mg vial – 1% DV Sep-17 to 2020.....	128.85	1	Rifadin
→ Restricted (RS1087)			
Clinical microbiologist, dermatologist, internal medicine physician, paediatrician or public health physician			

Antiparasitics

Anthelmintics

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

Antiprotozoals

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ARTESUNATE – Restricted see terms below			
⚡ Inj 60 mg vial			
➡ Restricted (RS1091)			
Clinical microbiologist or infectious disease specialist			
ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE – Restricted see terms below			
⚡ Tab 62.5 mg with proguanil hydrochloride 25 mg.....	25.00	12	Malarone Junior
⚡ Tab 250 mg with proguanil hydrochloride 100 mg.....	64.00	12	Malarone
➡ Restricted (RS1092)			
Clinical microbiologist or infectious disease specialist			
CHLOROQUINE PHOSPHATE – Restricted see terms below			
⚡ Tab 250 mg			
➡ Restricted (RS1093)			
Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist			
MEFLOQUINE – Restricted see terms below			
⚡ Tab 250 mg			
➡ Restricted (RS1094)			
Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist			
METRONIDAZOLE			
Tab 200 mg	10.45	100	Trichozole
Tab 400 mg	18.15	100	Trichozole
Oral liq benzoate 200 mg per 5 ml	25.00	100 ml	Flagyl-S
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
<i>(Trichozole Tab 200 mg to be delisted 1 September 2020)</i>			
<i>(Trichozole Tab 400 mg to be delisted 1 September 2020)</i>			
NITAZOXANIDE – Restricted see terms below			
⚡ Tab 500 mg	1,680.00	30	Alinia
⚡ Oral liq 100 mg per 5 ml			
➡ Restricted (RS1095)			
Clinical microbiologist or infectious disease specialist			
ORNIDAZOLE			
Tab 500 mg	32.95	10	Arrow-Ornidazole
PENTAMIDINE ISETHIONATE – Restricted see terms below			
⚡ Inj 300 mg vial – 1% DV Nov-19 to 2022.....	216.00	5	Pentacarinat
➡ Restricted (RS1096)			
Clinical microbiologist or infectious disease specialist			
PRIMAQUINE – Restricted see terms below			
⚡ Tab 15 mg			
⚡ Tab 7.5 mg			
➡ Restricted (RS1097)			
Clinical microbiologist or infectious disease specialist			
PYRIMETHAMINE – Restricted see terms below			
⚡ Tab 25 mg			
➡ Restricted (RS1098)			
Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
QUININE DIHYDROCHLORIDE – Restricted see terms below			
↓ Inj 60 mg per ml, 10 ml ampoule			
↓ Inj 300 mg per ml, 2 ml vial			
→ Restricted (RS1099)			
Clinical microbiologist or infectious disease specialist			
QUININE SULPHATE			
Tab 300 mg	61.91	500	Q 300
SODIUM STIBOGLUCONATE – Restricted see terms below			
↓ Inj 100 mg per ml, 1 ml vial			
→ Restricted (RS1100)			
Clinical microbiologist or infectious disease specialist			
SPIRAMYCIN – Restricted see terms below			
↓ Tab 500 mg			
→ Restricted (RS1101)			
Maternal-foetal medicine specialist			
Antiretrovirals			
Non-Nucleoside Reverse Transcriptase Inhibitors			
→ Restricted (RS1571)			
Initiation – Confirmed HIV			
Patient has confirmed HIV infection.			
Initiation – Prevention of maternal transmission			
Either:			
1 Prevention of maternal foetal transmission; or			
2 Treatment of the newborn for up to eight weeks.			
Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV			
Both:			
1 Treatment course to be initiated within 72 hours post exposure; and			
2 Any of the following:			
2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or			
2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or			
2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.			
Initiation – Percutaneous exposure			
Patient has percutaneous exposure to blood known to be HIV positive.			
EFAVIRENZ – Restricted see terms above			
† Tab 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
NEVIRAPINE – Restricted see terms above			
† Tab 200 mg – 1% DV Sep-18 to 2021	60.00	60	Nevirapine Alphapharm
† Oral suspension 10 mg per ml	203.55	240 ml	Viramune Suspension

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Nucleoside Reverse Transcriptase Inhibitors

➔ **Restricted (RS1572)**

Initiation – Confirmed HIV

Patient has confirmed HIV infection.

Initiation – Prevention of maternal transmission

Either:

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

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

Both:

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

Initiation – Percutaneous exposure

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

ABACAVIR SULPHATE – **Restricted** see terms [above](#)

† Tab 300 mg – 1% DV Jul-19 to 2022	180.00	60	Ziagen
† Oral liq 20 mg per ml	256.31	240 ml	Ziagen

ABACAVIR SULPHATE WITH LAMIVUDINE – **Restricted** see terms [above](#)

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

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

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

† Oral liq 10 mg per ml			
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STAVUDINE – **Restricted** see terms [above](#)

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

ZIDOVUDINE [AZT] – **Restricted** see terms [above](#)

† Cap 100 mg	152.25	100	Retrovir
† Oral liq 10 mg per ml	30.45	200 ml	Retrovir
† Inj 10 mg per ml, 20 ml vial	750.00	5	Retrovir IV

ZIDOVUDINE [AZT] WITH LAMIVUDINE – **Restricted** see terms [above](#)

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

➔ **Restricted (RS1573)**

Initiation – Confirmed HIV

Patient has confirmed HIV infection.

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
Initiation – Prevention of maternal transmission			
Either:			
1	Prevention of maternal foetal transmission; or		
2	Treatment of the newborn for up to eight weeks.		
Initiation – Post-exposure prophylaxis following non-occupational exposure to HIV			
Both:			
1	Treatment course to be initiated within 72 hours post exposure; and		
2	Any of the following:		
2.1	Patient has had unprotected receptive anal intercourse with a known HIV positive person; or		
2.2	Patient has shared intravenous injecting equipment with a known HIV positive person; or		
2.3	Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.		
Initiation – Percutaneous exposure			
Patient has percutaneous exposure to blood known to be HIV positive.			
ATAZANAVIR SULPHATE – Restricted see terms on the previous page			
† Cap 150 mg – 1% DV Jun-19 to 2022	141.68	60	Teva
† Cap 200 mg – 1% DV Jun-19 to 2022	188.91	60	Teva
DARUNAVIR – Restricted see terms on the previous page			
† Tab 400 mg – 1% DV Jun-17 to 2020	335.00	60	Prezista
† Tab 600 mg – 1% DV Jun-17 to 2020	476.00	60	Prezista
INDINAVIR – Restricted see terms on the previous page			
† Cap 200 mg			
† Cap 400 mg			
LOPINAVIR WITH RITONAVIR – Restricted see terms on the previous page			
† Tab 100 mg with ritonavir 25 mg	183.75	60	Kaletra
† Tab 200 mg with ritonavir 50 mg – 1% DV Sep-17 to 2020	463.00	120	Kaletra
† Oral liq 80 mg with ritonavir 20 mg per ml	735.00	300 ml	Kaletra
RITONAVIR – Restricted see terms on the previous page			
† Tab 100 mg – 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

continued...

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

- 2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

Initiation – Percutaneous exposure

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

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

† Tab 50 mg 1,090.00 30 Tivicay

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

† Tab 400 mg 1,090.00 60 Isentress
† Tab 600 mg 1,090.00 60 Isentress HD

Antivirals

Hepatitis B

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

† Tab 10 mg 670.00 30 Hepsera

➔ **Restricted (RS1104)**

Initiation

Gastroenterologist or infectious disease specialist

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg+); and Documented resistance to lamivudine defined as:
- 2 Patient has raised serum ALT ($> 1 \times \text{ULN}$); and
- 3 Patient has HBV DNA greater than 100,000 copies per mL, or viral load greater than or equal to 10-fold over nadir; and
- 4 Detection of M204I or M204V mutation; and
- 5 Either:
 - 5.1 Both:
 - 5.1.1 Patient is cirrhotic; and
 - 5.1.2 Adefovir dipivoxil to be used in combination with lamivudine; or
 - 5.2 Both:
 - 5.2.1 Patient is not cirrhotic; and
 - 5.2.2 Adefovir dipivoxil to be used as monotherapy.

ENTECAVIR

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

LAMIVUDINE

Tab 100 mg – **1% DV Aug-18 to 2020** 4.20 28 Zetlam

Oral liq 5 mg per ml 270.00 240 ml Zeffix

TENOFOVIR DISOPROXIL

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

Hepatitis C

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 [on the next page](#)

† Tab 90 mg with sofosbuvir 400 mg 24,363.46 28 Harvoni

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS1528)**

Initiation

Note: Only for use in patients with approval by the Hepatitis C Treatment Panel (HepCTP). Applications will be considered by HepCTP at its regular meetings and approved subject to eligibility according to the Access Criteria (set out in Section B of the Pharmaceutical Schedule).

Herpesviridae

ACICLOVIR

Tab dispersible 200 mg – 1% DV Oct-19 to 2022	1.60	25	Lovir
Tab dispersible 400 mg – 1% DV Oct-19 to 2022	5.38	56	Lovir
Tab dispersible 800 mg – 1% DV Oct-19 to 2022	5.98	35	Lovir
Inj 250 mg vial – 1% DV Sep-18 to 2021	9.60	5	Aciclovir-Clarix

CIDOFOVIR – Restricted see terms [below](#)

↓ Inj 75 mg per ml, 5 ml vial

➔ **Restricted (RS1108)**

Clinical microbiologist, infectious disease specialist, otolaryngologist or oral surgeon

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

↓ Inj 24 mg per ml, 250 ml bottle

➔ **Restricted (RS1109)**

Clinical microbiologist or infectious disease specialist

GANCICLOVIR – Restricted see terms [below](#)

↓ Inj 500 mg vial 380.00 5 **Cymevene**

➔ **Restricted (RS1110)**

Clinical microbiologist or infectious disease specialist

VALACICLOVIR

Tab 500 mg – 1% DV Sep-18 to 2021	5.75	30	Vaclovir
Tab 1,000 mg – 1% DV Sep-18 to 2021	11.35	30	Vaclovir

VALGANCICLOVIR – Restricted see terms [below](#)

↓ Tab 450 mg – 1% DV May-19 to 2021 225.00 60 **Valganciclovir Mylan**

➔ **Restricted (RS1112)**

Initiation – Transplant cytomegalovirus prophylaxis

Limited to 3 months treatment

Patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis.

Initiation – Lung transplant cytomegalovirus prophylaxis

Limited to 6 months treatment

Both:

- 1 Patient has undergone a lung transplant; and
- 2 Either:
 - 2.1 The donor was cytomegalovirus positive and the patient is cytomegalovirus negative; or
 - 2.2 The recipient is cytomegalovirus positive.

Initiation – Cytomegalovirus in immunocompromised patients

Both:

- 1 Patient is immunocompromised; and
- 2 Any of the following:
 - 2.1 Patient has cytomegalovirus syndrome or tissue invasive disease; or
 - 2.2 Patient has rapidly rising plasma CMV DNA in absence of disease; or
 - 2.3 Patient has cytomegalovirus retinitis.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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HIV Prophylaxis and Treatment

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

↓ Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate)

– 1% DV Jun-19 to 2022 61.15 30 **Teva**

→ **Restricted (RS1737)**

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 and Hep B if not immune 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.

continued...

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

continued...

Continuation – Pre-exposure prophylaxis

Re-assessment required after 3 months

All of the following:

- 1 Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis (refer to local health pathways or <https://ashm.org.au/HIV/PrEP/> for training materials); and
- 2 Patient has undergone testing for HIV, syphilis and Hep B if not immune 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

INTERFERON ALFA-2B

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

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

‡ Inj 100 mcg in 0.5 ml vial

➔ **Restricted (RS1113)**

Initiation

Patient has chronic granulomatous disease and requires interferon gamma.

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

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

➔ **Restricted (RS1340)**

Initiation – Chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV or genotype 2 or 3 post liver transplant

Limited to 48 weeks treatment

Any of the following:

- 1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or
- 2 Patient has chronic hepatitis C and is co-infected with HIV; or
- 3 Patient has chronic hepatitis C genotype 2 or 3 and has received a liver transplant.

Notes: Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.

Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml.

Continuation – Chronic hepatitis C - genotype 1 infection

Gastroenterologist, infectious disease specialist or general physician

Re-assessment required after 48 weeks

All of the following:

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

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

Gastroenterologist, infectious disease specialist or general physician

Limited to 48 weeks treatment

All of the following:

- 1 Patient has chronic hepatitis C, genotype 1; and
- 2 Patient has had previous treatment with pegylated interferon and ribavirin; and
- 3 Any of the following:
 - 3.1 Patient has responder relapsed; or

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 3.2 Patient was a partial responder; or
- 3.3 Patient received interferon treatment prior to 2004; and
- 4 Patient is to be treated in combination with boceprevir.

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

Limited to 6 months treatment

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

Initiation – Hepatitis B

Gastroenterologist, infectious disease specialist or general physician

Limited to 48 weeks treatment

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 2 Patient is Hepatitis B treatment-naïve; and
- 3 ALT > 2 times Upper Limit of Normal; and
- 4 HBV DNA < 10 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 – **Restricted** see terms [below](#)

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

→ **Restricted** (RS1755)

Initiation

Any of the following:

- 1 Rheumatoid arthritis; or
- 2 Systemic or discoid lupus erythematosus; or
- 3 Malaria treatment or suppression; or
- 4 Relevant dermatological conditions (cutaneous forms of lupus and lichen planus, cutaneous vasculitides and mucosal ulceration).

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**

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

➔ **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.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Initiation – Paget's disease

Any specialist

Re-assessment required after 12 months

All of the following:

- 1 Paget's disease; and
- 2 Any of the following:
 - 2.1 Bone or articular pain; or
 - 2.2 Bone deformity; or
 - 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
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➡ **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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 2.2 The patient is male or non-binary; and
- 3 Any of the following:

3.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or

3.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons; or

3.3 History of two significant osteoporotic fractures demonstrated radiologically; or

3.4 Documented T-Score less than or equal to -3.0 (see Note); or

3.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or

3.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) prior to 1 February 2019 or has had a Special Authority approval for raloxifene; and
- 4 Zoledronic acid is contraindicated because the patient's creatinine clearance is less than 35 mL/min; and
- 5 The patient has experienced at least one symptomatic new fracture after at least 12 months' continuous therapy with a funded antiresorptive agent at adequate doses (see Notes); and
- 6 The patient must not receive concomitant treatment with any other funded antiresorptive agent for this condition or teriparatide.

Notes:

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

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

↓ Tab 60 mg53.76 28 Evista

➔ **Restricted (RS1666)**

Initiation

Any of the following:

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Notes); or
- 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- unlikely that this provision would apply to many patients under 75 years of age; or
- 3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 4 Documented T-Score greater than or equal to -3.0 (see Notes); or
- 5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Notes); or
- 6 Patient has had a Special Authority approval for zoledronic acid (Underlying cause - Osteoporosis) or has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) prior to 1 February 2019.

Notes:

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

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

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

➔ **Restricted (RS1143)**

Initiation

Limited to 18 months treatment

All of the following:

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

Notes:

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

Enzymes

HYALURONIDASE

Inj 1,500 iu ampoule

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

Hyperuricaemia and Antigout

ALLOPURINOL

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

BENZBROMARONE – Restricted see terms [below](#)

↓ Tab 50 mg			
↓ Tab 100 mg	45.00	100	Benzbromaron AL 100

→ Restricted (RS1489)

Initiation

Any specialist

All of the following:

- 1 Patient has been diagnosed with gout; and
- 2 Any of the following:
 - 2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
 - 2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite use of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
 - 2.3 Both:
 - 2.3.1 The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); and
 - 2.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or
 - 2.4 All of the following:
 - 2.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and
 - 2.4.2 Allopurinol is contraindicated; and
 - 2.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and
- 3 The patient is receiving monthly liver function tests.

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity. In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

The New Zealand Rheumatology Association has developed information for prescribers which can be accessed from its website at www.rheumatology.org.nz/home/resources-2/

COLCHICINE

Tab 500 mcg – 1% DV Jan-19 to 2021	9.58	100	Colgout
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FEBUXOSTAT – Restricted see terms [below](#)

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

→ Restricted (RS1760)

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

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MUSCULOSKELETAL SYSTEM

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

- 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); or
- 2.4 The patient has previously had an initial Special Authority approval for benzbromarone for treatment of gout.

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

ATRAURIUM 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	97.50	100	Dantrium
Cap 50 mg	77.00	100	Dantrium
Inj 20 mg vial	888.00	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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ROCURONIUM BROMIDE			
Inj 10 mg per ml, 5 ml ampoule – 1% DV Aug-20 to 2022	31.14	10	Hameln
Inj 10 mg per ml, 5 ml vial.....	48.01	10	DBL Rocuronium Bromide
<i>(DBL Rocuronium Bromide Inj 10 mg per ml, 5 ml vial to be delisted 1 August 2020)</i>			
SUXAMETHONIUM CHLORIDE			
Inj 50 mg per ml, 2 ml ampoule – 1% DV Nov-17 to 2020	78.00	50	AstraZeneca
VECURONIUM BROMIDE			
Inj 10 mg vial			

Reversers of Neuromuscular Blockade

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

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

→ **Restricted (RS1370)**

Initiation

Any of the following:

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

Non-Steroidal Anti-Inflammatory Drugs

CELECOXIB

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

Cap 100 mg	3.63	60	Celecoxib Pfizer
Cap 200 mg – 1% DV Aug-17 to 2020	2.30	30	Celecoxib Pfizer

DICLOFENAC SODIUM

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

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

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

MUSCULOSKELETAL SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1290)			
Initiation			
For in-vivo investigation of allergy only.			
IBUPROFEN			
Tab 200 mg – 1% DV Feb-18 to 2020	11.71	1,000	Relieve
➔ Tab 400 mg – Restricted: For continuation only			
➔ Tab 600 mg – Restricted: For continuation only			
Tab long-acting 800 mg – 1% DV Apr-20 to 2021	5.99	30	Ibuprofen SR BNM Ethics
Oral liq 20 mg per ml – 1% DV May-19 to 2021	1.88	200 ml	
Inj 5 mg per ml, 2 ml ampoule			
Inj 10 mg per ml, 2 ml vial			
INDOMETHACIN			
Cap 25 mg			
Cap 50 mg			
Cap long-acting 75 mg			
Inj 1 mg vial			
Suppos 100 mg			
KETOPROFEN			
Cap long-acting 200 mg	12.07	28	Oruvail SR
MEFENAMIC ACID – Restricted: For continuation only			
➔ Cap 250 mg			
NAPROXEN			
Tab 250 mg – 1% DV Dec-18 to 2021	32.69	500	Noflam 250
Tab 500 mg – 1% DV Dec-18 to 2021	22.19	250	Noflam 500
Tab long-acting 750 mg – 1% DV Oct-18 to 2021	6.16	28	Naprosyn SR 750
Tab long-acting 1 g – 1% DV Oct-18 to 2021	8.21	28	Naprosyn SR 1000
PARECOXIB			
Inj 40 mg vial	100.00	10	Dynastat
SULINDAC			
Tab 100 mg			
Tab 200 mg			
TENOXICAM			
Tab 20 mg – 1% DV Oct-19 to 2022	9.15	100	Tilcotil
Inj 20 mg vial	9.95	1	AFT

Topical Products for Joint and Muscular Pain

CAPSAICIN – Restricted see terms [below](#)

⚡ Crm 0.025%

9.95	45 g	Zostrix
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➔ **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
ENTACAPONE			
Tab 200 mg – 1% DV Sep-18 to 2021	22.00	100	Entapone
LEVODOPA WITH BENSERAZIDE			
Tab dispersible 50 mg with benserazide 12.5 mg	13.25	100	Madopar Rapid
Cap 50 mg with benserazide 12.5 mg	13.75	100	Madopar 62.5
Cap 100 mg with benserazide 25 mg	15.80	100	Madopar 125
Cap long-acting 100 mg with benserazide 25 mg	22.85	100	Madopar HBS
Cap 200 mg with benserazide 50 mg	26.25	100	Madopar 250
LEVODOPA WITH CARBIDOPA			
Tab 100 mg with carbidopa 25 mg – 1% DV Feb-18 to 2020	17.97	100	Sinemet
Tab long-acting 100 mg with carbidopa 25 mg			
Tab long-acting 200 mg with carbidopa 50 mg – 1% DV Feb-18 to 2020	37.15	100	Sinemet CR
Tab 250 mg with carbidopa 25 mg – 1% DV Feb-18 to 2020	32.67	100	Sinemet
PRAMIPEXOLE HYDROCHLORIDE			
Tab 0.25 mg – 1% DV Oct-19 to 2022	6.12	100	Ramipex
Tab 1 mg – 1% DV Oct-19 to 2022	20.73	100	Ramipex
ROPINIROLE HYDROCHLORIDE			
Tab 0.25 mg – 1% DV Mar-20 to 2022	2.85	84	Ropin
Tab 1 mg – 1% DV Mar-20 to 2022	3.95	84	Ropin
Tab 2 mg – 1% DV Mar-20 to 2022	5.48	84	Ropin
Tab 5 mg – 1% DV Mar-20 to 2022	12.50	84	Ropin
SELEGILINE HYDROCHLORIDE			
Tab 5 mg			
TOLCAPONE			
Tab 100 mg	152.38	100	Tasmar

Anaesthetics

General Anaesthetics

DESFLURANE			
Soln for inhalation 100%, 240 ml bottle – 1% DV Sep-16 to 2020	1,350.00	6	Suprane
DEXMEDETOMIDINE			
Inj 100 mcg per ml, 2 ml vial – 1% DV Sep-17 to 2020	357.00	5	Precedex
ETOMIDATE			
Inj 2 mg per ml, 10 ml ampoule			
ISOFLURANE			
Soln for inhalation 100%, 250 ml bottle – 1% DV Sep-16 to 2020	1,020.00	6	Aerrane
KETAMINE			
Inj 1 mg per ml, 100 ml bag – 1% DV Feb-20 to 2022	270.00	10	Biomed
Inj 10 mg per ml, 10 ml syringe – 1% DV Feb-20 to 2022	70.00	5	Biomed
Inj 100 mg per ml, 2 ml vial – 1% DV Jan-19 to 2021	31.50	5	Ketalar
	155.60		Ketamine-Claris
METHOHEXITAL SODIUM			
Inj 10 mg per ml, 50 ml vial			
PROPOFOL			
Inj 10 mg per ml, 20 ml ampoule – 10% DV Dec-19 to 2022	4.35	5	Fresofol 1% MCT/LCT
Inj 10 mg per ml, 50 ml vial – 10% DV Oct-19 to 2022	19.50	10	Fresofol 1% MCT/LCT
Inj 10 mg per ml, 100 ml vial – 10% DV Oct-19 to 2022	39.00	10	Fresofol 1% MCT/LCT

↑ 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
SEVOFLURANE Soln for inhalation 100%, 250 ml bottle – 1% DV Sep-16 to 2020	840.00	6	Baxter
THIOPENTAL [THIOPENTONE] SODIUM Inj 500 mg ampoule			
Local Anaesthetics			
ARTICAINE HYDROCHLORIDE Inj 1%			
ARTICAINE HYDROCHLORIDE WITH ADRENALINE Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge			
BENZOCAINE Gel 20%			
BENZOCAINE WITH TETRACAINE HYDROCHLORIDE Gel 18% with tetracaine hydrochloride 2%			<i>e.g. ZAP Topical Anaesthetic Gel</i>
BUPIVACAINE HYDROCHLORIDE Inj 5 mg per ml, 4 ml ampoule – 1% DV Sep-17 to 2020 Inj 2.5 mg per ml, 20 ml ampoule Inj 2.5 mg per ml, 20 ml ampoule sterile pack – 1% DV Aug-20 to 2023 Inj 5 mg per ml, 10 ml ampoule sterile pack – 1% DV Aug-20 to 2023 Inj 5 mg per ml, 20 ml ampoule Inj 5 mg per ml, 20 ml ampoule sterile pack – 1% DV Aug-20 to 2023 Inj 1.25 mg per ml, 100 ml bag Inj 1.25 mg per ml, 200 ml bag Inj 2.5 mg per ml, 100 ml bag – 1% DV Sep-17 to 2020 Inj 2.5 mg per ml, 200 ml bag Inj 1.25 mg per ml, 500 ml bag	50.00 23.36 16.20 16.56 150.00	5 5 5 5 5	Marcaïn Isobaric Marcaïn Marcaïn Marcaïn Marcaïn
BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial – 1% DV Aug-19 to 2022 Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial – 1% DV Aug-19 to 2022 	94.50 80.50	5 5	Marcaïn with Adrenaline Marcaïn with Adrenaline
BUPIVACAINE HYDROCHLORIDE WITH FENTANYL Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag – 1% DV Apr-20 to 2022 Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml syringe Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag – 1% DV Nov-19 to 2022 Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag – 1% DV Nov-19 to 2022 Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe..... Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe.....	305.00 225.00 235.00 72.00 92.00	10 10 10 10 10	Biomed Bupafen Bupafen Biomed Biomed

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE			
Inj 0.5% with glucose 8%, 4 ml ampoule	38.00	5	Marcaïn Heavy
COCAINE HYDROCHLORIDE			
Paste 5%			
Soln 15%, 2 ml syringe			
Soln 4%, 2 ml syringe	25.46	1	Biomed
COCAINE HYDROCHLORIDE WITH ADRENALINE			
Paste 15% with adrenaline 0.06%			
Paste 25% with adrenaline 0.06%			
ETHYL CHLORIDE			
Spray 100%			
LIDOCAINE [LIGNOCAINE]			
Crm 4%	5.40	5 g	LMX4
	27.00	30 g	LMX4
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE			
Gel 2% – 1% DV Nov-18 to 2021	4.87	20 g	Orion
Soln 4%			
Spray 10% – 1% DV Jul-19 to 2022	75.00	50 ml	Xylocaine
Oral (gel) soln 2% – 1% DV Oct-17 to 2020	38.00	200 ml	Mucosoothé
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 – 1% DV Jul-19 to 2022	6.20	5	Lidocaine-Clarís
Inj 2%, 5 ml ampoule – 1% DV Nov-19 to 2022	8.25	25	Lidocaine-Clarís
Inj 2%, 20 ml vial – 1% DV Jul-19 to 2022	6.45	5	Lidocaine-Clarís
Gel 2%, 11 ml urethral syringe – 1% DV Apr-20 to 2022	42.00	10	Instillagel Lido
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE			
Inj 1% with adrenaline 1:100,000, 5 ml ampoule – 1% DV Nov-19 to 2022	29.00	10	Xylocaine
Inj 1% with adrenaline 1:200,000, 20 ml vial	50.00	5	Xylocaine
Inj 2% with adrenaline 1:80,000, 1.7 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 1.8 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 2.2 ml dental cartridge			
Inj 2% with adrenaline 1:200,000, 20 ml vial	60.00	5	Xylocaine
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE			
Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe – 1% DV Sep-17 to 2020	17.50	1	Topicaïne
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE			
Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe	81.50	10	Pfizer
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE			
Nasal spray 5% with phenylephrine hydrochloride 0.5%			
LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE			
Crm 2.5% with prilocaine 2.5%	45.00	30 g	EMLA
Patch 25 mcg with prilocaine 25 mcg	115.00	20	EMLA
Crm 2.5% with prilocaine 2.5%, 5 g	45.00	5	EMLA
MEPIVACAINE HYDROCHLORIDE			
Inj 3%, 1.8 ml dental cartridge	43.60	50	Scandonest 3%
Inj 3%, 2.2 ml dental cartridge	43.60	50	Scandonest 3%

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PRILOCAINE HYDROCHLORIDE			
Inj 0.5%, 50 ml vial	100.00	5	Citanest
Inj 2%, 5 ml ampoule			
PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN			
Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge			
Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge			
ROPIVACAINE HYDROCHLORIDE			
Inj 2 mg per ml, 10 ml ampoule – 1% DV Sep-17 to 2020	8.80	5	Ropivacaine Kabi
Inj 2 mg per ml, 20 ml ampoule – 1% DV Sep-17 to 2020	9.20	5	Ropivacaine Kabi
Inj 2 mg per ml, 100 ml bag – 1% DV Sep-17 to 2020	29.50	5	Ropivacaine Kabi
Inj 2 mg per ml, 200 ml bag – 1% DV Sep-17 to 2020	39.00	5	Ropivacaine Kabi
Inj 7.5 mg per ml, 10 ml ampoule – 1% DV Sep-17 to 2020	9.90	5	Ropivacaine Kabi
Inj 7.5 mg per ml, 20 ml ampoule – 1% DV Sep-17 to 2020	12.15	5	Ropivacaine Kabi
Inj 10 mg per ml, 10 ml ampoule – 1% DV Sep-17 to 2020	10.55	5	Ropivacaine Kabi
Inj 10 mg per ml, 20 ml ampoule – 1% DV Sep-17 to 2020	15.80	5	Ropivacaine Kabi
ROPIVACAINE HYDROCHLORIDE WITH FENTANYL			
Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag	198.50	5	Naropin
Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag	270.00	5	Naropin
TETRACAINE [AMETHOCAINE] HYDROCHLORIDE			
Gel 4%			

Analgesics

Non-Opoid Analgesics

ASPIRIN			
Tab dispersible 300 mg – 1% DV Oct-19 to 2022	4.50	100	Ethics Aspirin
CAPSAICIN – Restricted see terms below			
↓ Crm 0.075%	12.50	45 g	Zostrix HP
➔ Restricted (RS1145)			
Initiation			
For post-herpetic neuralgia or diabetic peripheral neuropathy.			
METHOXYFLURANE – Restricted see terms below			
↓ Soln for inhalation 99.9%, 3 ml bottle			
➔ Restricted (RS1292)			
Initiation			
Both:			
1 Patient is undergoing a painful procedure with an expected duration of less than one hour; and			
2 Only to be used under supervision by a medical practitioner or nurse who is trained in the use of methoxyflurane.			
NEFOPAM HYDROCHLORIDE			
Tab 30 mg			

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PARACETAMOL – Some items restricted see terms below			
Tab soluble 500 mg			
Tab 500 mg			
Oral liq 120 mg per 5 ml – 1% DV Dec-17 to 2020	5.35	1,000 ml	Paracare
Oral liq 250 mg per 5 ml – 20% DV Aug-18 to 2020	5.81	1,000 ml	Paracare Double Strength
¶ Inj 10 mg per ml, 100 ml vial – 1% DV Sep-17 to 2020	8.40	10	Paracetamol Kabi
Suppos 25 mg – 1% DV Nov-19 to 2022	58.50	20	Biomed
Suppos 50 mg – 1% DV Nov-19 to 2022	58.50	20	Biomed
Suppos 125 mg – 1% DV Nov-18 to 2021	3.29	10	Gacet
Suppos 250 mg – 1% DV Nov-18 to 2021	3.79	10	Gacet
Suppos 500 mg – 1% DV Feb-19 to 2021	12.40	50	Gacet
➔ Restricted (RS1146)			
Initiation			
Intravenous paracetamol is only to be used where other routes are unavailable or impractical, or where there is reduced absorption. The need for IV paracetamol must be re-assessed every 24 hours.			
SUCROSE			
Oral liq 25% – 1% DV Feb-20 to 2022	13.00	25 ml	Biomed
Opioid Analgesics			
ALFENTANIL			
Inj 0.5 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020	34.38	10	Hameln
CODEINE PHOSPHATE			
Tab 15 mg	5.75	100	PSM
Tab 30 mg	6.80	100	PSM
Tab 60 mg	13.50	100	PSM
DIHYDROCODEINE TARTRATE			
Tab long-acting 60 mg – 1% DV Oct-19 to 2022	8.60	60	DHC Continus
FENTANYL			
Inj 10 mcg per ml, 10 ml syringe			
Inj 50 mcg per ml, 2 ml ampoule – 1% DV Nov-18 to 2021	3.56	10	Boucher and Muir
Inj 10 mcg per ml, 50 ml bag	210.00	10	Biomed
Inj 10 mcg per ml, 50 ml syringe	165.00	10	Biomed
Inj 50 mcg per ml, 10 ml ampoule – 1% DV Nov-18 to 2021	9.41	10	Boucher and Muir
Inj 10 mcg per ml, 100 ml bag – 1% DV Nov-19 to 2022	220.00	10	Biomed
Inj 20 mcg per ml, 50 ml syringe – 1% DV Oct-18 to 2021	18.74	1	Biomed
Inj 20 mcg per ml, 100 ml bag			
Patch 12.5 mcg per hour – 1% DV Oct-17 to 2020	2.95	5	Fentanyl Sandoz
Patch 25 mcg per hour – 1% DV Oct-17 to 2020	3.66	5	Fentanyl Sandoz
Patch 50 mcg per hour – 1% DV Oct-17 to 2020	6.65	5	Fentanyl Sandoz
Patch 75 mcg per hour – 1% DV Oct-17 to 2020	9.25	5	Fentanyl Sandoz
Patch 100 mcg per hour – 1% DV Oct-17 to 2020	11.40	5	Fentanyl Sandoz
METHADONE HYDROCHLORIDE			
Tab 5 mg – 1% DV Sep-19 to 2022	1.40	10	Methatabs
Oral liq 2 mg per ml – 1% DV Oct-18 to 2021	5.79	200 ml	Biodone
Oral liq 5 mg per ml – 1% DV Oct-18 to 2021	5.79	200 ml	Biodone Forte
Oral liq 10 mg per ml – 1% DV Oct-18 to 2021	6.79	200 ml	Biodone Extra Forte
Inj 10 mg per ml, 1 ml vial	61.00	10	AFT

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MORPHINE HYDROCHLORIDE			
Oral liq 1 mg per ml – 1% DV Dec-18 to 2021	9.28	200 ml	RA-Morph
Oral liq 2 mg per ml – 1% DV Dec-18 to 2021	16.24	200 ml	RA-Morph
Oral liq 5 mg per ml – 1% DV Dec-18 to 2021	19.44	200 ml	RA-Morph
Oral liq 10 mg per ml – 1% DV Dec-18 to 2021	27.74	200 ml	RA-Morph
MORPHINE SULPHATE			
Tab long-acting 10 mg	1.93	10	Arrow-Morphine LA
Tab immediate-release 10 mg – 1% DV Sep-17 to 2020	2.80	10	Sevredol
Tab immediate-release 20 mg – 1% DV Sep-17 to 2020	5.52	10	Sevredol
Tab long-acting 30 mg	2.85	10	Arrow-Morphine LA
Tab long-acting 60 mg	5.60	10	Arrow-Morphine LA
Cap long-acting 10 mg – 1% DV Jan-20 to 2022	2.05	10	m-Eslon
Cap long-acting 30 mg – 1% DV Jan-20 to 2022	3.00	10	m-Eslon
Cap long-acting 60 mg – 1% DV Jan-20 to 2022	6.12	10	m-Eslon
Cap long-acting 100 mg – 1% DV Jan-20 to 2022	7.13	10	m-Eslon
Inj 1 mg per ml, 100 ml bag – 1% DV Oct-17 to 2020	97.25	5	Biomed
Inj 1 mg per ml, 10 ml syringe – 1% DV Oct-17 to 2020	24.00	5	Biomed
Inj 1 mg per ml, 50 ml syringe – 1% DV Oct-17 to 2020	50.75	5	Biomed
Inj 1 mg per ml, 2 ml syringe			
Inj 2 mg per ml, 30 ml syringe	135.00	10	Biomed
Inj 5 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	6.27	5	DBL Morphine Sulphate
Inj 10 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	4.47	5	DBL Morphine Sulphate
Inj 10 mg per ml, 100 mg cassette			
Inj 10 mg per ml, 100 ml bag			
Inj 15 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	4.76	5	DBL Morphine Sulphate
Inj 30 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	6.19	5	DBL Morphine Sulphate
Inj 200 mcg in 0.4 ml syringe			
Inj 300 mcg in 0.3 ml syringe			
<i>(Arrow-Morphine LA Tab long-acting 10 mg to be delisted 1 October 2020)</i>			
MORPHINE TARTRATE			
Inj 80 mg per ml, 1.5 ml ampoule	42.72	5	DBL Morphine Tartrate
<i>(DBL Morphine Tartrate Inj 80 mg per ml, 1.5 ml ampoule to be delisted 1 September 2020)</i>			
OXYCODONE HYDROCHLORIDE			
Tab controlled-release 5 mg – 1% DV May-19 to 2021	2.15	20	Oxycodone Sandoz
Tab controlled-release 10 mg – 1% DV May-19 to 2021	2.15	20	Oxycodone Sandoz
Tab controlled-release 20 mg – 1% DV May-19 to 2021	2.15	20	Oxycodone Sandoz
Tab controlled-release 40 mg – 1% DV May-19 to 2021	3.20	20	Oxycodone Sandoz
Tab controlled-release 80 mg – 1% DV May-19 to 2021	10.98	20	Oxycodone Sandoz
Cap immediate-release 5 mg – 1% DV Sep-18 to 2021	1.88	20	OxyNorm
Cap immediate-release 10 mg – 1% DV Sep-18 to 2021	3.32	20	OxyNorm
Cap immediate-release 20 mg – 1% DV Sep-18 to 2021	5.81	20	OxyNorm
Oral liq 5 mg per 5 ml	11.20	250 ml	OxyNorm
Inj 1 mg per ml, 100 ml bag			
Inj 10 mg per ml, 1 ml ampoule – 1% DV Sep-18 to 2021	7.28	5	OxyNorm
Inj 10 mg per ml, 2 ml ampoule – 1% DV Sep-18 to 2021	14.36	5	OxyNorm
Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-18 to 2021	30.60	5	OxyNorm

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PARACETAMOL WITH CODEINE			
Tab paracetamol 500 mg with codeine phosphate 8 mg – 1% DV Sep-17 to 2020	18.21	1,000	Paracetamol + Codeine (Relieve)
PETHIDINE HYDROCHLORIDE			
Tab 50 mg – 1% DV Sep-18 to 2021	4.46	10	PSM
Inj 5 mg per ml, 10 ml syringe			
Inj 5 mg per ml, 100 ml bag			
Inj 10 mg per ml, 100 ml bag			
Inj 10 mg per ml, 50 ml syringe			
Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	4.98	5	DBL Pethidine Hydrochloride
Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020	5.12	5	DBL Pethidine Hydrochloride
REMIFENTANIL			
Inj 1 mg vial – 1% DV Oct-17 to 2020	13.95	5	Remifentanil-AFT
Inj 2 mg vial – 1% DV Oct-17 to 2020	19.95	5	Remifentanil-AFT
TRAMADOL HYDROCHLORIDE			
Tab sustained-release 100 mg – 1% DV Sep-17 to 2020	1.55	20	Tramal SR 100
Tab sustained-release 150 mg – 1% DV Sep-17 to 2020	2.10	20	Tramal SR 150
Tab sustained-release 200 mg – 1% DV Sep-17 to 2020	2.75	20	Tramal SR 200
Cap 50 mg – 1% DV Sep-17 to 2020	2.25	100	Arrow-Tramadol
Oral soln 10 mg per ml			
Inj 10 mg per ml, 100 ml bag			
Inj 50 mg per ml, 1 ml ampoule – 1% DV Sep-17 to 2020	4.50	5	Tramal 50
Inj 50 mg per ml, 2 ml ampoule – 1% DV Sep-17 to 2020	4.50	5	Tramal 100

Antidepressants

Cyclic and Related Agents

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MAPROTILINE HYDROCHLORIDE			
Tab 25 mg			
Tab 75 mg			
MIANSERIN HYDROCHLORIDE – Restricted: For continuation only			
➔ Tab 30 mg			
NORTRIPTYLINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Oct-19 to 2022	2.44	100	Norpress
Tab 25 mg – 1% DV Oct-19 to 2022	5.98	180	Norpress
Monoamine-Oxidase Inhibitors - Non-Selective			
PHENELZINE SULPHATE			
Tab 15 mg			
TRANLYCYPROMINE SULPHATE			
Tab 10 mg			
Monoamine-Oxidase Type A Inhibitors			
MOCLOBEMIDE			
Tab 150 mg – 1% DV Apr-19 to 2021	6.40	60	Aurorix
Tab 300 mg – 1% DV Apr-19 to 2021	9.80	60	Aurorix
Other Antidepressants			
MIRTAZAPINE			
Tab 30 mg – 1% DV Oct-18 to 2021	2.63	30	Apo-Mirtazapine
Tab 45 mg – 1% DV Oct-18 to 2021	3.48	30	Apo-Mirtazapine
VENLAFAXINE			
Cap 37.5 mg – 1% DV Jun-17 to 2020	6.38	84	Enlafax XR
Cap 75 mg – 1% DV Jun-17 to 2020	8.11	84	Enlafax XR
Cap 150 mg – 1% DV Jun-17 to 2020	11.16	84	Enlafax XR
Selective Serotonin Reuptake Inhibitors			
CITALOPRAM HYDROBROMIDE			
Tab 20 mg – 1% DV Sep-18 to 2021	1.52	84	PSM Citalopram
ESCITALOPRAM			
Tab 10 mg – 1% DV Dec-17 to 2020	1.11	28	Escitalopram-Apotex
Tab 20 mg – 1% DV Dec-17 to 2020	1.90	28	Escitalopram-Apotex
FLUOXETINE HYDROCHLORIDE			
Tab dispersible 20 mg, scored	9.93	30	Arrow-Fluoxetine
	1.98		Fluox
Cap 20 mg	7.49	90	Arrow-Fluoxetine
	2.91	84	Fluox
PAROXETINE			
Tab 20 mg – 1% DV Mar-20 to 2022	3.61	90	Loxamine
SERTRALINE			
Tab 50 mg – 1% DV Mar-20 to 2022	0.92	30	Setrona
Tab 100 mg – 1% DV Mar-20 to 2022	1.61	30	Setrona

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Antiepilepsy Drugs			
Agents for the Control of Status Epilepticus			
CLONAZEPAM			
Inj 1 mg per ml, 1 ml ampoule	21.00	5	Rivotril
DIAZEPAM			
Inj 5 mg per ml, 2 ml ampoule	23.66	5	Hospira
Rectal tubes 5 mg.....	43.50	5	Stesolid
Rectal tubes 10 mg.....	40.87	5	Stesolid
LORAZEPAM			
Inj 2 mg vial			
Inj 4 mg per ml, 1 ml vial			
PARALDEHYDE			
Inj 5 ml ampoule			
PHENYTOIN SODIUM			
Inj 50 mg per ml, 2 ml ampoule	88.63	5	Hospira
Inj 50 mg per ml, 5 ml ampoule	133.92	5	Hospira
Control of Epilepsy			
CARBAMAZEPINE			
Tab 200 mg	14.53	100	Tegretol
Tab long-acting 200 mg.....	16.98	100	Tegretol CR
Tab 400 mg	34.58	100	Tegretol
Tab long-acting 400 mg.....	39.17	100	Tegretol CR
Oral liq 20 mg per ml	26.37	250 ml	Tegretol
CLOBAZAM			
Tab 10 mg			
CLONAZEPAM			
Oral drops 2.5 mg per ml			
ETHOSUXIMIDE			
Cap 250 mg	140.88	100	Zarontin
Oral liq 50 mg per ml	56.35	200 ml	Zarontin
GABAPENTIN			
Note: Gabapentin not to be given in combination with pregabalin			
Cap 100 mg – 1% DV Aug-18 to 2021	2.65	100	Apo-Gabapentin
Cap 300 mg – 1% DV Aug-18 to 2021	4.07	100	Apo-Gabapentin
Cap 400 mg – 1% DV Aug-18 to 2021	5.64	100	Apo-Gabapentin
LACOSAMIDE – Restricted see terms on the next page			
⚡ 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			

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

➔ **Restricted (RS1151)****Initiation***Re-assessment required after 15 months*

Both:

- 1 Patient has partial-onset epilepsy; and
- 2 Seizures are not adequately controlled by, or patient has experienced unacceptable side effects from, optimal treatment with all of the following: sodium valproate, topiramate, levetiracetam and any two of carbamazepine, lamotrigine and phenytoin sodium (see Note).

Note: "Optimal treatment" is defined as treatment which is indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight and other features affecting the pharmacokinetics of the drug with good evidence of compliance. Women of childbearing age are not required to have a trial of sodium valproate.

Continuation

Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life compared with that prior to starting lamotrigine treatment (see Note).

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

LAMOTRIGINE

Tab dispersible 2 mg	6.74	30	Lamictal
Tab dispersible 5 mg	15.00	56	Arrow-Lamotrigine
	9.64	30	Lamictal
Tab dispersible 25 mg – 5% DV Oct-19 to 2022	2.76	56	Logem
Tab dispersible 50 mg – 5% DV Oct-19 to 2022	3.31	56	Logem
Tab dispersible 100 mg – 5% DV Oct-19 to 2022	4.40	56	Logem

LEVETIRACETAM

Tab 250 mg – 1% DV Aug-19 to 2022	4.99	60	Everet
Tab 500 mg – 1% DV Aug-19 to 2022	8.79	60	Everet
Tab 750 mg – 1% DV Aug-19 to 2022	14.39	60	Everet
Tab 1,000 mg – 1% DV Aug-19 to 2022	18.59	60	Everet
Oral liq 100 mg per ml – 1% DV Apr-18 to 2020	44.78	300 ml	Levetiracetam-AFT
Inj 100 mg per ml, 5 ml vial – 1% DV Oct-19 to 2022	38.95	10	Levetiracetam-AFT

PHENOBARBITONE

Tab 15 mg – 1% DV Oct-18 to 2021	40.00	500	PSM
Tab 30 mg – 1% DV Oct-18 to 2021	40.00	500	PSM

PHENYTOIN

Tab 50 mg

PHENYTOIN SODIUM

Cap 30 mg
Cap 100 mg
Oral liq 6 mg per ml

PREGABALIN

Note: Pregabalin not to be given in combination with gabapentin

Cap 25 mg – 1% DV Jul-18 to 2021	2.25	56	Pregabalin Pfizer
Cap 75 mg – 1% DV Jul-18 to 2021	2.65	56	Pregabalin Pfizer
Cap 150 mg – 1% DV Jul-18 to 2021	4.01	56	Pregabalin Pfizer
Cap 300 mg – 1% DV Jul-18 to 2021	7.38	56	Pregabalin Pfizer

PRIMIDONE

Tab 250 mg

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM VALPROATE			
Tab 100 mg			
Tab EC 200 mg			
Tab EC 500 mg			
Oral liq 40 mg per ml			
Inj 100 mg per ml, 4 ml vial – 1% DV Sep-18 to 2021	9.98	1	Epilim IV
STIRIPENTOL – Restricted see terms below			
↓ Cap 250 mg.....	509.29	60	Diacomit
↓ Powder for oral liq 250 mg sachet	509.29	60	Diacomit
➔ Restricted (RS1152)			
Initiation			
Paediatric neurologist			
<i>Re-assessment required after 6 months</i>			
Both:			
1 Patient has confirmed diagnosis of Dravet syndrome; and			
2 Seizures have been inadequately controlled by appropriate courses of sodium valproate, clobazam and at least two of the following: topiramate, levetiracetam, ketogenic diet.			
Continuation			
Paediatric neurologist			
Patient continues to benefit from treatment as measured by reduced seizure frequency from baseline.			
TOPIRAMATE			
Tab 25 mg	11.07	60	Arrow-Topiramate
	26.04		Topamax
	11.07		Topiramate Actavis
Tab 50 mg	18.81	60	Arrow-Topiramate
	44.26		Topamax
	18.81		Topiramate Actavis
Tab 100 mg	31.99	60	Arrow-Topiramate
	75.25		Topamax
	31.99		Topiramate Actavis
Tab 200 mg	55.19	60	Arrow-Topiramate
	129.85		Topamax
	55.19		Topiramate Actavis
Cap sprinkle 15 mg.....	20.84	60	Topamax
Cap sprinkle 25 mg.....	26.04	60	Topamax
VIGABATRIN – Restricted see terms below			
↓ Tab 500 mg			
➔ Restricted (RS1739)			
Initiation			
<i>Re-assessment required after 15 months</i>			
Both:			
1 Either:			
1.1 Patient has infantile spasms; or			
1.2 Both:			
1.2.1 Patient has epilepsy; and			
1.2.2 Either:			
1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or			
1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from			

continued...

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

optimal treatment with other antiepilepsy agents; and

2 Either:

- 2.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or
- 2.2 It is impractical or impossible (due to comorbid conditions, or health system capacity constraints) 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, or health system capacity constraints) 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

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 – 1% DV Sep-20 to 2022.....81.15 2 **Clustran**34.00 **Imigran**

(Clustran Inj 12 mg per ml, 0.5 ml prefilled pen to be delisted 1 September 2020)

Prophylaxis of Migraine

PIZOTIFEN

Tab 500 mcg.....23.21 100 **Sandomigran****Antinausea and Vertigo Agents**APREPITANT – **Restricted** see terms [on the next page](#)↓ Cap 2 x 80 mg and 1 x 125 mg – 1% DV Jul-18 to 202184.00 3 **Emend Tri-Pack**

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1154)			
Initiation			
Patient is undergoing highly emetogenic chemotherapy and/or anthracycline-based chemotherapy for the treatment of malignancy.			
BETAHISTINE DIHYDROCHLORIDE			
Tab 16 mg – 1% DV Sep-17 to 2020	2.89	84	Vergo 16
CYCLIZINE HYDROCHLORIDE			
Tab 50 mg – 1% DV Jan-19 to 2021	0.55	10	Nausicalm
CYCLIZINE LACTATE			
Inj 50 mg per ml, 1 ml ampoule	14.95	5	Nausicalm
DOMPERIDONE			
Tab 10 mg – 1% DV Mar-19 to 2021	2.25	100	Pharmacy Health
DROPERIDOL			
Inj 2.5 mg per ml, 1 ml ampoule – 1% DV May-20 to 2022	30.95	10	Droleptan
GRANISETRON			
Inj 1 mg per ml, 3 ml ampoule – 1% DV Dec-18 to 2020	0.40	1	Deva
HYOSCINE HYDROBROMIDE			
Inj 400 mcg per ml, 1 ml ampoule	46.50	5	Hospira
↓ Patch 1.5 mg	14.11	2	Scopoderm TTS
➔ Restricted (RS1155)			
Initiation			
Any of the following:			
1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or			
2 Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective; or			
3 For treatment of post-operative nausea and vomiting where cyclizine, droperidol and a 5HT3 antagonist have proven ineffective, are not tolerated or are contraindicated.			
<i>(Hospira Inj 400 mcg per ml, 1 ml ampoule to be delisted 1 September 2020)</i>			
METOCLOPRAMIDE HYDROCHLORIDE			
Tab 10 mg – 1% DV Jan-18 to 2020	1.30	100	Metoclopramide Actavis 10
Oral liq 5 mg per 5 ml			
Inj 5 mg per ml, 2 ml ampoule – 1% DV Jan-20 to 2022	9.50	10	Pfizer
ONDANSETRON			
Tab 4 mg – 1% DV Apr-20 to 2022	2.68	50	Onrex
Tab dispersible 4 mg – 1% DV Apr-18 to 2020	0.95	10	Ondansetron ODT-DRLA
Tab 8 mg – 1% DV Apr-20 to 2022	4.57	50	Onrex
Tab dispersible 8 mg – 1% DV Apr-18 to 2020	1.43	10	Ondansetron ODT-DRLA
Inj 2 mg per ml, 2 ml ampoule	1.50	5	Ondansetron-Clarix
Inj 2 mg per ml, 4 ml ampoule	2.20	5	Ondansetron Kabi
PROCHLORPERAZINE			
Tab buccal 3 mg			
Tab 5 mg – 1% DV Mar-18 to 2020	6.35	250	Nausafix
Inj 12.5 mg per ml, 1 ml ampoule			
Suppos 25 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TROPISETRON			
Inj 1 mg per ml, 2 ml ampoule – 1% DV Sep-18 to 2021	8.95	1	Tropisetron-AFT
Inj 1 mg per ml, 5 ml ampoule	13.95	1	Tropisetron-AFT
Antipsychotic Agents			
General			
AMISULPRIDE			
Tab 100 mg – 1% DV Nov-19 to 2022	5.15	30	Sulprix
Tab 200 mg – 1% DV Nov-19 to 2022	14.96	60	Sulprix
Tab 400 mg – 1% DV Feb-20 to 2022	29.78	60	Sulprix
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>			
ARIPIPIRAZOLE			
Tab 5 mg – 1% DV Aug-18 to 2021	17.50	30	Aripiprazole Sandoz
Tab 10 mg – 1% DV Aug-18 to 2021	17.50	30	Aripiprazole Sandoz
Tab 15 mg – 1% DV Aug-18 to 2021	17.50	30	Aripiprazole Sandoz
Tab 20 mg – 1% DV Aug-18 to 2021	17.50	30	Aripiprazole Sandoz
Tab 30 mg – 1% DV Aug-18 to 2021	17.50	30	Aripiprazole Sandoz
CHLORPROMAZINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Jan-20 to 2022	14.83	100	Largactil
Tab 25 mg – 1% DV Jan-20 to 2022	15.62	100	Largactil
Tab 100 mg – 1% DV Jan-20 to 2022	36.73	100	Largactil
Oral liq 10 mg per ml			
Oral liq 20 mg per ml			
Inj 25 mg per ml, 2 ml ampoule – 1% DV Jan-20 to 2022	30.79	10	Largactil
CLOZAPINE			
Tab 25 mg	6.69	50	Clopine
	13.37	100	Clopine
	5.69	50	Clozaril
	11.36	100	Clozaril
Tab 50 mg	8.67	50	Clopine
	17.33	100	Clopine
Tab 100 mg	17.33	50	Clopine
	34.65	100	Clopine
	14.73	50	Clozaril
	29.45	100	Clozaril
Tab 200 mg	34.65	50	Clopine
	69.30	100	Clopine
Oral liq 50 mg per ml	17.33	100 ml	Clopine
HALOPERIDOL			
Tab 500 mcg – 1% DV Oct-19 to 2022	6.23	100	Serenace
Tab 1.5 mg – 1% DV Oct-19 to 2022	9.43	100	Serenace
Tab 5 mg – 1% DV Oct-19 to 2022	29.72	100	Serenace
Oral liq 2 mg per ml – 1% DV Oct-19 to 2022	23.84	100 ml	Serenace
Inj 5 mg per ml, 1ml ampoule – 1% DV Oct-19 to 2022	21.55	10	Serenace
LEVOMEPROMAZINE			
Tab 25 mg – 1% DV Sep-19 to 2022	16.10	100	Nozinan
Tab 100 mg – 1% DV Sep-19 to 2022	41.75	100	Nozinan

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LEVOMEPROMAZINE HYDROCHLORIDE			
Inj 25 mg per ml, 1 ml ampoule – 1% DV Apr-20 to 2022	33.50	10	Nozinan
LITHIUM CARBONATE			
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>			
OLANZAPINE			
Tab 2.5 mg – 1% DV Sep-17 to 2020	0.64	28	Zypine
Tab 5 mg – 1% DV Sep-17 to 2020	1.15	28	Zypine
Tab orodispersible 5 mg – 1% DV Sep-17 to 2020	1.25	28	Zypine ODT
Tab 10 mg – 1% DV Sep-17 to 2020	1.65	28	Zypine
Tab orodispersible 10 mg – 1% DV Sep-17 to 2020	2.05	28	Zypine ODT
Inj 10 mg vial			
PERICYAZINE			
Tab 2.5 mg			
Tab 10 mg			
QUETIAPINE			
Tab 25 mg – 1% DV Sep-17 to 2020	1.79	90	Quetapel
Tab 100 mg – 1% DV Sep-17 to 2020	3.45	90	Quetapel
Tab 200 mg – 1% DV Sep-17 to 2020	5.75	90	Quetapel
Tab 300 mg – 1% DV Sep-17 to 2020	9.60	90	Quetapel
RISPERIDONE			
Tab 0.5 mg – 1% DV Dec-17 to 2020	1.86	60	Actavis
Tab 1 mg – 1% DV Dec-17 to 2020	2.06	60	Actavis
Tab 2 mg – 1% DV Dec-17 to 2020	2.29	60	Actavis
Tab 3 mg – 1% DV Dec-17 to 2020	2.50	60	Actavis
Tab 4 mg – 1% DV Dec-17 to 2020	3.43	60	Actavis
Oral liq 1 mg per ml – 1% DV Sep-17 to 2020	7.66	30 ml	Risperon
ZIPRASIDONE			
Cap 20 mg – 1% DV Dec-18 to 2021	14.50	60	Zusdone
Cap 40 mg – 1% DV Sep-18 to 2021	24.70	60	Zusdone
Cap 60 mg – 1% DV Sep-18 to 2021	33.80	60	Zusdone
Cap 80 mg – 1% DV Sep-18 to 2021	39.70	60	Zusdone
ZUCLOPENTHIXOL ACETATE			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			
ZUCLOPENTHIXOL HYDROCHLORIDE			
Tab 10 mg	31.45	100	Clopixol

Depot Injections

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
OLANZAPINE – Restricted see terms below			
↓ Inj 210 mg vial – 1% DV Oct-18 to 2021	252.00	1	Zyprexa Relprevv
↓ Inj 300 mg vial – 1% DV Oct-18 to 2021	414.00	1	Zyprexa Relprevv
↓ Inj 405 mg vial – 1% DV Oct-18 to 2021	504.00	1	Zyprexa Relprevv

➔ **Restricted (RS1379)**

Initiation

Re-assessment required after 12 months

Either:

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

Continuation

Re-assessment required after 12 months

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

PALIPERIDONE – Restricted see terms [below](#)

↓ Inj 25 mg syringe	194.25	1	Invega Sustenna
↓ Inj 50 mg syringe	271.95	1	Invega Sustenna
↓ Inj 75 mg syringe	357.42	1	Invega Sustenna
↓ Inj 100 mg syringe	435.12	1	Invega Sustenna
↓ Inj 150 mg syringe	435.12	1	Invega Sustenna

➔ **Restricted (RS1381)**

Initiation

Re-assessment required after 12 months

Either:

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

Continuation

Re-assessment required after 12 months

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

PIPOTHAZINE PALMITATE – Restricted: For continuation only

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

RISPERIDONE – Restricted see terms [below](#)

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

➔ **Restricted (RS1380)**

Initiation

Re-assessment required after 12 months

Either:

continued...

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

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

Continuation

Re-assessment required after 12 months

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

ZUCLOPENTHIXOL DECANOATE

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

Anxiolytics

BUSPIRONE HYDROCHLORIDE

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

CLONAZEPAM

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

DIAZEPAM

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

LORAZEPAM

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

OXAZEPAM

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

Multiple Sclerosis Treatments

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

⚡ Cap 120 mg	520.00	14	Tecfidera
⚡ Cap 240 mg	2,000.00	56	Tecfidera
➡ Restricted (RS1504)			

Initiation

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

FINGOLIMOD – Restricted see terms [below](#)

⚡ Cap 0.5 mg	2,200.00	28	Gilenya
➡ Restricted (RS1433)			

Initiation

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

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

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

→ **Restricted** (RS1447)

Initiation

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

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

↓ Inj 30 mg per ml, 10 ml vial.....9,346.00 1 Ocrevus

→ **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 mg1,582.62 28 Aubagio

→ **Restricted** (RS1505)

Initiation

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

Other Multiple Sclerosis Treatments

→ **Restricted** (RS1434)

Initiation

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

GLATIRAMER ACETATE – **Restricted** see terms [above](#)

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

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

↑ Inj 6 million iu in 0.5 ml pen injector.....1,170.00 4 Avonex Pen

↑ Inj 6 million iu in 0.5 ml syringe.....1,170.00 4 Avonex

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

↑ Inj 8 million iu per ml, 1 ml vial

Sedatives and Hypnotics

CHLORAL HYDRATE

Oral liq 100 mg per ml

Oral liq 200 mg per ml

LORMETAZEPAM – **Restricted:** For continuation only

→ Tab 1 mg

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

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

↓ Tab 3 mg

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1576)			
Initiation – insomnia secondary to neurodevelopmental disorder			
Psychiatrist, paediatrician, neurologist or respiratory specialist			
<i>Re-assessment required after 12 months</i>			
All of the following:			
1 Patient has been diagnosed with persistent and distressing insomnia secondary to a neurodevelopmental disorder (including, but not limited to, autism spectrum disorder or attention deficit hyperactivity disorder); and			
2 Behavioural and environmental approaches have been tried or are inappropriate; and			
3 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day; and			
4 Patient is aged 18 years or under.			
Continuation – insomnia secondary to neurodevelopmental disorder			
Psychiatrist, paediatrician, neurologist or respiratory specialist			
<i>Re-assessment required after 12 months</i>			
All of the following:			
1 Patient is aged 18 years or under; and			
2 Patient has demonstrated clinically meaningful benefit from funded modified-release melatonin (clinician determined); and			
3 Patient has had a trial of funded modified-release melatonin discontinuation within the past 12 months and has had a recurrence of persistent and distressing insomnia; and			
4 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day.			
Initiation – insomnia where benzodiazepines and zopiclone are contraindicated			
Both:			
1 Patient has insomnia and benzodiazepines and zopiclone are contraindicated; and			
2 For in-hospital use only.			
MIDAZOLAM			
Tab 7.5 mg			
Oral liq 2 mg per ml			
Inj 1 mg per ml, 5 ml ampoule – 1% DV Jan-19 to 2021	2.98	10	Mylan Midazolam
Inj 5 mg per ml, 3 ml ampoule – 1% DV Jan-19 to 2021	2.36	5	Mylan Midazolam
NITRAZEPAM – Restricted: For continuation only			
➔ Tab 5 mg	5.22	100	Nitrados
<i>(Nitrados Tab 5 mg to be delisted 1 September 2020)</i>			
PHENOBARBITONE			
Inj 200 mg per ml, 1 ml ampoule			
TEMAZEPAM			
Tab 10 mg – 1% DV Sep-17 to 2020	1.27	25	Normison
TRIAZOLAM – Restricted: For continuation only			
➔ Tab 125 mcg			
➔ Tab 250 mcg			
ZOPICLONE			
Tab 7.5 mg	0.98	30	Zopiclone Actavis
<i>(Zopiclone Actavis Tab 7.5 mg to be delisted 1 July 2020)</i>			

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

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

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

→ **Restricted (RS1371)**

Initiation

All of the following:

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

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

CAFFEINE

Tab 100 mg

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

↓ Tab 5 mg – 1% DV Oct-18 to 2021.....	20.00	100	PSM
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→ **Restricted (RS1169)**

Initiation – ADHD

Paediatrician or psychiatrist

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

Initiation – Narcolepsy

Neurologist or respiratory specialist

Re-assessment required after 24 months

Patient suffers from narcolepsy.

Continuation – Narcolepsy

Neurologist or respiratory specialist

Re-assessment required after 24 months

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METHYLPHENIDATE HYDROCHLORIDE – Restricted see terms below			
⚡ Tab extended-release 18 mg.....	58.96 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 30	Ritalin SR Rubifen SR
⚡ Cap modified-release 10 mg.....	15.60	30	Ritalin LA
⚡ Cap modified-release 20 mg.....	20.40	30	Ritalin LA
⚡ Cap modified-release 30 mg.....	25.52	30	Ritalin LA
⚡ Cap modified-release 40 mg.....	30.60	30	Ritalin LA

➡ **Restricted (RS1294)**

Initiation – ADHD (immediate-release and sustained-release formulations)

Paediatrician or psychiatrist

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

Initiation – Narcolepsy (immediate-release and sustained-release formulations)

Neurologist or respiratory specialist

Re-assessment required after 24 months

Patient suffers from narcolepsy.

Continuation – Narcolepsy (immediate-release and sustained-release formulations)

Neurologist or respiratory specialist

Re-assessment required after 24 months

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

Initiation – Extended-release and modified-release formulations

Paediatrician or psychiatrist

Both:

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

MODAFINIL – Restricted see terms [below](#)

⚡ Tab 100 mg.....	64.00	60	Modavigil
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➡ **Restricted (RS1761)**

Initiation – Narcolepsy

Neurologist or respiratory specialist

Re-assessment required after 24 months

All of the following:

continued...

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

- 1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and
- 2 Any of the following:
 - 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 A multiple sleep latency test is not possible due to COVID-19 constraints on the health sector; or
 - 2.3 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	48.75	30	Generic Partners
↓ Patch 9.5 mg per 24 hour – 1% DV Apr-20 to 2021	48.75	30	Generic Partners

→ **Restricted (RS1436)****Initiation***Re-assessment required after 6 months*

Both:

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

Continuation*Re-assessment required after 12 months*

Both:

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

Treatments for Substance Dependence**BUPRENORPHINE WITH NALOXONE – Restricted** see terms [below](#)

↓ Tab 2 mg with naloxone 0.5 mg – 1% DV Apr-20 to 2022	18.37	28	Buprenorphine Naloxone BNM
↓ Tab 8 mg with naloxone 2 mg – 1% DV Apr-20 to 2022	53.12	28	Buprenorphine Naloxone BNM

→ **Restricted (RS1172)****Initiation – Detoxification**

All of the following:

- 1 Patient is opioid dependent; and

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
2 Patient is currently engaged with an opioid treatment service approved by the Ministry of Health; and 3 Prescriber works in an opioid treatment service approved by the Ministry of Health.			
Initiation – Maintenance treatment			
All of the following:			
1 Patient is opioid dependent; and 2 Patient will not be receiving methadone; and 3 Patient is currently enrolled in an opioid substitution treatment program in a service approved by the Ministry of Health; and 4 Prescriber works in an opioid treatment service approved by the Ministry of Health.			
BUPROPION HYDROCHLORIDE			
Tab modified-release 150 mg – 1% DV Jun-17 to 2020.....	11.00	30	Zyban
DISULFIRAM			
Tab 200 mg	153.00	100	Antabuse
NALTREXONE HYDROCHLORIDE – Restricted see terms below			
⚡ Tab 50 mg – 1% DV Sep-17 to 2020.....	112.55	30	Naltreccord
➡ Restricted (RS1173)			
Initiation – Alcohol dependence			
Both:			
1 Patient is currently enrolled, or is planned to be enrolled, in a recognised comprehensive treatment programme for alcohol dependence; and 2 Naltrexone is to be prescribed by, or on the recommendation of, a physician working in an Alcohol and Drug Service.			
Initiation – Constipation			
For the treatment of opioid-induced constipation.			
NICOTINE – Some items restricted see terms below			
Patch 7 mg per 24 hours – 1% DV Apr-18 to 2020	17.28	28	Habitrol
Patch 14 mg per 24 hours – 1% DV Apr-18 to 2020	19.00	28	Habitrol
Patch 21 mg per 24 hours – 1% DV Apr-18 to 2020	21.77	28	Habitrol
⚡ Oral spray 1 mg per dose			<i>e.g. Nicorette QuickMist Mouth Spray</i>
Lozenge 1 mg – 1% DV Apr-18 to 2020.....	18.27	216	Habitrol
Lozenge 2 mg – 1% DV Apr-18 to 2020.....	20.02	216	Habitrol
⚡ Soln for inhalation 15 mg cartridge			<i>e.g. Nicorette Inhalator</i>
Gum 2 mg – 1% DV Apr-18 to 2020.....	36.39	384	Habitrol (Fruit)
			Habitrol (Mint)
Gum 4 mg – 1% DV Apr-18 to 2020.....	42.07	384	Habitrol (Fruit)
			Habitrol (Mint)
➡ Restricted (RS1310)			
Initiation			
Any of the following:			
1 For perioperative use in patients who have a 'nil by mouth' instruction; or 2 For use within mental health inpatient units; or 3 For acute use in agitated patients who are unable to leave the hospital facilities.			
VARENICLINE – Restricted see terms below			
⚡ Tab 0.5 mg x 11 and 1 mg x 42 – 1% DV Mar-19 to 2021.....	25.64	53	Varenicline Pfizer
⚡ Tab 1 mg – 1% DV Mar-19 to 2021	27.10	56	Varenicline Pfizer
➡ Restricted (RS1702)			
Initiation			
All of the following:			
continued...			

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

continued...

- 1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
- 2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
- 3 Either:
 - 3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or
 - 3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and
- 4 The patient has not had a Special Authority for varenicline approved in the last 6 months; and
- 5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
- 6 The patient is not pregnant; and
- 7 The patient will not be prescribed more than 12 weeks' funded varenicline in a 12 month period.

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

Alkylating Agents

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

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

→ **Restricted (RS1578)**

Initiation – treatment naive CLL

All of the following:

- 1 The patient has Binet stage B or C, or progressive stage A chronic lymphocytic leukaemia requiring treatment; and
- 2 The patient is chemotherapy treatment naive; and
- 3 The patient is unable to tolerate toxicity of full-dose FCR; and
- 4 Patient has ECOG performance status 0-2; and
- 5 Patient has a Cumulative Illness Rating Scale (CIRS) score of < 6; and
- 6 Bendamustine is to be administered at a maximum dose of 100 mg/m² on days 1 and 2 every 4 weeks for a maximum of 6 cycles.

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

Initiation – Indolent, Low-grade lymphomas

Re-assessment required after 9 months

All of the following:

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

Continuation – Indolent, Low-grade lymphomas

Re-assessment required after 9 months

Both:

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

continued...

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

Anthracyclines and Other Cytotoxic Antibiotics

BLEOMYCIN SULPHATE			
Inj 15,000 iu vial – 1% DV Dec-18 to 2021	161.01	1	DBL Bleomycin Sulfate
DACTINOMYCIN [ACTINOMYCIN D]			
Inj 0.5 mg vial	255.00	1	Cosmegen
DAUNORUBICIN			
Inj 2 mg per ml, 10 ml vial.....	149.50	1	Pfizer
DOXORUBICIN HYDROCHLORIDE			
Inj 2 mg per ml, 5 ml vial			
Inj 2 mg per ml, 25 ml vial.....	11.50	1	Doxorubicin Ebewe
Note: DV limit applies to all 50 mg presentations of doxorubicin hydrochloride.			
Inj 50 mg vial			
Inj 2 mg per ml, 50 ml vial.....	23.00	1	Doxorubicin Ebewe
Inj 2 mg per ml, 100 ml vial – 1% DV Jan-19 to 2021	56.15	1	Doxorubicin Ebewe
EPIRUBICIN HYDROCHLORIDE			
Inj 2 mg per ml, 5 ml vial.....	25.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 25 ml vial.....	30.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 100 ml vial – 1% DV Apr-19 to 2021	85.00	1	Epirubicin Ebewe

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
IDARUBICIN HYDROCHLORIDE			
Inj 5 mg vial – 1% DV Sep-18 to 2021	93.00	1	Zavedos
Inj 10 mg vial – 1% DV Sep-18 to 2021	198.00	1	Zavedos
MITOMYCIN C			
Inj 5 mg vial	851.37	1	Teva
Inj 20 mg vial	816.32	1	Omegapharm
MITOZANTRONE			
Inj 2 mg per ml, 10 ml vial.....	97.50	1	Mitozantrone Ebewe
Antimetabolites			
AZACITIDINE – Restricted see terms below			
⚡ Inj 100 mg vial – 1% DV Dec-18 to 2021	139.00	1	Azacitidine Dr Reddy's
➡ Restricted (RS1418)			
Initiation			
Haematologist			
<i>Re-assessment required after 12 months</i>			
All of the following:			
1 Any of the following:			
1.1 The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or			
1.2 The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or			
1.3 The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and			
2 The patient has performance status (WHO/ECOG) grade 0-2; and			
3 The patient does not have secondary myelodysplastic syndrome resulting from chemical injury or prior treatment with chemotherapy and/or radiation for other diseases; and			
4 The patient has an estimated life expectancy of at least 3 months.			
Continuation			
Haematologist			
<i>Re-assessment required after 12 months</i>			
Both:			
1 No evidence of disease progression, and; and			
2 The treatment remains appropriate and patient is benefitting from treatment.			
CAPECITABINE			
Tab 150 mg – 1% DV Jul-20 to 2022	11.15	60	Brinov
	10.00		Capercit
Tab 500 mg – 1% DV Jul-20 to 2022	62.28	120	Brinov
	49.00		Capercit
<i>(Brinov Tab 150 mg to be delisted 1 July 2020)</i>			
<i>(Brinov Tab 500 mg to be delisted 1 July 2020)</i>			
CLADRIBINE			
Inj 2 mg per ml, 5 ml vial			
Inj 1 mg per ml, 10 ml vial.....	5,249.72	7	Leustatin
CYTARABINE			
Inj 20 mg per ml, 5 ml vial.....	400.00	5	Pfizer
Inj 100 mg per ml, 20 ml vial – 1% DV Dec-18 to 2021	41.36	1	Pfizer

⚡ 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
FLUDARABINE PHOSPHATE			
Tab 10 mg – 1% DV Sep-18 to 2021	412.00	20	Fludara Oral
Inj 50 mg vial – 1% DV Nov-19 to 2022	576.45	5	Fludarabine Ebewe
FLUOROURACIL			
Inj 50 mg per ml, 20 ml vial – 1% DV Oct-18 to 2021	12.00	1	Fluorouracil Ebewe
Inj 50 mg per ml, 100 ml vial – 1% DV Oct-18 to 2021	30.00	1	Fluorouracil Ebewe
GEMCITABINE			
Inj 10 mg per ml, 100 ml vial – 1% DV Jul-20 to 2023	15.89	1	Gemcitabine Ebewe
MERCAPTOPURINE			
Tab 50 mg – 1% DV Jul-19 to 2022	37.00	25	Puri-nethol
↓ Oral suspension 20 mg per ml	428.00	100 ml	Allmercap
➔ Restricted (RS1635)			
Initiation			
Paediatric haematologist or paediatric oncologist			
<i>Re-assessment required after 12 months</i>			
The patient requires a total dose of less than one full 50 mg tablet per day.			
Continuation			
Paediatric haematologist or paediatric oncologist			
<i>Re-assessment required after 12 months</i>			
The patient requires a total dose of less than one full 50 mg tablet per day.			
METHOTREXATE			
Tab 2.5 mg – 1% DV Jan-19 to 2021	8.05	90	Trexate
Tab 10 mg – 1% DV Jan-19 to 2021	31.75	90	Trexate
Inj 2.5 mg per ml, 2 ml vial			
Inj 7.5 mg prefilled syringe	14.61	1	Methotrexate Sandoz
Inj 10 mg prefilled syringe	14.66	1	Methotrexate Sandoz
Inj 15 mg prefilled syringe	14.77	1	Methotrexate Sandoz
Inj 20 mg prefilled syringe	14.88	1	Methotrexate Sandoz
Inj 25 mg prefilled syringe	14.99	1	Methotrexate Sandoz
Inj 30 mg prefilled syringe	15.09	1	Methotrexate Sandoz
Inj 25 mg per ml, 2 ml vial	30.00	5	DBL Methotrexate
			Onco-Vial
Inj 25 mg per ml, 20 ml vial	45.00	1	DBL Methotrexate
			Onco-Vial
Inj 100 mg per ml, 10 ml vial	25.00	1	Methotrexate Ebewe
Inj 100 mg per ml, 50 ml vial – 1% DV Sep-17 to 2020	79.99	1	Methotrexate Ebewe
PEMETREXED – Restricted see terms below			
↓ Inj 100 mg vial	60.89	1	Juno Pemetrexed
↓ Inj 500 mg vial	217.77	1	Juno Pemetrexed
➔ Restricted (RS1596)			
Initiation – Mesothelioma			
<i>Re-assessment required after 8 months</i>			
Both:			

- 1 Patient has been diagnosed with mesothelioma; and
- 2 Pemetrexed to be administered at a dose of 500 mg/m² every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles.

continued...

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

Continuation – Mesothelioma

Re-assessment required after 8 months

All of the following:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefitting from treatment; and
- 3 Pemetrexed to be administered at a dose of 500mg/m² every 21 days for a maximum of 6 cycles.

Initiation – Non small cell lung cancer

Re-assessment required after 8 months

Both:

- 1 Patient has locally advanced or metastatic non-squamous non-small cell lung carcinoma; and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 Patient has chemotherapy-naïve disease; and
 - 2.1.2 Pemetrexed is to be administered at a dose of 500 mg/m² every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles; or
 - 2.2 All of the following:
 - 2.2.1 Patient has had first-line treatment with platinum based chemotherapy; and
 - 2.2.2 Patient has not received prior funded treatment with pemetrexed; and
 - 2.2.3 Pemetrexed is to be administered at a dose of 500 mg/m² every 21 days for a maximum of 6 cycles.

Continuation – Non small cell lung cancer

Re-assessment required after 8 months

All of the following:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefitting from treatment; and
- 3 Pemetrexed is to be administered at a dose of 500mg/m² every 21 days.

THIOGUANINE

Tab 40 mg

Other Cytotoxic Agents

AMSACRINE

Inj 50 mg per ml, 1.5 ml ampoule

Inj 75 mg

ANAGRELIDE HYDROCHLORIDE

Cap 0.5 mg

ARSENIC TRIOXIDE

Inj 1 mg per ml, 10 ml vial.....4,817.00 10 Phenasen

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

⚡ Inj 3.5 mg vial – 1% DV Aug-20 to 2022.....105.00 1 **Bortezomib Dr-Reddy's**
1,892.50 Velcade

(Velcade Inj 3.5 mg vial to be delisted 1 August 2020)

➡ **Restricted (RS1725)**

Initiation – multiple myeloma/amyloidosis

Either:

- 1 The patient has symptomatic multiple myeloma; or
- 2 The patient has symptomatic systemic AL amyloidosis.

COLASPASE [L-ASPARAGINASE]

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DACARBAZINE			
Inj 200 mg vial	62.70	1	DBL Dacarbazine
ETOPOSIDE			
Cap 50 mg – 1% DV Jul-19 to 2022	340.73	20	Vepesid
Cap 100 mg – 1% DV Jul-19 to 2022	340.73	10	Vepesid
Inj 20 mg per ml, 5 ml vial	7.90	1	Rex Medical
ETOPOSIDE (AS PHOSPHATE)			
Inj 100 mg vial	40.00	1	Etopophos
HYDROXYUREA			
Cap 500 mg	31.76	100	Hydrea
IRINOTECAN HYDROCHLORIDE			
Inj 20 mg per ml, 5 ml vial – 1% DV Apr-19 to 2021	71.44	1	Irinotecan Actavis 100
LENALIDOMIDE – Restricted see terms below			
↓ Cap 5 mg	5,122.76	28	Revlimid
↓ Cap 10 mg	4,655.25	21	Revlimid
	6,207.00	28	Revlimid
↓ Cap 15 mg	5,429.39	21	Revlimid
	7,239.18	28	Revlimid
↓ Cap 25 mg	7,627.00	21	Revlimid

→ **Restricted (RS1730)**

Initiation – Relapsed/refractory disease

Haematologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has relapsed or refractory multiple myeloma with progressive disease; and
- 2 Patient has not previously been treated with lenalidomide; and
- 3 Either:
 - 3.1 Lenalidomide to be used as third line* treatment for multiple myeloma; or
 - 3.2 Both:
 - 3.2.1 Lenalidomide to be used as second line treatment for multiple myeloma; and
 - 3.2.2 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
- 4 Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.

Continuation – Relapsed/refractory disease

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.

Initiation – Maintenance following first-line autologous stem cell transplant (SCT)

Haematologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has newly diagnosed symptomatic multiple myeloma and has undergone first-line treatment that included an autologous stem cell transplantation; and
- 2 Patient has at least a stable disease response in the first 100 days after transplantation; and
- 3 Lenalidomide maintenance is to be commenced within 6 months of transplantation; and

continued...

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

- 4 The patient has ECOG performance score of 0-1; and
- 5 Lenalidomide to be administered at a maximum dose of 15 mg/day.

Continuation – Maintenance following first-line autologous stem cell transplant (SCT)

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

Medical oncologist

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

Medical oncologist

Re-assessment required after 12 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 [below](#)

⚡ Inj 750 iu per ml, 5 ml vial	3,005.00	1	Oncaspar LYO
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➡ **Restricted (RS1190)**

Initiation – Newly diagnosed ALL

Limited to 12 months treatment

All of the following:

continued...

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

- 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]

lnj 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	9.13	5	Temaccord
↓ Cap 20 mg – 1% DV May-20 to 2022	16.38	5	Temaccord
↓ Cap 100 mg – 1% DV May-20 to 2022	35.98	5	Temaccord
↓ Cap 140 mg – 1% DV May-20 to 2022	50.12	5	Temaccord
↓ Cap 250 mg – 1% DV May-20 to 2022	86.34	5	Temaccord

→ **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/m² per day.

Continuation – High grade gliomas

Re-assessment required after 12 months

Either:

- 1 Both:
 - 1.1 Patient has glioblastoma multiforme; and
 - 1.2 The treatment remains appropriate and the patient is benefitting from treatment; or
- 2 All of the following:
 - 2.1 Patient has anaplastic astrocytoma*; and
 - 2.2 The treatment remains appropriate and the patient is benefitting from treatment; and
 - 2.3 Adjuvant temozolomide is to be used for a maximum of 24 months.

Initiation – Neuroendocrine tumours

Re-assessment required after 9 months

All of the following:

- 1 Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*; and
- 2 Temozolomide is to be given in combination with capecitabine; and
- 3 Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m² per day; and

continued...

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

- 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 [below](#)

⚡ 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

➡ **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

continued...

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

- 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 mg7,935.00 224 Alecensa
→ **Restricted (RS1712)**

Initiation

Re-assessment required after 6 months

All of the following:

- 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

continued...

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

- 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.cancertrialsnz.ac.nz/kiss/](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 (RS1747)**

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.

Continuation – pandemic circumstances

Re-assessment required after 6 months

All of the following:

- 1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
- 2 Erlotinib to be discontinued at progression; and
- 3 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

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

↓ Tab 250 mg 1,700.00 30 Iressa

➔ **Restricted (RS1748)**

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.

Continuation – pandemic circumstances

Re-assessment required after 6 months

All of the following:

- 1 The patient is clinically benefiting from treatment and continued treatment remains; and
- 2 Gefitinib to be discontinued at progression; and
- 3 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
IMATINIB MESILATE			
Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule			
↓ Tab 100 mg	2,400.00	60	Glivec
➔ Restricted (RS1402)			
Initiation			
<i>Re-assessment required after 12 months</i>			
Both:			
1 Patient has diagnosis (confirmed by an oncologist) of unresectable and/or metastatic malignant gastrointestinal stromal tumour (GIST); and			
2 Maximum dose of 400 mg/day.			
Continuation			
<i>Re-assessment required after 12 months</i>			
Adequate clinical response to treatment with imatinib (prescriber determined).			
Note: The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule.			
Cap 100 mg – 1% DV Oct-17 to 2020	98.00	60	Imatinib-AFT
Cap 400 mg – 1% DV Oct-17 to 2020	197.50	30	Imatinib-AFT
LAPATINIB – Restricted see terms below			
↓ Tab 250 mg	1,899.00	70	Tykerb
➔ Restricted (RS1197)			
Initiation			
<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.			
Continuation			
<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.			
NILOTINIB – Restricted see terms on the next page			
↓ Cap 150 mg	4,680.00	120	Tasigna
↓ Cap 200 mg	6,532.00	120	Tasigna

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

➔ 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.

PALBOCICLIB – Restricted see terms [below](#)

↓ Cap 75 mg.....	4,000.00	21	Ibrance
↓ Cap 100 mg.....	4,000.00	21	Ibrance
↓ Cap 125 mg.....	4,000.00	21	Ibrance

➔ Restricted (RS1731)
Initiation

Medical oncologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has unresectable locally advanced or metastatic breast cancer; and
- 2 There is documentation confirming disease is hormone-receptor positive and HER2-negative; and
- 3 Patient has an ECOG performance score of 0-2; and
- 4 Either:
 - second or subsequent line setting
 - 4.1 Disease has relapsed or progressed during prior endocrine therapy; or
 - 4.2 Both:
 - first line setting
 - 4.2.1 Patient is amenorrhoeic, either naturally or induced, with endocrine levels consistent with a postmenopausal state; and
 - 4.2.2 Either:
 - 4.2.2.1 Patient has not received prior systemic treatment for metastatic disease; or
 - 4.2.2.2 All of the following:
 - 4.2.2.2.1 Patient commenced treatment with palbociclib in combination with an endocrine agent prior to 1 April 2020; and
 - 4.2.2.2.2 Patient has not received prior systemic endocrine treatment for metastatic disease; and
 - 4.2.2.2.3 There is no evidence of progressive disease; and
- 5 Treatment must be used in combination with an endocrine partner.

continued...

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

Continuation

Medical oncologist

Re-assessment required after 12 months

All of the following:

- 1 Treatment must be used in combination with an endocrine partner; and
- 2 No evidence of progressive disease; and
- 3 The treatment remains appropriate and the patient is benefitting from treatment.

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 benefitting from treatment.

Notes: Pazopanib treatment should be stopped if disease progresses.

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

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

⚡ Tab 5 mg	2,500.00	56	Jakavi
⚡ Tab 15 mg	5,000.00	56	Jakavi
⚡ Tab 20 mg	5,000.00	56	Jakavi

➡ **Restricted** (RS1726)

Initiation

Haematologist

Re-assessment required after 12 months

All of the following:

continued...

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

- 1 The patient has primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis; and
- 2 Either:
 - 2.1 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; or
 - 2.2 Both:
 - 2.2.1 A classification of risk of intermediate-1 myelofibrosis according to either the International Prognostic Scoring System (IPSS), Dynamic International Prognostic Scoring System (DIPSS), or the Age-Adjusted DIPSS; and
 - 2.2.2 Patient has severe disease-related symptoms that are resistant, refractory or intolerant to available therapy; and
- 3 A maximum dose of 20 mg twice daily is to be given.

Continuation

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

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 (RS1749)**

Initiation – RCC

Re-assessment required after 3 months

All of the following:

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

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

continued...

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

Continuation – GIST pandemic circumstances

Re-assessment required after 6 months

All of the following:

- 1 The patient has unresectable or metastatic malignant gastrointestinal stromal tumour (GIST); and
- 2 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
- 3 Sunitinib is to be discontinued at progression; and
- 4 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

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

Taxanes

DOCETAXEL

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

PACLITAXEL

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Treatment of Cytotoxic-Induced Side Effects

CALCIUM FOLINATE

Tab 15 mg	114.69	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	Calcium Folate Sandoz
Inj 10 mg per ml, 10 ml vial – 1% DV Jan-20 to 2022.....	9.49	1	Calcium Folate Sandoz
Inj 10 mg per ml, 30 ml vial.....	22.51	1	Calcium Folate Ebewe
Inj 10 mg per ml, 35 ml vial – 1% DV Nov-19 to 2022.....	25.14	1	Calcium Folate Sandoz
Inj 10 mg per ml, 100 ml vial – 1% DV Mar-20 to 2022	72.00	1	Calcium Folate Sandoz

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/m² doxorubicin equivalent or greater; and
- 3 Dexrazoxane to be administered only whilst on anthracycline treatment; and
- 4 Either:
 - 4.1 Treatment to be used as a cardioprotectant for a child or young adult; or
 - 4.2 Treatment to be used as a cardioprotectant for secondary malignancy.

MESNA

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

Vinca Alkaloids

VINBLASTINE SULPHATE

Inj 1 mg per ml, 10 ml vial.....	270.37	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.....	102.73	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 mg4,276.19 120 Zytiga

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ Restricted (RS1746)

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 No evidence of clinical disease progression; and
- 2 No initiation of taxane chemotherapy with abiraterone; and
- 3 The treatment remains appropriate and the patient is benefiting from treatment.

BICALUTAMIDE

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

Tab 250 mg	119.50	100	Flutamin
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FULVESTRANT – Restricted see terms below

⚡ Inj 50 mg per ml, 5 ml prefilled syringe	1,068.00	2	Faslodex
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➔ Restricted (RS1732)

Initiation

Medical oncologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has oestrogen-receptor positive locally advanced or metastatic breast cancer; and
- 2 Patient has disease progression following prior treatment with an aromatase inhibitor or tamoxifen for their locally advanced or metastatic disease; and
- 3 Treatment to be given at a dose of 500 mg monthly following loading doses; and
- 4 Treatment to be discontinued at disease progression.

Continuation

Medical oncologist

Re-assessment required after 6 months

All of the following:

- 1 Treatment remains appropriate and patient is benefitting from treatment; and
- 2 Treatment to be given at a dose of 500 mg monthly; and
- 3 No evidence of disease progression.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MEGESTROL ACETATE			
Tab 160 mg – 1% DV Oct-18 to 2021	63.53	30	Apo-Megestrol
OCTREOTIDE – Restricted see terms below			
↓ Inj 50 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020	30.64	5	DBL Octreotide
↓ Inj 100 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020	18.69	5	DBL Octreotide
↓ Inj 500 mcg per ml, 1 ml ampoule – 1% DV Nov-17 to 2020	72.50	5	DBL Octreotide
↓ Inj 10 mg vial	1,772.50	1	Sandostatin LAR
↓ Inj 20 mg vial	2,358.75	1	Sandostatin LAR
↓ Inj 30 mg vial	2,951.25	1	Sandostatin LAR

→ **Restricted (RS1744)**

Initiation – Malignant bowel obstruction

All of the following:

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

Note: Indications marked with * are unapproved indications

Initiation – acromegaly

Re-assessment required after 3 months

Both:

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

Continuation – acromegaly

Both:

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

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

Initiation – Other indications

Any of the following:

- 1 VIPomas and glucagonomas - for patients who are seriously ill in order to improve their clinical state prior to definitive surgery; or
- 2 Both:
 - 2.1 Gastrinoma; and
 - 2.2 Either:
 - 2.2.1 Patient has failed surgery; or
 - 2.2.2 Patient in metastatic disease after H2 antagonists (or proton pump inhibitors) have failed; or
- 3 Both:
 - 3.1 Insulinomas; and
 - 3.2 Surgery is contraindicated or has failed; or
- 4 For pre-operative control of hypoglycaemia and for maintenance therapy; or
- 5 Both:

continued...

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

- 5.1 Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis); and
- 5.2 Disabling symptoms not controlled by maximal medical therapy.

Continuation – Acromegaly - pandemic circumstances

Re-assessment required after 6 months

All of the following:

- 1 Patient has acromegaly; and
- 2 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
- 3 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

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

TAMOXIFEN CITRATE

Tab 10 mg – 1% DV Jan-19 to 2020	11.75	60	Tamoxifen Sandoz
Tab 20 mg – 1% DV Jan-19 to 2020	5.60	60	Tamoxifen Sandoz

Aromatase Inhibitors

ANASTROZOLE

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

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

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

AMINOLEVULINIC ACID HYDROCHLORIDE – Restricted see terms below

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

➡ Restricted (RS1565)

Initiation – high grade malignant glioma

All of the following:

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

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 on the next page

⚡ 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			

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

➔ 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	690.00	4	Enbrel
↓ Inj 50 mg autoinjector – 5% DV Sep-19 to 2024	1,050.00	4	Enbrel
↓ Inj 50 mg syringe – 5% DV Sep-19 to 2024	1,050.00	4	Enbrel

➔ Restricted (RS1727)
Initiation – juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for adalimumab for juvenile idiopathic arthritis (JIA); and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
 - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for JIA; or
- 2 All of the following:
 - 2.1 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and
 - 2.2 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
 - 2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
 - 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
 - 2.5 Both:
 - 2.5.1 Either:
 - 2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
 - 2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
 - 2.5.2 Physician's global assessment indicating severe disease.

Continuation – juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Both:

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by

continued...

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

continued...

toxicity or intolerance; and

2 Either:

- 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
- 2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initiation – rheumatoid arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

1 Both:

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

2 All of the following:

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

continued...

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

continued...

toxicity or intolerance; and

2 Either:

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

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

Initiation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

Either:

1 Both:

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

1.2 Either:

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

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

2 All of the following:

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

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

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

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

2.5 Either:

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

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

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

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

Continuation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

All of the following:

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

Initiation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

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

continued...

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

continued...

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 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

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1.2.2 Either:

- 1.2.2.1 Following each prior etanercept treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
- 1.2.2.2 Following each prior etanercept treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-etanercept treatment baseline value; and

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

Initiation – pyoderma gangrenosum

Dermatologist

All of the following:

- 1 Patient has pyoderma gangrenosum*; and
- 2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and
- 3 A maximum of 4 doses.

Note: Indications marked with * are unapproved indications.

Continuation – pyoderma gangrenosum

Dermatologist

All of the following:

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

Initiation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 Either:
 - 1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still's disease (AOSD); or
 - 1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the Section H rules; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
 - 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.

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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Initiation – undifferentiated spondyloarthritis

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 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
- 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 maximum tolerated dose); and
- 4 Patient has tried and not responded to at least three months of leflunomide at a dose of up to 20 mg daily (or maximum tolerated dose); and
- 5 Any of the following:
 - 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
 - 5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour measured no more than one month prior to the date of this application; or
 - 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.

Note: Indications marked with * are unapproved indications.

Continuation – undifferentiated spondyloarthritis

Rheumatologist or medical practitioner on the recommendation of a Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 Applicant is a rheumatologist; or
 - 1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; 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 prior etanercept treatment in the opinion of the treating physician; and
- 3 Etanercept to be administered at doses no greater than 50 mg dose every 7 days.

Monoclonal Antibodies

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

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

(ReoPro Inj 2 mg per ml, 5 ml vial to be delisted 1 January 2021)

➡ **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 [on the next page](#)

⚡ Inj 20 mg per 0.4 ml syringe1,599.96 2 Humira
 ⚡ Inj 40 mg per 0.8 ml pen.....1,599.96 2 HumiraPen
 ⚡ Inj 40 mg per 0.8 ml syringe1,599.96 2 Humira

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➔ 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
 - 1.1.2 Either:
 - 1.1.2.1 The patient has experienced intolerable side effects from etanercept; or
 - 1.1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for JIA; or
 - 2 All of the following:
 - 2.1 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and
 - 2.2 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
 - 2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
 - 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
 - 2.5 Both:
 - 2.5.1 Either:
 - 2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
 - 2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
 - 2.5.2 Physician's global assessment indicating severe disease.

Continuation – juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Both:

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

Initiation – fistulising Crohn's disease

Gastroenterologist

Re-assessment required after 4 months

All of the following:

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

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 3 A Baseline Fistula Assessment (a copy of which is available at www.pharmac.govt.nz/latest/BaselineFistulaAssessment.pdf) has been completed and is no more than 1 month old at the time of application.

Continuation – fistulising Crohn's disease

Gastroenterologist

Re-assessment required after 6 months

Either:

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

Initiation – Crohn's disease - adults

Gastroenterologist

Re-assessment required after 3 months

All of the following:

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

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- 4 Surgery (or further surgery) is considered to be clinically inappropriate.

Continuation – Crohn's disease - children

Gastroenterologist

Re-assessment required after 3 months

Both:

- 1 Any of the following:
 - 1.1 PCDAI score has reduced by 100 points from the PCDAI score when the patient was initiated on adalimumab; or
 - 1.2 PCDAI score is 150 or less; or
 - 1.3 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation – rheumatoid arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

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

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Continuation – rheumatoid arthritis

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2 Either:
 - 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
 - 2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
- 3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

Either:

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

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

Average normal chest expansion corrected for age and gender:

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

Continuation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

All of the following:

- Following 12 weeks' initial treatment and subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less; and
- Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
- 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:

- Both:
 - The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and
 - Either:
 - The patient has experienced intolerable side effects from etanercept; or
 - The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for psoriatic arthritis; or
- All of the following:
 - Patient has had severe active psoriatic arthritis for six months duration or longer; and
 - 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
 - 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
 - Either:
 - Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
 - 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
 - Any of the following:
 - 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
 - Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
 - ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

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Price (ex man. excl. GST) \$	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 adalimumab treatment in the opinion of the treating physician; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation – plaque psoriasis, prior TNF use

Dermatologist

Limited to 4 months treatment

Both:

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

Initiation – plaque psoriasis, treatment-naïve

Dermatologist

Limited to 4 months treatment

All of the following:

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

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

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

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

1.2 Both:

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

1.2.2 Either:

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

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

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

Initiation – pyoderma gangrenosum

Dermatologist

All of the following:

- 1 Patient has pyoderma gangrenosum*; and
- 2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and
- 3 A maximum of 4 doses.

Note: Indications marked with * are unapproved indications.

Continuation – pyoderma gangrenosum

Dermatologist

All of the following:

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

Initiation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

Either:

1 Both:

1.1 Either:

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

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

1.2 Either:

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

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

2 All of the following:

2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and

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

Continuation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

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

Initiation – severe Behcet's disease

Any relevant practitioner

Re-assessment required after 3 months

All of the following:

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

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

Continuation – severe Behcet's disease

Any relevant practitioner

Re-assessment required after 6 months

Both:

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

Initiation – severe ocular inflammation

Re-assessment required after 4 months

Either:

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

2 Both:

- 2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
- 2.2 Any of the following:
 - 2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or
 - 2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or
 - 2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

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

Re-assessment required after 12 months

Both:

- 1 Any of the following:
 - 1.1 The patient has had a good clinical response following 3 initial doses; or
 - 1.2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
 - 1.3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

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

Initiation – chronic ocular inflammation

Re-assessment required after 4 months

Either:

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

Continuation – chronic ocular inflammation

Re-assessment required after 12 months

Both:

- 1 Any of the following:
 - 1.1 The patient has had a good clinical response following 12 weeks' initial treatment; or
 - 1.2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
 - 1.3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

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

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	Price		Brand or
(ex man. excl. GST)			Generic
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Initiation – hidradenitis suppurativa

Dermatologist

Re-assessment required after 4 months

All of the following:

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

Continuation – hidradenitis suppurativa

Dermatologist

Re-assessment required after 6 months

All of the following:

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

AFLIBERCEPT – Restricted see terms [below](#)

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

→ **Restricted (RS1659)**

Initiation – Wet Age Related Macular Degeneration

Ophthalmologist

Re-assessment required after 3 months

Either:

- 1 All of the following:
 - 1.1 Any of the following:
 - 1.1.1 Wet age-related macular degeneration (wet AMD); or
 - 1.1.2 Polypoidal choroidal vasculopathy; or
 - 1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and
 - 1.2 Either:
 - 1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
 - 1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
 - 1.3 There is no structural damage to the central fovea of the treated eye; and
 - 1.4 Patient has not previously been treated with ranibizumab for longer than 3 months; or
- 2 Either:
 - 2.1 Patient has current approval to use ranibizumab for treatment of wAMD and was found to be intolerant to ranibizumab within 3 months; or
 - 2.2 Patient has previously* (*before June 2018) received treatment with ranibizumab for wAMD and disease was stable while on treatment.

Continuation – Wet Age Related Macular Degeneration

Ophthalmologist

Re-assessment required after 12 months

All of the following:

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1 Documented benefit must be demonstrated to continue; and
- 2 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
- 3 There is no structural damage to the central fovea of the treated eye.

Initiation – Diabetic Macular Oedema

Ophthalmologist

Re-assessment required after 4 months

All of the following:

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

Continuation – Diabetic Macular Oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

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

BASILIXIMAB – Restricted see terms [below](#)

⚡ Inj 20 mg vial2,560.00 1 Simulect

➡ **Restricted (RS1203)**

Initiation

For use in solid organ transplants.

BEVACIZUMAB – Restricted see terms [below](#)

⚡ Inj 25 mg per ml, 4 ml vial

⚡ Inj 25 mg per ml, 16 ml vial

➡ **Restricted (RS1691)**

Initiation – Recurrent Respiratory Papillomatosis

Otolaryngologist

Re-assessment required after 12 months

All of the following:

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

Continuation – Recurrent Respiratory Papillomatosis

Otolaryngologist

Re-assessment required after 12 months

All of the following:

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Initiation – ocular conditions

Either:

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

CETUXIMAB – Restricted see terms [below](#)

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

→ **Restricted (RS1613)**

Initiation

Medical oncologist

All of the following:

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

INFLIXIMAB – Restricted see terms [below](#)

↓ Inj 100 mg.....	806.00	1	Remicade
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→ **Restricted (RS1697)**

Initiation – Graft vs host disease

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

Initiation – rheumatoid arthritis

Rheumatologist

Re-assessment required after 4 months

All of the following:

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

Continuation – rheumatoid arthritis

Rheumatologist

Re-assessment required after 6 months

All of the following:

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

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

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Initiation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 3 months

Both:

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

Continuation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

All of the following:

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

Initiation – psoriatic arthritis

Rheumatologist

Re-assessment required after 4 months

Both:

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

Continuation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Both:

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

Initiation – severe ocular inflammation

Re-assessment required after 3 doses

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

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Price	Brand or
(ex man. excl. GST)	Generic
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2.2 Any of the following:

- 2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or
- 2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or
- 2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

Continuation – severe ocular inflammation

Re-assessment required after 12 months

Any of the following:

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

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

Initiation – chronic ocular inflammation

Re-assessment required after 3 doses

Either:

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

2 Both:

- 2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and
- 2.2 Any of the following:
 - 2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or
 - 2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at therapeutic dose; or
 - 2.2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate.

Continuation – chronic ocular inflammation

Re-assessment required after 12 months

Any of the following:

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

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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high risk of irreversible vision loss if infliximab is withdrawn.

Initiation – Pulmonary sarcoidosis

Both:

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

Initiation – Crohn's disease (adults)

Gastroenterologist

Re-assessment required after 3 months

All of the following:

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

Continuation – Crohn's disease (adults)

Gastroenterologist

Re-assessment required after 6 months

Both:

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

Initiation – Crohn's disease (children)

Gastroenterologist

Re-assessment required after 3 months

All of the following:

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

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	Price		Brand or
	(ex man. excl. GST)		Generic
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Continuation – Crohn's disease (children)

Gastroenterologist

Re-assessment required after 6 months

Both:

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

Initiation – fistulising Crohn's disease

Gastroenterologist

Re-assessment required after 4 months

Both:

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

Continuation – fistulising Crohn's disease

Gastroenterologist

Re-assessment required after 6 months

Both:

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

Initiation – acute severe fulminant ulcerative colitis

Gastroenterologist

Limited to 6 weeks treatment

Both:

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

Continuation – severe fulminant ulcerative colitis

Gastroenterologist

Re-assessment required after 6 months

Both:

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Initiation – severe ulcerative colitis

Gastroenterologist

Re-assessment required after 3 months

All of the following:

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

Continuation – severe ulcerative colitis

Gastroenterologist

Re-assessment required after 6 months

All of the following:

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

Initiation – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for adalimumab or etanercept for severe chronic plaque psoriasis; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or
 - 1.2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis; or
- 2 All of the following:
 - 2.1 Either:
 - 2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
 - 2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
 - 2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 2.4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

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

Continuation – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Both:

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

Initiation – neurosarcoidosis

Neurologist

Re-assessment required after 18 months

All of the following:

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

Continuation – neurosarcoidosis

Neurologist

Re-assessment required after 18 months

Either:

- 1 A withdrawal period has been tried and the patient has relapsed; or
- 2 All of the following:
 - 2.1 A withdrawal period has been considered but would not be clinically appropriate; and
 - 2.2 There has been a marked reduction in prednisone dose; and

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

MEPOLIZUMAB – Restricted see terms [below](#)

⚡ Inj 100 mg vial 1,638.00 1 Nucala

➡ **Restricted (RS1733)**

Initiation – Severe eosinophilic asthma

Respiratory physician or clinical immunologist

Re-assessment required after 12 months

All of the following:

- 1 Patient must be aged 12 years or older; and
- 2 Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist; and
- 3 Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded; and
- 4 Patient has a blood eosinophil count of greater than 0.5×10^9 cells/L in the last 12 months; and
- 5 Patient must be adherent to optimised asthma therapy including inhaled corticosteroids (equivalent to at least 1000 mcg per day of fluticasone propionate) plus long acting beta-2 agonist, or budesonide/formoterol as part of the single maintenance and reliever therapy regimen, unless contraindicated or not tolerated; and
- 6 Either:
 - 6.1 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 corticosteroids; or

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	Price		Brand or
	(ex man. excl. GST)		Generic
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6.2 Patient has received continuous oral corticosteroids of at least the equivalent of 10 mg per day over the previous 3 months; and

7 Patient has an Asthma Control Test (ACT) score of 10 or less. 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 52 weeks after the first dose to assess response to treatment.

Continuation – Severe eosinophilic asthma

Respiratory physician or clinical immunologist

Re-assessment required after 2 years

Both:

1 An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and

2 Either:

2.1 Exacerbations have been reduced from baseline by 50% as a result of treatment with mepolizumab; or

2.2 Reduction in continuous oral corticosteroid use by 50% or by 10 mg/day while maintaining or improving asthma control.

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

↓ Inj 25 mg per ml, 40 ml vial.....	5,910.00	1	Gazyva
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→ **Restricted (RS1550)**

Initiation

Haematologist

Limited to 6 months treatment

All of the following:

1 The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment; and

2 The patient is obinutuzumab treatment naive; and

3 The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance < 70mL/min); and

4 Patient has adequate neutrophil and platelet counts* unless the cytopenias are a consequence of marrow infiltration by CLL; and

5 Patient has good performance status; and

6 Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles.

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

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

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

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

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

Continuation – severe asthma

Respiratory specialist

Re-assessment required after 6 months

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

Initiation – severe chronic spontaneous urticaria

Clinical immunologist or dermatologist

Re-assessment required after 6 months

All of the following:

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

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.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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Complete response is defined as UAS7 less than or equal to 6 and DLQI less than or equal to 5; or UCT of 16. Relapse of chronic urticaria on stopping prednisone/ciclosporin does not justify the funding of omalizumab.

PERTUZUMAB – Restricted see terms [below](#)

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

→ **Restricted (RS1551)**

Initiation

Re-assessment required after 12 months

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Either:
 - 2.1 Patient is chemotherapy treatment naive; or
 - 2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
- 3 The patient has good performance status (ECOG grade 0-1); and
- 4 Pertuzumab to be administered in combination with trastuzumab; and
- 5 Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks; and
- 6 Pertuzumab to be discontinued at disease progression.

Continuation

Re-assessment required after 12 months

Both:

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

RANIBIZUMAB – Restricted see terms [below](#)

↓ Inj 10 mg per ml, 0.23 ml vial

↓ Inj 10 mg per ml, 0.3 ml vial

→ **Restricted (RS1637)**

Initiation – Wet Age Related Macular Degeneration

Ophthalmologist

Re-assessment required after 3 months

Either:

- 1 All of the following:
 - 1.1 Any of the following:
 - 1.1.1 Wet age-related macular degeneration (wet AMD); or
 - 1.1.2 Polypoidal choroidal vasculopathy; or
 - 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.

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

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

➔ **Restricted (RS1734)**

Initiation – haemophilia with inhibitors

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

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

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

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*

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

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

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

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.

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	Price	Brand or
(ex man. excl. GST)		Generic
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Initiation – Chronic lymphocytic leukaemia

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

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
 - 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

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	Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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5 Any of the following:

- 5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or
- 5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
- 5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

6 Either:

- 6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
- 6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

7 Either:

- 7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
- 7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and

8 Either:

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

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

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

Rheumatologist

Re-assessment required after 4 months

All of the following:

1 Any of the following:

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

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

3 Either:

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

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

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

Rheumatologist

Re-assessment required after 4 months

All of the following:

1 Either:

- 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

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

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

Continuation – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 8 weeks

Either:

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

Note: Indications marked with * are unapproved indications.

Initiation – warm autoimmune haemolytic anaemia (warm AIHA)

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

Continuation – warm autoimmune haemolytic anaemia (warm AIHA)

Haematologist

Re-assessment required after 8 weeks

Either:

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

Note: Indications marked with * are unapproved indications.

Initiation – immune thrombocytopenic purpura (ITP)

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

Continuation – immune thrombocytopenic purpura (ITP)

Haematologist

Re-assessment required after 8 weeks

Either:

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

Note: Indications marked with * are unapproved indications.

Initiation – thrombotic thrombocytopenic purpura (TTP)

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

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

Haematologist

Re-assessment required after 8 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; and
- 4 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Initiation – pure red cell aplasia (PRCA)

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

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

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

Continuation – ANCA associated vasculitis

Re-assessment required after 8 weeks

All of the following:

- 1 Patient has been diagnosed with ANCA associated vasculitis*; and
- 2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
- 3 The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Initiation – treatment refractory systemic lupus erythematosus (SLE)

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

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

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

Initiation – ABO-incompatible renal transplant

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

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

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

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

Nephrologist

Re-assessment required after 8 weeks

All of the following:

- 1 Patient who was previously treated with rituximab for nephrotic syndrome*; and

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 2 Treatment with rituximab was previously successful and has demonstrated sustained response for > 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

Initiation – Steroid resistant nephrotic syndrome (SRNS)

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

Continuation – Steroid resistant nephrotic syndrome (SRNS)

Nephrologist

Re-assessment required after 8 weeks

All of the following:

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

Note: Indications marked with a * are unapproved indications.

Initiation – Neuromyelitis Optica Spectrum Disorder (NMOSD)

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

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

No new patient can start on rituximab (Mabthera brand) under this Initiation criteria from 1 March 2020.

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.

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

⬇ Inj 10 mg per ml, 10 ml vial.....	275.33	2	Riximyo
⬇ Inj 10 mg per ml, 50 ml vial.....	688.20	1	Riximyo

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➔ Restricted (RS1735)

Initiation – haemophilia with inhibitors

Haematologist

Any of the following:

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

Continuation – haemophilia with inhibitors

Haematologist

All of the following:

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

Initiation – post-transplant

Both:

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

Note: Indications marked with * are unapproved indications.

Continuation – post-transplant

All of the following:

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

Note: Indications marked with * are unapproved indications.

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 12 months

Either:

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

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 2.1 Rituximab is to be used for maintenance in CD20+ low grade or follicular B-cell NHL following induction with first-line systemic chemotherapy; and
- 2.2 Patient is intended to receive rituximab maintenance therapy for 2 years at a dose of 375 mg/m² every 8 weeks (maximum of 12 cycles).

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenström 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 naïve aggressive CD20 positive NHL; and
 - 1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
 - 1.3 To be used for a maximum of 8 treatment cycles; or
- 2 Both:
 - 2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and
 - 2.2 To be used for a maximum of 6 treatment cycles.

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

Continuation – aggressive CD20 positive NHL

All of the following:

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

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

Initiation – Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:

- 1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
- 2 Any of the following:
 - 2.1 The patient is rituximab treatment naïve; or
 - 2.2 Either:
 - 2.2.1 The patient is chemotherapy treatment naïve; 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.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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
 - 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 – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 8 weeks

All of the following:

- 1 Patient has cold haemagglutinin disease*; and
- 2 Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms; and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Continuation – severe cold haemagglutinin disease (CHAD)

Haematologist

Re-assessment required after 8 weeks

Either:

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

Note: Indications marked with * are unapproved indications.

Initiation – warm autoimmune haemolytic anaemia (warm AIHA)

Haematologist

Re-assessment required after 8 weeks

All of the following:

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

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- 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; and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Continuation – warm autoimmune haemolytic anaemia (warm AIHA)

Haematologist

Re-assessment required after 8 weeks

Either:

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

Note: Indications marked with * are unapproved indications.

Initiation – immune thrombocytopenic purpura (ITP)

Haematologist

Re-assessment required after 8 weeks

All of the following:

- 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); and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Continuation – immune thrombocytopenic purpura (ITP)

Haematologist

Re-assessment required after 8 weeks

Either:

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

Note: Indications marked with * are unapproved indications.

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

Haematologist

Re-assessment required after 8 weeks

Both:

- 1 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks; and
- 2 Either:
 - 2.1 Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or
 - 2.2 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 8 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; and
- 4 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with * 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 8 weeks

All of the following:

- 1 Patient has been diagnosed with ANCA associated vasculitis*; and
- 2 The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks; and
- 3 Any of the following:
 - 3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months; or
 - 3.2 Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose > 15 g; or
 - 3.3 Cyclophosphamide and methotrexate are contraindicated; or
 - 3.4 Patient is a female of child-bearing potential; or
 - 3.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.

Note: Indications marked with * are unapproved indications.

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

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Continuation – ANCA associated vasculitis

Re-assessment required after 8 weeks

All of the following:

- 1 Patient has been diagnosed with ANCA associated vasculitis*; and
- 2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
- 3 The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Initiation – treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

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

Note: Indications marked with * are unapproved indications.

Continuation – treatment refractory systemic lupus erythematosus (SLE)

Rheumatologist or nephrologist

All of the following:

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

Note: Indications marked with * are unapproved indications.

Initiation – Antibody-mediated organ transplant rejection

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

Note: Indications marked with * are unapproved indications.

Initiation – ABO-incompatible organ transplant

Patient is to undergo an ABO-incompatible solid organ 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 8 weeks

All of the following:

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

Note: Indications marked with a * are unapproved indications.

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

Nephrologist

Re-assessment required after 8 weeks

All of the following:

- 1 Patient who was previously treated with rituximab for nephrotic syndrome*; and

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

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

Note: Indications marked with a * are unapproved indications.

Initiation – Steroid resistant nephrotic syndrome (SRNS)

Nephrologist

Re-assessment required after 8 weeks

All of the following:

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

Note: Indications marked with a * are unapproved indications.

Continuation – Steroid resistant nephrotic syndrome (SRNS)

Nephrologist

Re-assessment required after 8 weeks

All of the following:

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

Note: Indications marked with a * are unapproved indications.

Initiation – Neuromyelitis Optica Spectrum Disorder (NMOSD)

Re-assessment required after 6 months

Both:

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

Continuation – Neuromyelitis Optica Spectrum Disorder (NMOSD)

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.

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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Initiation – Severe Refractory Myasthenia Gravis

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

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.

Initiation – Severe antisynthetase syndrome

Re-assessment required after 12 months

All of the following:

- 1 Patient has confirmed antisynthetase syndrome; and
- 2 Patient has severe, immediately life or organ threatening disease, including interstitial lung disease; and
- 3 Either:
 - 3.1 Treatment with at least 3 immunosuppressants (oral steroids, cyclophosphamide, methotrexate, mycophenolate, ciclosporin, azathioprine) has not been effective at controlling active disease; or
 - 3.2 Rapid treatment is required due to life threatening complications; and
- 4 Maximum of four 1,000 mg infusions of rituximab.

Continuation – Severe antisynthetase syndrome

Re-assessment required after 12 months

All of the following:

- 1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in inflammatory markers, muscle strength and pulmonary function; and
- 2 The patient has not received rituximab in the previous 6 months; and
- 3 Maximum of two cycles of 2 × 1,000 mg infusions of rituximab given two weeks apart.

Initiation – graft versus host disease

All of the following:

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

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- 1 Patient has refractory graft versus host disease following transplant; and
- 2 Treatment with at least 3 immunosuppressants (oral steroids, ciclosporin, tacrolimus, mycophenolate, sirolimus) has not been effective at controlling active disease; and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Initiation – severe chronic inflammatory demyelinating polyneuropathy

Neurologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has severe chronic inflammatory demyelinating polyneuropathy (CIPD); and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 Treatment with steroids and intravenous immunoglobulin and/or plasma exchange has not been effective at controlling active disease; and
 - 2.1.2 At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has not been effective at controlling active disease; or
 - 2.2 Rapid treatment is required due to life threatening complications; and
- 3 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.

Continuation – severe chronic inflammatory demyelinating polyneuropathy

Neurologist or medical practitioner on the recommendation of a Neurologist

Re-assessment required after 6 months

All of the following:

- 1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function compared to baseline; and
- 2 The patient has not received rituximab in the previous 6 months; and
- 3 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.

Initiation – anti-NMDA receptor autoimmune encephalitis

Neurologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has severe anti-NMDA receptor autoimmune encephalitis; and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 Treatment with steroids and intravenous immunoglobulin and/or plasma exchange has not been effective at controlling active disease; and
 - 2.1.2 At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has not been effective at controlling active disease; or
 - 2.2 Rapid treatment is required due to life threatening complications; and
- 3 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.

Continuation – anti-NMDA receptor autoimmune encephalitis

Neurologist

Re-assessment required after 6 months

All of the following:

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

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- 1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function; and
- 2 The patient has not received rituximab in the previous 6 months; and
- 3 The patient has experienced a relapse and now requires further treatment; and
- 4 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.

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

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

→ **Restricted** (RS1653)

Initiation – severe chronic plaque psoriasis, second-line biologic

Dermatologist

Re-assessment required after 4 months

All of the following:

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

Continuation – severe chronic plaque psoriasis, second-line biologic

Dermatologist

Re-assessment required after 6 months

Both:

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

Initiation – severe chronic plaque psoriasis, first-line biologic

Dermatologist

Re-assessment required after 4 months

All of the following:

- 1 Either:
 - 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
 - 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
- 3 A PASI assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 4 The most recent PASI or DQLI assessment is no more than 1 month old at the time of application.

Note: A treatment course is defined as a minimum of 12 weeks of treatment. "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom sub scores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Continuation – severe chronic plaque psoriasis, first-line biologic

Dermatologist

Re-assessment required after 6 months

Both:

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

SILTUXIMAB – Restricted see terms [below](#)

⚡ Inj 100 mg vial	770.57	1	Sylvant
⚡ Inj 400 mg vial	3,082.33	1	Sylvant

➡ **Restricted (RS1525)**

Initiation

Haematologist or rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has severe HHV-8 negative idiopathic multicentric Castleman's Disease; and
- 2 Treatment with an adequate trial of corticosteroids has proven ineffective; and
- 3 Siltuximab is to be administered at doses no greater than 11 mg/kg every 3 weeks.

Continuation

Haematologist or rheumatologist

Re-assessment required after 12 months

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

TOCILIZUMAB – Restricted see terms [below](#)

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

➡ **Restricted (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

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	(ex man. excl. GST)		Generic
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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
- 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:

continued...

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

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

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Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
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- 1.2 The patient has experienced intolerable side effects, or has received insufficient benefit from, both etanercept and adalimumab; or
- 2 All of the following:
 - 2.1 Treatment with a tumour necrosis factor alpha inhibitor is contraindicated; and
 - 2.2 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
 - 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
 - 2.4 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
 - 2.5 Both:
 - 2.5.1 Either:
 - 2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
 - 2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
 - 2.5.2 Physician's global assessment indicating severe disease.

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:

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

- 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 [below](#)

⚡ Inj 150 mg vial	1,350.00	1	Herceptin
⚡ Inj 440 mg vial	3,875.00	1	Herceptin

➡ **Restricted (RS1554)**

Initiation – Early breast cancer

Limited to 12 months treatment

All of the following:

- 1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Maximum cumulative dose of 106 mg/kg (12 months' treatment); and
- 3 Any of the following:
 - 3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or
 - 3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
 - 3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
 - 3.4 12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned; or
 - 3.5 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

Initiation – metastatic breast cancer (trastuzumab-naïve patients)

Limited to 12 months treatment

All of the following:

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

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

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

Limited to 12 months treatment

All of the following:

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

Continuation – metastatic breast cancer

Re-assessment required after 12 months

All of the following:

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

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.

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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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 (RS1742)			

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 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 Baseline measurement of overall tumour burden is documented (see Note); and
- 6 Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses.

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 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; 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

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

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2.3 Disease has not progressed during previous treatment with nivolumab.

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.

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

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

→ **Restricted (RS1741)**

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 Baseline measurement of overall tumour burden is documented (see Note); and
- 6 Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses.

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1.2 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; 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.

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	Azamun
Tab 50 mg – 1% DV Jan-20 to 2022	7.60	100	Azamun
Inj 50 mg vial – 1% DV Nov-19 to 2022.....	199.00	1	Imuran

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

⚡ Inj 2-8 x 10 ⁸ 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 (RS1745)**

Initiation

Neurologist or oncologist

Re-assessment required after 3 months

Both:

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1 Patient has tuberous sclerosis; and
- 2 Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment.

Continuation – pandemic circumstances

Re-assessment required after 6 months

All of the following:

- 1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
- 2 Everolimus to be discontinued at progression of SEGAs; and
- 3 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

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.

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 syringe2,668.00 1 Firazyr
➡ **Restricted** (RS1501)

Initiation

Clinical immunologist or relevant specialist

Re-assessment required after 12 months

Both:

- 1 Supply for anticipated emergency treatment of laryngeal/oro-pharyngeal or severe abdominal attacks of acute hereditary angioedema (HAE) for patients with confirmed diagnosis of C1-esterase inhibitor deficiency; and
- 2 The patient has undergone product training and has agreed upon an action plan for self-administration.

Continuation

Re-assessment required after 12 months

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

Allergy Desensitisation

BEE VENOM – **Restricted** see terms [below](#)

⚡ Maintenance kit - 6 vials 120 mcg freeze dried venom, with diluent
⚡ Inj 550 mcg vial with diluent

➡ **Restricted** (RS1117)

Initiation

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

PAPER WASP VENOM – **Restricted** see terms [below](#)

⚡ Treatment kit - 6 vials 120 mcg freeze dried venom, with diluent
⚡ Inj 550 mcg vial with diluent

➡ **Restricted** (RS1118)

Initiation

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

YELLOW JACKET WASP VENOM – **Restricted** see terms [below](#)

⚡ Treatment kit - 6 vials 120 mcg freeze dried venom, with diluent
⚡ Inj 550 mcg vial with diluent

➡ **Restricted** (RS1119)

Initiation

Both:

- 1 RAST or skin test positive; and
- 2 Patient has had severe generalised reaction to the sensitising agent.

Allergy Prophylactics

BUDESONIDE

Nasal spray 50 mcg per dose – 1% DV Oct-18 to 2020	2.59	200 dose	SteroClear
Nasal spray 100 mcg per dose – 1% DV Oct-18 to 2020	2.87	200 dose	SteroClear

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

Antihistamines

CETIRIZINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Nov-19 to 2022	1.12	100	Zista
Oral liq 1 mg per ml	2.99	200 ml	Histaclear
CHLORPHENIRAMINE MALEATE			
Oral liq 0.4 mg per ml			
Inj 10 mg per ml, 1 ml ampoule			
CYPROHEPTADINE HYDROCHLORIDE			
Tab 4 mg			
FEXOFENADINE HYDROCHLORIDE			
Tab 60 mg			
Tab 120 mg			
Tab 180 mg			
LORATADINE			
Tab 10 mg – 1% DV Feb-20 to 2022	1.69	100	Lorafix
Oral liq 1 mg per ml	2.15	120 ml	Lorfast
PROMETHAZINE HYDROCHLORIDE			
Tab 10 mg – 1% DV Sep-18 to 2021	1.68	50	Allersoothe
Tab 25 mg – 1% DV Sep-18 to 2021	1.89	50	Allersoothe
Oral liq 1 mg per ml – 1% DV Sep-18 to 2021	2.69	100 ml	Allersoothe
Inj 25 mg per ml, 2 ml ampoule	17.87	5	Hospira

Anticholinergic Agents

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

Anticholinergic Agents with Beta-Adrenoceptor Agonists

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 mcg81.00 30 dose Ultibro Breezhaler

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

† Soln for inhalation 2.5 mcg with olodaterol 2.5 mcg81.00 60 dose Spiolto Respimat

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

† Powder for inhalation 62.5 mcg with vilanterol 25 mcg77.00 30 dose Anoro Ellipta

Antifibrotics

NINTEDANIB – Restricted see terms [below](#)

‡ Cap 100 mg2,554.00 60 Ofev

‡ Cap 150 mg3,870.00 60 Ofev

➔ **Restricted (RS1756)**

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; 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:

continued...

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

- 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

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 (RS1757)**

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; 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

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.

Beta-Adrenoceptor Agonists

SALBUTAMOL

Oral liq 400 mcg per ml – 1% DV Nov-18 to 2021	20.00	150 ml	Ventolin
Inj 500 mcg per ml, 1 ml ampoule			
Inj 1 mg per ml, 5 ml ampoule			
Aerosol inhaler, 100 mcg per dose	3.80	200 dose	SalAir
	6.00		Ventolin
Nebuliser soln 1 mg per ml, 2.5 ml ampoule – 1% DV Oct-18 to 2021	3.93	20	Asthalin
Nebuliser soln 2 mg per ml, 2.5 ml ampoule – 1% DV Oct-18 to 2021	4.03	20	Asthalin

RESPIRATORY SYSTEM AND ALLERGIES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TERBUTALINE SULPHATE			
Powder for inhalation 250 mcg per dose			
Inj 0.5 mg per ml, 1 ml ampoule			
Powder for inhalation, 200 mcg per dose (equivalent to 250 mcg metered dose), breath activated.....	22.20	120 dose	Bricanyl Turbuhaler

Cough Suppressants

PHOLCODINE			
Oral liq 1 mg per ml – 1% DV Jun-20 to 2022	3.09	200 ml	AFT Pholcodine Linctus BP

Decongestants

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

Inhaled Corticosteroids

BECLOMETHASONE DIPROPIONATE			
Aerosol inhaler 50 mcg per dose.....	8.54	200 dose	Beclazone 50
	9.30		Qvar
Aerosol inhaler 100 mcg per dose.....	12.50	200 dose	Beclazone 100
	15.50		Qvar
Aerosol inhaler 250 mcg per dose.....	22.67	200 dose	Beclazone 250
BUDESONIDE			
Nebuliser soln 250 mcg per ml, 2 ml ampoule			
Nebuliser soln 500 mcg per ml, 2 ml ampoule			
Powder for inhalation 100 mcg per dose			
Powder for inhalation 200 mcg per dose			
Powder for inhalation 400 mcg per dose			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUTICASONE			
Aerosol inhaler 50 mcg per dose – 1% DV Sep-20 to 2023	7.19	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 – 1% DV Sep-20 to 2023	13.60	120 dose	Flixotide
	7.22		Floair
Aerosol inhaler 250 mcg per dose – 1% DV Sep-20 to 2023	24.62	120 dose	Flixotide
	10.18		Floair
Powder for inhalation 250 mcg per dose	24.51	60 dose	Flixotide Accuhaler
<i>(Floair Aerosol inhaler 50 mcg per dose to be delisted 1 September 2020)</i>			
<i>(Floair Aerosol inhaler 125 mcg per dose to be delisted 1 September 2020)</i>			
<i>(Floair Aerosol inhaler 250 mcg per dose to be delisted 1 September 2020)</i>			

Leukotriene Receptor Antagonists

MONTELUKAST			
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

EFORMOTEROL FUMARATE			
Powder for inhalation 12 mcg per dose			
EFORMOTEROL FUMARATE DIHYDRATE			
Powder for inhalation 4.5 mcg per dose, breath activated (equivalent to eformoterol fumarate 6 mcg metered dose)			
INDACATEROL			
Powder for inhalation 150 mcg per dose	61.00	30 dose	Onbrez Breezhaler
Powder for inhalation 300 mcg per dose	61.00	30 dose	Onbrez Breezhaler
SALMETEROL			
Aerosol inhaler 25 mcg per dose	9.90	120 dose	Meterol
	25.00		Serevent
Powder for inhalation 50 mcg per dose	25.00	60 dose	Serevent Accuhaler

Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists

BUDESONIDE WITH EFORMOTEROL			
Powder for inhalation 100 mcg with eformoterol fumarate 6 mcg			
Powder for inhalation 200 mcg with eformoterol fumarate 6 mcg			
Powder for inhalation 400 mcg with eformoterol fumarate 12 mcg			
Aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg			
Aerosol inhaler 200 mcg with eformoterol fumarate 6 mcg			
FLUTICASONE FUROATE WITH VILANTEROL			
Powder for inhalation 100 mcg with vilanterol 25 mcg	44.08	30 dose	Breo Ellipta

RESPIRATORY SYSTEM AND ALLERGIES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUTICASONE WITH SALMETEROL			
Aerosol inhaler 50 mcg with salmeterol 25 mcg – 1% DV Sep-20 to 2023	14.58	120 dose	RexAir
	25.79		Seretide
Powder for inhalation 100 mcg with salmeterol 50 mcg	33.74	60 dose	Seretide Accuhaler
Aerosol inhaler 125 mcg with salmeterol 25 mcg – 1% DV Sep-20 to 2023	16.83	120 dose	RexAir
	32.60		Seretide
Powder for inhalation 250 mcg with salmeterol 50 mcg	44.08	60 dose	Seretide Accuhaler
<i>(RexAir Aerosol inhaler 50 mcg with salmeterol 25 mcg to be delisted 1 September 2020)</i>			
<i>(RexAir Aerosol inhaler 125 mcg with salmeterol 25 mcg to be delisted 1 September 2020)</i>			

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**

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

BERACTANT

Soln 200 mg per 8 ml vial

PORACTANT ALFA

Soln 120 mg per 1.5 ml vial425.001Curosurf

Soln 240 mg per 3 ml vial695.001Curosurf

Respiratory Stimulants

DOXAPRAM

Inj 20 mg per ml, 5 ml vial

Sclerosing Agents

TALC

Powder

Soln (slurry) 100 mg per ml, 50 ml

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Anti-Infective Preparations			
Antibacterials			
CHLORAMPHENICOL			
Eye oint 1% – 1% DV May-20 to 2022.....	1.55	5 g	Devatis
Ear drops 0.5%			
Eye drops 0.5% – 1% DV Nov-19 to 2022.....	1.54	10 ml	Chlorafast
Eye drops 0.5%, single dose			
CIPROFLOXACIN			
Eye drops 0.3% – 1% DV Jun-18 to 2020	9.99	5 ml	Ciprofloxacin Teva
FRAMYCETIN SULPHATE			
Ear/eye drops 0.5%			
GENTAMICIN SULPHATE			
Eye drops 0.3%	11.40	5 ml	Genoptic
PROPAMIDINE ISETHIONATE			
Eye drops 0.1%			
SODIUM FUSIDATE [FUSIDIC ACID]			
Eye drops 1%	5.29	5 g	Fucithalmic
SULPHACETAMIDE SODIUM			
Eye drops 10%			
TOBRAMYCIN			
Eye oint 0.3%	10.45	3.5 g	Tobrex
Eye drops 0.3%	11.48	5 ml	Tobrex
Antifungals			
NATAMYCIN			
Eye drops 5%			
Antivirals			
ACICLOVIR			
Eye oint 3%	14.92	4.5 g	ViruPOS
Combination Preparations			
CIPROFLOXACIN WITH HYDROCORTISONE			
Ear drops ciprofloxacin 0.2% with 1% hydrocortisone.....	16.30	10 ml	Ciproxin HC Otic
DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN			
Ear/eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml			
DEXAMETHASONE WITH NEOMYCIN SULPHATE AND POLYMYXIN B SULPHATE			
Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per g	5.39	3.5 g	Maxitrol
Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per ml	4.50	5 ml	Maxitrol
DEXAMETHASONE WITH TOBRAMYCIN			
Eye drops 0.1% with tobramycin 0.3%	12.64	5 ml	Tobradex

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUMETASONE PIVALATE WITH CLIQUINOL Ear drops 0.02% with cliquinol 1%			
TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g	5.16	7.5 ml	Kenacomb

Anti-Inflammatory Preparations

Corticosteroids

DEXAMETHASONE			
Eye oint 0.1%	5.86	3.5 g	Maxidex
Eye drops 0.1%	4.50	5 ml	Maxidex
↓ Ocular implant 700 mcg.....	1,444.50	1	Ozurdex

→ Restricted (RS1606)

Initiation – Diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

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

Continuation – Diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

Both:

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

Initiation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

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

Continuation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

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

SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUOROMETHOLONE			
Eye drops 0.1%	3.09	5 ml	FML
PREDNISOLONE ACETATE			
Eye drops 0.12%			
Eye drops 1%	7.00	5 ml	Pred Forte
	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% – 1% DV Oct-20 to 2022	2.20	5 ml	Olopatadine Teva
	10.00		Patanol
<i>(Patanol Eye drops 0.1% to be delisted 1 October 2020)</i>			
SODIUM CROMOGLICATE			
Eye drops 2% – 1% DV Jan-20 to 2022	1.79	5 ml	Rexacrom

Decongestants

NAPHAZOLINE HYDROCHLORIDE			
Eye drops 0.1%	4.15	15 ml	Naphcon Forte

Diagnostic and Surgical Preparations

Diagnostic Dyes

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

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

Other

DISODIUM EDETATE

Inj 150 mg per ml, 20 ml ampoule

Inj 150 mg per ml, 20 ml vial

Inj 150 mg per ml, 100 ml vial

SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RIBOFLAVIN 5-PHOSPHATE Soln trans epithelial riboflavin Inj 0.1% Inj 0.1% plus 20% dextran T500			
Glaucoma Preparations			
Beta Blockers			
BETAXOLOL Eye drops 0.25% Eye drops 0.5%	11.80 7.50	5 ml 5 ml	Betoptic S Betoptic
TIMOLOL Eye drops 0.25% – 1% DV Sep-17 to 2020 Eye drops 0.5% – 1% DV Sep-17 to 2020 Eye drops 0.5%, gel forming	1.43 1.43 3.78	5 ml 5 ml 2.5 ml	Arrow-Timolol Arrow-Timolol Timoptol XE
Carbonic Anhydrase Inhibitors			
ACETAZOLAMIDE Tab 250 mg – 1% DV Sep-17 to 2020 Inj 500 mg	17.03	100	Diamox
BRINZOLAMIDE Eye drops 1%			
DORZOLAMIDE Eye drops 2%			
DORZOLAMIDE WITH TIMOLOL Eye drops 2% with timolol 0.5% – 1% DV Jan-19 to 2021	2.87	5 ml	Dortimopt
Miotics			
ACETYLCHOLINE CHLORIDE Inj 20 mg vial with diluent			
CARBACHOL Inj 150 mcg vial			
PILOCARPINE HYDROCHLORIDE Eye drops 1% Eye drops 2% Eye drops 2%, single dose Eye drops 4%	4.26 5.35 7.99	15 ml 15 ml 15 ml	Isopto Carpine Isopto Carpine Isopto Carpine
Prostaglandin Analogues			
BIMATOPROST Eye drops 0.03% – 1% DV Feb-19 to 2021	3.30	3 ml	Bimatoprost Multichem
LATANOPROST Eye drops 0.005% – 1% DV Apr-19 to 2021	1.57	2.5 ml	Teva
TRAVOPROST Eye drops 0.004% – 1% DV Jan-18 to 2020	7.30	5 ml	Travopt

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Sympathomimetics			
APRACLOPIDINE			
Eye drops 0.5%	19.77	5 ml	Iopidine
BRIMONIDINE TARTRATE			
Eye drops 0.2% – 1% DV Feb-18 to 2020	4.29	5 ml	Arrow-Brimonidine
BRIMONIDINE TARTRATE WITH TIMOLOL			
Eye drops 0.2% with timolol 0.5%			
Mydriatics and Cycloplegics			
Anticholinergic Agents			
ATROPINE SULPHATE			
Eye drops 0.5%			
Eye drops 1%, single dose			
Eye drops 1% – 1% DV Sep-17 to 2020	17.36	15 ml	Atropit
CYCLOPENTOLATE HYDROCHLORIDE			
Eye drops 0.5%, single dose			
Eye drops 1%	8.76	15 ml	Cyclogyl
Eye drops 1%, single dose			
TROPICAMIDE			
Eye drops 0.5%	7.15	15 ml	Mydriacyl
Eye drops 0.5%, single dose			
Eye drops 1%	8.66	15 ml	Mydriacyl
Eye drops 1%, single dose			
Sympathomimetics			
PHENYLEPHRINE HYDROCHLORIDE			
Eye drops 2.5%, single dose			
Eye drops 10%, single dose			
Ocular Lubricants			
CARBOMER			
Ophthalmic gel 0.3%, single dose	8.25	30	Poly Gel
Ophthalmic gel 0.2%			
CARMELOSE SODIUM WITH PECTIN AND GELATINE			
Eye drops 0.5%			
Eye drops 0.5%, single dose			
Eye drops 1%			
Eye drops 1%, single dose			
HYPROMELLOSE			
Eye drops 0.5%	3.92	15 ml	Methopt
HYPROMELLOSE WITH DEXTRAN			
Eye drops 0.3% with dextran 0.1%	2.30	15 ml	Poly-Tears
Eye drops 0.3% with dextran 0.1%, single dose			
MACROGOL 400 AND PROPYLENE GLYCOL			
Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose	4.30	24	Systane Unit Dose

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN			
Eye oint 42.5% with soft white paraffin 57.3%			
PARAFFIN LIQUID WITH WOOL FAT			
Eye oint 3% with wool fat 3%	3.63	3.5 g	Poly-Visc
POLYVINYL ALCOHOL WITH POVIDONE			
Eye drops 1.4% with povidone 0.6%, single dose			
RETINOL PALMITATE			
Oint 138 mcg per g	3.80	5 g	VitA-POS
SODIUM HYALURONATE [HYALURONIC ACID]			
Eye drops 1 mg per ml	22.00	10 ml	Hylo-Fresh

Other Otological Preparations

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

DOCUSATE SODIUM
Ear drops 0.5%

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Agents Used in the Treatment of Poisonings			
Antidotes			
ACETYL CYSTEINE			
Tab eff 200 mg			
Inj 200 mg per ml, 10 ml ampoule – 1% DV Sep-18 to 2021	58.76	10	DBL Acetylcysteine
AMYL NITRITE			
Liq 98% in 3 ml capsule			
DIGOXIN IMMUNE FAB			
Inj 38 mg vial			
Inj 40 mg vial			
ETHANOL			
Liq 96%			
ETHANOL WITH GLUCOSE			
Inj 10% with glucose 5%, 500 ml bottle			
ETHANOL, DEHYDRATED			
Inj 100%, 5 ml ampoule			
Inj 96%			
FLUMAZENIL			
Inj 0.1 mg per ml, 5 ml ampoule – 1% DV Dec-18 to 2021	132.68	10	Hameln
HYDROXOCOBALAMIN			
Inj 5 g vial			
Inj 2.5 g vial			
NALOXONE HYDROCHLORIDE			
Inj 400 mcg per ml, 1 ml ampoule – 1% DV Aug-18 to 2021	22.60	5	DBL Naloxone Hydrochloride
PRALIDOXIME IODIDE			
Inj 25 mg per ml, 20 ml ampoule			
SODIUM NITRITE			
Inj 30 mg per ml, 10 ml ampoule			
SODIUM THIOSULFATE			
Inj 250 mg per ml, 10 ml vial			
Inj 250 mg per ml. 50 ml vial			
Inj 500 mg per ml, 10 ml vial			
Inj 500 mg per ml, 20 ml ampoule			
SOYA OIL			
Inj 20%, 500 ml bag			
Inj 20%, 500 ml bottle			

Antitoxins

BOTULISM ANTITOXIN			
Inj 250 ml vial			
DIPHTHERIA ANTITOXIN			
Inj 10,000 iu vial			

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

RED BACK SPIDER ANTIVENOM

Inj 500 u vial

SNAKE ANTIVENOM

Inj 50 ml vial

Removal and Elimination

CHARCOAL

Oral liq 200 mg per ml 43.50 250 ml Carbasorb-X

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

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

➔ **Restricted (RS1444)**

Initiation

Haematologist

Re-assessment required after 2 years

All of the following:

- 1 The patient has been diagnosed with chronic iron overload due to congenital inherited anaemia; and
- 2 Deferasirox is to be given at a daily dose not exceeding 40 mg/kg/day; and
- 3 Any of the following:
 - 3.1 Treatment with maximum tolerated doses of deferiprone monotherapy or deferiprone and desferrioxamine combination therapy have proven ineffective as measured by serum ferritin levels, liver or cardiac MRI T2*; or
 - 3.2 Treatment with deferiprone has resulted in severe persistent vomiting or diarrhoea; or
 - 3.3 Treatment with deferiprone has resulted in arthritis; or
 - 3.4 Treatment with deferiprone is contraindicated due to a history of agranulocytosis (defined as an absolute neutrophil count (ANC) of < 0.5 cells per μ L) or recurrent episodes (greater than 2 episodes) of moderate neutropenia (ANC 0.5 - 1.0 cells per μ L).

Continuation

Haematologist

Re-assessment required after 2 years

Either:

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

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

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

➔ **Restricted (RS1445)**

Initiation

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

DESFERIOXAMINE MESILATE

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

Inj 15 mg per ml, 20 ml ampoule

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

Antiseptics and Disinfectants

CHLORHEXIDINE			
Soln 4%	1.86	50 ml	healthE
Soln 5%	15.50	500 ml	healthE
<i>(healthE Soln 4% to be delisted 1 November 2020)</i>			
CHLORHEXIDINE WITH CETRIMIDE			
Crm 0.1% with cetrimide 0.5%			
Foaming soln 0.5% with cetrimide 0.5%			
CHLORHEXIDINE WITH ETHANOL			
Soln 0.5% with ethanol 70%, non-staining (pink) 100 ml	2.65	1	healthE
Soln 2% with ethanol 70%, non-staining (pink) 100 ml	3.54	1	healthE
Soln 0.5% with ethanol 70%, non-staining (pink) 25 ml	1.55	1	healthE
Soln 0.5% with ethanol 70%, staining (red) 100 ml	2.90	1	healthE
Soln 2% with ethanol 70%, staining (red) 100 ml	3.86	1	healthE
Soln 0.5% with ethanol 70%, non-staining (pink) 500 ml	5.45	1	healthE
Soln 0.5% with ethanol 70%, staining (red) 500 ml	5.90	1	healthE
Soln 2% with ethanol 70%, staining (red) 500 ml	9.56	1	healthE
<i>(healthE Soln 0.5% with ethanol 70%, non-staining (pink) 100 ml to be delisted 1 November 2020)</i>			
<i>(healthE Soln 2% with ethanol 70%, non-staining (pink) 100 ml to be delisted 1 November 2020)</i>			
<i>(healthE Soln 0.5% with ethanol 70%, staining (red) 100 ml to be delisted 1 November 2020)</i>			
<i>(healthE Soln 2% with ethanol 70%, staining (red) 100 ml to be delisted 1 November 2020)</i>			
<i>(healthE Soln 0.5% with ethanol 70%, non-staining (pink) 500 ml to be delisted 1 November 2020)</i>			
<i>(healthE Soln 0.5% with ethanol 70%, staining (red) 500 ml to be delisted 1 November 2020)</i>			
<i>(healthE Soln 2% with ethanol 70%, staining (red) 500 ml to be delisted 1 November 2020)</i>			
IODINE WITH ETHANOL			
Soln 1% with ethanol 70%, 100 ml	9.30	1	healthE
<i>(healthE Soln 1% with ethanol 70%, 100 ml to be delisted 1 November 2020)</i>			
ISOPROPYL ALCOHOL			
Soln 70%, 500 ml	5.65	1	healthE

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
POVIDONE-IODINE			
↓ Vaginal tab 200 mg			
➔ Restricted (RS1354)			
Initiation			
Rectal administration pre-prostate biopsy.			
Oint 10% – 1% DV Oct-20 to 2023	7.40	65 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%			
POVIDONE-IODINE WITH ETHANOL			
Soln 10% with ethanol 30%			
Soln 10% with ethanol 70%			
SODIUM HYPOCHLORITE			
Soln			

Contrast Media

Iodinated X-ray Contrast Media

DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE			
Oral liq 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle.....	22.50	100 ml	Gastrografin
Inj 260 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle.....	80.00	1	Urografin
DIATRIZOATE SODIUM			
Oral liq 370 mg per ml, 10 ml sachet.....	156.12	50	Ioscan
IODISED OIL			
Inj 38% w/w (480 mg per ml), 10 ml ampoule	410.00	1	Lipiodol Ultra Fluid
IODIXANOL			
Inj 270 mg per ml (iodine equivalent), 50 ml bottle.....	220.00	10	Visipaque
Inj 270 mg per ml (iodine equivalent), 100 ml bottle.....	430.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 50 ml bottle.....	220.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 100 ml bottle.....	430.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 200 ml bottle.....	850.00	10	Visipaque
IOHEXOL			
Inj 240 mg per ml (iodine equivalent), 50 ml bottle.....	75.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 20 ml bottle.....	57.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 50 ml bottle.....	75.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 100 ml bottle.....	150.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 20 ml bottle.....	59.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 50 ml bottle.....	75.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 75 ml bottle.....	114.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 100 ml bottle.....	150.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 200 ml bottle.....	290.00	10	Omnipaque

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Non-iodinated X-ray Contrast Media			
BARIUM SULPHATE			
Powder for oral liq 20 mg per g (2% w/w), 22.1 g sachet.....	507.50	50	E-Z-Cat Dry
Oral liq 400 mg per ml (40% w/v, 30% w/w), bottle.....	17.39	148 g	Varibar - Thin Liquid
Oral liq 600 mg per g (60% w/w), tube.....	36.51	454 g	E-Z-Paste
Oral liq 400 mg per ml (40% w/v), bottle.....	155.35	250 ml	Varibar - Honey
	38.40	240 ml	Varibar - Nectar
	145.04	230 ml	Varibar - Pudding
Enema 1,250 mg per ml (125% w/v), 500 ml bag.....	282.30	12	Liquibar
Oral liq 22 mg per g (2.2% w/w), 250 ml bottle.....	175.00	24	CT Plus+
Oral liq 22 mg per g (2.2% w/w), 450 ml bottle.....	220.00	24	CT Plus+
Oral liq 1 mg per ml (0.1% w/v, 0.1% w/w), 450 ml bottle.....	441.12	24	VoLumen
Oral liq 20.9 mg per ml (2.1% w/v, 2% w/w), 250 ml bottle.....	140.94	24	Readi-CAT 2
Powder for oral soln 97.65% w/w, 300 g bottle.....	237.76	24	X-Opaque-HD
Oral liq 400 mg per ml (40% w/v, 30% w/w), 20 ml bottle.....	52.35	3	Tagitol V
Oral liq 1,250 mg per ml (125% w/v), 2,000 ml bottle.....	91.77	1	Liquibar
BARIUM SULPHATE WITH SODIUM BICARBONATE			
Grans eff 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet.....	102.93	50	E-Z-Gas II
CITRIC ACID WITH SODIUM BICARBONATE			
Powder 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet			<i>e.g. E-Z-GAS II</i>
Paramagnetic Contrast Media			
GADOBENIC ACID			
Inj 334 mg per ml, 10 ml vial.....	324.74	10	Multihance
Inj 334 mg per ml, 20 ml vial.....	636.28	10	Multihance
GADOBUTROL			
Inj 1 mmol per ml, 15 ml vial			
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 5 ml prefilled syringe.....	120.00	5	Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe.....	180.00	5	Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe.....	700.00	10	Gadovist 1.0
GADODIAMIDE			
Inj 287 mg per ml, 10 ml prefilled syringe.....	200.00	10	Omniscan
Inj 287 mg per ml, 10 ml vial.....	170.00	10	Omniscan
Inj 287 mg per ml, 5 ml vial.....	120.00	10	Omniscan
Inj 287 mg per ml, 15 ml prefilled syringe.....	320.00	10	Omniscan
GADOTERIC ACID			
Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml prefilled syringe.....	24.50	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml bottle.....	34.50	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml prefilled syringe.....	41.00	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml prefilled syringe.....	55.00	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml bottle.....	23.20	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml bottle.....	46.30	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 5 ml bottle.....	12.30	1	Dotarem

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

Inj 181.43 mg per ml (equivalent to 0.25 mmol per ml), 10 ml prefilled syringe.....	300.00	1	Primovist
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MEGLUMINE GADOPENTETATE

Inj 469 mg per ml, 10 ml prefilled syringe.....	95.00	5	Magnevist
Inj 469 mg per ml, 10 ml vial.....	185.00	10	Magnevist

MEGLUMINE IOTROXATE

Inj 105 mg per ml, 100 ml bottle	150.00	100 ml	Biliscopin
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Ultrasound Contrast Media

PERFLUTREN

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

Diagnostic Agents

ARGININE

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

HISTAMINE ACID PHOSPHATE

Nebuliser soln 0.6%, 10 ml vial			
Nebuliser soln 2.5%, 10 ml vial			
Nebuliser soln 5%, 10 ml vial			

MANNITOL

Powder for inhalation			e.g. Aridol
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METHACHOLINE CHLORIDE

Powder 100 mg			
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SECRETIN PENTAHYDROCHLORIDE

Inj 100 u ampoule			
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SINCALIDE

Inj 5 mcg per vial			
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Diagnostic Dyes

BONNEY'S BLUE DYE

Soln			
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INDIGO CARMINE

Inj 4 mg per ml, 5 ml ampoule			
Inj 8 mg per ml, 5 ml ampoule			

INDOCYANINE GREEN

Inj 25 mg vial			
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METHYLTHIONINIUM CHLORIDE [METHYLENE BLUE]

Inj 5 mg per ml, 10 ml ampoule	240.35	5	Proveblue
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PATENT BLUE V

Inj 2.5%, 2 ml ampoule.....	440.00	5	Obex Medical
Inj 2.5%, 5 ml prefilled syringe.....	420.00	5	InterPharma

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

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

Irrigation soln 0.9%, 3,000 ml bag – 1% DV Sep-18 to 2021	26.80	4	B Braun
Irrigation soln 0.9%, 30 ml ampoule – 1% DV Sep-18 to 2021	7.00	20	Interpharma
Irrigation soln 0.9%, 1,000 ml bottle – 1% DV Jun-18 to 2021	14.90	10	Baxter Sodium
			Chloride 0.9%
Irrigation soln 0.9%, 250 ml bottle – 1% DV Aug-18 to 2021	17.64	12	Fresenius Kabi

WATER

Irrigation soln, 3,000 ml bag – 1% DV Sep-18 to 2021	28.80	4	B Braun
Irrigation soln, 1,000 ml bottle – 1% DV Jun-18 to 2021	17.30	10	Baxter Water for
			Irrigation
Irrigation soln, 250 ml bottle – 1% DV Aug-18 to 2021	17.64	12	Fresenius Kabi

Surgical Preparations

BISMUTH SUBNITRATE AND IODOFORM PARAFFIN

Paste

DIMETHYL SULFOXIDE

Soln 50%

Soln 99%

PHENOL

Inj 6%, 10 ml ampoule

PHENOL WITH IOXAGLIC ACID

Inj 12%, 10 ml ampoule

TROMETAMOL

Inj 36 mg per ml, 500 ml bottle

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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		<i>e.g. Custodiol-HTK</i>
Inj aspartic acid 10.43 mg per ml, citric acid 0.22476 mg per ml, glutamic acid 11.53 mg per ml, sodium phosphate 0.1725 mg per ml, potassium chloride 2.15211 mg per ml, sodium citrate 1.80768 mg per ml, sodium hydroxide 6.31 mg per ml and trometamol 11.2369 mg per ml, 364 ml bag		<i>e.g. Cardioplegia Enriched Paed. Soln.</i>
Inj aspartic acid 8.481 mg per ml, citric acid 0.8188 mg per ml, glutamic acid 9.375 mg per ml, sodium phosphate 0.6285 mg per ml, potassium chloride 2.5 mg per ml, sodium citrate 6.585 mg per ml, sodium hydroxide 5.133 mg per ml and trometamol 9.097 mg per ml, 527 ml bag		<i>e.g. Cardioplegia Enriched Solution</i>
Inj citric acid 0.07973 mg per ml, sodium phosphate 0.06119 mg per ml, potassium chloride 2.181 mg per ml, sodium chloride 1.788 mg ml, sodium citrate 0.6412 mg per ml and trometamol 5.9 mg per ml, 523 ml bag		<i>e.g. Cardioplegia Base Solution</i>
Inj 110 mmol/l sodium, 16 mmol/l potassium, 1.2 mmol/l calcium, 16 mmol/l magnesium and 160 mmol/l chloride, 1,000 ml bag		<i>e.g. Cardioplegia Solution AHB7832</i>
Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag		<i>e.g. Cardioplegia Electrolyte Solution</i>

MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE

Inj 42.68 mg with sodium aspartate 39.48 mg per ml, 250 ml bottle

MONOSODIUM L-ASPARTATE

Inj 14 mmol per 10 ml, 10 ml

Cold Storage Solutions

SODIUM WITH POTASSIUM

Inj 29 mmol/l with potassium 125 mmol/l, 1,000 ml bag

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Extemporaneously Compounded Preparations			
ACETIC ACID Liq			
ALUM Powder BP			
ARACHIS OIL [PEANUT OIL] Liq			
ASCORBIC ACID Powder			
BENZOIN Tincture compound BP			
BISMUTH SUBGALLATE Powder			
BORIC ACID Powder			
CARBOXYMETHYLCELLULOSE Soln 1.5%			
CETRIMIDE Soln 40%			
CHLORHEXIDINE GLUCONATE Soln 20 %			
CHLOROFORM Liq BP			
CITRIC ACID Powder BP			
CLOVE OIL Liq			
COAL TAR Soln BP – 1% DV 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 – 1% DV Jul-19 to 2022.....	30.95	473 ml	Ora-Sweet SF
GLYCERIN WITH SUCROSE			
Suspension – 1% DV Jul-19 to 2022.....	30.95	473 ml	Ora-Sweet
GLYCEROL			
Liq – 1% DV Sep-17 to 2020	3.28	500 ml	healthE Glycerol BP Liquid
HYDROCORTISONE			
Powder – 1% DV Sep-17 to 2020	49.95	25 g	ABM
LACTOSE			
Powder			
MAGNESIUM HYDROXIDE			
Paste			
Suspension			
MENTHOL			
Crystals			
METHADONE HYDROCHLORIDE			
Powder			
METHYL HYDROXYBENZOATE			
Powder – 1% DV Jul-19 to 2022	8.98	25 g	Midwest
METHYLCELLULOSE			
Powder – 1% DV Jul-19 to 2022	36.95	100 g	Midwest
Suspension – 1% DV Jul-19 to 2022.....	30.95	473 ml	Ora-Plus
METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN			
Suspension – 1% DV Jul-19 to 2022.....	30.95	473 ml	Ora-Blend SF
METHYLCELLULOSE WITH GLYCERIN AND SUCROSE			
Suspension – 1% DV Jul-19 to 2022.....	30.95	473 ml	Ora-Blend
OLIVE OIL			
Liq			
PARAFFIN			
Liq			
PHENOBARBITONE SODIUM			
Powder			
PHENOL			
Liq			
PILOCARPINE NITRATE			
Powder			
POLYHEXAMETHYLENE BIGUANIDE			
Liq			
POVIDONE K30			
Powder			
SALICYLIC ACID			
Powder			
SILVER NITRATE			
Crystals			
SODIUM BICARBONATE			
Powder BP – 1% DV Jan-20 to 2022.....	10.05	500 g	Midwest

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

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

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) – 1% DV Jan-20 to 2022.....	14.95	500 ml	Midwest
THEOBROMA OIL Oint			
TRI-SODIUM CITRATE Crystals			
TRICHLORACETIC ACID Grans			
UREA Powder BP			
WOOL FAT Oint, anhydrous			
XANTHAN Gum 1%			
ZINC OXIDE Powder			

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

Carbohydrate

➡ **Restricted (RS1467)**

Initiation – Use as an additive

Any of the following:

- 1

Cystic fibrosis; or
- 2

Chronic kidney disease; or
- 3

Cancer in children; or
- 4

Cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
- 5

Faltering growth in an infant/child; or
- 6

Bronchopulmonary dysplasia; or
- 7

Premature and post premature infant; or
- 8

Inborn errors of metabolism.

Initiation – Use as a module

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

CARBOHYDRATE SUPPLEMENT – **Restricted** see terms [above](#)

- ⚡

Powder 95 g carbohydrate per 100 g, 368 g can
- ⚡

Powder 96 g carbohydrate per 100 g, 400 g can

e.g. Polycal

Fat

➡ **Restricted (RS1468)**

Initiation – Use as an additive

Any of the following:

- 1

Patient has inborn errors of metabolism; or
- 2

Faltering growth in an infant/child; or
- 3

Bronchopulmonary dysplasia; or
- 4

Fat malabsorption; or
- 5

Lymphangiectasia; or
- 6

Short bowel syndrome; or
- 7

Infants with necrotising enterocolitis; or
- 8

Biliary atresia; or
- 9

For use in a ketogenic diet; or
- 10

Chyle leak; or
- 11

Ascites; or
- 12

Patient has increased energy requirements, and for whom dietary measures have not been successful.

Initiation – Use as a module

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

LONG-CHAIN TRIGLYCERIDE SUPPLEMENT – **Restricted** see terms [above](#)

- ⚡

Liquid 50 g fat per 100 ml, 200 ml bottle

e.g. Calogen
- ⚡

Liquid 50 g fat per 100 ml, 500 ml bottle

e.g. Calogen

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT – Restricted see terms on the previous page			
† Liquid 50 g fat per 100 ml, 250 ml bottle			e.g. <i>Liquigen</i>
† Liquid 95 g fat per 100 ml, 500 ml bottle			e.g. <i>MCT Oil</i>

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

† Liq

Protein

➔ **Restricted (RS1469)**

Initiation – Use as an additive

Either:

- 1 Protein losing enteropathy; or
- 2 High protein needs.

Initiation – Use as a module

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

PROTEIN SUPPLEMENT – Restricted see terms [above](#)

† Powder 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g, 275 g can			
† Powder 6 g protein per 7 g, can	8.95	227 g	Resource Beneprotein
† Powder 89 g protein, < 1.5 g carbohydrate and 2 g fat per 100 g, 225 g can			e.g. <i>Protifar</i>

Other Supplements

BREAST MILK FORTIFIER

Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet

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

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

e.g. *FM 85*

e.g. *S26 Human Milk Fortifier*

e.g. *Nutricia Breast Milk Fortifier*

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

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

e.g. *Super Soluble Duocal*

➔ **Restricted (RS1212)**

Initiation

Both:

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

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

NOTE:

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

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

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

CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN

Powder

*e.g. Feed Thickener
Karicare Aptamil*

GUAR GUM

Powder

e.g. Guarcol

MAIZE STARCH

Powder

*e.g. Resource Thicken
Up; 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
Phenylketonuria Products			
AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – Restricted see terms on page 232			
† Tab 8.33 mg			e.g. Phlexy-10
† Powder 20 g protein, 2.5 g carbohydrate and 0.22 g fibre per 27.8 g sachet			e.g. PKU Lophlex Powder (unflavoured)
† Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet			e.g. PKU Anamix Junior (van/choc/unfl)
† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can			e.g. PKU Anamix Infant
† Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can			e.g. XP Maxamum
† Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet			e.g. Phlexy-10
† Liquid 10 g protein, 4.4 g carbohydrate and 0.25 g fibre per 100 ml, 62.5 ml bottle			e.g. PKU Lophlex LQ 10
† Liquid 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle			e.g. PKU Lophlex LQ 20
† Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, bottle	13.10	125 ml	PKU Anamix Junior LQ (Berry) PKU Anamix Junior LQ (Orange) PKU Anamix Junior LQ (Unflavoured)
† Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 125 ml bottle			e.g. PKU Lophlex LQ 20
† Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 62.5 ml bottle			e.g. PKU Lophlex LQ 10
† Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 125 ml bottle			e.g. PKU Lophlex LQ 20
† Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 62.5 ml bottle			e.g. PKU Lophlex LQ 10
† Liquid 6.7 g protein, 5.1 g carbohydrate and 2 g fat per 100 ml, 250 ml carton			e.g. Easiphen
† Semi-solid 18.3 g protein, 18.5 g carbohydrate and 0.92 g fibre per 100 g, 109 g pot			e.g. PKU Lophlex Sensations 20 (berries)

Propionic Acidaemia and Methylmalonic Acidaemia Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – **Restricted** see terms on page 232

† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can	e.g. MMA/PA Anamix Infant
† Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can	e.g. XMTVI Maxamaid
† Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can	e.g. XMTVI Maxamum

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

PROTEIN FREE SUPPLEMENT – **Restricted** see terms [on page 232](#)

- † 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 232](#)

- † 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 232](#)

- † 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 232](#)

- † Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE – **Restricted** see terms [on page 232](#)

- † Liquid, 500 ml bottle

Specialised Formulas

Diabetic Products

➔ **Restricted (RS1215)**

Initiation

Any of the following:

- 1 For patients with type I or type II diabetes suffering weight loss and malnutrition that requires nutritional support; or
- 2 For patients with pancreatic insufficiency; or
- 3 For patients who have, or are expected to, eat little or nothing for 5 days; or
- 4 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or
- 5 For use pre- and post-surgery; or
- 6 For patients being tube-fed; or
- 7 For tube-feeding as a transition from intravenous nutrition.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LOW-GI ENTERAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 1,000 ml bottle.....	7.50	1,000 ml	Glucerna Select RTH (Vanilla)
† Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bag			<i>e.g. Nutrison Advanced Diason</i>
LOW-GI ORAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 4.5 g protein, 9.8 g carbohydrate, 4.4 g fat and 1.9 g fibre per 100 ml, can.....	2.10	237 ml	Sustagen Diabetic (Vanilla)
† Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 250 ml bottle.....	1.88	250 ml	Glucerna Select (Vanilla)
† Liquid 6 g protein, 9.5 g carbohydrate, 4.7 g fat and 2.6 g fibre per 100 ml, can.....	2.10	237 ml	Resource Diabetic (Vanilla)
† Liquid 4.9 g protein, 11.7 g carbohydrate, 3.8 g fat and 2 g fibre per 100 ml, 200 ml bottle			<i>e.g. Diasip</i>

Elemental and Semi-Elemental Products

➔ **Restricted (RS1216)**

Initiation

Any of the following:

- 1 Malabsorption; or
- 2 Short bowel syndrome; or
- 3 Enterocutaneous fistulas; or
- 4 Eosinophilic enteritis (including oesophagitis); or
- 5 Inflammatory bowel disease; or
- 6 Acute pancreatitis where standard feeds are not tolerated; or
- 7 Patients with multiple food allergies requiring enteral feeding.

AMINO ACID ORAL FEED – **Restricted** see terms [above](#)

† Powder 11 g protein, 62 g carbohydrate and 1 g fat per sachet.....4.50

80 g

Vivonex TEN

AMINO ACID ORAL FEED 0.8 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 ml, 250 ml carton

e.g. Elemental 028 Extra

PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 4 g protein, 17.6 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bag

e.g. Nutrison Advanced Peptisorb

PEPTIDE-BASED ENTERAL FEED 1.5 KCAL/ML – **Restricted** see terms [above](#)

† Liquid 6.75 g protein, 18.4 g carbohydrate and 5.5 g fat per 100 ml, bottle....18.06

1,000 ml

Vital

PEPTIDE-BASED ORAL FEED – **Restricted** see terms [above](#)

† Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 100 g, 400 g can

e.g. Peptamen Junior

† Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can

e.g. MCT Peptide; MCT Peptide 1+

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PEPTIDE-BASED ORAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 5 g protein, 16 g carbohydrate and 1.69 g fat per 100 ml, carton	4.95	237 ml	Peptamen OS 1.0 (Vanilla)

Fat Modified Products

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

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

e.g. Monogen

➔ **Restricted (RS1470)**

Initiation

Any of the following:

- 1 Patient has metabolic disorders of fat metabolism; or
- 2 Patient has a chyle leak; or
- 3 Modified as a modular feed, made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule, for adults.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

Hepatic Products

➔ **Restricted (RS1217)**

Initiation

For children (up to 18 years) who require a liver transplant.

HEPATIC ORAL FEED – Restricted see terms [above](#)

† Powder 11 g protein, 64 g carbohydrate and 20 g fat per 100 g, can 78.97 400 g Heparon Junior

High Calorie Products

➔ **Restricted (RS1317)**

Initiation

Any of the following:

- 1 Patient is fluid volume or rate restricted; or
- 2 Patient requires low electrolyte; or
- 3 Both:
 - 3.1 Any of the following:
 - 3.1.1 Cystic fibrosis; or
 - 3.1.2 Any condition causing malabsorption; or
 - 3.1.3 Faltering growth in an infant/child; or
 - 3.1.4 Increased nutritional requirements; and
 - 3.2 Patient has substantially increased metabolic requirements.

ENTERAL FEED 2 KCAL/ML – Restricted see terms [above](#)

† Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, bottle	5.50	500 ml	Nutrison Concentrated
† Liquid 8.4 g protein, 21.9 g carbohydrate, 9.1 g fat and 0.5 g fibre per 100 ml, bottle	11.00	1,000 ml	TwoCal HN RTH (Vanilla)

ORAL FEED 2 KCAL/ML – Restricted see terms [above](#)

† Liquid 8.4 g protein, 22.4 g carbohydrate, 8.9 g fat and 0.8 g fibre per 100 ml, bottle	1.90	200 ml	Two Cal HN
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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High Protein Products

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

⚡ Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml,
1,000 ml 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 [below](#)

⚡ 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, can53.00

400 g

Neocate Gold (Unflavoured)

⚡ Powder 14.8 g protein, 51.4 g carbohydrate and 23 g fat per 100 g, can53.00

400 g

Neocate Junior Vanilla

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

400 g

Alfamino Junior

⚡ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can.....53.00

400 g

Elecare LCP

⚡ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can.....53.00

400 g

(Unflavoured)

Elecare (Unflavoured)

Elecare (Vanilla)

➡ **Restricted** ([RS1471](#))

Initiation

Any of the following:

continued...

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

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

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

Continuation

Both:

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

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

↓ Powder 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 malsorption; or
- 7 Cystic fibrosis; or
- 8 Proven fat malabsorption; or
- 9 Severe intestinal motility disorders causing significant malabsorption; or
- 10 Intestinal failure; or
- 11 For step down from Amino Acid Formula.

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

Continuation

Both:

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

FRUCTOSE-BASED FORMULA

Powder 14.6 g protein, 49.7 g carbohydrate and 30.8 g fat per 100 g, 400 g can	<i>e.g. Galactomin 19</i>
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LACTOSE-FREE FORMULA			
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>
LOW-CALCIUM FORMULA			
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>
PAEDIATRIC ORAL/ENTERAL FEED 1 KCAL/ML – Restricted see terms below			
<div> <div> </div> <div> </div> </div> Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, bottle	2.35	125 ml	Infatrini
➔ Restricted (RS1614)			
Initiation – Fluid restricted or volume intolerance with faltering growth			
Both:			
1 Either:			
1.1 The patient is fluid restricted or volume intolerant; or			
1.2 The patient has increased nutritional requirements due to faltering growth; and			
2 Patient is under 18 months old and weighs less than 8kg.			
Note: 'Volume intolerant' patients are those who are unable to tolerate an adequate volume of infant formula to achieve expected growth rate. These patients should have first trialled appropriate clinical alternative treatments, such as concentrating, fortifying and adjusting the frequency of feeding.			
PRETERM FORMULA – Restricted see terms below			
<div> <div> </div> <div> </div> </div> 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
<div> <div> </div> <div> </div> </div> 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>
<div> <div> </div> <div> </div> </div> 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>
➔ Restricted (RS1224)			
Initiation			
For infants born before 33 weeks' gestation or weighing less than 1.5 kg at birth.			
THICKENED FORMULA			
Powder 1.8 g protein, 8.1 g carbohydrate and 3.3 g fat per 100 ml, 900 g can			<i>e.g. Karicare Aptamil Thickened AR</i>

Ketogenic Diet Products

HIGH FAT FORMULA – Restricted see terms below			
<div> <div> </div> <div> </div> </div> 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)
<div> <div> </div> <div> </div> </div> Powder 15.3 g protein, 7.2 g carbohydrate and 67.7 g fat per 100 g, can	35.50	300 g	Ketocal 4:1 (Vanilla)
			Ketocal 3:1 (Unflavoured)
➔ Restricted (RS1225)			
Initiation			
For patients with intractable epilepsy, pyruvate dehydrogenase deficiency or glucose transported type-1 deficiency and other conditions requiring a ketogenic diet.			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Paediatric Products			
➔ Restricted (RS1473)			
Initiation			
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 – Restricted see terms above			
† Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat and 0.7 g fibre per 100 ml, bag.....	4.00	500 ml	Nutrini Low Energy Multifibre RTH
PAEDIATRIC ENTERAL FEED 1 KCAL/ML – Restricted see terms above			
† Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag.....	2.68	500 ml	Pediasure RTH
† Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bag.....			e.g. <i>Nutrini RTH</i>
PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – Restricted see terms above			
† Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bag.....	6.00	500 ml	Nutrini Energy Multi Fibre
† Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bag.....			e.g. <i>Nutrini Energy RTH</i>
PAEDIATRIC ORAL FEED 1 KCAL/ML – Restricted see terms above			
† Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, bottle.....	1.07	200 ml	Pediasure (Chocolate) Pediasure (Strawberry) Pediasure (Vanilla)
† Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, can.....	1.34	250 ml	Pediasure (Vanilla)
PAEDIATRIC ORAL FEED 1.5 KCAL/ML – Restricted see terms above			
† Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml bottle.....			e.g. <i>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.....			e.g. <i>Fortini Multifibre</i>
Renal Products			
LOW ELECTROLYTE ENTERAL FEED 1.8 KCAL/ML – Restricted see terms below			
† Liquid 8.1 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, bottle.....	6.08	500 ml	Nepro HP RTH
➔ Restricted (RS1229)			
Initiation			
For patients with acute or chronic kidney disease.			
LOW ELECTROLYTE ORAL FEED – Restricted see terms on the next page			
† Powder 7.5 g protein, 59 g carbohydrate and 26.3 g fat per 100 g, 400 g can.....			e.g. <i>Kindergen</i>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ Restricted (RS1227)
Initiation

For children (up to 18 years) with acute or chronic kidney disease.

LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML

↓ Liquid 8 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, carton.....	2.67	220 ml	Nepro HP (Strawberry) Nepro HP (Vanilla)
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➔ Restricted (RS1228)
Initiation

For patients with acute or chronic kidney disease.

LOW ELECTROLYTE ORAL FEED 2 KCAL/ML – Restricted see terms below

↓ Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, carton.....	3.31	237 ml	Novasource Renal (Vanilla)
↓ Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml bottle			
↓ Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 125 ml carton			e.g. Renilon 7.5

➔ Restricted (RS1228)
Initiation

For patients with acute or chronic kidney disease.

Respiratory Products
LOW CARBOHYDRATE ORAL FEED 1.5 KCAL/ML – Restricted see terms below

↓ Liquid 6.2 g protein, 10.5 g carbohydrate and 9.32 g fat per 100 ml, bottle	1.66	237 ml	Pulmocare (Vanilla)
<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>			

➔ Restricted (RS1230)
Initiation

For patients with CORD and hypercapnia, defined as a CO2 value exceeding 55 mmHg.

Surgical Products
HIGH ARGININE ORAL FEED 1.4 KCAL/ML – Restricted see terms below

↓ Liquid 10.1 g protein, 15 g carbohydrate, 4.5 g fat and 0 g fibre per 100 ml, carton.....	4.00	178 ml	Impact Advanced Recovery
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➔ Restricted (RS1231)
Initiation

Three packs per day for 5 to 7 days prior to major gastrointestinal, head or neck surgery.

PREOPERATIVE CARBOHYDRATE FEED 0.5 KCAL/ML – Restricted see terms below

↓ Oral liq 0 g protein, 12.6 g carbohydrate and 0 g fat per 100 ml, 200 ml bottle.....	6.80	4	preOp
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➔ Restricted (RS1415)
Initiation

Maximum of 400 ml as part of an Enhanced Recovery After Surgery (ERAS) protocol 2 to 3 hours before major abdominal surgery.

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

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
ENTERAL FEED 1 KCAL/ML – Restricted see terms above			
† 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 and 3.9 g fat per 100 ml, 1,000 ml bottle			<i>e.g. Nutrison Low Sodium</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
ORAL FEED – Restricted see terms on the previous page			
† Powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can	26.00	850 g	Ensure (Chocolate) Ensure (Vanilla)
† Powder 20.8 g protein, 61 g carbohydrate and 9.4 g fat per 100 g, can	8.54	857 g	Fortisip (Vanilla)
† Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can	26.00	840 g	Sustagen Hospital Formula Active (Choc) Sustagen Hospital Formula Active (Van)
Note: Community subsidy of Sustagen Hospital Formula is subject to both Special Authority criteria and a manufacturer's surcharge. Higher subsidy by endorsement is available for patients meeting the following endorsement criteria; fat malabsorption, fat intolerance or chyle leak.			
ORAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml carton			<i>e.g. Resource Fruit Beverage</i>
ORAL FEED 1.5 KCAL/ML – Restricted see terms on the previous page			
† 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. Forti juice</i>
† Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle			<i>e.g. Fortisip</i>
† Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle			<i>e.g. Fortisip</i>
† Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle			<i>e.g. Fortisip Multi Fibre</i>

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

Bacterial and Viral Vaccines

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

↓ Inj 30 IU diphtheria toxoid with 30IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe – **0% DV Sep-17 to 2020** 0.00 10 **Infanrix IPV**

→ **Restricted (RS1387)**

Initiation

Any of the following:

- 1 A single dose for children up to the age of 7 who have completed primary immunisation; or
- 2 A course of up to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation; or
- 3 An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
- 4 Five doses will be funded for children requiring solid organ transplantation.

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

DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE –

Restricted see terms [below](#)

↓ Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe (1) and inj 10 mcg haemophilus influenzae type B vaccine vial – **0% DV Sep-17 to 2020** 0.00 10 **Infanrix-hexa**

→ **Restricted (RS1478)**

Initiation

Any of the following:

- 1 Up to four doses for children up to and under the age of 10 for primary immunisation; or
- 2 An additional four doses (as appropriate) are funded for (re-)immunisation for children up to and under the age of 10 who are patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
- 3 Up to five doses for children up to and under the age of 10 receiving solid organ transplantation.

Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

Bacterial Vaccines

ADULT DIPHTHERIA AND TETANUS VACCINE

↓ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe – **0% DV Jul-17 to 2020** 0.00 5 **ADT Booster**

→ **Restricted (RS1386)**

Initiation

Any of the following:

- 1 For vaccination of patients aged 45 and 65 years old; or
- 2 For vaccination of previously unimmunised or partially immunised patients; or

continued...

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

- 3 For revaccination following immunosuppression; or
- 4 For boosting of patients with tetanus-prone wounds; or
- 5 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

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

(ADT Booster Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml syringe to be delisted 1 October 2020)

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

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 – 0% DV Sep-17 to 2020</p>	0.00	1 10	Boostrix Boostrix
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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 – 0% DV Sep-17 to 2020</p>	0.00	1	Hiberix
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➔ **Restricted (RS1520)**

Initiation

Therapy limited to 1 dose

Any of the following:

continued...

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

- 1 For primary vaccination in children; or
- 2 An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or
- 3 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE – **Restricted** see terms [below](#)

⚡ Inj 4 mcg or each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial –
0% DV Jul-17 to 2020..... 0.00 1 **Menactra**

→ **Restricted (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*;
- 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](#)

⚡ Inj 10 mcg in 0.5 ml syringe – **0% DV Jul-17 to 2020**..... 0.00 1 **Neisvac-C**

→ **Restricted (RS1482)**

Initiation

Any of the following:

- 1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
- 2 One dose for close contacts of meningococcal cases; or
- 3 A maximum of two doses for bone marrow transplant patients; or
- 4 A maximum of two doses for patients following immunosuppression*.

Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – **Restricted** see terms [on the next page](#)

⚡ mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe – **0% DV Sep-17 to 2020**..... 0.00 10 **Synflorix**

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ 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			
<i>Therapy limited to 1 dose</i>			
One dose is funded for high risk children (over the age of 17 months and under 18 years) who have previously received four doses of PCV10.			
Initiation – High risk children aged under 5 years			
<i>Therapy limited to 4 doses</i>			
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			
<i>Therapy limited to 4 doses</i>			
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 prefilled syringe (25 mcg of each 23 pneumococcal serotype) – 0% DV Jul-17 to 2020.....	0.00	1	Pneumovax 23

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

➔ 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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VACCINES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ Restricted (RS1588)

Initiation

Any of the following:

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

⏴ Inj 10 mcg in 1 ml vial 0.00 1 HBvaxPRO

➔ Restricted (RS1588)

Initiation

Any of the following:

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

⏴ Inj 20 mcg per 1 ml prefilled syringe – 0% DV Oct-20 to 2024 0.00 1 Engerix-B

➔ Restricted (RS1671)

Initiation

Any of the following:

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

⏴ Inj 40 mcg per 1 ml vial – 0% DV Jul-17 to 2020 0.00 1 HBvaxPRO

	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.

(HBvaxPRO Inj 5 mcg in 0.5 ml vial to be delisted 1 October 2020)

(HBvaxPRO Inj 10 mcg in 1 ml vial to be delisted 1 October 2020)

(HBvaxPRO Inj 40 mcg per 1 ml vial to be delisted 1 October 2020)

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.

continued...

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

Note: asthma not requiring regular preventative therapy is excluded from funding.

Initiation – Other conditions for patients aged 6 months to 35 months

Any of the following:

- 1 Diabetes; or
- 2 Chronic renal disease; or
- 3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
- 4 Autoimmune disease; or
- 5 Immune suppression or immune deficiency; or
- 6 HIV; or
- 7 Transplant recipient; or
- 8 Neuromuscular and CNS diseases/ disorders; or
- 9 Haemoglobinopathies; or
- 10 Is a child on long term aspirin; or
- 11 Has a cochlear implant; or
- 12 Errors of metabolism at risk of major metabolic decompensation; or
- 13 Pre and post splenectomy; or
- 14 Down syndrome; or
- 15 Child who has been hospitalised for respiratory illness or has a history of significant respiratory illness.

⚡ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).....	90.00	10	Afluria Quad (2020 Formualtion)
	9.00	1	Influvac Tetra (2020 formulation)

➡ 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

continued...

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

- 1.7 Transplant recipient; or
- 1.8 Neuromuscular and CNS diseases/ disorders; or
- 1.9 Haemoglobinopathies; or
- 1.10 Is a child on long term aspirin; or
- 1.11 Has a cochlear implant; or
- 1.12 Errors of metabolism at risk of major metabolic decompensation; or
- 1.13 Pre and post splenectomy; or
- 1.14 Down syndrome; or
- 1.15 Is pregnant; or
- 1.16 Is a child aged four and under who has been hospitalised for respiratory illness or has a history of significant respiratory illness; or
- 2 Patients in a long-stay inpatient mental health care unit or who are compulsorily detained long-term in a forensic unit within a DHB hospital.

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

↓ Injection, measles virus 1,000 CCID ₅₀ , mumps virus 5,012 CCID ₅₀ , Rubella virus 1,000 CCID ₅₀ ; prefilled syringe/ampoule of diluent 0.5 ml – 0% DV Sep-17 to 2020	0.00	10	Priorix
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→ **Restricted (RS1487)**

Initiation – first dose prior to 12 months

Therapy limited to 3 doses

Any of the following:

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

Initiation – first dose after 12 months

Therapy limited to 2 doses

Any of the following:

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

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

POLIOMYELITIS VACCINE – **Restricted** see terms [below](#)

↓ Inj 80 D-antigen units in 0.5 ml syringe – 0% DV Jul-17 to 2020	0.00	1	IPOL
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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 [on the next page](#)

↓ Oral susp live attenuated human rotavirus 1,000,000 CCID ₅₀ per dose, prefilled oral applicator – 0% DV Sep-17 to 2020	0.00	10	Rotarix
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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.

VARICELLA VACCINE [CHICKENPOX VACCINE] – **Restricted** see terms [below](#)

⚡ Inj 2000 PFU prefilled syringe plus vial – 0% DV Sep-17 to 2020	0.00	1	Varilrix
		10	Varilrix

➔ Restricted (RS1591)

Initiation – primary vaccinations

Therapy limited to 1 dose

Either:

- 1 Any infant born on or after 1 April 2016; or
- 2 For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox).

Initiation – other conditions

Therapy limited to 2 doses

Any of the following:

- 1 Any of the following:
 - for non-immune patients:
 - 1.1 With chronic liver disease who may in future be candidates for transplantation; or
 - 1.2 With deteriorating renal function before transplantation; or
 - 1.3 Prior to solid organ transplant; or
 - 1.4 Prior to any elective immunosuppression*; or
 - 1.5 For post exposure prophylaxis who are immune competent inpatients; or
 - 2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist; or
 - 3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist; or
 - 4 For HIV positive patients non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist; or
 - 5 For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella; or
 - 6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella; or
 - 7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] – **Restricted** see terms [below](#)

⚡ Varicella zoster virus (Oka strain) live attenuated vaccine [shingles vaccine]	0.00	1	Zostavax
		10	Zostavax

➔ Restricted (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.

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

TUBERCULIN PPD [MANTOUX] TEST			
Inj 5 TU per 0.1 ml, 1 ml vial – 0% DV Jul-17 to 2020	0.00	1	Tubersol

PART III: OPTIONAL PHARMACEUTICALS

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

- Symbols -		
8-methoxypsoralen	56	
- A -		
A-Scabies	53	
Abacavir sulphate	86	
Abacavir sulphate with lamivudine	86	
Abciximab	155	
Abiraterone acetate	145	
Acarbose	9	
Accord	78	
Accuretic 10	38	
Accuretic 20	38	
Acetazolamide	216	
Acetec	38	
Acetic acid		
Extemporaneously Compounded Preparations	227	
Genito-Urinary	58	
Acetic acid with hydroxyquinoline, glycerol and ricinoleic acid	58	
Acetic acid with propylene glycol	218	
Acetylcholine chloride	216	
Acetylcysteine	219	
Aciclovir		
Infections	89	
Sensory	212	
Aciclovir-Claris	89	
Acid Citrate Dextrose A	30	
Acidex	5	
Acipimox	46	
Acitretin	56	
Aclasta	95	
Actemra	194	
Actinomycin D	129	
Adalat 10	43	
Adalat Oros	43	
Adalimumab	155	
Adapalene	53	
ADE	54	
Adefovir dipivoxil	88	
Adenocor	40	
Adenosine	40	
Adenuric	99	
Adrenaline	47	
ADT Booster	245	
Adult diphtheria and tetanus vaccine	245	
Advantan	55	
Advate	29	
Adynovate	29	
Aerrane	104	
Afinitor	202	
Aflibercept	165	
Afluria Quad		
(2020 Formulation)	252	
Afluria Quad Junior		
(2020 Formulation)	251	
AFT Pholcodine Linctus BP	208	
Agents Affecting the Renin-Angiotensin System	38	
Agents for Parkinsonism and Related Disorders	103	
Agents Used in the Treatment of Poisonings	219	
Ajmaline	40	
Albendazole	83	
Aldurazyme	16	
Alecensa	137	
Alectinib	137	
Alendronate sodium	94	
Alendronate sodium with colecalciferol	94	
Alfacalcidol	22	
Alfamino Junior	238	
Alfentanil	108	
Alglucosidase alfa	13	
Alinia	84	
Allerpro 1	239	
Allerpro 2	239	
Allersoothe	205	
Allmercap	131	
Allopurinol	99	
Alpha tocopheryl	22	
Alpha tocopheryl acetate	23	
Alpha-Adrenoceptor Blockers	39	
Alphamox	76	
Alphamox 125	76	
Alphamox 250	76	
Alprolix	28	
Alprostadil hydrochloride	48	
Alteplase	33	
Alum	227	
Aluminium chloride	26	
Aluminium hydroxide	5	
Aluminium hydroxide with magnesium hydroxide and simeticone	5	
Amantadine hydrochloride	103	
AmBisome	80	
Ambrisentan	48	
Amethocaine		
Nervous	107	
Sensory	215	
Amikacin	72	
Amiloride hydrochloride	44	
Amiloride hydrochloride with furosemide	44	
Amiloride hydrochloride with hydrochlorothiazide	44	
Aminolevulinic acid hydrochloride	148	
Aminophylline	210	
Amiodarone hydrochloride	40	
Amisulpride	117	
Amitriptyline	110	
Amlodipine	42	
Amorolfine	52	
Amoxicillin	76	
Amoxicillin with clavulanic acid	76	
Amphotericin B		
Alimentary	19	
Infections	80	
Amsacrine	132	
Amyl nitrite	219	
Anabolic Agents	62	
Anaesthetics	104	
Anagrelide hydrochloride	132	
Analgescics	107	
Anastrozole	148	
Andriol Testocaps	62	
Androderm	62	
Androgen Agonists and Antagonists	62	
Anoro Ellipta	206	
Antabuse	126	
Antacids and Antiflatulents	5	
Anti-Infective Agents	58	
Anti-Infective Preparations		
Dermatological	52	
Sensory	212	
Anti-Inflammatory Preparations	213	
Antiacne Preparations	53	
Antiallergy Preparations	204	
Antianaemics	24	
Antiarrhythmics	40	
Antibacterials	72	
Anticholinergic Agents	205	
Anticholinesterases	94	
Antidepressants	110	
Antidiarrhoeals and Intestinal Anti-Inflammatory Agents	5	
Antiepilepsy Drugs	112	
Antifibrinolytics, Haemostatics and Local Sclerosants	26	
Antifibrotics	206	
Antifungals	80	
Antihypotensives	41	
Antimigraine Preparations	115	
Antimycobacterials	82	
Antinausea and Vertigo Agents	115	

Antiparasitics.....	83	Various.....	224	Aubagio.....	121
Antipruritic Preparations.....	53	Argipressin [Vasopressin].....	71	Augmentin.....	76
Antipsychotic Agents.....	117	Aripiprazole.....	117	Aurorix.....	111
Antiretrovirals.....	85	Aripiprazole Sandoz.....	117	Avelox.....	77
Antirheumatoid Agents.....	94	Aristocort.....	56	Avonex.....	121
Antiseptics and Disinfectants.....	221	Arrow-Amitriptyline.....	110	Avonex Pen.....	121
Antispasmodics and Other Agents		Arrow-Bendroflumazide.....	44	Azaciditidine.....	130
Altering Gut Motility.....	7	Arrow-Brimonidine.....	217	Azaciditidine Dr Reddy's.....	130
Antithrombotics.....	29	Arrow-Calcium.....	17	Azactam.....	78
Antithymocyte globulin		Arrow-Diazepam.....	120	Azamun.....	202
(equine).....	202	Arrow-Fluoxetine.....	111	Azathioprine.....	202
Antithymocyte globulin (rabbit).....	202	Arrow-Lamotrigine.....	113	Azithromycin.....	74
Antulcerants.....	7	Arrow-Losartan &		Azol.....	65
Antivirals.....	88	Hydrochlorothiazide.....	39	AZT.....	86
Anxiolytics.....	120	Arrow-Morphine LA.....	109	Aztreonam.....	78
Apidra.....	10	Arrow-Norfloxacin.....	77		
Apidra Solostar.....	10	Arrow-Ornidazole.....	84	- B -	
Apo-Amlodipine.....	42	Arrow-Quinapril 10.....	38	Bacillus calmette-guerin (BCG).....	202
Apo-Azithromycin.....	74	Arrow-Quinapril 20.....	38	Bacillus calmette-guerin	
Apo-Ciclopirox.....	52	Arrow-Quinapril 5.....	38	vaccine.....	246
Apo-Cilazapril/		Arrow-Roxithromycin.....	75	Baclofen.....	100
Hydrochlorothiazide.....	38	Arrow-Timolol.....	216	Bacterial and Viral Vaccines.....	245
Apo-Clarithromycin.....	75	Arrow-Tolterodine.....	61	Bacterial Vaccines.....	245
Apo-Clomipramine.....	110	Arrow-Topiramate.....	114	Balanced Salt Solution.....	215
Apo-Diclo SR.....	101	Arrow-Tramadol.....	110	Barium sulphate.....	223
Apo-Diltiazem CD.....	43	Arsenic trioxide.....	132	Barium sulphate with sodium	
Apo-Doxazosin.....	39	Artemether with lumefantrine.....	83	bicarbonate.....	223
Apo-Folic Acid.....	25	Artesunate.....	84	Barrier Creams and Emollients.....	53
Apo-Furosemide.....	44	Articaine hydrochloride.....	105	Basiliximab.....	166
Apo-Gabapentin.....	112	Articaine hydrochloride with		BCG Vaccine.....	246
Apo-Leflunomide.....	94	adrenaline.....	105	BD PosiFlush.....	36
Apo-Megestrol.....	147	Asacol.....	6	Beclazone 100.....	208
Apo-Metoprolol.....	42	Asamax.....	6	Beclazone 250.....	208
Apo-Mirtazapine.....	111	Ascorbic acid		Beclazone 50.....	208
Apo-Nadolol.....	42	Alimentary.....	22	Beclomethasone dipropionate.....	208
Apo-Nicotinic Acid.....	46	Extemporaneously Compounded		Bee venom.....	204
Apo-Oxybutynin.....	61	Preparations.....	227	Bendamustine hydrochloride.....	128
Apo-Perindopril.....	38	Aspen Adrenaline.....	47	Bendroflumazide.....	44
Apo-Pindolol.....	42	Aspirin		Bendroflumethiazide	
Apo-Pravastatin.....	45	Blood.....	31	[Bendroflumazide].....	44
Apo-Prazosin.....	40	Nervous.....	107	Benzathine benzylpenicillin.....	76
Apo-Prednisone.....	64	Asthalin.....	207	Benzatropine mesylate.....	103
Apo-Propranolol.....	42	Atazanavir sulphate.....	87	Benzbromaron AL 100.....	99
Apo-Pyridoxine.....	22	Atenolol.....	41	Benzbromarone.....	99
Apo-Sumatriptan.....	115	Atenolol-AFT.....	41	Benzocaine.....	105
Apo-Terazosin.....	40	ATGAM.....	202	Benzocaine with tetracaine	
Apomorphine hydrochloride.....	103	Ativan.....	120	hydrochloride.....	105
Apraclonidine.....	217	Atomoxetine.....	123	Benzooin.....	227
Aprepitant.....	115	Atorvastatin.....	45	Benzoyl peroxide.....	53
Apresoline.....	48	Atovaquone with proguanil		Benzotrop.....	103
Aprotinin.....	26	hydrochloride.....	84	Benzydamine hydrochloride.....	19
Aqueous cream.....	54	Atracurium besylate.....	100	Benzydamine hydrochloride with	
Arachis oil [Peanut oil].....	227	Atropine sulphate		cetylpyridinium chloride.....	19
Aratac.....	40	Cardiovascular.....	40	Benzylpenicillin sodium [Penicillin	
Arginine		Sensory.....	217	G].....	76
Alimentary.....	14	Atropt.....	217	Beractant.....	211
				Beta Cream.....	55

Beta Ointment.....	55	Boric acid.....	227	Calcium gluconate	
Beta Scalp.....	57	Bortezomib.....	132	Blood.....	34
Beta-Adrenoceptor Agonists.....	207	Bortezomib Dr-Reddy's.....	132	Dermatological.....	57
Beta-Adrenoceptor Blockers.....	41	Bosentan.....	48	Calcium Homeostasis.....	62
Betadine.....	222	Bosentan Dr Reddy's.....	48	Calcium polystyrene sulphonate.....	36
Betahistine dihydrochloride.....	116	Bosvate.....	41	Calcium Resonium.....	36
Betaine.....	14	Botox.....	100	Candesartan cilexetil.....	38
Betaloc CR.....	42	Botulism antitoxin.....	219	Candestar.....	38
Betamethasone.....	63	Bplex.....	22	Capecitabine.....	130
Betamethasone dipropionate.....	55	Breo Ellipta.....	209	Capercit.....	130
Betamethasone dipropionate with		Brevinor 1/28.....	58	Capoten.....	38
calcipotriol.....	56	Bricanyl Turbuhaler.....	208	Capsaicin	
Betamethasone sodium phosphate		Bridion.....	101	Musculoskeletal.....	102
with betamethasone acetate.....	63	Brilinta.....	32	Nervous.....	107
Betamethasone valerate.....	55, 57	Brimonidine tartrate.....	217	Captopril.....	38
Betamethasone valerate with		Brimonidine tartrate with		Carbachol.....	216
clioquinol.....	56	timolol.....	217	Carbamazepine.....	112
Betamethasone valerate with sodium		Brinov.....	130	Carbasorb-X.....	220
fusidate [Fusidic acid].....	56	Brinzolamide.....	216	Carbimazole.....	70
Betaxolol.....	216	Bromocriptine.....	103	Carbomer.....	217
Betnovate.....	55	Budesonide		Carboplatin.....	137
Betoptic.....	216	Alimentary.....	5	Carboplatin Ebewe.....	137
Betoptic S.....	216	Respiratory.....	204, 208	Carboprost trometamol.....	59
Bevacizumab.....	166	Budesonide with eformoterol.....	209	Carboxymethylcellulose	
Bezafibrate.....	45	Bumetanide.....	44	Alimentary.....	19
Bezalip.....	45	Bupafen.....	105	Extemporaneously Compounded	
Bezalip Retard.....	45	Bupivacaine hydrochloride.....	105	Preparations.....	227
Bicalutamide.....	146	Bupivacaine hydrochloride with		Cardinol LA.....	42
Bicillin LA.....	76	adrenaline.....	105	CareSens Dual.....	256
BiCNU.....	129	Bupivacaine hydrochloride with		Caresens N.....	256
Bicnu Heritage.....	129	fentanyl.....	105	Caresens N POP.....	256
Bile and Liver Therapy.....	9	Bupivacaine hydrochloride with		CareSens N Premier.....	256
Billiscopin.....	224	glucose.....	106	CareSens PRO.....	256
Bimatoprost.....	216	Buprenorphine Naloxone BNM.....	125	Carmellose sodium with pectin and	
Bimatoprost Multichem.....	216	Buprenorphine with naloxone.....	125	gelatine	
Binarex.....	146	Bupropion hydrochloride.....	126	Alimentary.....	19
Binocrit.....	24	Burinex.....	44	Sensory.....	217
Biodone.....	108	Buscopan.....	7	Carmustine.....	129
Biodone Extra Forte.....	108	Buserelin.....	66	Carvedilol.....	41
Biodone Forte.....	108	Buspiron hydrochloride.....	120	Carvedilol Sandoz.....	41
Biotin.....	15	Busulfan.....	129	Casprofungin.....	81
Bisacodyl.....	13			Catapres.....	43
Bismuth subgallate.....	227			Ceenu.....	129
Bismuth subnitrate and iodoform				Cefaclor.....	73
paraffin.....	225			Cefalexin.....	73
Bisoprolol fumarate.....	41			Cefalexin Sandoz.....	73
Bivalirudin.....	29			Cefazolin.....	73
Bleomycin sulphate.....	129			Cefepime.....	73
Blood glucose diagnostic test				Cefepime-AFT.....	73
meter.....	256			Cefotaxime.....	73
Blood glucose diagnostic test				Cefotaxime Sandoz.....	73
strip.....	256			Cefoxitin.....	73
Blood ketone diagnostic test				Cefoxitin Actavis.....	73
strip.....	256			Ceftaroline fosamil.....	74
Bonney's blue dye.....	224			Ceftazidime.....	73
Boostrix.....	246			Ceftazidime Mylan.....	73

- C -

Ceftriaxone	73	Cimetidine.....	8	Clustran	115
Ceftriaxone-AFT	73	Cinacalcet.....	62	Co-trimoxazole	79
Cefuroxime	73	Cinchocaine hydrochloride with hydrocortisone.....	7	Coal tar.....	227
Cefuroxime Actavis.....	73	Ciproflox.....	77	Coal tar with salicylic acid and sulphur.....	56
Celecoxib.....	101	Ciprofloxacin	77	Cocaine hydrochloride.....	106
Celecoxib Pfizer.....	101	Infections.....	77	Cocaine hydrochloride with adrenaline.....	106
Celiprolol.....	41	Sensory.....	212	Codeine phosphate Extemporaneously Compounded Preparations	227
CellCept.....	203	Ciprofloxacin Teva.....	212	Nervous.....	108
Celol	41	Ciprofloxacin with hydrocortisone.....	212	Cogentin	103
Centrally-Acting Agents	43	Ciproxin HC Otic.....	212	Coleaspase [L-asparaginase].....	132
Cephalexin ABM.....	73	Circadin	121	Colchicine	99
Cetirizine hydrochloride	205	Cisplatin.....	137	Colecalciferol	22
Cetomacrogol	54	Citalopram hydrobromide	111	Colestimethate	78
Cetomacrogol with glycerol	54	Citanest	107	Colestipol hydrochloride	45
Cetrimide	227	Citrate sodium	30	Colgout	99
Cetuximab	167	Citric acid	227	Colifoam	6
Charcoal	220	Citric acid with magnesium oxide and sodium picosulfate.....	12	Colistin sulphomethate [Colestimethate].....	78
Chemotherapeutic Agents	128	Citric acid with sodium bicarbonate.....	223	Colistin-Link.....	78
Chickenpox vaccine.....	254	Cladribine	130	Collodion flexible	227
Chlorafast	212	Clarithromycin.....	75	Colloidal bismuth subcitrate.....	8
Chloral hydrate	121	Clexane	30	Colofac	7
Chlorambucil.....	129	Clexane Forte	30	Colony-Stimulating Factors	33
Chloramphenicol		Clindamycin	78	Coloxyl.....	12
Infections.....	78	Clinect.....	51	Colpocin-T	84
Sensory.....	212	Clinicians Multivit & Mineral Boost	20	Compound electrolytes.....	34, 36
Chlorhexidine.....	221	Clinicians Renal Vit.....	20	Compound electrolytes with glucose [Dextrose].....	34, 36
Chlorhexidine gluconate		Clobazam	112	Compound hydroxybenzoate.....	227
Alimentary	19	Clobetasol propionate.....	55, 57	Compound sodium lactate [Hartmann's solution].....	34
Extemporaneously Compounded Preparations	227	Clobetasone butyrate	55	Concerta	124
Genito-Urinary.....	58	Clofazimine.....	82	Condylina.....	57
Chlorhexidine with cetrimide.....	221, 225	Clomazol		Contraceptives.....	58
Chlorhexidine with ethanol	221	Clomaflogical	52	Contrast Media	222
Chloroform.....	227	Genito-Urinary.....	58	Copaxone	121
Chloroquine phosphate	84	Clomifene citrate.....	65	Corticosteroids	
Chlorothiazide.....	45	Clomipramine hydrochloride.....	110	Dermatological	55
Chlorpheniramine maleate	205	Clonazepam	112, 120	Hormone Preparations	63
Chlorpromazine hydrochloride.....	117	Clonidine.....	43	Corticotorelin (ovine).....	66
Chlortalidone [Chlorthalidone].....	45	Clonidine BNM.....	43	Cosentyx	193
Chlorthalidone	45	Clonidine hydrochloride.....	43	Cosmegen	129
Choice Load 375	59	Clopidogrel	31	Cough Suppressants.....	208
Choice TT380 Short	59	Clopidogrel Multichem	31	Creon 10000	11
Choice TT380 Standard	59	Clopine	117	Creon 25000	11
Cholestyramine.....	45	Clopixol.....	118, 120	Creon Micro.....	11
Choline salicylate with cetalkonium chloride	19	Clostridium botulinum type A toxin	100	Crotamiton	53
Choriogonadotropin alfa	66	Clotrimazole		Crystaderm	52
Ciclopirox olamine.....	52	Dermatological	52	CT Plus+.....	223
Ciclosporin.....	148	Genito-Urinary.....	58	Cubicin.....	78
Cidofovir	89	Clove oil.....	227	Curam	76
Cilazapril	38	Clozapine	117	Curosurf.....	211
Cilazapril with hydrochlorothiazide	38	Clozaril.....	117		
Cilicaine	76				
Cilicaine VK.....	76				

Cvite	22	DBL Rocuronium Bromide	101	Various	224
Cyclizine hydrochloride	116	DBL Vincristine Sulfate	145	Diagnostic and Surgical Preparations	214
Cyclizine lactate	116	De-Worm	83	Diamide Relief	5
Cyclogyl	217	Decongestants	208	Diamox	216
Cyclopentolate hydrochloride	217	Decongestants and Antiallergics	214	Diatrizoate meglumine with sodium amidotrizoate	222
Cyclophosphamide	129	Decozol	19	Diatrizoate sodium	222
Cycloserine	82	Deferasirox	220	Diazepam	112, 120
Cymevene	89	Deferiprone	220	Diazoxide	
Cyproheptadine hydrochloride	205	Defibrotide	30	Alimentary	9
Cyproterone acetate	62	Definity	224	Cardiovascular	48
Cyproterone acetate with ethinylloestradiol	58	Demeclocycline hydrochloride	78	Dichlorobenzyl alcohol with amylmetacresol	19
Cystadane	14	Denosumab	96	Diclofenac Sandoz	101
Cysteamine hydrochloride	227	Deolate	82	Diclofenac sodium	
Cytarabine	130	Deoxycoformycin	135	Musculoskeletal	101
Cytotec	7	Depo-Medrol	64	Sensory	214
- D -					
D-Penamine	94	Depo-Provera	59	Dicobalt edetate	220
Dabigatran	30	Depo-Testosterone	62	Diflucan	80
Dacarbazine	133	Deprim	79	Difluocortolone valerate	55
Dactinomycin [Actinomycin D]	129	DermAssist	55	Digestives Including Enzymes	11
Daivobet	56	Dermol	55, 57	Digoxin	40
Daivonex	56	Desferrioxamine mesilate	220	Digoxin immune Fab	219
Dalacin C	78	Desflurane	104	Dihydrocodeine tartrate	108
Danaparoid	30	Desmopressin acetate	71	Dihydroergotamine mesylate	115
Danazol	65	Desmopressin-PH&T	71	Diltiazem hydrochloride	43
Dantrium	100	Devatis	212	Dilzem	43
Dantrium IV	100	Dexamethasone		Dimercaprol	221
Dantrolene	100	Hormone Preparations	63	Dimercaptosuccinic acid	221
Daonil	10	Sensory	213	Dimethicone	52-53
Dapa-Tabs	45	Dexamethasone phosphate	64	Dimethyl fumarate	120
Dapsone	82	Dexamethasone Phosphate Panpharma	64	Dimethyl sulfoxide	225
Daptomycin	78	Dexamethasone with framycetin and gramicidin	212	Dinoprostone	59
Darunavir	87	Dexamethasone with neomycin sulphate and polymyxin B sulphate	212	Dipentum	7
Dasatinib	138	Dexamethasone with tobramycin	212	Diphenamil metilsulfate	57
Daunorubicin	129	Dexamfetamine sulfate	123	Diphenoxylate hydrochloride with atropine sulphate	5
DBL Acetylcysteine	219	Dexmedetomidine	104	Diphtheria antitoxin	219
DBL Adrenaline	47	Dexmethosone	63	Diphtheria, tetanus and pertussis vaccine	246
DBL Amikacin	72	Dextrazoxane	145	Diphtheria, tetanus, pertussis and polio vaccine	245
DBL Aminophylline	210	Dextrose		Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	245
DBL Bleomycin Sulfate	129	Alimentary	9	Dipyridamole	31
DBL Cefotaxime	73	Blood	34-36	Disodium edetate	215
DBL Cisplatin	137	Extemporaneously Compounded Preparations	227	Disodium hydrogen phosphate with sodium dihydrogen phosphate	227
DBL Dacarbazine	133	Dextrose with sodium citrate and citric acid [Acid Citrate Dextrose A]	30	Disopyramide phosphate	40
DBL Desferrioxamine Mesylate for Inj BP	220	DHC Continus	108	Disulfiram	126
DBL Docetaxel	144	Diabetes	9	Dithranol	227
DBL Ergometrine	59	Diacomit	114	Diuretics	44
DBL Gentamicin	72	Diagnostic Agents		Dobutamine	47
DBL Leucovorin Calcium	145	Vaccines	255		
DBL Methotrexate Onco-Vial	131				
DBL Morphine Sulphate	109				
DBL Morphine Tartrate	109				
DBL Naloxone Hydrochloride	219				
DBL Octreotide	147				
DBL Pethidine Hydrochloride	110				

Dobutamine-hameln	47	tenofovir disoproxil.....	86	Epoprostenol	51
Docetaxel.....	144	Effient	32	Eptacog alfa [Recombinant factor VIIa].....	28
Docusate sodium		Eformoterol fumarate.....	209	Eptifibatide.....	31
Alimentary	12	Eformoterol fumarate dihydrate.....	209	Erbixut	167
Sensory.....	218	Eftrenonacog alfa [Recombinant factor IX]	28	Ergometrine maleate	59
Docusate sodium with sennosides	12	Efudix.....	57	Erlotinib.....	138
Dolutegravir	88	Elaprase	15	Ertapenem	72
Domperidone.....	116	Elecare (Unflavoured).....	238	Erythrocin IV	75
Donepezil hydrochloride.....	125	Elecare (Vanilla).....	238	Erythromycin (as ethylsuccinate).....	75
Donepezil-Rex.....	125	Elecare LCP (Unflavoured).....	238	Erythromycin (as lactobionate).....	75
Dopamine hydrochloride.....	47	Electral.....	36	Erythromycin (as stearate)	75
Dopress.....	110	Electrolytes	226	Esbriet	207
Dornase alfa	210	Ellyso.....	17	Escitalopram	111
Dortimopt.....	216	Elocon.....	56	Escitalopram-Apotex	111
Dorzolamide	216	Elocon Alcohol Free	56	Esmolol hydrochloride	41
Dorzolamide with timolol.....	216	Eltrombopag	26	Estradot	64
Dostinex.....	65	Emend Tri-Pack.....	115	Etanercept	149
Dosulepin [Dothiepin] hydrochloride	110	EMLA.....	106	Ethambutol hydrochloride.....	82
Dosulepin Mylan.....	110	Emtricitabine.....	86	Ethanol	219
Dotarem.....	223	Emtricitabine with tenofovir disoproxil	90	Ethanol with glucose.....	219
Dothiepin	110	Emtriva.....	86	Ethanol, dehydrated	219
Doxapram.....	211	Emulsifying ointment	54	Ethics Aspirin	107
Doxazosin.....	39	Enalapril maleate.....	38	Ethics Aspirin EC.....	31
Doxepin hydrochloride.....	110	Enbrel	149	Ethics Lisinopril.....	38
Doxine	78	Endocrine Therapy	145	Ethinylloestradiol	66
Doxorubicin Ebewe.....	129	Endoxan	129	Ethinylloestradiol with desogestrel.....	58
Doxorubicin hydrochloride	129	Engerix-B.....	250	Ethinylloestradiol with levonorgestrel	58
Doxycycline	78	Enlax XR.....	111	Ethinylloestradiol with norethisterone.....	58
DP Lotn HC.....	55	Enoxaparin sodium.....	30	Ethosuximide.....	112
DP-Allopurinol.....	99	Enstilar.....	56	Ethyl chloride.....	106
Dr Reddy's Omeprazole	8	Ensure (Chocolate).....	244	Etomidate	104
Droletan.....	116	Ensure (Vanilla).....	244	Etopophos	133
Droperidol.....	116	Ensure Plus (Banana).....	244	Etoposide.....	133
Drugs Affecting Bone Metabolism	94	Ensure Plus (Chocolate).....	244	Etoposide (as phosphate).....	133
Dual blood glucose and blood ketone diagnostic test meter	256	Ensure Plus (Fruit of the Forest)	244	Etoricoxib.....	101
Duolin	205	Ensure Plus (Vanilla)	244	Etravirine	85
Duovisc.....	215	Ensure Plus HN.....	243	Everet	113
Duride.....	46	Ensure Plus HN RTH.....	243	Everolimus	202
Dynastat	102	Entacapone	104	Evista.....	97
Dysport	100	Entapone	104	Exemestane.....	148
- E -		Entecavir.....	88	Exjade.....	220
e-chamber La Grande	256	Entecavir Sandoz	88	Extemporaneously Compounded Preparations	227
e-chamber Mask.....	256	Entresto 24/26	39	Eylea.....	165
e-chamber Turbo.....	256	Entresto 49/51	39	Ezetimibe.....	45
E-Mycin.....	75	Entresto 97/103	39	Ezetimibe Sandoz.....	45
E-Z-Cat Dry	223	Enzymes.....	98	Ezetimibe with simvastatin	46
E-Z-Gas II	223	Ephedrine	47	- F -	
E-Z-Paste	223	Epilim IV	114	Factor eight inhibitor bypassing fraction.....	28
Econazole nitrate.....	52	Epirubicin Ebewe.....	129	Famotidine.....	8
Edrophonium chloride.....	94	Epirubicin hydrochloride	129		
Efavirenz.....	85	Eplerenone	44		
Efavirenz with emtricitabine and		Epoetin alfa	24		
		Epoetin beta	25		

Faslodex.....	146	Flumetasone pivalate with clioquinol.....	213	Gadodiamide.....	223
Febuxostat.....	99	Fluocortolone caproate with fluocortolone pivalate and cinchocaine.....	7	Gadoteric acid.....	223
FEIBA NF.....	28	Fluorescein sodium.....	214	Gadovist 1.0.....	223
Felo 10 ER.....	42	Fluorescein sodium with lignocaine hydrochloride.....	214	Gadoxetate disodium.....	224
Felo 5 ER.....	42	Fluorescein.....	214	Galsulfase.....	15
Felodipine.....	42	Fluorometholone.....	214	Galvumet.....	11
Fentanyl.....	108	Fluorouracil.....	131	Galvus.....	11
Fentanyl Sandoz.....	108	Fluorouracil Ebewe.....	131	Ganciclovir.....	89
Ferinject.....	18	Fluorouracil sodium.....	57	Gardasil 9.....	251
Ferodan.....	18	Fluox.....	111	Gastrodenol.....	8
Ferric carboxymaltose.....	18	Fluoxetine hydrochloride.....	111	Gastrografin.....	222
Ferric subsulfate.....	27	Flupenthixol decanoate.....	118	Gazyva.....	175
Ferriprox.....	220	Flutamide.....	146	Gefitinib.....	139
Ferro-F-Tabs.....	18	Flutamin.....	146	Gelatine, succinylated.....	37
Ferro-tab.....	18	Fluticasone.....	209	Gelofusine.....	37
Ferrograd.....	18	Fluticasone furoate with vilanterol.....	209	Gemcitabine.....	131
Ferrosig.....	18	Fluticasone propionate.....	205	Gemcitabine Ebewe.....	131
Ferrous fumarate.....	18	Fluticasone with salmeterol.....	210	Gemfibrozil.....	45
Ferrous fumarate with folic acid.....	18	FML.....	214	Genoptic.....	212
Ferrous gluconate with ascorbic acid.....	18	Foban.....	52	Gentamicin sulphate	
Ferrous sulfate.....	18	Folic acid.....	25	Infections.....	72
Ferrous sulphate.....	18	Fondaparinux sodium.....	30	Sensory.....	212
Ferrous sulphate with ascorbic acid.....	18	Food Modules.....	230	Gestrinone.....	65
Fexofenadine hydrochloride.....	205	Food/Fluid Thickeners.....	232	Gilenya.....	120
Filgrastim.....	34	Forteo.....	98	Ginet.....	58
Finasteride.....	60	Fortisip (Vanilla).....	244	Glatiramer acetate.....	121
Fingolimod.....	120	Fosamax.....	94	Glaucoma Preparations.....	216
Firazyr.....	204	Fosamax Plus.....	94	Glecaprevir with pibrentasvir.....	88
Flagyl.....	84	Foscarnet sodium.....	89	Glibenclamide.....	10
Flagyl-S.....	84	Fosfomycin.....	78	Gliclazide.....	10
Flamazine.....	52	Framycetin sulphate.....	212	Gliolan.....	148
Flecainide acetate.....	40	Fresenius Kabi		Glipizide.....	10
Flecainide BNM.....	40	Blood.....	35-36	Glivec.....	140
Flecainide Controlled Release Teva.....	40	Various.....	225	Glizide.....	10
Fleet Phosphate Enema.....	13	Fresfol 1% MCT/LCT.....	104	Glucagen Hypokit.....	9
Flixonase Hayfever & Allergy.....	205	Frusemide.....	44	Glucagon hydrochloride.....	9
Flixotide.....	209	Frusemide-Claris.....	44	Glucerna Select (Vanilla).....	236
Flixotide Accuhaler.....	209	Fucidin.....	79	Glucerna Select RTH (Vanilla).....	236
Floair.....	209	Fucithalmic.....	212	Glucobay.....	9
Florinef.....	64	Fulvestrant.....	146	Glucose [Dextrose]	
Fluanxol.....	118	Fungilin.....	19	Alimentary.....	9
Flucil.....	76	Furosemide [Frusemide].....	44	Blood.....	35
Flucloxacillin.....	76	Fusidic acid		Extemporaneously Compounded Preparations.....	227
Flucloxin.....	76	Dermatological.....	52, 56	Glucose with potassium chloride.....	35
Fluconazole.....	80	Infections.....	79	Glucose with potassium chloride and sodium chloride.....	35
Fluconazole-Claris.....	80	Sensory.....	212	Glucose with sodium chloride.....	35
Flucytosine.....	82	- G -		Glucose with sucrose and fructose.....	9
Fludara Oral.....	131	Gabapentin.....	112	Glycerin with sodium saccharin.....	228
Fludarabine Ebewe.....	131	Gacet.....	108	Glycerin with sucrose.....	228
Fludarabine phosphate.....	131	Gadobenid acid.....	223	Glycerol	
Fludrocortisone acetate.....	64	Gadobutrol.....	223	Alimentary.....	13
Fluids and Electrolytes.....	34			Extemporaneously Compounded Preparations.....	228
Flumazenil.....	219				

Glycerol with paraffin.....	54	Humalog Mix 50.....	10	Iloprost.....	51
Glyceryl trinitrate		Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine		Imaging Agents.....	148
Alimentary.....	7	[HPV].....	251	Imatinib mesilate.....	140
Cardiovascular.....	46	Humatin.....	72	Imatinib-AFT.....	140
Glycine.....	225	Humira.....	155	Imigran.....	115
Glycopyrronium.....	205	HumiraPen.....	155	Imipenem with cilastatin.....	72
Glycopyrronium bromide.....	7	Hyaluronic acid		Imipenem+Cilastatin RBX.....	72
Glycopyrronium with		Alimentary.....	20	Imipramine hydrochloride.....	110
indacaterol.....	206	Sensory.....	215, 218	Imiquimod.....	57
Glypressin.....	71	Hyaluronic acid with lidocaine		Immune Modulators.....	92
Gonadorelin.....	66	[lignocaine].....	20	Immunosuppressants.....	148
Goserelin.....	66	Hyaluronidase.....	98	Impact Advanced Recovery.....	242
Granisetron.....	116	Hydralazine hydrochloride.....	48	Imuran.....	202
- H -		Hydrea.....	133	Incruse Ellipta.....	206
Habitrol.....	126	Hydrocortisone		Indacaterol.....	209
Habitrol (Fruit).....	126	Dermatological.....	55	Indapamide.....	45
Habitrol (Mint).....	126	Extemporaneously Compounded		Indigo carmine.....	224
Haem arginate.....	15	Preparations.....	228	Indinavir.....	87
Haemophilus influenzae type B		Hormone Preparations.....	64	Indocyanine green.....	224
vaccine.....	246	Hydrocortisone (PSM).....	55	Indomethacin.....	102
Haldol.....	118	Hydrocortisone acetate		Infanrix IPV.....	245
Haldol Concentrate.....	118	Alimentary.....	6	Infanrix-hexa.....	245
Haloperidol.....	117	Dermatological.....	55	Infatrin.....	240
Haloperidol decanoate.....	118	Hydrocortisone acetate with		Infliximab.....	167
Hartmann's solution.....	34	pramoxine hydrochloride.....	6	Influenza vaccine.....	251
Harvoni.....	88	Hydrocortisone and paraffin liquid		Influvac Tetra	
Havrix.....	249	and lanolin.....	55	(2020 formulation).....	252
Havrix Junior.....	249	Hydrocortisone butyrate.....	55, 57	Inhaled Corticosteroids.....	208
HBvaxPRO.....	249-250	Hydrocortisone with miconazole.....	56	Inspra.....	44
Healon.....	215	Hydrocortisone with natamycin and		Instillagel Lido.....	106
Healon 5.....	215	neomycin.....	56	Insulin aspart.....	10
Healon GV.....	215	Hydrogen peroxide.....	52	Insulin aspart with insulin aspart	
healthE Calamine Aqueous Cream		Hydroxocobalamin		protamine.....	9
BP.....	53	Alimentary.....	21	Insulin glargine.....	10
healthE Dimethicone 10%.....	53	Various.....	219	Insulin glulisine.....	10
healthE Dimethicone 4% Lotion.....	52	Hydroxychloroquine.....	94	Insulin isophane.....	9
healthE Dimethicone 5%.....	53	Hydroxyurea.....	133	Insulin lispro.....	10
healthE Fatty Cream.....	54	Hygroton.....	45	Insulin lispro with insulin lispro	
healthE Glycerol BP Liquid.....	228	Hyo-Fresh.....	218	protamine.....	10
healthE Urea Cream.....	55	Hyoscine butylbromide.....	7	Insulin neutral.....	10
Heparin sodium.....	31	Hyoscine hydrobromide.....	116	Insulin neutral with insulin	
Heparinised saline.....	31	Hyperuricaemia and Antigout.....	99	isophane.....	10
Heparon Junior.....	237	Hypromellose.....	215, 217	Integrilin.....	31
Hepatitis A vaccine.....	249	Hypromellose with dextran.....	217	Intelence.....	85
Hepatitis B recombinant		- I -		Interferon alfa-2a.....	92
vaccine.....	249	Ibiamox.....	76	Interferon alfa-2b.....	92
Hepsera.....	88	Ibrance.....	141	Interferon beta-1-alpha.....	121
Herceptin.....	198	Ibuprofen.....	102	Interferon beta-1-beta.....	121
Hiberix.....	246	Ibuprofen SR BNM.....	102	Interferon gamma.....	92
Hiprex.....	79	Icatibant.....	204	Intra-uterine device.....	59
Histaclear.....	205	Idarubicin hydrochloride.....	130	Invanz.....	72
Histamine acid phosphate.....	224	Idarucizumab.....	27	Invega Sustenna.....	119
Holoxan.....	129	Idursulfase.....	15	Iodine.....	70
Hormone Replacement Therapy.....	64	Ifosfamide.....	129	Iodine with ethanol.....	221
HPV.....	251	Ikorel.....	48	Iodised oil.....	222
Humalog Mix 25.....	10			Iodixanol.....	222

Iohexol.....	222	Ketoprofen.....	102	Levomepromazine	
Iopidine.....	217	Ketorolac trometamol.....	214	hydrochloride.....	118
Ioscan.....	222	KetoSens.....	256	Levonorgestrel.....	59
IPOL.....	253	Ketostix.....	256	Levosimendan.....	46
Ipratropium bromide.....	205	Keytruda.....	201	Levothyroxine.....	71
Iressa.....	139	Kivexa.....	86	Lidocaine [Lignocaine].....	106
Irinotecan Actavis 100.....	133	Klacid.....	75	Lidocaine [Lignocaine]	
Irinotecan hydrochloride.....	133	Klean Prep.....	12	hydrochloride.....	106
Iron polymaltose.....	18	Kogenate FS.....	29	Lidocaine [Lignocaine] hydrochloride	
Iron sucrose.....	18	Konakion MM.....	29	with adrenaline.....	106
Irrigation Solutions.....	225	Konsyl-D.....	12	Lidocaine [Lignocaine] hydrochloride	
Isentress.....	88	Kuvan.....	16	with adrenaline and tetracaine	
Isentress HD.....	88			hydrochloride.....	106
Ismo 40 Retard.....	46	- L -		Lidocaine [Lignocaine] hydrochloride	
Ismo-20.....	46	L-asparaginase.....	132	with chlorhexidine.....	106
Isoflurane.....	104	L-ornithine L-aspartate.....	9	Lidocaine [Lignocaine] hydrochloride	
Isoniazid.....	82	Labetalol.....	41	with phenylephrine	
Isoniazid with rifampicin.....	82	Lacosamide.....	112	hydrochloride.....	106
Isoiprenaline [Isoproterenol].....	47	Lactose.....	228	Lidocaine [Lignocaine] with	
Isopropyl alcohol.....	221	Lactulose.....	13	prilocaine.....	106
Isoproterenol.....	47	Laevolac.....	13	Lidocaine-Claris.....	106
Isoptin.....	43	Lamictal.....	113	lignocaine	
Isoptin SR.....	43	Lamivudine.....	86, 88	Alimentary.....	20
Isopto Carpine.....	216	Lamotrigine.....	113	Nervous.....	106
Isosorbide mononitrate.....	46	Lanoxin.....	40	Lincomycin.....	79
Isotretinoin.....	53	Lanoxin PG.....	40	Linezolid.....	79
Ispaghula (psyllium) husk.....	12	Lansoprazole.....	8	Linezolid Kabi.....	79
Ispadipine.....	42	Lantus.....	10	Lioresal Intrathecal.....	100
Itch-Soothe.....	53	Lantus SoloStar.....	10	Liothyronine sodium.....	71
Itraconazole.....	80	Lanzol Relief.....	8	Lipazil.....	45
Itrazole.....	80	Lapatinib.....	140	Lipid-Modifying Agents.....	45
Ivabradine.....	40	Largactil.....	117	Lipiodol Ultra Fluid.....	222
Ivermectin.....	83	Laronidase.....	16	Liquibar.....	223
		Lasix.....	44	Lisinopril.....	38
- J -		Latanoprost.....	216	Lissamine green.....	214
Jadelle.....	59	Lax-Suppositories.....	13	Lithicarb FC.....	118
Jakavi.....	142	Lax-Tabs.....	13	Lithium carbonate.....	118
Jaydess.....	59	Laxatives.....	12	LMX4.....	106
Jevity HiCal RTH.....	243	Laxsol.....	12	Local Preparations for Anal and	
Jevity RTH.....	243	Ledipasvir with sofosbuvir.....	88	Rectal Disorders.....	7
Juno Pemetrexed.....	131	Leffunomide.....	94	Locoid.....	55, 57
		Lenalidomide.....	133	Locoid Crelo.....	55
- K -		Letrole.....	148	Locoid Lipocream.....	55
Kadcyla.....	199	Letrozole.....	148	Lodoxamide.....	214
Kaletra.....	87	Leukotriene Receptor		Logem.....	113
Kenacomb.....	213	Antagonists.....	209	Lomide.....	214
Kenacort-A 10.....	64	Leunase.....	132	Lomustine.....	129
Kenacort-A 40.....	64	Leuprorelin acetate.....	66	Long-Acting Beta-Adrenoceptor	
Kenalog in Orabase.....	19	Leustatin.....	130	Agonists.....	209
Ketalar.....	104	Levetiracetam.....	113	Loniten.....	48
Ketamine.....	104	Levetiracetam-AFT.....	113	Loperamide hydrochloride.....	5
Ketamine-Claris.....	104	Levlen ED.....	58	Lopinavir with ritonavir.....	87
Ketocal 3:1 (Unflavoured).....	240	Levocabastine.....	214	Lorafix.....	205
Ketocal 4:1 (Unflavoured).....	240	Levodopa.....	16	Loratadine.....	205
Ketocal 4:1 (Vanilla).....	240	Levodopa with benserazide.....	104	Lorazepam.....	112, 120
Ketoconazole		Levodopa with carbidopa.....	104	Lorfast.....	205
Dermatological.....	52	Levomepromazine.....	117		
Infections.....	80				

Lormetazepam.....	121	Various.....	224	hippurate.....	79
Lorstat.....	45	Mantoux.....	255	Methohexital sodium.....	104
Losartan Actavis.....	39	Maprotiline hydrochloride.....	111	Methopt.....	217
Losartan potassium.....	39	Marcaïn.....	105	Methotrexate.....	131
Losartan potassium with hydrochlorothiazide.....	39	Marcaïn Heavy.....	106	Methotrexate Ebewe.....	131
Lovir.....	89	Marcaïn Isobaric.....	105	Methotrexate Sandoz.....	131
Loxamine.....	111	Marcaïn with Adrenaline.....	105	Methoxsalen	
Lucrin Depot 1-month.....	66	Marevan.....	31	[8-methoxypsoralen].....	56
Lucrin Depot 3-month.....	66	Marine Blue Lotion SPF 50+.....	57	Methoxyflurane.....	107
Lyderm.....	53	Mask for spacer device.....	256	Methyl aminolevulinate hydrochloride.....	57
Lynparza.....	134	Mast Cell Stabilisers.....	210	Methyl hydroxybenzoate.....	228
Lysine acetylsalicylate [Lysine asprin].....	32	Maviret.....	88	Methylcellulose.....	228
Lysine asprin.....	32	Maxidet.....	213	Methylcellulose with glycerin and sodium saccharin.....	228
- M -					
m-Amoxiclav.....	76	Maxitrol.....	212	Methylcellulose with glycerin and sucrose.....	228
m-Eslon.....	109	Measles, mumps and rubella vaccine.....	253	Methylidopa.....	43
Mabthera.....	178	Mebendazole.....	83	Methylidopa Mylan.....	43
Macrogl 3350 with ascorbic acid, potassium chloride and sodium chloride.....	12	Mebeverine hydrochloride.....	7	Methylene blue.....	224
Macrogl 3350 with potassium chloride, sodium bicarbonate and sodium chloride.....	13	Medrol.....	64	Methylalnlitrexone bromide.....	12
Macrogl 3350 with potassium chloride, sodium bicarbonate, sodium chloride and sodium sulphate.....	12	Medroxyprogesterone.....	66	Methylphenidate ER - Teva.....	124
Macrogl 400 and propylene glycol.....	217	Medroxyprogesterone acetate		Methylphenidate hydrochloride.....	124
Madopar 125.....	104	Genito-Urinary.....	59	Methylprednisolone (as sodium succinate).....	64
Madopar 250.....	104	Hormone Preparations.....	65	Methylprednisolone aceponate.....	55
Madopar 62.5.....	104	Mefenamic acid.....	102	Methylprednisolone acetate.....	64
Madopar HBS.....	104	Mefloquine.....	84	Methylthioninium chloride [Methylene blue].....	224
Madopar Rapid.....	104	Megestrol acetate.....	147	Methylxanthines.....	210
Mafenide acetate.....	52	Meglumine gadopentetate.....	224	Metoclopramide Actavis 10.....	116
Magnesium amino acid chelate.....	18	Meglumine iotroxate.....	224	Metoclopramide hydrochloride.....	116
Magnesium chloride.....	18	Melatonin.....	121	Metoclopramide hydrochloride with paracetamol.....	115
Magnesium hydroxide		Melphalan.....	129	Metolazone.....	45
Alimentary.....	18	Menactra.....	247	Metoprolol succinate.....	42
Extemporaneously Compounded Preparations.....	228	Meningococcal (A, C, Y and W-135) conjugate vaccine.....	247	Metoprolol tartrate.....	42
Magnesium oxide.....	18	Meningococcal C conjugate vaccine.....	247	Metronidazole	
Magnesium oxide with magnesium aspartate, magnesium amino acid chelate and magnesium citrate.....	19	Menthol.....	228	Dermatological.....	52
Magnesium sulphate.....	19	Mepivacaine hydrochloride.....	106	Infections.....	84
Magnevist.....	224	Mepolizumab.....	174	Metoprolol IV Mylan.....	42
Malarone.....	84	Mercaptopurine.....	131	Metyrapone.....	65
Malarone Junior.....	84	Meropenem.....	73	Mexiletine hydrochloride.....	41
Malathion [Maldison].....	53	Meropenem Ranbaxy.....	73	Mexiletine Hydrochloride USP.....	41
Maldison.....	53	Mesalazine.....	6	Miacalcic.....	62
Mannitol.....		Mesna.....	145	Mianserin hydrochloride.....	111
Cardiovascular.....	44	Mestinon.....	94	Micolette.....	13
		Metabolic Disorder Agents.....	13	Miconazole.....	19
		Metabolic Products.....	232	Miconazole nitrate	
		Metaraminol.....	47	Dermatological.....	52
		Meterol.....	209	Genito-Urinary.....	58
		Metformin hydrochloride.....	11	Micreme.....	58
		Methacholine chloride.....	224	Micreme H.....	56
		Methadone hydrochloride		Microgynon 20 ED.....	58
		Extemporaneously Compounded Preparations.....	228	Microgynon 50 ED.....	58
		Nervous.....	108	Microlut.....	59
		Methatabs.....	108		
		Methenamine (Hexamine)			

Midazolam	122	Mycobutin	83	Genito-Urinary.....	58
Midodrine.....	41	MycoNail.....	52	Infections.....	80
Mifepristone.....	59	Mycophenolate mofetil.....	203	Nimodipine.....	43
Milrinone.....	48	Mydriacyl.....	217	Nimotop.....	43
Minerals.....	17	Mydriatics and Cycloplegics.....	217	Nintedanib.....	206
Mini-Wright AFS Low Range.....	256	Mylan Atenolol.....	41	Nitazoxanide.....	84
Mini-Wright Standard.....	256	Mylan Clomiphen.....	65	Nitrados.....	122
Minidiab.....	10	Mylan Midazolam.....	122	Nitrates.....	46
Minims Prednisolone.....	214	Myleran.....	129	Nitrazepam.....	122
Minirin.....	71	Myozyme.....	13	Nitroderm TTS 10.....	46
Minocycline.....	78	- N -.....		Nitroderm TTS 5.....	46
Minoxidil.....	48	Nadolol.....	42	Nitrofurantoin.....	79
Mirena.....	59	Naglazyme.....	15	Nitrolingual Pump Spray.....	46
Mirtazapine.....	111	Naloxone hydrochloride.....	219	Nivestim.....	34
Misoprostol.....	7	Naltraccord.....	126	Nivolumab.....	200
Mitomycin C.....	130	Naltrexone hydrochloride.....	126	Nodia.....	5
Mitozantrone.....	130	Naphazoline hydrochloride.....	214	Noflam 250.....	102
Mitozantrone Ebewe.....	130	Naphcon Forte.....	214	Noflam 500.....	102
Mivacron.....	100	Naprosyn SR 1000.....	102	Non-Steroidal Anti-Inflammatory Drugs.....	101
Mivacurium chloride.....	100	Naprosyn SR 750.....	102	Nonacog gamma, [Recombinant factor IX].....	28
Mixed salt solution for eye irrigation.....	215	Naproxen.....	102	Noradrenaline.....	47
Moclobemide.....	111	Naropin.....	107	Noradrenaline BNM.....	47
Modafinil.....	124	Natalizumab.....	121	Norethisterone.....	
Modavigil.....	124	Natamycin.....	212	Genito-Urinary.....	59
Molaxole.....	13	Natulan.....	135	Hormone Preparations.....	66
Mometasone furoate.....	56	Nausafix.....	116	Norethisterone with mestranol.....	58
Monosodium glutamate with sodium aspartate.....	226	Nausicalm.....	116	Norflex.....	100
Monosodium l-aspartate.....	226	Navelbine.....	145	Norfloraxacin.....	77
Montelukast.....	209	Nedocromil.....	210	Noriday 28.....	59
Montelukast Mylan.....	209	Nefopam hydrochloride.....	107	Normison.....	122
Morotocog alfa [Recombinant factor VIII].....	28	Neisvac-C.....	247	Norpress.....	111
Morphine hydrochloride.....	109	Neo-B12.....	21	Nortriptyline hydrochloride.....	111
Morphine sulphate.....	109	Neocate Gold (Unflavoured).....	238	Norvir.....	87
Morphine tartrate.....	109	Neocate Junior Vanilla.....	238	Novasource Renal (Vanilla).....	242
Motetis.....	103	Neoral.....	148	Novatretin.....	56
Mouth and Throat.....	19	Neostigmine metilsulfate.....	94	NovoMix 30 FlexPen.....	9
Movapo.....	103	Neostigmine metilsulfate with glycopyrronium bromide.....	94	NovoRapid FlexPen.....	10
Moxifloxacin.....	77	Neosyneprine HCL.....	47	NovoSeven RT.....	28
Moxifloxacin Kabi.....	77	Nepro HP (Strawberry).....	242	Noxafil.....	80
Mozobil.....	33	Nepro HP (Vanilla).....	242	Nozinan.....	117-118
Mucolytics and Expectorants.....	210	Nepro HP RTH.....	241	Nucala.....	174
Mucosoothe.....	106	Neulastim.....	34	Nuelin.....	210
Multihance.....	223	Neupogen.....	34	Nuelin-SR.....	210
Multiple Sclerosis Treatments.....	120	NeuroTabs.....	18	Nutrini Energy Multi Fibre.....	241
Multivitamin and mineral supplement.....	20	Nevirapine.....	85	Nutrini Low Energy Multifibre RTH.....	241
Multivitamin renal.....	20	Nevirapine Alphapharm.....	85	Nutrison 800 Complete Multi Fibre.....	243
Multivitamins.....	21	Nicardipine hydrochloride.....	42	Nutrison Concentrated.....	237
Mupirocin.....	52	Nicorandil.....	48	Nutrison Energy.....	243
Muscle Relaxants and Related Agents.....	100	Nicotine.....	126	Nyefax Retard.....	43
Mvite.....	21	Nicotinic acid.....	46	Nystatin.....	
Myambutol.....	82	Nifedipine.....	43	Alimentary.....	20
		Nifuran.....	79		
		Nilotinib.....	140		
		Nilstat.....			
		Alimentary.....	20		

Dermatological.....	52	Ora-Blend.....	228	Paracetamol.....	108
Genito-Urinary.....	58	Ora-Blend SF.....	228	Paracetamol Kabi.....	108
Infections.....	80	Ora-Plus.....	228	Paracetamol with codeine.....	110
- O -					
O/W Fatty Emulsion Cream.....	54	Ora-Sweet.....	228	Paraffin	
Obinutuzumab.....	175	Ora-Sweet SF.....	228	Alimentary.....	12
Obstetric Preparations.....	59	Oratane.....	53	Dermatological.....	54
Ocrelizumab.....	121	Ornidazole.....	84	Extemporaneously Compounded	
Ocrevus.....	121	Orphenadrine citrate.....	100	Preparations.....	228
Octocog alfa [Recombinant factor		Oruvail SR.....	102	Paraffin liquid with soft white	
VIII] (Advate).....	29	Oseltamivir.....	91	paraffin.....	218
Octocog alfa [Recombinant factor		Osmolite RTH.....	243	Paraffin liquid with wool fat.....	218
VIII] (Kogenate FS).....	29	Other Cardiac Agents.....	46	Paraffin with wool fat.....	55
Octreotide.....	147	Other Endocrine Agents.....	65	Paraldehyde.....	112
Ocular Lubricants.....	217	Other Oestrogen Preparations.....	66	Parecoxib.....	102
Oestradiol.....	64, 66	Other Otological Preparations.....	218	Paromomycin.....	72
Oestradiol valerate.....	65	Other Progestogen		Paroxetine.....	111
Oestradiol with norethisterone		Preparations.....	66	Paser.....	83
acetate.....	65	Other Skin Preparations.....	57	Patanol.....	214
Oestriol		Ovestin		Patent blue V.....	224
Genito-Urinary.....	60	Genito-Urinary.....	60	Paxam.....	120
Hormone Preparations.....	66	Hormone Preparations.....	66	Pazopanib.....	142
Oestrogens.....	60	Ox-Pam.....	120	Peak flow meter.....	256
Oestrogens (conjugated equine).....	65	Oxaliplatin.....	137	Peanut oil.....	227
Oestrogens with		Oxaliplatin Accord.....	137	Pedialyte - Bubblegum.....	36
medroxyprogesterone		Oxandrolone.....	62	Pediasure (Chocolate).....	241
acetate.....	65	Oxazepam.....	120	Pediasure (Strawberry).....	241
Ofev.....	206	Oxpentifylline.....	48	Pediasure (Vanilla).....	241
Oil in water emulsion.....	54	Oxybuprocaine hydrochloride.....	215	Pediasure RTH.....	241
Oily phenol [Phenol oily].....	7	Oxybutynin.....	61	Pegaspargase.....	134
Olanzapine.....	118-119	Oxycodone hydrochloride.....	109	Pegasys.....	92
Olaparib.....	134	Oxycodone Sandoz.....	109	Pegfilgrastim.....	34
Olive oil.....	228	Oxymetazoline hydrochloride.....	208	Pegylated interferon alfa-2a.....	92
Olopatadine.....	214	OxyNorm.....	109	Pembrolizumab.....	201
Olopatadine Teva.....	214	Oxytocin.....	59	Pemetrexed.....	131
Olsalazine.....	7	Oxytocin BNM.....	59	Penicillamine.....	94
Omalizumab.....	175	Oxytocin with ergometrine		Penicillin G.....	76
Omeprazole.....	8	maleate.....	59	Penicillin V.....	76
Omeprazole actavis 10.....	8	Ozurdex.....	213	Pentacarinat.....	84
Omeprazole actavis 20.....	8	- P -			
Omeprazole actavis 40.....	8	Pacifen.....	100	Pentagastrin.....	65
Omezol IV.....	8	Paclitaxel.....	144	Pentamidine isethionate.....	84
Omnipaque.....	222	Paclitaxel Ebewe.....	144	Pentasa.....	6
Omniscan.....	223	Palbociclib.....	141	Pentostatin [Deoxycoformycin].....	135
Omnitrope.....	67	Paliperidone.....	119	Pentoxifylline [Oxpentifylline].....	48
Onbrez Breezhaler.....	209	Pamidronate disodium.....	94	Peptamen OS 1.0 (Vanilla).....	237
Oncaspar LYO.....	134	Pamisol.....	94	Peptisoothe.....	8
OncoTICE.....	202	Pan-Penicillin G Sodium.....	76	Perflutren.....	224
Ondansetron.....	116	Pancreatic enzyme.....	11	Perhexiline maleate.....	43
Ondansetron Kabi.....	116	Pancuronium bromide.....	100	Pericyazine.....	118
Ondansetron ODT-DRLA.....	116	Pantoprazole.....	8	Perindopril.....	38
Ondansetron-Clarix.....	116	Panzop Relief.....	8	Perjeta.....	177
One-Alpha.....	22	Papaverine hydrochloride.....	48	Permethrin.....	53
Onrex.....	116	Paper wasp venom.....	204	Perrigo.....	57
Opdivo.....	200	Para-aminosalicylic Acid.....	83	Pertuzumab.....	177
Optional Pharmaceuticals.....	256	Paracare.....	108	Peteha.....	83
		Paracare Double Strength.....	108	Pethidine hydrochloride.....	110
				Pexsig.....	43

269

Quetapel.....	118	Riluzole.....	103	Scalp Preparations.....	57
Quetiapine.....	118	Ringer's solution.....	35	Scandonest 3%.....	106
Quinapril.....	38	Riodine.....	222	Sclerosing Agents.....	211
Quinapril with hydrochlorothiazide.....	38	Risedronate Sandoz.....	95	Scopoderm TTS.....	116
Quinine dihydrochloride.....	85	Risedronate sodium.....	95	Sebizole.....	52
Quinine sulphate.....	85	Risperdal Consta.....	119	Secretin pentahydrochloride.....	224
Qvar.....	208	Risperidone.....	118–119	Secukinumab.....	193
- R -					
RA-Morph.....	109	Risperon.....	118	Sedatives and Hypnotics.....	121
Rabies vaccine.....	253	Ritalin.....	124	Seebri Breezhale.....	205
Raloxifene.....	97	Ritalin LA.....	124	Selegiline hydrochloride.....	104
Raltegravir potassium.....	88	Ritalin SR.....	124	Sennosides.....	13
Ramipex.....	104	Ritonavir.....	87	Sensipar.....	62
Ranbaxy-Cefaclor.....	73	Rituximab (mabthera).....	178	Serenace.....	117
Ranibizumab.....	177	Rituximab (riximyo).....	183	Seretide.....	210
Ranitidine.....	8	Rivaroxaban.....	31	Seretide Accuhaler.....	210
Ranitidine Relief.....	8	Rivastigmine.....	125	Serevent.....	209
Rapamune.....	203	Rivotril.....	112	Serevent Accuhaler.....	209
Rasburicase.....	100	Riximyo.....	183	Sertraline.....	111
Readi-CAT 2.....	223	RIXUBIS.....	28	Setrona.....	111
Reandron 1000.....	62	Rizamelt.....	115	Sevoflurane.....	105
Recombinant factor IX.....	28	Rizatriptan.....	115	Sevredol.....	109
Recombinant factor VIIa.....	28	Rocuronium bromide.....	101	Shingles vaccine.....	254
Recombinant factor VIII.....	28–29	Rolin.....	148	Sildenafil.....	50
Rectogesic.....	7	Ropin.....	104	Siltuximab.....	194
Red back spider antivenom.....	220	Ropinirole hydrochloride.....	104	Silver nitrate	
Redipred.....	64	Ropivacaine hydrochloride.....	107	Dermatological.....	57
Relenza Rotadisk.....	91	Ropivacaine hydrochloride with fentanyl.....	107	Extemporaneously Compounded Preparations.....	228
Relistor.....	12	Ropivacaine Kabi.....	107	Simeticone.....	5
Remicade.....	167	Rose bengal sodium.....	214	Simulect.....	166
Remifentanyl.....	110	Rotarix.....	253	Simvastatin.....	45
Remifentanyl-AFT.....	110	Rotavirus oral vaccine.....	253	Simvastatin Mylan.....	45
ReoPro.....	155	Roxane.....	5	Sincalide.....	224
Resonium A.....	37	Roxithromycin.....	75	Sinemet.....	104
Resource Beneprotein.....	231	Rubifen.....	124	Sinemet CR.....	104
Resource Diabetic (Vanilla).....	236	Rubifen SR.....	124	Sirolimus.....	203
Respiratory Stimulants.....	211	Rulide D.....	75	Siterone.....	62
Retinol.....	21	Ruriotocog alfa pegol [Recombinant factor VIII].....	29	Slow-Lopresor.....	42
Retinol Palmitate.....	218	Ruxolitinib.....	142	Smith BioMed Rapid Pregnancy Test.....	256
ReTrieve.....	53	- S -			
Retrovir.....	86	S26 LBW Gold RTF.....	240	Snake antivenom.....	220
Retrovir IV.....	86	Sacubitril with valsartan.....	39	Sodibic.....	37
Revlamid.....	133	SalAir.....	207	Sodium acetate.....	35
Revolade.....	26	Salazopyrin.....	7	Sodium acid phosphate.....	36
Rexacrom.....	214	Salazopyrin EN.....	7	Sodium alginate with magnesium alginate.....	5
RexAir.....	210	Salbutamol.....	207	Sodium alginate with sodium bicarbonate and calcium carbonate.....	5
Riboflavin 5-phosphate.....	216	Salbutamol with ipratropium bromide.....	205	Sodium aurothiomalate.....	94
Ribomustin.....	128	Salicylic acid.....	228	Sodium benzoate.....	17
Ricit.....	60	Salmeterol.....	209	Sodium bicarbonate	
Rifabutin.....	83	Salmonella typhi vaccine.....	249	Blood.....	36–37
Rifadin.....	83	Sandimmun.....	148	Extemporaneously Compounded Preparations.....	228
Rifampicin.....	83	Sandomigran.....	115	Sodium calcium edetate.....	221
Rifaximin.....	9	Sandostatin LAR.....	147		
Rifinah.....	82	Sapropterin Dihydrochloride.....	16		
Rilutek.....	103				

Sodium chloride		Span-K.....	37	Tagitol V.....	223
Blood.....	36–37	Specialised Formulas.....	235	Talc.....	211
Respiratory.....	208, 210	Spiolto Respimat.....	206	Taliglucerase alfa.....	17
Various.....	225	Spiractin.....	44	Tambocor.....	40
Sodium chloride with sodium		Spiramycin.....	85	Tamoxifen citrate.....	148
bicarbonate.....	208	Spiriva.....	206	Tamoxifen Sandoz.....	148
Sodium citrate		Spiriva Respimat.....	206	Tamsulosin hydrochloride.....	60
Alimentary.....	5	Spirolactone.....	44	Tamsulosin-Rex.....	60
Extemporaneously Compounded		Sprycel.....	138	Tarceva.....	138
Preparations.....	229	Standard Feeds.....	243	Tasigna.....	140
Sodium citrate with sodium chloride		Staphlex.....	76	Tasmar.....	104
and potassium chloride.....	31	Starch.....	229	Tecfidera.....	120
Sodium citrate with sodium lauryl		Stavudine.....	86	Tegretol.....	112
sulphacetate.....	13	Sterculia with frangula.....	12	Tegretol CR.....	112
Sodium citro-tartrate.....	61	SteroClear.....	204	Teicoplanin.....	79
Sodium cromoglicate		Stesolid.....	112	Temaccord.....	135
Alimentary.....	7	Stimulants / ADHD Treatments.....	123	Temazepam.....	122
Respiratory.....	205, 210	Stiripentol.....	114	Temozolomide.....	135
Sensory.....	214	Stocrin.....	85	Tenecteplase.....	33
Sodium dihydrogen phosphate		Strattera.....	123	Tenofovir disoproxil.....	88
[Sodium acid phosphate].....	36	Streptomycin sulphate.....	72	Tenofovir Disoproxil Teva.....	88
Sodium fluoride.....	18	Stromectol.....	83	Tenoxicam.....	102
Sodium fusidate [Fusidic acid]		Sucralfate.....	8	Terazosin.....	40
Dermatological.....	52	Sucrose.....	108	Terbinafine.....	82
Infections.....	79	Sugammadex.....	101	Terbutaline.....	60
Sensory.....	212	Sulfadiazine silver.....	52	Terbutaline sulphate.....	208
Sodium hyaluronate [Hyaluronic acid]		Sulfasalazine.....	7	Teriflunomide.....	121
Alimentary.....	20	Sulindac.....	102	Teriparatide.....	98
Sensory.....	215, 218	Sulphacetamide sodium.....	212	Terlipressin.....	71
Sodium hyaluronate [Hyaluronic acid]		Sulphadiazine.....	79	Testosterone.....	62
with chondroitin sulphate.....	215	Sulphur.....	229	Testosterone cypionate.....	62
Sodium hypochlorite.....	222	Sulprix.....	117	Testosterone esters.....	62
Sodium metabisulfite.....	229	Sumatriptan.....	115	Testosterone undecanoate.....	62
Sodium nitrite.....	219	Sunitinib.....	143	Tetrabenazine.....	103
Sodium nitroprusside		Sunscreen, proprietary.....	57	Tetracaine [Amethocaine] hydrochloride	
Cardiovascular.....	48	Suprane.....	104	Nervous.....	107
Optional Pharmaceuticals.....	256	Surgical Preparations.....	225	Sensory.....	215
Sodium phenylbutyrate.....	17	Sustagen Diabetic (Vanilla).....	236	Tetracosactide [Tetracosactrin].....	66
Sodium phosphate with phosphoric		Sustagen Hospital Formula Active		Tetracosactrin.....	66
acid.....	13	(Choc).....	244	Tetracyclin Wolff.....	78
Sodium polystyrene sulphonate.....	37	Sustagen Hospital Formula Active		Tetracycline.....	78
Sodium stibogluconate.....	85	(Van).....	244	Thalidomide.....	136
Sodium tetradecyl sulphate.....	27	Sutent.....	143	Thalomid.....	136
Sodium thiosulfate.....	219	Suxamethonium chloride.....	101	Theobroma oil.....	229
Sodium valproate.....	114	Sylvant.....	194	Theophylline.....	210
Sodium with potassium.....	226	Symmetrel.....	103	Thiamine hydrochloride.....	22
Solian.....	117	Sympathomimetics.....	47	Thioguanine.....	132
Solifenacin Mylan.....	61	Synacthen.....	66	Thiopental [Thiopentone]	
Solifenacin succinate.....	61	Synacthen Depot.....	66	sodium.....	105
Solu-Cortef.....	64	Synflorix.....	247	Thiopentone.....	105
Solu-Medrol.....	64	Syntometrine.....	59	Thiotepa.....	129
Solu-Medrol Act-O-Vial.....	64	Syrup.....	229	Thrombin.....	27
Somatropin.....	67	Systane Unit Dose.....	217	Thymol glycerin.....	20
Sotalol.....	42	- T -		Thyroid and Antithyroid	
Soya oil.....	219	Tacrolimus.....	148	Preparations.....	70
Spacer device.....	256	Tacrolimus Sandoz.....	148	Thyrotropin alfa.....	66

Ticagrelor.....	32	Dermatological.....	56	Varibar - Nectar.....	223
Ticarcillin with clavulanic acid.....	76	Hormone Preparations.....	64	Varibar - Pudding.....	223
Ticlopidine.....	33	Triamcinolone acetone with		Varibar - Thin Liquid.....	223
Tigecycline.....	78	gramicidin, neomycin and		Varicella vaccine [Chickenpox	
Tilcotil.....	102	nystatin.....	213	vaccine].....	254
Timolol.....	216	Triamcinolone acetone with		Varicella zoster vaccine [Shingles	
Timolol maleate.....	42	neomycin sulphate, gramicidin		vaccine].....	254
Timoptol XE.....	216	and nystatin.....	56	Varilrix.....	254
Tiotropium bromide.....	206	Triamcinolone hexacetone.....	64	Vasodilators.....	48
Tiotropium bromide with		Triazolam.....	122	Vasopressin.....	71
olodaterol.....	206	Trichloroacetic acid.....	229	Vasopressin Agents.....	71
Tivicay.....	88	Trichozole.....	84	Vecuronium bromide.....	101
TMP.....	79	Trientine dihydrochloride.....	17	Vedafil.....	50
TOBI.....	72	Trimethoprim.....	79	Velcade.....	132
Tobradex.....	212	Trimethoprim with		Veletri.....	51
Tobramycin		sulphamethoxazole		Venclexta.....	136
Infections.....	72	[Co-trimoxazole].....	79	Venetoclox.....	136
Sensory.....	212	Trometamol.....	225	Venlafaxine.....	111
Tobramycin Mylan.....	72	Tropicamide.....	217	Venofer.....	18
Tobrex.....	212	Tropisetron.....	117	Ventavis.....	51
Tocilizumab.....	194	Tropisetron-AFT.....	117	Ventolin.....	207
Tofranil.....	110	Tuberculin PPD [Mantoux] test.....	255	Vepesid.....	133
Tolcapone.....	104	Tubersol.....	255	Verapamil hydrochloride.....	43
Tolterodine tartrate.....	61	Two Cal HN.....	237	Vergo 16.....	116
Topamax.....	114	TwoCal HN RTH (Vanilla).....	237	Verpamil SR.....	43
Topical.....	106	Tykerb.....	140	Vesanoid.....	136
Topical Products for Joint and		Tysabri.....	121	Vexazone.....	11
Muscular Pain.....	102			Vfend.....	81
Topiramate.....	114	- U -		Vigabatrin.....	114
Topiramate Actavis.....	114	Ultibro Breezhaler.....	206	Vildagliptin.....	11
Tracrium.....	100	Ultraproct.....	7	Vildagliptin with metformin	
Tramadol hydrochloride.....	110	Umeclidinium.....	206	hydrochloride.....	11
Tramal 100.....	110	Umeclidinium with vilanterol.....	206	Vimpat.....	112
Tramal 50.....	110	Univent.....	205	Vinblastine sulphate.....	145
Tramal SR 100.....	110	Ural.....	61	Vincristine sulphate.....	145
Tramal SR 150.....	110	Urea		Vinorelbine.....	145
Tramal SR 200.....	110	Dermatological.....	55	Viral Vaccines.....	249
Trandate.....	41	Extemporaneously Compounded		Viramune Suspension.....	85
Tranexamic acid.....	27	Preparations.....	229	ViruPOS.....	212
Tranexamic-AFT.....	27	Urex Forte.....	44	Viscoat.....	215
Tranlycypromine sulphate.....	111	Urogratin.....	222	Visipaque.....	222
Trastuzumab.....	198	Urokinase.....	33	Vit.D3.....	22
Trastuzumab emtansine.....	199	Urologicals.....	60	VitA-POS.....	218
Travoprost.....	216	Uromitexan.....	145	Vital.....	236
Travopt.....	216	Ursodeoxycholic acid.....	11	Vitamin A with vitamins D and C.....	21
Treatments for Dementia.....	125	Ursosan.....	11	Vitamin B complex.....	22
Treatments for Substance		Utrogestan.....	59	Vitamin B6 25.....	22
Dependence.....	125			Vitamins.....	20
Tretinoin		- V -		Vivonex TEN.....	236
Dermatological.....	53	Vaclovir.....	89	Volibris.....	48
Oncology.....	136	Valaciclovir.....	89	Voltaren.....	101
Trexate.....	131	Valganciclovir.....	89	Voltaren D.....	101
Tri-sodium citrate.....	229	Valganciclovir Mylan.....	89	Voltaren Ophtha.....	214
Triamcinolone acetoneide		Vancomycin.....	79	Volumatic.....	256
Alimentary.....	19	Varenicline.....	126	VoLumen.....	223
		Varenicline Pfizer.....	126	Voriconazole.....	81
		Varibar - Honey.....	223		

Votrient	142	Zopiclone Actavis	122
Vttack.....	81	Zostavax.....	254
- W -		Zostrix.....	102
Warfarin sodium	31	Zostrix HP.....	107
Wart Preparations.....	57	Zuclopenthixol acetate.....	118
Water		Zuclopenthixol decanoate.....	120
Blood.....	36	Zuclopenthixol hydrochloride.....	118
Various.....	225	Zusdone.....	118
Wool fat		Zyban.....	126
Dermatological.....	55	Zypine.....	118
Extemporaneously Compounded		Zypine ODT	118
Preparations	229	Zyprexa Relprevv	119
- X -		Zytiga.....	145
X-Opaque-HD.....	223	Zyvox	79
Xanthan	229		
Xarelto	31		
Xifaxan.....	9		
Xolair	175		
Xylocaine.....	106		
Xylometazoline hydrochloride.....	208		
Xyntha	28		
- Y -			
Yellow jacket wasp venom	204		
- Z -			
Zanamivir.....	91		
Zantac.....	8		
Zapril.....	38		
Zarontin	112		
Zavedos.....	130		
Zeffix.....	88		
Zetlam.....	88		
Ziagen.....	86		
Zidovudine [AZT]	86		
Zidovudine [AZT] with			
lamivudine	86		
Zimye.....	46		
Zinc			
Alimentary	19		
Dermatological.....	53		
Zinc and castor oil	54		
Zinc chloride	19		
Zinc oxide	229		
Zinc sulphate	19		
Zinc with wool fat.....	54		
Zincaps.....	19		
Zinforo	74		
Zinnat.....	73		
Ziprasidone.....	118		
Zista.....	205		
Zithromax.....	74		
Zoladex.....	66		
Zoledronic acid			
Hormone Preparations.....	63		
Musculoskeletal	95		
Zoledronic acid Mylan.....	63		
Zopiclone	122		



















