

December 2025

Volume 13

Editor:

Kaye Wilson, Doris Chong

email: enquiry@pharmac.govt.nz

Telephone +64 4 460 4990

Level 9, 40 Mercer Street

PO Box 10 254 Wellington 6143

Freephone Information Line

0800 66 00 50 (9am – 5pm weekdays)

Circulation

You can register to have an electronic version of the Pharmaceutical Schedule, Section H for Hospital Pharmaceuticals (link to PDF copy) emailed to your nominated email address each month by subscribing at schedule.pharmac.govt.nz/subscribe.

Production

Typeset automatically from XML and T_EX.
XML version of the Schedule available from schedule.pharmac.govt.nz/pub/HML

Programmers

Anrik Drenth

email: texschedule@pharmac.govt.nz

©Pharmaceutical Management Agency



ISSN 1179-3708 pdf

This work is licensed under the Creative Commons Attribution 4.0 International licence. In essence, you are free to copy, distribute and adapt it, as long as you attribute the work to Pharmac and abide by the other licence terms. To view a copy of this licence, visit: creativecommons.org/licenses/by/4.0/. Attribution to Pharmac should be in written form and not by reproduction of the Pharmac logo. While care has been taken in compiling this Schedule, Pharmac takes no responsibility for any errors or omissions, and shall not be liable for any consequences arising there from.

Introducing Pharmac 2

Part I General Rules 4

Part II Alimentary Tract and Metabolism 5

Blood and Blood Forming Organs 30

Cardiovascular System 44

Dermatologicals 67

Genito-Urinary System 74

Hormone Preparations 78

Infections 89

Musculoskeletal System 114

Nervous System 121

Oncology Agents and Immunosuppressants 150

Respiratory System and Allergies 267

Sensory Organs 277

Various 284

Extemporaneous Compounds (ECPs) 292

Special Foods 295

Vaccines 313

Part III Optional Pharmaceuticals 324

Index 325

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.

Pharmac's role:

"to secure for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided."

Pae Ora (Healthy Futures) Act 2022

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 <https://pharmac.govt.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.

Read the [General Rules](https://pharmac.govt.nz/section-a) : <https://pharmac.govt.nz/section-a>.

	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 Extra Strength</i>
Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml.....	7.50	500 ml	Acidex
SODIUM CITRATE			
Oral liq 8.8% (300 mmol/l).....	25.00	90 ml	Biomed
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).....	47.30	473 ml	Calcium carbonate PAI
→ Restricted (RS1698)	39.00	500 ml	Roxane
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 – 5% DV Feb-26 to 2028	12.00	400	Diamide Relief
Rectal and Colonic Anti-Inflammatories			
BUDESONIDE – Restricted see terms on the next page			
↓ Cap modified-release 3 mg – 5% DV Dec-25 to 2028	33.38	90	Budesonide Te Arai
Products with Hospital Supply Status (HSS) are in bold			
Expiry date of HSS period is 30 June of the year indicated unless otherwise stated.			

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

➔ 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

Re-assessment required after 6 months

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

Re-assessment required after 6 months

Treatment remains appropriate and the patient is benefitting from the treatment.

HYDROCORTISONE ACETATE

Rectal foam 10%, CFC free (14 applications)	57.09	15 g	Colifoam
---	-------	------	----------

HYDROCORTISONE ACETATE WITH PRAMOXINE HYDROCHLORIDE

Topical Aerosol foam, 1% with pramoxine hydrochloride 1%

MESALAZINE

Tab EC 400 mg	49.50	100	Asacol
	71.00	90	Octasa
Tab long-acting 500 mg	56.10	100	Pentasa
Tab 800 mg	85.50	90	Asacol
Tab 1,600 mg	85.50	60	Asacol
Modified release granules 1 g	118.10	100 g	Pentasa
Suppos 500 mg	22.80	20	Asacol
Suppos 1 g	50.96	28	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	19.49	100	Salazopyrin
Tab EC 500 mg	20.54	100	Salazopyrin EN

Local Preparations for Anal and Rectal Disorders

Antihæmorrhoidal Preparations

CINCHOCAINE HYDROCHLORIDE WITH HYDROCORTISONE			
Oint 5 mg with hydrocortisone 5 mg per g	15.00	30 g	Proctosedyl
Suppos 5 mg with hydrocortisone 5 mg per g	9.90	12	Proctosedyl
FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE			
Oint 950 mcg with fluocortolone pivalate 920 mcg and cinchocaine hydrochloride 5 mg per g	13.05	30 g	Ultraproct
Suppos 630 mcg with fluocortolone pivalate 610 mcg and cinchocaine hydrochloride 1 mg	8.61	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	19.00	5	Robinul
HYOSCINE BUTYLBROMIDE			
Tab 10 mg – 5% DV Apr-25 to 2027	2.25	20	Hyoscine Butylbromide (Adiramédica)
Inj 20 mg, 1 ml ampoule – 5% DV Dec-23 to 2026	1.91	1	Spazmol
MEBEVERINE HYDROCHLORIDE			
Tab 135 mg – 5% DV Dec-23 to 2026	8.50	90	Colofac

Antiulcerants

Antisecretory and Cytoprotective

MISOPROSTOL			
Tab 200 mcg	47.73	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	10.27	100	Famotidine Hovid MY
Inj 10 mg per ml, 2 ml vial			
Inj 10 mg per ml, 4 ml vial			
RANITIDINE – Restricted see terms below			
⚡ Tab 150 mg			
⚡ Tab 300 mg			
⚡ Inj 25 mg per ml, 2 ml ampoule			
➡ Restricted (RS1703)			
Initiation			
Either:			
1 For continuation use; or			
2 Routine prevention of allergic reactions..			
Proton Pump Inhibitors			
LANSOPRAZOLE			
Cap 15 mg – 5% DV Feb-25 to 2027	4.04	100	Lanzol Relief
Cap 30 mg – 5% DV Feb-25 to 2027	5.43	100	Lanzol Relief
OMEPRAZOLE			
⚡ Tab dispersible 10 mg			
➡ Restricted (RS1027)			
Initiation			
Only for use in tube-fed patients.			
⚡ Tab dispersible 20 mg			
➡ Restricted (RS1027)			
Initiation			
Only for use in tube-fed patients.			
Cap 10 mg – 5% DV Mar-24 to 2026	2.06	90	Omeprazole Teva Omeprazole actavis 10
Cap 20 mg – 5% DV Mar-24 to 2026	2.02	90	Omeprazole Teva Omeprazole actavis 20
Cap 40 mg – 5% DV Mar-24 to 2026	3.18	90	Omeprazole Teva Omeprazole actavis 40
Powder for oral liq.....	52.00	5 g	Midwest
Inj 40 mg ampoule with diluent.....	37.38	5	Dr Reddy's Omeprazole
Inj 40 mg vial	11.95	5	Omezol IV
PANTOPRAZOLE			
Tab EC 20 mg – 5% DV May-26 to 2028	1.81	90	Panzop Relief
Tab EC 40 mg – 5% DV May-26 to 2028	2.70	90	Panzop Relief
Inj 40 mg vial			

⚡ Item restricted (see ➡ above); ⚡ Item restricted (see ➡ below)
e.g. *Brand* indicates brand example only. It is not a contracted product.

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

Site Protective Agents

COLLOIDAL BISMUTH SUBCITRATE

Tab 120 mg 14.51 50 Gastrodenol

SUCRALFATE

Tab 1 g

Bile and Liver Therapy

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

↓ Grans for oral liquid 3 g

→ **Restricted (RS1261)**

Initiation

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

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

↓ Tab 550 mg – 5% DV **Dec-24 to 2027** 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 – 5% DV **Feb-25 to 2027** 11.20 90 **Accarb**

Tab 100 mg – 5% DV **Feb-25 to 2027** 17.38 90 **Accarb**

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 32.00 1 Glucagen Hypokit

GLUCOSE [DEXTROSE]

Tab 1.5 g

Tab 3.1 g

Tab 4 g

Oral soln 15 g per 80 ml sachet 70.00 50 HypoPak Glucose

Gel 40%

GLUCOSE WITH SUCROSE AND FRUCTOSE

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 DEGLUDEC WITH INSULIN ASPART			
Inj degludec 70 u with insulin aspart 30 u, 100 u per ml, 3 ml.....	80.00	5	Ryzodeg 70/30 Penfill
INSULIN ISOPHANE			
Inj insulin human 100 u per ml, 10 ml vial			
Inj insulin human 100 u per ml, 3 ml cartridge			
INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE			
Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge.....	42.66	5	Humalog Mix 25
Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge.....	42.66	5	Humalog Mix 50
INSULIN NEUTRAL WITH INSULIN ISOPHANE			
Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 10 ml vial			
Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 3 ml cartridge			
Inj insulin neutral 40% with insulin isophane 60%, 100 u per ml, 3 ml cartridge			
Inj insulin neutral 50% with insulin isophane 50%, 100 u per ml, 3 ml cartridge			
Insulin - Long-Acting Preparations			
INSULIN GLARGINE			
Inj 100 u per ml, 3 ml disposable pen.....	94.50	5	Lantus SoloStar
Inj 100 u per ml, 3 ml cartridge.....	94.50	5	Lantus
Inj 100 u per ml, 10 ml vial.....	63.00	1	Lantus
Insulin - Rapid-Acting Preparations			
INSULIN ASPART			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
Inj 100 u per ml, 3 ml syringe	51.19	5	NovoRapid FlexPen
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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Oral Hypoglycaemic Agents			
GLIBENCLAMIDE			
Tab 5 mg	7.50	100	Daonil
GLICLAZIDE			
Tab 80 mg – 5% DV Feb-24 to 2026	20.10	500	Glizide
GLIPIZIDE			
Tab 5 mg – 5% DV Mar-25 to 2027	6.86	100	Minidiab
METFORMIN HYDROCHLORIDE			
Tab immediate-release 500 mg – 1% DV Mar-23 to 2027	14.74	1,000	Metformin Viatris
Tab immediate-release 850 mg – 1% DV Aug-23 to 2027	11.28	500	Metformin Viatris
PIOGLITAZONE			
Tab 15 mg – 5% DV Dec-24 to 2027	6.15	90	Vexazone
Tab 30 mg – 5% DV Dec-24 to 2027	7.25	90	Vexazone
Tab 45 mg – 5% DV Dec-24 to 2027	12.00	90	Vexazone
VILDAGLIPTIN			
Tab 50 mg	35.00	60	Galvus
VILDAGLIPTIN WITH METFORMIN HYDROCHLORIDE			
Tab 50 mg with 1,000 mg metformin hydrochloride	35.00	60	Galvumet
Tab 50 mg with 850 mg metformin hydrochloride	35.00	60	Galvumet

GLP-1 Agonists

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

Note: Not to be given in combination with another funded GLP-1 agonist or empagliflozin / empagliflozin with metformin hydrochloride unless receiving empagliflozin / empagliflozin with metformin hydrochloride for the treatment of heart failure.

↓ Inj 1.5 mg per 0.5 ml prefilled pen 115.23 4 Trulicity

→ **Restricted (RS2135)**

Initiation

Either:

- 1 For continuation use; or
- 2 All of the following:
 - 2.1 Patient has type 2 diabetes; and
 - 2.2 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of all of the following funded blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin; and
 - 2.3 Any of the following:
 - 2.3.1 Patient is Māori or any Pacific ethnicity*; or
 - 2.3.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or
 - 2.3.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or
 - 2.3.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or
 - 2.3.5 Patient has diabetic kidney disease (see note b)*.

Notes: * Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes.

- a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack,

continued...

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

continued...

ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.

- b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m2 in the presence of diabetes, without alternative cause identified.
- c) Funded GLP-1a treatment is not to be given in combination with funded (empagliflozin / empagliflozin with metformin hydrochloride) unless receiving funded (empagliflozin or empagliflozin in combination with metformin hydrochloride) for the treatment of heart failure.

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

Note: Not to be given in combination with another funded GLP-1 agonist or empagliflozin / empagliflozin with metformin hydrochloride unless receiving empagliflozin / empagliflozin with metformin hydrochloride for the treatment of heart failure.

⚡ Inj 6 mg per ml, 3 ml prefilled pen383.72 3 Victoza

➡ **Restricted** ([RS2136](#))

Initiation

Either:

- 1 For continuation use; or
- 2 All of the following:
 - 2.1 Patient has type 2 diabetes; and
 - 2.2 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of all of the following funded blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin; and
 - 2.3 Any of the following:
 - 2.3.1 Patient is Māori or any Pacific ethnicity*; or
 - 2.3.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or
 - 2.3.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or
 - 2.3.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or
 - 2.3.5 Patient has diabetic kidney disease (see note b)*.

Notes: * Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes.

- a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.
- b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m2 in the presence of diabetes, without alternative cause identified.
- c) Funded GLP-1a treatment is not to be given in combination with funded (empagliflozin / empagliflozin with metformin hydrochloride) unless receiving funded (empagliflozin or empagliflozin in combination with metformin hydrochloride) for the treatment of heart failure.

SGLT2 Inhibitors

➡ **Restricted** ([RS2069](#))

Initiation – heart failure reduced ejection fraction

All of the following:

- 1 Patient has heart failure; and
- 2 Patient is in NYHA functional class II or III or IV; and

continued...

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

continued...

3 Either:

- 3.1 Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%; or
- 3.2 An ECHO is not reasonably practicable, and in the opinion of the treating practitioner the patient would benefit from treatment; and
- 4 Patient is receiving concomitant optimal standard funded chronic heart failure treatment.

Initiation – Type 2 Diabetes

Any of the following:

- 1 For continuation use; or
- 2 Patient has previously had an initial approval for a GLP-1 agonist; or
- 3 All of the following:
 - 3.1 Patient has type 2 diabetes; and
 - 3.2 Any of the following:
 - 3.2.1 Patient is Māori or any Pacific ethnicity*; or
 - 3.2.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or
 - 3.2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or
 - 3.2.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or
 - 3.2.5 Patient has diabetic kidney disease (see note b)*; and
 - 3.3 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of at least one blood-glucose lowering agent (e.g. metformin, vildagliptin, or insulin) for at least 3 months.

Notes: * Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes.

- a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.
- b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m² in the presence of diabetes, without alternative cause.
- c) Funded [empagliflozin / empagliflozin with metformin hydrochloride] treatment is not to be given in combination with a funded GLP-1 unless receiving (empagliflozin / empagliflozin with metformin hydrochloride) for the treatment of heart failure.

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

† Tab 10 mg	58.56	30	Jardiance
† Tab 25 mg	58.56	30	Jardiance

EMPAGLIFLOZIN WITH METFORMIN HYDROCHLORIDE – **Restricted** see terms [on the previous page](#)

† Tab 5 mg with 1,000 mg metformin hydrochloride	58.56	60	Jardiamet
† Tab 5 mg with 500 mg metformin hydrochloride	58.56	60	Jardiamet
† Tab 12.5 mg with 1,000 mg metformin hydrochloride	58.56	60	Jardiamet
† Tab 12.5 mg with 500 mg metformin hydrochloride	58.56	60	Jardiamet

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

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)	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)	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 – 5% DV Feb-24 to 2026	33.95	100	Ursosan
---	-------	-----	---------

➡ Restricted (RS2103)

Initiation – Alagille syndrome or progressive familial intrahepatic cholestasis

Either:

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

Initiation – Chronic severe drug induced cholestatic liver injury

All of the following:

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

Initiation – Primary biliary cholangitis

Both:

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

Initiation – Pregnancy

Patient diagnosed with cholestasis of pregnancy.

Initiation – Haematological transplant

Both:

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

Initiation – Total parenteral nutrition induced cholestasis

Both:

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

Initiation – prevention of sinusoidal obstruction syndrome

The individual has leukaemia/lymphoma and requires prophylaxis for medications/therapies with a high risk of sinusoidal obstruction syndrome.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Laxatives			
Bowel-Cleansing Preparations			
CITRIC ACID WITH MAGNESIUM CARBONATE HYDRATE AND SODIUM PICOSULFATE			
Powder for oral soln 12 g with magnesium carbonate hydrate 7.4 g and sodium picosulfate 10 mg per sachet			<i>e.g. PicoPrep Orange</i>
MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE, SODIUM CHLORIDE AND CITRIC ACID WITH MAGNESIUM CARBONATE HYDRATE AND SODIUM PICOSULFATE			
Powder for oral soln 52.9 g with ascorbic acid 6 g, potassium chloride 740 mg, sodium chloride 2.6 g and sodium sulphate 5.6 g per sachet (1) and powder for oral soln citric acid 12 g with magnesium carbonate hydrate 7.4 g and sodium picosulfate 10 mg per sachet (2)			<i>e.g. Prepkit Orange</i>
MACROGOL 3350 WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE			
Powder for oral soln 755.68 mg with potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet – 5% DV Feb-25 to 2027	16.10	3	Glycoprep Orange
	64.32	12	Glycoprep Orange
Powder for oral soln 755.68 mg with potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 210 g sachet			<i>e.g. Glycoprep Orange</i>
MACROGOL 3350 WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE WITH/WITHOUT SODIUM SULFATE, SODIUM ASCORBATE, ASCORBIC ACID			
Powd for oral soln 100g with potassium chloride 1g, sodium chloride 2g and sodium sulfate 9g per sach(1), powd for oral soln 40g with potassium chloride 1.2g and sodium chloride 3.2g per sach(1) and powd for oral soln ascorbic acid 7.54g and sodium ascorbate 48.11g per sach(1) – 5% DV Oct-23 to 2026	18.52	3	Plenvu
Bulk-Forming Agents			
ISPAGHULA (PSYLLIUM) HUSK			
Powder for oral soln	22.10	500 g	Konsyl-D
STERCULIA WITH FRANGULA – Restricted: For continuation only			
➡ Powder for oral soln			
Faecal Softeners			
DOCUSATE SODIUM			
Tab 50 mg – 5% DV Feb-24 to 2026	3.20	100	Coloxyl
Tab 120 mg – 5% DV Feb-24 to 2026	4.98	100	Coloxyl
DOCUSATE SODIUM WITH SENNOSIDES			
Tab 50 mg with sennosides 8 mg – 5% DV May-26 to 2028	3.50	200	Laxsol
	1.50	100	Solax
<i>(Laxsol Tab 50 mg with sennosides 8 mg to be delisted 1 May 2026)</i>			
PARAFFIN			
Oral liquid 1 mg per ml			
Enema 133 ml			
POLOXAMER			
Oral drops 10% – 5% DV Feb-24 to 2026	4.17	30 ml	Coloxyl

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

Opioid Receptor Antagonists - Peripheral

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

↓ Inj 12 mg per 0.6 ml vial	36.00	1	Relistor
	246.00	7	Relistor

➔ **Restricted (RS2057)**

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.

Initiation – Opioid induced constipation outside of palliative care

Limited to 14 days treatment

All of the following:

- 1 Individual has opioid induced constipation; and
- 2 Oral and rectal treatments for opioid induced constipation, including bowel-cleansing preparations, are ineffective or inappropriate; and
- 3 Mechanical bowel obstruction has been excluded.

Osmotic Laxatives

GLYCEROL

Suppos 2.8/4.0 g – 5% DV Feb-26 to 2028	12.39	20	Lax-suppositories Glycerol
---	-------	----	---------------------------------------

Note: DV limit applies to glycerol suppository presentations.

LACTULOSE

Oral liq 10 g per 15 ml – 5% DV Feb-26 to 2028	6.16	500 ml	Laevolac
--	------	--------	-----------------

MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE

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

Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg.....

8.50	30	APO Health Macrogol
10.15		Molaxole
12.19		Movicol

(APO Health Macrogol Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg to be delisted 1 January 2026)

SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE

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

DV Feb-26 to 2028	36.89	50	Micolette
--------------------------------	-------	----	------------------

SODIUM PHOSPHATE WITH PHOSPHORIC ACID

Oral liq 16.4% with phosphoric acid 25.14%

Enema 10% with phosphoric acid 6.58%	3.70	1	Fleet Phosphate Enema
--	------	---	-----------------------

Stimulant Laxatives

BISACODYL

Tab 5 mg	5.80	200	Bisacodyl Viatris
Suppos 10 mg – 5% DV Feb-25 to 2027	4.14	10	Lax-Suppositories

SENNOSIDES

Tab 7.5 mg

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM PICOSULFATE – Restricted see terms below			
↓ Oral soln 7.5 mg per ml	7.40	30 ml	Dulcolax SP Drop

→ **Restricted (RS1843)**

Initiation

Both:

- 1 The patient is a child with problematic constipation despite an adequate trial of other oral pharmacotherapies including macrogol where practicable; and
- 2 The patient would otherwise require a high-volume bowel cleansing preparation.

Metabolic Disorder Agents

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

↓ Inj 50 mg vial 1,142.60 1 Myozyme

→ **Restricted (RS1793)**

Initiation

Metabolic physician

Re-assessment required after 12 months

All of the following:

- 1 The patient is aged up to 24 months at the time of initial application and has been diagnosed with infantile Pompe disease; and
- 2 Any of the following:
 - 2.1 Diagnosis confirmed by documented deficiency of acid alpha-glucosidase by prenatal diagnosis using chorionic villus biopsies and/or cultured amniotic cells; or
 - 2.2 Documented deficiency of acid alpha-glucosidase, and urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides; or
 - 2.3 Documented deficiency of acid alpha-glucosidase, and documented molecular genetic testing indicating a disease-causing mutation in the acid alpha-glucosidase gene (GAA gene); or
 - 2.4 Documented urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides, and molecular genetic testing indicating a disease-causing mutation in the GAA gene; and
- 3 Patient has not required long-term invasive ventilation for respiratory failure prior to starting enzyme replacement therapy (ERT); and
- 4 Patient does not have another life-threatening or severe disease where the prognosis is unlikely to be influenced by ERT or might be reasonably expected to compromise a response to ERT; and
- 5 Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks.

Continuation

Metabolic physician

Re-assessment required after 12 months

All of the following:

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ARGININE			
Tab 1,000 mg			
Cap 500 mg			
Powder			
Inj 500 mg per ml, 10 ml vial			
Inj 600 mg per ml, 25 ml vial			
BETAINE – Restricted see terms below			
↓ Powder for oral soln.....	575.00	180 g	Cystadane
➔ Restricted (RS1794)			
Initiation			
Metabolic physician			
<i>Re-assessment required after 12 months</i>			
All of the following:			
1 The patient has a confirmed diagnosis of homocystinuria; and			
2 Any of the following:			
2.1 A cystathionine beta-synthase (CBS) deficiency; or			
2.2 A 5,10-methylene-tetrahydrofolate reductase (MTHFR) deficiency; or			
2.3 A disorder of intracellular cobalamin metabolism; and			
3 An appropriate homocysteine level has not been achieved despite a sufficient trial of appropriate vitamin supplementation.			
Continuation			
Metabolic physician			
<i>Re-assessment required after 12 months</i>			
The treatment remains appropriate and the patient is benefiting from treatment.			
BIOTIN – Restricted see terms below			
↓ Cap 50 mg			
↓ Cap 100 mg			
↓ Inj 10 mg per ml, 5 ml vial			
➔ Restricted (RS1330)			
Metabolic physician or metabolic disorders dietitian			
CARGLUMIC ACID – Restricted see terms below			
↓ Tab disp 200 mg			
➔ Restricted (RS1831)			
Initiation			
Metabolic physician			
For the acute in-patient treatment of organic acidaemias as an alternative to haemofiltration.			
COENZYME Q10 – Restricted see terms below			
↓ Cap 120 mg			
↓ Cap 160 mg			
➔ Restricted (RS1832)			
Initiation			
Metabolic physician			
<i>Re-assessment required after 6 months</i>			
The patient has a suspected inborn error of metabolism that may respond to coenzyme Q10 supplementation.			
Continuation			
Metabolic physician			
<i>Re-assessment required after 24 months</i>			
Both:			
1 The patient has a confirmed diagnosis of an inborn error of metabolism that responds to coenzyme Q10 supplementation; and			
2 The treatment remains appropriate and the patient is benefiting from treatment.			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
GALSULFASE – Restricted see terms below			
⚡ Inj 1 mg per ml, 5 ml vial.....	2,234.00	1	Naglazyme
➔ Restricted (RS1795)			
Initiation			
Metabolic physician			
<i>Re-assessment required after 12 months</i>			
Both:			
1 The patient has been diagnosed with mucopolysaccharidosis VI; and			
2 Either:			
2.1 Diagnosis confirmed by demonstration of N-acetyl-galactosamine-4-sulfatase (arylsulfatase B) deficiency confirmed by either enzyme activity assay in leukocytes or skin fibroblasts; or			
2.2 Detection of two disease causing mutations and patient has a sibling who is known to have mucopolysaccharidosis VI.			
Continuation			
Metabolic physician			
<i>Re-assessment required after 12 months</i>			
All of the following:			
1 The treatment remains appropriate for the patient and the patient is benefiting from treatment; and			
2 Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and			
3 Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by Enzyme Replacement Therapy (ERT); and			
4 Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT.			
HAEM ARGINATE			
Inj 25 mg per ml, 10 ml ampoule			
IDURSULFASE – Restricted see terms below			
⚡ Inj 2 mg per ml, 3 ml vial.....	4,608.30	1	Elaprase
➔ Restricted (RS1546)			
Initiation			
Metabolic physician			
<i>Limited to 24 weeks treatment</i>			
All of the following:			
1 The patient has been diagnosed with Hunter Syndrome (mucopolysaccharidosis II); and			
2 Either:			
2.1 Diagnosis confirmed by demonstration of iduronate 2-sulfatase deficiency in white blood cells by either enzyme assay in cultured skin fibroblasts; or			
2.2 Detection of a disease causing mutation in the iduronate 2-sulfatase gene; and			
3 Patient is going to proceed with a haematopoietic stem cell transplant (HSCT) within the next 3 months and treatment with idursulfase would be bridging treatment to transplant; and			
4 Patient has not required long-term invasive ventilation for respiratory failure prior to starting Enzyme Replacement Therapy (ERT); and			
5 Idursulfase to be administered for a total of 24 weeks (equivalent to 12 weeks pre- and 12 weeks post-HSCT) at doses no greater than 0.5 mg/kg every week.			
LARONIDASE – Restricted see terms below			
⚡ Inj 100 U per ml, 5 ml vial.....	1,335.16	1	Aldurazyme
➔ Restricted (RS1607)			
Initiation			
Metabolic physician			
<i>Limited to 24 weeks treatment</i>			
All of the following:			

continued...

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

continued...

- 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](#)

- ⚡ Tab 500 mg
- ⚡ Cap 250 mg
- ⚡ Cap 500 mg
- ⚡ Oral liq 500 mg per 10 ml
- ⚡ 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

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

- ⚡ Tab 100 mg
- ⚡ Cap 100 mg

➡ **Restricted** (RS1833)

Initiation

Metabolic physician or neurologist

Re-assessment required after 6 months

The patient has a suspected inborn error of metabolism that may respond to riboflavin supplementation.

Continuation

Metabolic physician or neurologist

Re-assessment required after 24 months

Both:

- 1 The patient has a confirmed diagnosis of an inborn error of metabolism that responds to riboflavin supplementation; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

SAPROPTERIN DIHYDROCHLORIDE – **Restricted** see terms [below](#)

- ⚡ Tab soluble 100 mg 1,452.70 30 Kuvan

➡ **Restricted** (RS1796)

Initiation

Metabolic physician

Re-assessment required after 1 month

All of the following:

continued...

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

continued...

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

Continuation

Metabolic physician

Re-assessment required after 12 months

All of the following:

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

SODIUM BENZOATE

Cap 500 mg

Powder

Soln 100 mg per ml

Inj 20%, 10 ml ampoule

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

Tab 500 mg

↓ Grans 483 mg per g.....2,016.00 174 g Pheburane

Oral liq 250 mg per ml

Inj 200 mg per ml, 10 ml ampoule

→ **Restricted (RS1797)**

Initiation

Metabolic physician

Re-assessment required after 12 months

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

Continuation

Metabolic physician

Re-assessment required after 12 months

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

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

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

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

➔ Restricted (RS1897)

Initiation

Metabolic physician

Re-assessment required after 12 months

All of the following:

- 1 The patient has a diagnosis of symptomatic type 1 or type 3* Gaucher disease confirmed by the demonstration of specific deficiency of glucocerebrosidase in leukocytes or cultured skin fibroblasts, and genotypic analysis; and
- 2 Patient does not have another life-threatening or severe disease where the prognosis is unlikely to be influenced by enzyme replacement therapy (ERT) or the disease might be reasonably expected to compromise a response to ERT; and
- 3 Any of the following:
 - 3.1 Patient has haematological complications of Gaucher disease; or
 - 3.2 Patient has skeletal complications of Gaucher disease; or
 - 3.3 Patient has significant liver dysfunction or hepatomegaly attributable to Gaucher disease; or
 - 3.4 Patient has reduced vital capacity from clinically significant or progressive pulmonary disease due to Gaucher disease; or
 - 3.5 Patient is a child and has experienced growth failure with significant decrease in percentile linear growth over a 6-12 month period; and
- 4 Taliglucerase alfa is to be administered at a dose no greater than 30 unit/kg every other week rounded to the nearest whole vial (200 units).

Note: Indication marked with * is an unapproved indication

Continuation

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

Re-assessment required after 3 years

All of the following:

- 1 Patient has demonstrated a symptomatic improvement and has maintained improvements in the main symptom or symptoms for which therapy was started; and
- 2 Patient has demonstrated a clinically objective improvement or no deterioration in haemoglobin levels, platelet counts and liver and spleen size; and
- 3 RRadiological (MRI) signs of bone activity performed at two years since initiation of treatment, and five yearly thereafter, demonstrate no deterioration shown by the MRI, compared with MRI taken immediately prior to commencement of therapy or adjusted dose; and
- 4 Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT; and
- 5 Patient is adherent with regular treatment and taliglucerase alfa is to be administered at a dose no greater than 30 unit/kg every other week rounded to the nearest whole vial (200 units).

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

⚡ Cap 500 mg

⚡ Cap 1,000 mg

⚡ Powder

➔ Restricted (RS1834)

Initiation

Metabolic physician

Re-assessment required after 6 months

The patient has a suspected specific mitochondrial disorder that may respond to taurine supplementation.

Continuation

Metabolic physician

Re-assessment required after 24 months

Both:

- 1 The patient has a confirmed diagnosis of a specific mitochondrial disorder which responds to taurine supplementation; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment.

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

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

↓ Cap 250 mg 2,022.00 100 Trientine Waymade

➔ **Restricted** ([RS2026](#))

Initiation

All of the following:

- 1 Patient has confirmed Wilson disease; and
- 2 Treatment with D-penicillamine has been trialled and discontinued because the person has experienced intolerable side effects or has not received sufficient benefit; and
- 3 Treatment with zinc has been trialled and discontinued because the person has experienced intolerable side effects or has not received sufficient benefit, or zinc is considered clinically inappropriate as the person has symptomatic liver disease and requires copper chelation.

Minerals

Calcium

CALCIUM CARBONATE

Tab 1.25 g (500 mg elemental) – **5% DV Feb-24 to 2026** 7.28 250 **Calci-Tab 500**

Tab eff 1.25 g (500 mg elemental)

Tab eff 1.75 g (1 g elemental)

Copper

➔ **Restricted** ([RS1928](#))

Initiation – Moderate to severe burns

Limited to 3 months treatment

Both:

- 1 Patient has been hospitalised with moderate to severe burns; and
- 2 Treatment is recommended by a National Burns Unit specialist.

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

† Tab 2.5 mg, chelated

COPPER CHLORIDE – **Restricted** see terms [above](#)

† Inj 0.4 mg per ml, 10 ml vial

Fluoride

SODIUM FLUORIDE

Tab 1.1 mg (0.5 mg elemental)

Iodine

POTASSIUM IODATE

Tab 253 mcg (150 mcg elemental iodine) – **5% DV Feb-24 to 2026** 5.99 90 **NeuroTabs**

POTASSIUM IODATE WITH IODINE

Oral liq 10% with iodine 5%

Iron

FERROUS FUMARATE

Tab 200 mg (65.7 mg elemental) – **5% DV Feb-25 to 2027** 3.49 100 **Ferro-tab**

ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FERROUS FUMARATE WITH FOLIC ACID			
Tab 310 mg (100 mg elemental) with folic acid 350 mcg – 5% DV Dec-24 to 2027	5.98	100	Ferro-F-Tabs
FERROUS GLUCONATE WITH ASCORBIC ACID			
Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg			
FERROUS SULFATE			
➔ Tab long-acting 325 mg (105 mg elemental) – Restricted: For continuation only.....	2.55	30	Ferrograd
Oral liq 30 mg (6 mg elemental) per ml – 5% DV Feb-26 to 2028	13.10	500 ml	Ferodan
	10.25	250 ml	Ferro-Liquid
<i>(Ferrograd Tab long-acting 325 mg (105 mg elemental) to be delisted 1 March 2026)</i>			
<i>(Ferodan Oral liq 30 mg (6 mg elemental) per ml to be delisted 1 February 2026)</i>			
FERROUS SULFATE WITH ASCORBIC ACID			
Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg			
IRON (AS 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.			
IRON (AS SUCROSE)			
Inj 20 mg per ml, 5 ml ampoule	100.00	5	Venofer
IRON POLYMALTOSE			
Inj 50 mg per ml, 2 ml ampoule	37.95	5	Ferrosig

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)			
Suspension 8%			
MAGNESIUM OXIDE			
Cap 663 mg (400 mg elemental)			
Cap 696 mg (420 mg elemental)			
MAGNESIUM OXIDE WITH MAGNESIUM ASPARTATE, MAGNESIUM AMINO ACID CHELATE AND MAGNESIUM CITRATE			
Cap 500 mg with magnesium aspartate 100 mg, magnesium amino acid chelate 100 mg and magnesium citrate 100 mg (360 mg elemental magnesium)			
MAGNESIUM SULPHATE			
Inj 100 mg per ml, 40 ml bag			
Inj 0.4 mmol per ml, 250 ml bag			
Inj 2 mmol per ml, 10 ml ampoule	75.06	10	Inresa
Inj 2 mmol per ml, 5 ml ampoule – 5% DV Jun-24 to 2026	37.53	10	Martindale
Inj 100 mg per ml, 50 ml bag			

↑ 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
--	------------------------------------	-----	-------------------------------------

Selenium

SELENIUM – Restricted see terms below			
↓ Oral liq 150 mcg per 3 drops			e.g. Clinicians selenium oral drops
↓ Inj 300 mcg per ml, 1 ml ampoule			
➔ Restricted (RS1929)			
Initiation – Moderate to severe burns			
<i>Limited to 3 months treatment</i>			
Both:			
1 Patient has been hospitalised with moderate to severe burns; and			
2 Treatment is recommended by a National Burns Unit specialist.			

Zinc

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

Mouth and Throat

Agents Used in Mouth Ulceration

BENZYDAMINE HYDROCHLORIDE			
Soln 0.15%			
Spray 0.15%			
Spray 0.3%			
BENZYDAMINE HYDROCHLORIDE WITH CETYLPYRIDINIUM CHLORIDE			
Lozenge 3 mg with cetylpyridinium chloride			
CARBOXYMETHYLCELLULOSE			
Oral spray			
CARMELLOSE SODIUM WITH PECTIN AND GELATINE			
Paste			
Powder			
CHLORHEXIDINE GLUCONATE			
Mouthwash 0.2% – 5% DV Jan-25 to 2027	3.99	200 ml	healthE
DICHLOROBENZYL ALCOHOL WITH AMYLMETACRESOL			
Lozenge 1.2 mg with amylmetacresol 0.6 mg			
TRIAMCINOLONE ACETONIDE			
Paste 0.1% – 5% DV Feb-24 to 2026	5.49	5 g	Kenalog in Orabase

Oropharyngeal Anti-Infectives

AMPHOTERICIN B			
Lozenge 10 mg.....	5.86	20	Fungilin
MICONAZOLE			
Oral gel 20 mg per g – 5% DV Feb-25 to 2027	5.19	40 g	Decozol

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
NYSTATIN			
Oral liquid 100,000 u per ml – 5% DV Feb-24 to 2026	2.22	24 ml	Nilstat

Other Oral Agents

HYALURONIC ACID WITH LIDOCAINE [LIGNOCAINE]

Inj 20 mg per ml

SILVER DIAMINE FLUORIDE

Oral application 38% 139.00 5 ml Topamine

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

↓ Inj 20 mg per ml, 1 ml syringe

→ **Restricted (RS1175)**

Otolaryngologist

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..... 7.28 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).....	18.50	1,000	Mvite
↓ cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 11 mcg, alpha tocopherol 150 u, phytomenadione 150 mcg, folic acid 0.2 mg, ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 mg, riboflavin 1.7 mg, niacin 20 mg, pyridoxine hydrochloride 1.9 mg, cyanocobalamin 3 mcg, zinc 7.5 mg and biotin 100 mcg			e.g. Vitabdeck
→ Restricted (RS1620)			
Initiation			
Any of the following:			
1 Patient has cystic fibrosis with pancreatic insufficiency; or			
2 Patient is an infant or child with liver disease or short gut syndrome; or			
3 Patient has severe malabsorption syndrome.			
↓ Powder vitamin A 3200 mcg with vitamin D 100 mcg, vitamin E 54.2 mg, vitamin C 400 mg, vitamin K1 108 mcg thiamine 3.2 mg, riboflavin 4.4 mg, niacin 41 mg, vitamin B6 3.6 mg, folic acid 600 mcg, vitamin B12 9 mcg, biotin 120 mcg, pantothenic acid 24 mg, choline 1250 mg and inositol 700 mg	74.88	200 g	Paediatric Seravit
→ Restricted (RS1178)			
Initiation			
Patient has inborn errors of metabolism.			
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg and glucose 1000 mg, 5 ml ampoule (1)			e.g. Pabrinex IV
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg, 2 ml ampoule (1)			
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)			
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 – 5% DV Jul-25 to 2027	3.95	3	Hydroxocobalamin Panpharma
PYRIDOXINE HYDROCHLORIDE			
Tab 25 mg – 5% DV Feb-24 to 2026	3.43	90	Vitamin B6 25
Tab 50 mg	23.45	500	Pyridoxine multichem
Inj 100 mg per ml, 2 ml vial			
Inj 100 mg per ml, 1 ml ampoule			
Inj 100 mg per ml, 30 ml vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
THIAMINE HYDROCHLORIDE			
Tab 50 mg	4.65	100	Thiamine multichem
Tab 100 mg			
Inj 100 mg per ml, 1 ml vial			<i>e.g. Benerva</i>
Inj 100 mg per ml, 2 ml vial			
Inj 125 mg per ml, 2 ml vial			
VITAMIN B COMPLEX			
Tab strong, BPC	11.25	500	Bplex

Vitamin C

ASCORBIC ACID			
Tab 100 mg – 5% DV Mar-26 to 2028	16.00	500	Cvite
Tab chewable 250 mg			

Vitamin D

ALFACALCIDOL			
Cap 0.25 mcg	26.32	100	One-Alpha
Cap 1 mcg	87.98	100	One-Alpha
Oral drops 2 mcg per ml	60.68	20 ml	One-Alpha
CALCITRIOL			
Cap 0.25 mcg	7.89	100	Calcitriol XL
			Calcitriol-AFT
Cap 0.5 mcg	13.68	100	Calcitriol XL
			Calcitriol-AFT
Oral liq 1 mcg per ml			
Inj 1 mcg per ml, 1 ml ampoule			
COLECALCIFEROL			
Cap 1.25 mg (50,000 iu) – 5% DV Jun-24 to 2026	3.65	12	Vit.D3
Oral liq 188 mcg per ml (7,500 iu per ml)	9.00	5 ml	Clinicians

Vitamin E

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

↓ Oral liq 156 u per ml

→ **Restricted (RS1632)**

Initiation – Cystic fibrosis

Both:

1 Cystic fibrosis patient; and

2 Either:

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

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

Initiation – Osteoradionecrosis

For the treatment of osteoradionecrosis.

Initiation – Other indications

All of the following:

1 Infant or child with liver disease or short gut syndrome; and

continued...

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

continued...

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

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

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

➔ **Restricted (RS1176)**

Initiation – Cystic fibrosis

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

Initiation – Osteoradionecrosis

For the treatment of osteoradionecrosis.

Initiation – Other indications

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

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

Antianaemics

Hypoplastic and Haemolytic

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

⚡ Inj 1,000 iu in 0.5 ml syringe.....	250.00	6	Binocrit
⚡ Inj 2,000 iu in 1 ml syringe.....	100.00	6	Binocrit
⚡ Inj 3,000 iu in 0.3 ml syringe.....	150.00	6	Binocrit
⚡ Inj 4,000 iu in 0.4 ml syringe.....	96.50	6	Binocrit
⚡ Inj 5,000 iu in 0.5 ml syringe.....	125.00	6	Binocrit
⚡ Inj 6,000 iu in 0.6 ml syringe.....	145.00	6	Binocrit
⚡ Inj 8,000 iu in 0.8 ml syringe.....	175.00	6	Binocrit
⚡ Inj 10,000 iu in 1 ml syringe.....	197.50	6	Binocrit
⚡ Inj 40,000 iu in 1 ml syringe.....	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 Any of the following:
 - 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; or
 - 3.3 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) \$	Brand or Generic Manufacturer
	Per	

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 Any of the following:
 - 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; or
 - 3.3 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

All of the following:

- 1 Haematologist; and
- 2 For use in patients where blood transfusion is not a viable treatment alternative; and
- 3 *Note: Indications marked with * are unapproved indications.

Megaloblastic

FOLIC ACID

Tab 0.8 mg	26.60	1,000	Folic Acid multichem
Tab 5 mg – 1% DV Mar-23 to 2027	5.82	100	Folic Acid Viatrix
Oral liq 50 mcg per ml	31.77	25 ml	Biomed
Inj 5 mg per ml, 10 ml vial			

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

Antifibrinolytics, Haemostatics and Local Sclerosants

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

↓ Topical soln 20% w/v

e.g. Driclor

→ **Restricted** (RS1500)

Initiation

For use as a haemostatis agent.

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

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

→ **Restricted** (RS1332)

Initiation

Cardiac anaesthetist

Either:

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

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

↓ Tab 25 mg 1,550.00

28 Revolade

↓ Tab 50 mg 3,100.00

28 Revolade

→ **Restricted** (RS1648)

Initiation – idiopathic thrombocytopenic purpura - post-splenectomy

Haematologist

Re-assessment required after 6 weeks

All of the following:

- 1 Patient has had a splenectomy; and
- 2 Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab); and
- 3 Any of the following:
 - 3.1 Patient has a platelet count of 20,000 to 30,000 platelets per microlitre and has evidence of significant mucocutaneous bleeding; or
 - 3.2 Patient has a platelet count of less than or equal to 20,000 platelets per microlitre and has evidence of active bleeding; or
 - 3.3 Patient has a platelet count of less than or equal to 10,000 platelets per microlitre.

Initiation – idiopathic thrombocytopenic purpura - preparation for splenectomy

Haematologist

Limited to 6 weeks treatment

The patient requires eltrombopag treatment as preparation for splenectomy.

Continuation – idiopathic thrombocytopenic purpura - post-splenectomy

Haematologist

Re-assessment required after 12 months

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

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

Initiation – idiopathic thrombocytopenic purpura contraindicated to splenectomy

Haematologist

Re-assessment required after 3 months

All of the following:

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

continued...

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

continued...

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

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.

EMICIZUMAB – Restricted see terms below

⚡ Inj 30 mg in 1 ml vial.....	3,570.00	1	Hemlibra
⚡ Inj 60 mg in 0.4 ml vial.....	7,138.00	1	Hemlibra
⚡ Inj 105 mg in 0.7 ml vial.....	12,492.00	1	Hemlibra
⚡ Inj 150 mg in 1 ml vial.....	17,846.00	1	Hemlibra

➡ Restricted (RS1998)

Initiation – Severe Haemophilia A with or without FVIII inhibitors

Haematologist

Both:

- 1 Patient has severe congenital haemophilia A with a severe bleeding phenotype (endogenous factor VIII activity less than or equal to 2%); and
- 2 Emicizumab is to be administered at a dose of no greater than 3 mg/kg weekly for 4 weeks followed by the equivalent of 1.5 mg/kg weekly.

FERRIC SUBSULFATE

Gel 25.9%

Soln 500 ml

POLIDOCANOL

Inj 0.5%, 30 ml vial

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM TETRADECYL SULPHATE			
Inj 3%, 2 ml ampoule			
THROMBIN			
Powder			
TRANEXAMIC ACID			
Tab 500 mg – 5% DV May-26 to 2028.....	9.93	60	Mercury Pharma
Inj 100 mg per ml, 5 ml ampoule – 5% DV Mar-25 to 2027	5.39	5	Tranexamic-AFT
Inj 100 mg per ml, 10 ml ampoule – 5% DV Mar-25 to 2027	7.99	5	Tranexamic-AFT

Anticoagulant Reversal Agents

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

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

➡ **Restricted (RS1535)**

Initiation

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

Blood Factors

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

⚡ Inj 250 iu vial.....	612.50	1	Alprolix
⚡ Inj 500 iu vial.....	1,225.00	1	Alprolix
⚡ Inj 1,000 iu vial.....	2,450.00	1	Alprolix
⚡ Inj 2,000 iu vial.....	4,900.00	1	Alprolix
⚡ Inj 3,000 iu vial.....	7,350.00	1	Alprolix
⚡ Inj 4,000 iu vial.....	9,800.00	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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 below			
⚡ Inj 1,000 iu vial.....	870.00	1	RIXUBIS
⚡ Inj 2,000 iu vial.....	1,740.00	1	RIXUBIS
⚡ Inj 3,000 iu vial.....	2,610.00	1	RIXUBIS
➔ Restricted (RS1679)			
Initiation			
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (ADVATE) – Restricted see terms below			
⚡ Inj 500 iu vial.....	420.00	1	Advate
⚡ Inj 1,000 iu vial.....	840.00	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 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 Paediatric
Inj 10 mg per ml, 1 ml ampoule	9.21	5	Konakion MM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Antithrombotics			
Anticoagulants			
BIVALIRUDIN – Restricted see terms below			
⚡ Inj 250 mg vial			
➡ Restricted (RS1181)			
Initiation			
Either:			
1 For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance; or			
2 For use in patients undergoing endovascular procedures.			
CITRATE SODIUM			
Inj 4% (200 mg per 5 ml), 5 ml ampoule			
Inj 46.7% (1.4 g per 3 ml), 3 ml syringe			
Inj 46.7% (2.36 g per 5 ml), 5 ml ampoule			
DABIGATRAN			
Cap 75 mg – 5% DV Jul-24 to 2026	27.99	60	Pradaxa
Cap 110 mg – 5% DV Jul-24 to 2026	27.99	60	Pradaxa
Cap 150 mg – 5% DV Jul-24 to 2026	27.99	60	Pradaxa
DANAPAROID – Restricted see terms below			
⚡ Inj 750 u in 0.6 ml ampoule			
➡ Restricted (RS1182)			
Initiation			
For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance.			
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 – 5% DV Feb-25 to 2027	21.90	10	Clexane
Inj 40 mg in 0.4 ml ampoule			
Inj 40 mg in 0.4 ml syringe – 5% DV Feb-25 to 2027	29.74	10	Clexane
Inj 60 mg in 0.6 ml syringe – 5% DV Feb-25 to 2027	42.47	10	Clexane
Inj 80 mg in 0.8 ml syringe – 5% DV Feb-25 to 2027	56.62	10	Clexane
Inj 100 mg in 1 ml syringe – 5% DV Feb-25 to 2027	70.91	10	Clexane
Inj 120 mg in 0.8 ml syringe – 5% DV Feb-25 to 2027	88.11	10	Clexane Forte
Inj 150 mg in 1 ml syringe – 5% DV Feb-25 to 2027	100.70	10	Clexane Forte
FONDAPARINUX SODIUM – Restricted see terms below			
⚡ Inj 2.5 mg in 0.5 ml syringe			
⚡ Inj 7.5 mg in 0.6 ml syringe			
➡ Restricted (RS1184)			
Initiation			
For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance.			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
HEPARIN SODIUM			
Inj 5,000 iu per ml, 5 ml vial.....	83.00	10	Heparin Sodium Panpharma
Inj 10 iu per ml, 5 ml ampoule (flushing solution)	19.38	10	Wockhardt
Inj 100 iu per ml, 250 ml bag			
Inj 1,000 iu per ml, 1 ml ampoule	362.98	50	Hospira
Inj 1,000 iu per ml, 5 ml ampoule	127.44	50	Pfizer
	25.49	10	Wockhardt
	103.70		Wockhardt PSF
Inj 5,000 iu in 0.2 ml ampoule			
Inj 5,000 iu per ml, 1 ml ampoule	70.33	5	Hospira
Inj 5,000 iu per ml, 5 ml ampoule – 5% DV May-26 to 2028	406.15	50	Pfizer
Inj 1,000 iu per ml, 10 ml vial.....	127.44	25	Pfizer
<i>(Heparin Sodium Panpharma Inj 5,000 iu per ml, 5 ml vial to be delisted 1 May 2026)</i>			
<i>(Wockhardt Inj 1,000 iu per ml, 5 ml ampoule to be delisted 1 January 2026)</i>			
<i>(Wockhardt PSF Inj 1,000 iu per ml, 5 ml ampoule to be delisted 1 January 2026)</i>			
<i>(Pfizer Inj 1,000 iu per ml, 10 ml vial to be delisted 1 January 2026)</i>			
HEPARINISED SALINE			
Inj 10 iu per ml, 5 ml ampoule	96.91	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 – 5% DV Dec-23 to 2026	15.60	30	Xarelto
Tab 15 mg – 5% DV Dec-23 to 2026	14.56	28	Xarelto
Tab 20 mg – 5% DV Dec-23 to 2026	14.56	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	7.50	100	Marevan
Tab 2 mg			
Tab 3 mg	12.00	100	Marevan
Tab 5 mg	13.50	100	Marevan

Antiplatelets

ASPIRIN			
Tab 100 mg – 5% DV Jun-24 to 2026	12.65	990	Ethics Aspirin EC
Suppos 300 mg			
CLOPIDOGREL			
Tab 75 mg – 5% DV Dec-25 to 2028	5.07	84	Arrow - Clopid

BLOOD AND BLOOD FORMING ORGANS

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

DIPYRIDAMOLE – **Restricted:** For continuation only

➡ Tab 25 mg			
➡ Tab long-acting 150 mg.....	13.93	60	Pytazen SR
➡ Cap modified-release 200 mg	55.13	60	Dipyridamole - Strides
➡ Inj 5 mg per ml, 2 ml ampoule			

(Pytazen SR Tab long-acting 150 mg to be delisted 1 January 2026)

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

⚡ Inj 2 mg per ml, 10 ml vial.....	180.38	1	Eptifibatide Viatris
⚡ Inj 750 mcg per ml, 100 ml vial.....	526.50	1	Eptifibatide Viatris

➡ **Restricted (RS1759)**

Initiation

Any of the following:

- 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 ASPIRIN] – **Restricted** see terms [below](#)

⚡ Inj 500 mg			<i>e.g. Aspegic</i>
--------------	--	--	---------------------

➡ **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.

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

⚡ Tab 90 mg – 5% DV Dec-24 to 2027	20.35	56	Ticagrelor Sandoz
---	-------	----	--------------------------

➡ **Restricted (RS2142)**

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 neurological stenting

Re-assessment required after 12 months

Both:

- 1 Either:
 - 1.1 Patient has had a neurological stenting procedure* in the last 60 days; or
 - 1.2 Patient is about to have a neurological stenting procedure performed*; and
- 2 Either:
 - 2.1 Patient has demonstrated clopidogrel resistance using the P2Y12 (VerifyNow) assay or another appropriate platelet function assay and requires antiplatelet treatment with ticagrelor; or
 - 2.2 Either:
 - 2.2.1 Clopidogrel resistance has been demonstrated by the occurrence of a new cerebral ischemic event; or
 - 2.2.2 Clopidogrel resistance has been demonstrated by the occurrence of transient ischemic attack symptoms referable to the stent..

Continuation – thrombosis prevention neurological stenting

Re-assessment required after 12 months

Both:

- 1 Patient is continuing to benefit from treatment; and

continued...

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

continued...

- 2 Treatment continues to be clinically appropriate.

Initiation – Percutaneous coronary intervention with stent deployment

Limited to 12 months treatment

All of the following:

- 1 Patient has undergone percutaneous coronary intervention; and
- 2 Patient has had a stent deployed in the previous 4 weeks; and
- 3 Patient 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.

Initiation – acute minor stroke or high-risk transient ischemic attack (TIA)*

All of the following:

- 1 Patient has been diagnosed with a minor stroke (NIHSS† score 3 or less), high-risk TIA (ABCD2 score 4 or more) or Crescendo TIA; and
- 2 Either:
 - 2.1 Patient is expected to be a poor metaboliser of clopidogrel, with documented clinical rationale; or
 - 2.2 Patient is allergic to clopidogrel**; and
- 3 Ticagrelor to be prescribed for a maximum of 21 days following minor stroke or TIA.

Continuation – subsequent minor stroke or high-risk transient ischemic attack

Re-assessment required after 1 month

Patient has been diagnosed with a minor stroke (NIHSS score 3 or less), high-risk transient ischemic attack (ABCD2 score 4 or more) or Crescendo TIA.

Notes: Indications marked with * are unapproved indications.

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

Note:NIHSS† National Institutes of Health Stroke Scale.

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 250,000 iu vial
- Inj 500,000 iu vial

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

Colony-Stimulating Factors

Drugs Used to Mobilise Stem Cells

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

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

➡ **Restricted (RS1536)**

Initiation – Autologous stem cell transplant

Haematologist

Limited to 3 days treatment

All of the following:

- 1 Patient is to undergo stem cell transplantation; and
- 2 Patient has not had a previous unsuccessful mobilisation attempt with plerixafor; and
- 3 Any of the following:
 - 3.1 Both:
 - 3.1.1 Patient is undergoing G-CSF mobilisation; and
 - 3.1.2 Either:
 - 3.1.2.1 Has a suboptimal peripheral blood CD34 count of less than or equal to $10 \times 10^6/L$ on day 5 after 4 days of G-CSF treatment; or
 - 3.1.2.2 Efforts to collect $> 1 \times 10^6$ CD34 cells/kg have failed after one apheresis procedure; or
 - 3.2 Both:
 - 3.2.1 Patient is undergoing chemotherapy and G-CSF mobilisation; and
 - 3.2.2 Any of the following:
 - 3.2.2.1 Both:
 - 3.2.2.1.1 Has rising white blood cell counts of $> 5 \times 10^9/L$; and
 - 3.2.2.1.2 Has a suboptimal peripheral blood CD34 count of less than or equal to $10 \times 10^6/L$; or
 - 3.2.2.2 Efforts to collect $> 1 \times 10^6$ CD34 cells/kg have failed after one apheresis procedure; or
 - 3.2.2.3 The peripheral blood CD34 cell counts are decreasing before the target has been received; or
 - 3.3 A previous mobilisation attempt with G-CSF or G-CSF plus chemotherapy has failed.

Granulocyte Colony-Stimulating Factors

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

⚡ Inj 300 mcg in 0.5 ml prefilled syringe – 5% DV Dec-24 to 202786.60 10 **Nivestim**

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

⚡ Inj 480 mcg in 0.5 ml prefilled syringe – 5% DV Dec-24 to 2027133.72 10 **Nivestim**

➡ **Restricted (RS1188)**

Haematologist or oncologist

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

⚡ Inj 6 mg per 0.6 ml syringe – 5% DV Feb-26 to 202869.50 1 **Ziextenzo**

➡ **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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Fluids and Electrolytes			
Intravenous Administration			
CALCIUM CHLORIDE			
Inj 100 mg per ml, 10 ml vial			
Inj 100 mg per ml, 50 ml syringe			<i>e.g. Baxter</i>
CALCIUM GLUCONATE			
Inj 10%, 10 ml ampoule			<i>e.g. Max Health</i>
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.....	62.82	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.....	30.72	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	239.04	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	27.90	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	19.32	12	Baxter
GLUCOSE [DEXTROSE]			
Inj 5%, 1,000 ml bag.....	52.00	10	Fresenius Kabi
Inj 5%, 100 ml bag.....	95.00	50	Fresenius Kabi
Inj 5%, 250 ml bag.....	61.50	30	Fresenius Kabi
Inj 5%, 50 ml bag.....	162.00	60	Baxter Glucose 5%
Inj 5%, 500 ml bag.....	66.00	20	Fresenius Kabi
Inj 10%, 1,000 ml bag.....	162.00	12	Baxter Glucose 10%
Inj 10%, 500 ml bag.....	126.00	18	Baxter Glucose 10%
Inj 50%, 10 ml ampoule – 5% DV Feb-24 to 2026	34.75	5	Biomed
Inj 50%, 500 ml bag.....	423.00	18	Baxter Glucose 50%
Inj 50%, 90 ml bottle – 5% DV Feb-24 to 2026	17.50	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.....	240.36	12	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 1,000 ml bag.....	189.00	12	Baxter
Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, 1,000 ml bag.....	334.08	12	Baxter

BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
GLUCOSE WITH SODIUM CHLORIDE			
Inj glucose 2.5% with sodium chloride 0.45%, 500 ml bag.....	318.78	18	Baxter
Inj 4% glucose and sodium chloride 0.18%, 1,000 ml bag.....	192.96	12	Baxter
Inj 5% glucose and sodium chloride 0.45%, 1,000 ml bag.....	192.84	12	Baxter
Inj 5% glucose and sodium chloride 0.9%, 1,000 ml bag.....	204.84	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	563.52	48	Baxter
Inj 20 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag....	192.72	12	Baxter
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag....	299.40	12	Baxter
Inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag	912.96	48	Baxter
POTASSIUM DIHYDROGEN PHOSPHATE			
Inj 1 mmol per ml, 10 ml ampoule	174.57	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.....	227.52	12	Baxter
SODIUM ACETATE			
Inj 4 mmol per ml, 20 ml ampoule			
SODIUM BICARBONATE			
Inj 8.4%, 10 ml vial			
Inj 8.4%, 50 ml vial	24.70	1	Biomed
Inj 8.4%, 100 ml vial	25.31	1	Biomed
SODIUM CHLORIDE			
Inj 0.9%, 5 ml ampoule – 5% DV Feb-26 to 2028	4.12	20	Fresenius Kabi
Inj 0.9%, 10 ml ampoule – 5% DV Feb-26 to 2028	7.50	50	Fresenius Kabi
⚡ Inj 0.9%, 3 ml syringe, non-sterile pack.....	12.00	30	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.....	12.00	30	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.....	11.70	30	BD PosiFlush
➡ Restricted (RS1297)			
Initiation			
For use in flushing of in-situ vascular access devices only.			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Inj 0.9%, 20 ml ampoule – 5% DV Feb-26 to 2028	5.20	20	Fresenius Kabi
Inj 23.4% (4 mmol/ml), 20 ml ampoule.....	40.15	5	Biomed
Inj 0.45%, 500 ml bag.....	84.42	18	Baxter
Inj 3%, 1,000 ml bag.....	165.84	12	Baxter
Inj 0.9%, 50 ml bag.....	124.20	60	Baxter
	147.75	75	Baxter-Viaflo
Inj 0.9%, 100 ml bag.....	88.80	48	Baxter
	105.60	60	Baxter-Viaflo
Inj 0.9%, 250 ml bag.....	50.40	24	Baxter
Inj 0.9%, 500 ml bag.....	27.54	18	Baxter
Inj 0.9%, 1,000 ml bag.....	18.96	12	Baxter
Inj 1.8%, 500 ml bottle			
SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]			
Inj 1 mmol per ml, 20 ml ampoule	59.10	5	Biomed
WATER			
Inj 10 ml ampoule	7.60	50	Fresenius Kabi
			Multichem
Inj 20 ml ampoule	5.00	20	Fresenius Kabi
Inj 250 ml bag			
Inj 500 ml bag			
Inj, 1,000 ml bag.....	24.12	12	Baxter
Oral Administration			
CALCIUM POLYSTYRENE SULPHONATE			
Powder	169.85	300 g	Calcium Resonium
COMPOUND ELECTROLYTES			
Powder for oral soln – 5% DV Dec-25 to 2028	9.50	50	Electral
COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]			
Soln with electrolytes.....	6.53	1	Hydralyte - Lemonade
PHOSPHORUS			
Tab eff 500 mg (16 mmol)			
POTASSIUM CHLORIDE			
Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)			
Tab long-acting 600 mg (8 mmol) – 5% DV Feb-26 to 2028	16.15	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	84.65	454 g	Resonium A
Plasma Volume Expanders			
GELATINE, SUCCINYLATED			
Inj 4%, 500 ml bag.....	139.10	10	Gelofusine

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Agents Affecting the Renin-Angiotensin System			
ACE Inhibitors			
CAPTOPRIL			
↓ Oral liq 5 mg per ml – 5% DV Apr-24 to 2026	86.00	100 ml	DP-Captopril
➔ 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.			
ENALAPRIL MALEATE			
Tab 5 mg	1.75	90	Acetec
Tab 10 mg	1.97	90	Acetec
Tab 20 mg	2.35	90	Acetec
LISINOPRIL			
Tab 5 mg – 5% DV Mar-26 to 2028	12.00	90	Teva Lisinopril
Tab 10 mg – 5% DV Mar-26 to 2028	12.00	90	Teva Lisinopril
Tab 20 mg – 5% DV Mar-26 to 2028	16.00	90	Teva Lisinopril
PERINDOPRIL			
Tab 2 mg – 5% DV Dec-24 to 2027	1.79	30	Coversyl
Tab 4 mg – 5% DV Dec-24 to 2027	2.44	30	Coversyl
Tab 8 mg – 5% DV Dec-24 to 2027	3.94	30	Coversyl
QUINAPRIL			
Tab 5 mg – 5% DV Mar-25 to 2027	10.24	90	Arrow-Quinapril 5
Tab 10 mg – 5% DV Mar-25 to 2027	12.51	90	Arrow-Quinapril 10
Tab 20 mg – 5% DV Mar-25 to 2027	14.38	90	Arrow-Quinapril 20
RAMIPRIL			
Cap 1.25 mg – 5% DV Feb-25 to 2027	17.25	90	Tryzan
Cap 2.5 mg – 5% DV Feb-25 to 2027	16.50	90	Tryzan
Cap 5 mg – 5% DV Feb-25 to 2027	16.88	90	Tryzan
Cap 10 mg – 5% DV Feb-25 to 2027	17.63	90	Tryzan
Angiotensin II Antagonists			
CANDESARTAN CILEXETIL			
Tab 4 mg – 5% DV Feb-25 to 2027	2.68	90	Candestar
Tab 8 mg – 5% DV Feb-25 to 2027	2.67	90	Candestar
Tab 16 mg – 5% DV Feb-25 to 2027	4.22	90	Candestar
Tab 32 mg – 5% DV Feb-25 to 2027	5.24	90	Candestar
LOSARTAN POTASSIUM			
Tab 12.5 mg – 5% DV Mar-24 to 2026	2.00	84	Losartan Actavis
Tab 25 mg – 5% DV Mar-24 to 2026	2.29	84	Losartan Actavis
Tab 50 mg – 5% DV Mar-24 to 2026	2.86	84	Losartan Actavis
Tab 100 mg – 5% DV Mar-24 to 2026	4.57	84	Losartan Actavis

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Angiotensin II Antagonists with Diuretics			
CANDESARTAN CILEXETIL WITH HYDROCHLOROTHIAZIDE			
Tab 16 mg with hydrochlorothiazide 12.5 mg.....	4.10	30	APO-Candesartan HCTZ 16/12.5
Tab 32 mg with hydrochlorothiazide 12.5 mg.....	5.25	30	APO-Candesartan HCTZ 32/12.5
LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE			
Tab 50 mg with hydrochlorothiazide 12.5 mg.....	4.00	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 (RS2014)			
Initiation			
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.			
Alpha-Adrenoceptor Blockers			
DOXAZOSIN			
Tab 2 mg	17.35	500	Doxazosin Clinect
Tab 4 mg	20.94	500	Doxazosin Clinect
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			
PRAZOSIN			
Tab 1 mg	5.53	100	Arrotex-Prazosin S29
Tab 2 mg	7.00	100	Arrotex-Prazosin S29
Tab 5 mg	11.70	100	Arrotex-Prazosin S29
Cap 1 mg	15.40	100	Prazosin Mylan
Cap 2 mg	15.58	100	Prazosin Mylan
Cap 5 mg	23.32	100	Prazosin Mylan

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

TERAZOSIN – **Restricted**: For continuation only

➔ Tab 1 mg

Antiarrhythmics

ADENOSINE

Inj 3 mg per ml, 2 ml vial – 5% DV Dec-24 to 2027	34.50	5	Adsine
↓ Inj 3 mg per ml, 10 ml vial – 5% DV Dec-24 to 2027	100.00	5	Adenosine Baxter

➔ **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 – 5% DV Feb-26 to 2028	4.95	30	Aratac
Tab 200 mg – 5% DV Feb-26 to 2028	5.86	30	Aratac
Inj 50 mg per ml, 3 ml ampoule – 5% DV Feb-26 to 2028	17.96	10	Max Health

ATROPINE SULPHATE

Inj 600 mcg per ml, 1 ml ampoule – 5% DV Feb-25 to 2027	16.10	10	Hikma Martindale
---	-------	----	-----------------------------

DIGOXIN

Tab 62.5 mcg – 5% DV Feb-26 to 2028	8.58	240	Lanoxin PG
Tab 250 mcg – 5% DV Feb-26 to 2028	18.75	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 – 5% DV Dec-23 to 2026	19.95	60	Flecainide BNM
Cap long-acting 100 mg – 5% DV Aug-23 to 2026	35.78	90	Flecainide Controlled Release Teva
Cap long-acting 200 mg – 5% DV Aug-23 to 2026	54.28	90	Flecainide Controlled Release Teva
Inj 10 mg per ml, 15 ml ampoule	102.79	5	Almarytm
	108.16		Tambocor
			Tambocor German

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

↓ Tab 5 mg

➔ **Restricted** (RS1566)

Initiation

Both:

- 1 Patient is indicated for computed tomography coronary angiography; and
- 2 Either:
 - 2.1 Patient has a heart rate of greater than 70 beats per minute while taking a maximally tolerated dose of beta blocker; or
 - 2.2 Patient is unable to tolerate beta blockers.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MEXILETINE HYDROCHLORIDE			
Cap 150 mg	162.00	100	Teva
Cap 250 mg	202.00	100	Teva

PROPAFENONE HYDROCHLORIDE

Tab 150 mg

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

↓ Tab 2.5 mg – 5% DV Feb-25 to 2027	36.68	100	Midodrine Medsurge
↓ Tab 5 mg – 5% DV Feb-25 to 2027	58.88	100	Midodrine Medsurge

→ Restricted (RS1427)
Initiation

Patient has disabling orthostatic hypotension not due to drugs.

Beta-Adrenoceptor Blockers
ATENOLOL

Tab 50 mg – 5% DV Feb-25 to 2027	11.00	500	Viatrix
Tab 100 mg – 5% DV Feb-25 to 2027	18.50	500	Atenolol Viatrix
Oral liq 5 mg per ml	49.85	300 ml	Atenolol-AFT

BISOPROLOL FUMARATE

Tab 2.5 mg – 5% DV Apr-24 to 2026	1.36	90	Ipca-Bisoprolol
Tab 5 mg – 5% DV Apr-24 to 2026	1.91	90	Ipca-Bisoprolol
Tab 10 mg – 5% DV Apr-24 to 2026	2.71	90	Ipca-Bisoprolol

CARVEDILOL

Tab 6.25 mg	2.24	60	Carvedilol Sandoz
Tab 12.5 mg	2.30	60	Carvedilol Sandoz
Tab 25 mg	2.95	60	Carvedilol Sandoz

CELIPROLOL – Restricted: For continuation only

→ Tab 200 mg

ESMOLOL HYDROCHLORIDE

Inj 10 mg per ml, 10 ml vial

LABETALOL

Tab 50 mg	49.54	100	Biocon
Tab 100 mg	14.50		Trandate
Tab 200 mg	42.07	100	Presolol
	27.00		Trandate

Inj 5 mg per ml, 20 ml ampoule

METOPROLOL SUCCINATE

Tab long-acting 23.75 mg – 5% DV Apr-24 to 2026	4.20	90	Myloc CR
Tab long-acting 47.5 mg – 5% DV Apr-24 to 2026	3.65	90	Myloc CR
Tab long-acting 95 mg – 5% DV Apr-24 to 2026	5.24	90	Myloc CR
Tab long-acting 190 mg – 5% DV Apr-24 to 2026	9.76	90	Myloc CR

METOPROLOL TARTRATE

Tab 50 mg – 1% DV Mar-22 to 2027	5.66	100	IPCA-Metoprolol
Tab 100 mg – 1% DV Mar-22 to 2027	7.55	60	IPCA-Metoprolol
Tab long-acting 200 mg	23.40	28	Slow-Lopresor
Inj 1 mg per ml, 5 ml vial	26.50	5	Metoprolol IV Mylan
			Metoprolol IV Viatrix

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
NADOLOL			
Tab 40 mg – 1% DV Mar-22 to 2027	19.19	100	Nadolol BNM
Tab 80 mg – 1% DV Mar-22 to 2027	30.39	100	Nadolol BNM
PROPRANOLOL			
Tab 10 mg – 1% DV Mar-22 to 2027	7.04	100	Drofate
Tab 40 mg – 1% DV Mar-22 to 2027	8.75	100	IPCA-Propranolol
Cap long-acting 160 mg	18.17	100	Cardinol LA
Oral liq 4 mg per ml			<i>e.g. Hikma-Propranolol</i>
Inj 1 mg per ml, 1 ml ampoule			
SOTALOL			
Tab 80 mg – 5% DV Feb-26 to 2028	40.00	500	Mylan
	22.50	300	Sotalol Viatris
Tab 160 mg – 5% DV Feb-26 to 2028	20.00	100	Mylan
<i>(Sotalol Viatris Tab 80 mg to be delisted 1 March 2026)</i>			

Calcium Channel Blockers

Dihydropyridine Calcium Channel Blockers

AMLODIPINE			
Tab 2.5 mg – 5% DV Feb-24 to 2026	1.45	90	Vasorex
Tab 5 mg – 5% DV Feb-24 to 2026	1.21	90	Vasorex
Tab 10 mg – 5% DV Feb-24 to 2026	1.31	90	Vasorex
FELODIPINE			
Tab long-acting 2.5 mg – 5% DV Feb-25 to 2027	2.18	30	Plendil ER
Tab long-acting 5 mg – 5% DV Feb-25 to 2027	6.57	90	Felo 5 ER
Tab long-acting 10 mg – 5% DV Feb-25 to 2027	6.95	90	Felo 10 ER
ISRADIPINE			
Tab 2.5 mg			
Cap 2.5 mg			
NICARDIPINE HYDROCHLORIDE – Restricted see terms below			
⚡ Inj 2.5 mg per ml, 10 ml vial			
➡ Restricted (RS1699)			
Initiation			
Anaesthetist, intensivist, cardiologist or paediatric cardiologist			
Any of the following:			
1 Patient has hypertension requiring urgent treatment with an intravenous agent; or			
2 Patient has excessive ventricular afterload; or			
3 Patient is awaiting or undergoing cardiac surgery using cardiopulmonary bypass.			
NIFEDIPINE			
Tab long-acting 10 mg	19.42	56	Tensipine MR10
Tab long-acting 20 mg	17.72	100	Nyefax Retard
Tab long-acting 30 mg	34.10	100	Mylan (24 hr release)
	4.78	14	Mylan Italy (24 hr release)
Tab long-acting 60 mg	52.81	100	Mylan (24 hr release)
Cap 5 mg			
NIMODIPINE			
Tab 30 mg – 5% DV Feb-26 to 2028	350.00	100	Nimotop
Inj 0.2 mg per ml, 50 ml vial – 5% DV Feb-26 to 2028	337.50	5	Nimotop

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Other Calcium Channel Blockers			
DILTIAZEM HYDROCHLORIDE			
Tab 30 mg			
Cap long-acting 120 mg – 5% DV Dec-25 to 2028	65.35	500	Diltiazem CD Clinect
Cap long-acting 180 mg – 1% DV Mar-22 to 2027	7.00	30	Cardizem CD
Cap long-acting 240 mg – 1% DV Mar-22 to 2027	9.30	30	Cardizem CD
Inj 5 mg per ml, 5 ml vial			
PERHEXILINE MALEATE			
Tab 100 mg	62.90	100	Pexsig
VERAPAMIL HYDROCHLORIDE			
Tab 40 mg	7.01	100	Isoptin
Tab 80 mg	11.74	100	Isoptin
Tab long-acting 120 mg	36.02	100	Isoptin SR
Tab long-acting 240 mg	15.12	30	Isoptin SR
Inj 2.5 mg per ml, 2 ml ampoule	25.00	5	Isoptin
Centrally-Acting Agents			
CLONIDINE			
Patch 2.5 mg, 100 mcg per day – 5% DV Feb-24 to 2026	11.70	4	Mylan
Patch 5 mg, 200 mcg per day – 5% DV Feb-24 to 2026	12.80	4	Mylan
Patch 7.5 mg, 300 mcg per day – 5% DV Feb-24 to 2026	17.90	4	Mylan
CLONIDINE HYDROCHLORIDE			
Tab 25 mcg – 5% DV Feb-26 to 2028	29.74	112	Clonidine Teva
Tab 150 mcg – 5% DV Feb-25 to 2027	40.41	100	Catapres
Inj 150 mcg per ml, 1 ml ampoule – 5% DV Jan-25 to 2027	14.10	5	Catapres
METHYLDOPA			
Tab 250 mg	15.10	100	Methyldopa Viatrix
Diuretics			
Loop Diuretics			
BUMETANIDE			
Tab 1 mg	16.36	100	Burinex
Inj 500 mcg per ml, 4 ml vial			
FUROSEMIDE [FRUSEMIDE]			
Tab 40 mg – 5% DV Feb-25 to 2027	12.80	1,000	IPCA-Frusemide
Tab 500 mg	25.00	50	Urex Forte
Oral liq 10 mg per ml	11.20	30 ml	Lasix
Inj 10 mg per ml, 2 ml ampoule	2.40	5	Furosemide-Baxter
Inj 10 mg per ml, 25 ml ampoule	60.65	6	Lasix
Osmotic Diuretics			
MANNITOL			
Inj 10%, 1,000 ml bag	882.84	12	Baxter
Inj 20%, 500 ml bag	1,296.00	18	Baxter

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

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 ml35.40 25 ml Biomed
- EPLERENONE – **Restricted** see terms [below](#)
⚡ Tab 25 mg – **5% DV Dec-24 to 2027**15.84 30 **Inspira**
⚡ Tab 50 mg – **5% DV Dec-24 to 2027**25.00 30 **Inspira**
➡ **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 – **5% DV Mar-26 to 2028**4.20 100 **Spiractin**
Tab 100 mg – **5% DV Mar-26 to 2028**11.40 100 **Spiractin**
Oral liq 5 mg per ml35.70 25 ml Biomed

Thiazide and Related Diuretics

- BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]
Tab 2.5 mg – **5% DV Mar-24 to 2026**51.50 500 **Arrow-Bendrofluaizide**
Tab 5 mg – **5% DV Mar-24 to 2026**61.00 500 **Arrow-Bendrofluaizide**
- CHLOROTHIAZIDE
Oral liq 50 mg per ml30.67 25 ml Biomed
- CHLORTALIDONE [CHLORTHALIDONE]
Tab 25 mg – **5% DV Feb-26 to 2028**6.95 50 **Hygroton**
- INDAPAMIDE
Tab 2.5 mg – **5% DV Feb-24 to 2026**16.00 90 **Dapa-Tabs**
- METOLAZONE
Tab 5 mg

Vasopressin receptor antagonists

- TOLVAPTAN – **Restricted** see terms [on the next page](#)
⚡ Tab 15 mg873.50 28 Jinarc
⚡ Tab 30 mg873.50 28 Jinarc
⚡ Tab 45 mg + 15 mg1,747.00 56 Jinarc
⚡ Tab 60 mg + 30 mg1,747.00 56 Jinarc
⚡ Tab 90 mg + 30 mg1,747.00 56 Jinarc

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

➔ Restricted (RS1930)
Initiation – autosomal dominant polycystic kidney disease

Renal physician or any relevant practitioner on the recommendation of a renal physician

Re-assessment required after 12 months

All of the following:

- 1 Patient has a confirmed diagnosis of autosomal dominant polycystic kidney disease; and
- 2 Patient has an estimated glomerular filtration rate (eGFR) of greater than or equal to 25 mL/min/1.73 m² at treatment initiation; and
- 3 Either:
 - 3.1 Patient's disease is rapidly progressing, with a decline in eGFR of greater than or equal to 5 mL/min/1.73 m² within one-year; or
 - 3.2 Patient's disease is rapidly progressing, with an average decline in eGFR of greater than or equal to 2.5 mL/min/1.73 m² per year over a five-year period.

Continuation – autosomal dominant polycystic kidney disease

Renal physician or any relevant practitioner on the recommendation of a renal physician

Re-assessment required after 12 months

Both:

- 1 Patient has not developed end-stage renal disease, defined as an eGFR of less than 15 mL/min/1.73 m²; and
- 2 Patient has not undergone a kidney transplant.

Lipid-Modifying Agents
Fibrates
BEZAFIBRATE

Tab 200 mg – 5% DV Mar-25 to 2027	22.65	90	Bezalip
Tab long-acting 400 mg – 5% DV Mar-25 to 2027	21.54	30	Bezalip Retard

HMG CoA Reductase Inhibitors (Statins)
ATORVASTATIN

Tab 10 mg – 5% DV Dec-24 to 2027	0.31	30	Lorstat
	5.16	500	Lorstat
Tab 20 mg – 5% DV Dec-24 to 2027	8.12	500	Lorstat
Tab 40 mg – 5% DV Dec-24 to 2027	13.79	500	Lorstat
Tab 80 mg – 5% DV Dec-24 to 2027	25.39	500	Lorstat

PRAVASTATIN

Tab 10 mg			
Tab 20 mg – 5% DV May-24 to 2026	7.16	100	Clinect
Tab 40 mg – 5% DV May-24 to 2026	12.25	100	Clinect

ROSUVASTATIN – Restricted see terms [below](#)

↓ Tab 5 mg – 5% DV Oct-24 to 2026	1.29	30	Rosuvastatin Viatris
↓ Tab 10 mg – 5% DV Oct-24 to 2026	1.69	30	Rosuvastatin Viatris
↓ Tab 20 mg – 5% DV Apr-24 to 2026	2.71	30	Rosuvastatin Viatris
	4.21		Rosuvastatin-Sandoz
↓ Tab 40 mg – 5% DV Apr-24 to 2026	4.55	30	Rosuvastatin Viatris

➔ Restricted (RS1868)
Initiation – cardiovascular disease risk

Either:

continued...

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

continued...

1 Both:

- 1.1 Patient is considered to be at risk of cardiovascular disease; and
- 1.2 Patient is Māori or any Pacific ethnicity; or

2 Both:

- 2.1 Patient has a calculated risk of cardiovascular disease of at least 15% over 5 years; and
- 2.2 LDL cholesterol has not reduced to less than 1.8 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin.

Initiation – familial hypercholesterolemia

Both:

- 1 Patient has familial hypercholesterolemia (defined as a Dutch Lipid Criteria score greater than or equal to 6); and
- 2 LDL cholesterol has not reduced to less than 1.8 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin.

Initiation – established cardiovascular disease

Both:

- 1 Any of the following:
 - 1.1 Patient has proven coronary artery disease (CAD); or
 - 1.2 Patient has proven peripheral artery disease (PAD); or
 - 1.3 Patient has experienced an ischaemic stroke; and
- 2 LDL cholesterol has not reduced to less than 1.4 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin.

Initiation – recurrent major cardiovascular events

Both:

- 1 Patient has experienced a recurrent major cardiovascular event (defined as myocardial infarction, ischaemic stroke, coronary revascularisation, hospitalisation for unstable angina) in the last 2 years; and
- 2 LDL cholesterol has not reduced to less than 1.0 mmol/litre with treatment with the maximum tolerated dose of atorvastatin and/or simvastatin.

SIMVASTATIN

Tab 10 mg – 5% DV Mar-24 to 2026	1.68	90	Simvastatin Mylan Simvastatin Viatris
Tab 20 mg – 5% DV Mar-24 to 2026	2.54	90	Simvastatin Viatris
Tab 40 mg – 5% DV Jun-24 to 2026	4.11	90	Simvastatin Viatris
Tab 80 mg – 5% DV Jun-24 to 2026	8.81	90	Simvastatin Viatris

Resins

COLESTYRAMINE

Powder for oral liq 4 g

COLESTIPOL HYDROCHLORIDE

Grans for oral liq 5 g

COLESTYRAMINE

Powder for oral suspension 4 g sachet	61.50	50	Colestyramine - Mylan
---	-------	----	-----------------------

Selective Cholesterol Absorption Inhibitors

EZETIMIBE

Tab 10 mg – 5% DV Dec-23 to 2026	1.76	30	Ezetimibe Sandoz
--	------	----	-------------------------

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

Other Lipid-Modifying Agents

ACIPIMOX
Cap 250 mg

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	118.00	5	Hospira
Oral pump spray, 400 mcg per dose	7.48	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 – 5% DV Feb-24 to 2026	22.49	100	Ismo 20
Tab long-acting 40 mg – 5% DV Feb-24 to 2026.....	9.80	30	Ismo 40 Retard
Tab long-acting 60 mg – 5% DV Feb-24 to 2026.....	13.50	90	Duride

Other Cardiac Agents

LEVOSIMENDAN – Restricted see terms below			
↓ Inj 2.5 mg per ml, 5 ml vial – 5% DV Nov-24 to 2027	509.60	1	Simdax
↓ Inj 2.5 mg per ml, 10 ml vial			
→ Restricted (RS1007)			

Initiation – Heart transplant

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

Initiation – Heart failure

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

Sympathomimetics

ADRENALINE			
Inj 1 in 1,000, 1 ml ampoule	4.98	5	Aspen Adrenaline
	13.27		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 – 5% DV Dec-24 to 2027	61.13	5	Dobutamine-hameln

CARDIOVASCULAR SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DOPAMINE HYDROCHLORIDE			
Inj 40 mg per ml, 5 ml ampoule – 5% DV Feb-25 to 2027	46.38	10	Dopamine Basi Max Health Ltd
EPHEDRINE			
Inj 3 mg per ml, 10 ml syringe – 5% DV Aug-25 to 2026	142.00	10	Ephedrine Aguetant Ephedrine Juno
Inj 30 mg per ml, 1 ml ampoule – 5% DV Feb-24 to 2026	34.31	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 – 5% DV Feb-24 to 2026	53.00	10	Torbay
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 – 5% DV Apr-26 to 2028	45.00	10	Noradrenaline BNM
	32.78		Noradrenaline Medsurge
<i>(Noradrenaline BNM Inj 1 mg per ml, 4 ml ampoule to be delisted 1 April 2026)</i>			
PHENYLEPHRINE HYDROCHLORIDE			
Inj 10 mg per ml, 1 ml ampoule	310.42	25	Neosynephrine HCL

Vasodilators

ALPROSTADIL – Restricted see terms [below](#)

⚠ Inj 10 mcg vial

⚠ Inj 20 mcg vial

➡ **Restricted (RS1992)**

Initiation

Both:

- 1 Patient has erectile dysfunction; and
- 2 Patient is to receive a penile Doppler ultrasonography.

ALPROSTADIL HYDROCHLORIDE

Inj 500 mcg per ml, 1 ml ampoule2,030.33

5

Prostin VR

DIAZOXIDE

Inj 15 mg per ml, 20 ml ampoule

HYDRALAZINE HYDROCHLORIDE

⚠ Tab 25 mg

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ 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 – 5% DV Dec-24 to 2027	68.00	10	Milrinone-Baxter
MINOXIDIL			
Tab 10 mg	78.40	100	Loniten
NICORANDIL			
Tab 10 mg – 5% DV Feb-26 to 2028	27.81	60	Max Health
Tab 20 mg – 5% DV Feb-26 to 2028	35.12	60	Max Health
PAPAVERINE HYDROCHLORIDE			
Inj 30 mg per ml, 1 ml vial			
Inj 12 mg per ml, 10 ml ampoule	257.12	5	Hospira
PENTOXIFYLLINE [OXPENTIFYLLINE]			
Tab 400 mg			
SODIUM NITROPRUSSIDE			
Inj 50 mg vial			

Endothelin Receptor Antagonists

AMBRISENTAN – Restricted see terms [below](#)

↓ Tab 5 mg – 5% DV Dec-23 to 2026	200.00	30	Ambrisentan Viatris
↓ Tab 10 mg – 5% DV Dec-23 to 2026	200.00	30	Ambrisentan Viatris

➔ Restricted (RS2121)

Initiation – PAH monotherapy

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

Limited to 6 months treatment

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH); and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
- 3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and
- 4 Any of the following:

4.1 All of the following:

- 4.1.1 PAH has been confirmed by right heart catheterisation; and
- 4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and
- 4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
- 4.1.4 Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm^{-5}); and

4.1.5 Any of the following:

- 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these

continued...

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

continued...

- guidelines) †; or
- 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
- 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
- 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including chronic neonatal lung disease; or
- 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 Both:
 - 5.1 Ambrisentan is to be used as PAH monotherapy; and
 - 5.2 Any of the following:
 - 5.2.1 Patient has experienced intolerable side effects with both sildenafil and bosentan; or
 - 5.2.2 Patient has an absolute contraindication to sildenafil and an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease); or
 - 5.2.3 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease.

Initiation – PAH dual therapy

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

Limited to 6 months treatment

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH); and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
- 3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and
- 4 Any of the following:
 - 4.1 All of the following:
 - 4.1.1 PAH has been confirmed by right heart catheterisation; and
 - 4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and
 - 4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
 - 4.1.4 Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm^{-5}); and
 - 4.1.5 Any of the following:
 - 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) †; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
 - 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including chronic neonatal lung disease; or
 - 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 Both:
 - 5.1 Ambrisentan is to be used as PAH dual therapy; and
 - 5.2 Any of the following:
 - 5.2.1 Patient has tried bosentan (either as PAH monotherapy, or PAH dual therapy with sildenafil) for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool**; or

continued...

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

continued...

- 5.2.2 Patient has experienced intolerable side effects on bosentan; or
- 5.2.3 Patient has an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease); or
- 5.2.4 Patient is presenting in NYHA/WHO functional class III or IV, and would benefit from initial dual therapy in the opinion of the treating clinician and has an absolute or relative contraindication to bosentan (eg. due to current liver disease or use of a combined oral contraceptive).

Initiation – PAH triple therapy

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

Limited to 6 months treatment

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH); and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
- 3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and
- 4 Any of the following:
 - 4.1 All of the following:
 - 4.1.1 PAH has been confirmed by right heart catheterisation; and
 - 4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and
 - 4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
 - 4.1.4 Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm^{-5}); and
 - 4.1.5 Any of the following:
 - 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) †; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
- 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including chronic neonatal lung disease; or
- 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 Both:
 - 5.1 Ambrisentan is to be used as PAH triple therapy; and
 - 5.2 Any of the following:
 - 5.2.1 Patient is on the lung transplant list; or
 - 5.2.2 Both:
 - 5.2.2.1 Patient is presenting in NYHA/WHO functional class IV; and
 - 5.2.2.2 Patient has an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease); or
 - 5.2.3 Both:
 - 5.2.3.1 Patient has tried PAH dual therapy for at least three months and remains in an unacceptable risk category according to a validated risk stratification tool**; and
 - 5.2.3.2 Patient does not have major life-threatening comorbidities and triple therapy is not being used in a palliative scenario.

Continuation

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist,

continued...

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

continued...

cardiologist or rheumatologist

Re-assessment required after 2 years

The patient is continuing to derive benefit from ambrisentan treatment according to a validated PAH risk stratification tool**.

Notes: † The European Respiratory Journal Guidelines can be found here: [2022 ECS/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension PAH](#)

** the requirement to use a validated risk stratification tool to determine insufficient response applies to adults. Determining insufficient response in children does not require use of a validated PAH risk stratification tool, where currently no such validated tools exist for PAH risk stratification in children.

BOSENTAN – Restricted see terms [below](#)

⚡ Tab 62.5 mg – 5% DV Jan-25 to 2027	100.00	60	Bosentan Dr Reddy's
⚡ Tab 125 mg – 5% DV Jan-25 to 2027	100.00	60	Bosentan Dr Reddy's

➔ **Restricted (RS1982)**

Initiation – PAH monotherapy

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

Limited to 6 months treatment

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH)*; and
 - 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
 - 3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and
 - 4 Any of the following:
 - 4.1 All of the following:
 - 4.1.1 PAH has been confirmed by right heart catheterisation; and
 - 4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and
 - 4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
 - 4.1.4 Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn cm^{-5}); and
 - 4.1.5 Any of the following:
 - 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) †; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
 - 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
 - 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 Both:
- 5.1 Bosentan is to be used as PAH monotherapy; and
 - 5.2 Any of the following:
 - 5.2.1 Patient has experienced intolerable side effects on sildenafil; or
 - 5.2.2 Patient has an absolute contraindication to sildenafil; or
 - 5.2.3 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease.

Initiation – PAH dual therapy

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist,

continued...

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

continued...

cardiologist or rheumatologist

Limited to 6 months treatment

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH)*; and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
- 3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and
- 4 Any of the following:
 - 4.1 All of the following:
 - 4.1.1 PAH has been confirmed by right heart catheterisation; and
 - 4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and
 - 4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
 - 4.1.4 Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm⁻⁵); and
 - 4.1.5 Any of the following:
 - 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) † ; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
 - 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
 - 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 Both:
 - 5.1 Bosentan is to be used as part of PAH dual therapy; and
 - 5.2 Either:
 - 5.2.1 Patient has tried a PAH monotherapy (sildenafil) for at least three months and has experienced an inadequate therapeutic response to treatment according to a validated risk stratification tool**; or
 - 5.2.2 Patient is presenting in NYHA/WHO functional class III or IV, and in the opinion of the treating clinician would likely benefit from initial dual therapy.

Initiation – PAH triple therapy

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

Limited to 6 months treatment

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH)*; and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
- 3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and
- 4 Any of the following:
 - 4.1 All of the following:
 - 4.1.1 PAH has been confirmed by right heart catheterisation; and
 - 4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and
 - 4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
 - 4.1.4 Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm⁻⁵); and
 - 4.1.5 Any of the following:

continued...

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

continued...

- 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) †; or
- 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
- 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
- 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
- 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 Both:
- 5.1 Bosentan is to be used as part of PAH triple therapy; and
- 5.2 Any of the following:
- 5.2.1 Patient is on the lung transplant list; or
- 5.2.2 Patient is presenting in NYHA/WHO functional class IV; or
- 5.2.3 Both:
- 5.2.3.1 Patient has tried PAH dual therapy for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool**; and
- 5.2.3.2 Patient does not have major life-threatening comorbidities and triple therapy is not being used in a palliative scenario.

Continuation

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

Re-assessment required after 2 years

Patient is continuing to derive benefit from bosentan treatment according to a validated PAH risk stratification tool**.

Notes: † The European Respiratory Journal Guidelines can be found here: [2022 ECS/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension PAH](#)

** the requirement to use a validated risk stratification tool to determine insufficient response applies to adults. Determining insufficient response in children does not require use of a validated PAH risk stratification tool, where currently no such validated tools exist for PAH risk stratification in children.

Phosphodiesterase Type 5 Inhibitors

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

⚡ Tab 25 mg – 5% DV Dec-24 to 2027	0.72	4	Vedafil
⚡ Tab 50 mg – 5% DV Dec-24 to 2027	1.45	4	Vedafil
⚡ Tab 100 mg – 5% DV Dec-24 to 2027	11.22	12	Vedafil
⚡ Inj 0.8 mg per ml, 12.5 ml vial			

➡ **Restricted (RS1983)**

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).

continued...

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

continued...

Initiation – tablets Pulmonary arterial hypertension

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH)*; and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
- 3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and
- 4 Any of the following:
 - 4.1 All of the following:
 - 4.1.1 PAH is confirmed by right heart catheterisation; and
 - 4.1.2 A mean pulmonary artery pressure (PAPm) of greater than 20 mmHg; and
 - 4.1.3 A pulmonary capillary wedge pressure (PCWP) that is less than or equal to 15 mmHg; and
 - 4.1.4 Pulmonary vascular resistance (PVR) of at least 2 Wood Units or at least 160 International Units (dyn s cm⁻⁵); and
 - 4.1.5 Any of the following:
 - 4.1.5.1 PAH is non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) †; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
- 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
- 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures.

Initiation – tablets other conditions

Any of the following:

- 1 For use in weaning patients from inhaled nitric oxide; or
- 2 For perioperative use in cardiac surgery patients; or
- 3 For use in intensive care as an alternative to nitric oxide; or
- 4 For use in the treatment of erectile dysfunction secondary to spinal cord injury in patients being treated in a spinal unit.

Initiation – injection

Both:

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

Notes: † The European Respiratory Journal Guidelines can be found here: [2022 ECS/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension PAH](#)

** the requirement to use a validated risk stratification tool to determine insufficient response applies to adults. Determining insufficient response in children does not require use of a validated PAH risk stratification tool, where currently no such validated tools exist for PAH risk stratification in children.

Prostacyclin Analogues

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

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

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

➔ Restricted (RS1984)

Initiation – PAH dual therapy

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

Limited to 6 months treatment

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH); and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
- 3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class III or IV; and
- 4 Any of the following:
 - 4.1 All of the following:
 - 4.1.1 PAH has been confirmed by right heart catheterisation; and
 - 4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and
 - 4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
 - 4.1.4 A pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm^{-5}); and
 - 4.1.5 Any of the following:
 - 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) †; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool*; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
 - 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
 - 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 All of the following:
 - 5.1 Epoprostenol is to be used as part of PAH dual therapy with either sildenafil or an endothelin receptor antagonist; and
 - 5.2 Patient is presenting in NYHA/WHO functional class IV; and
 - 5.3 Patient has tried a PAH monotherapy for at least three months and remains in an unacceptable risk category according to a validated risk stratification tool.

Initiation – PAH triple therapy

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

Limited to 6 months treatment

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH); and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
- 3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class III or IV; and
- 4 Any of the following:
 - 4.1 All of the following:
 - 4.1.1 PAH has been confirmed by right heart catheterisation; and
 - 4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and
 - 4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
 - 4.1.4 A pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s

continued...

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

continued...

- cm^{-5}); and
- 4.1.5 Any of the following:
- 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) † ; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
- 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
- 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 Both:
- 5.1 Epoprostenol is to be used as PAH triple therapy; and
 - 5.2 Any of the following:
 - 5.2.1 Patient is on the lung transplant list; or
 - 5.2.2 Patient is presenting in NYHA/WHO functional class IV; or
 - 5.2.3 Both:
 - 5.2.3.1 Patient has tried PAH dual therapy for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool; and
 - 5.2.3.2 Patient does not have major life-threatening comorbidities and triple therapy is not being used in a palliative scenario.

Continuation

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

Re-assessment required after 2 years

Patient is continuing to derive benefit from epoprostenol treatment according to a validated PAH risk stratification tool.

Notes: † The European Respiratory Journal Guidelines can be found here: [2022 ECS/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension PAH](#)

** the requirement to use a validated risk stratification tool to determine insufficient response applies to adults. Determining insufficient response in children does not require use of a validated PAH risk stratification tool, where currently no such validated tools exist for PAH risk stratification in children.

ILOPROST

Inj 50 mcg in 0.5 ml ampoule.....	380.00	5	Ilomedin
↓ Nebuliser soln 10 mcg per ml, 2 ml – 5% DV Dec-25 to 2028.....	166.53	30	Vebulis

➔ Restricted (RS1985)

Initiation – PAH monotherapy

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

Limited to 6 months treatment

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH); and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
- 3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and
- 4 Any of the following:
 - 4.1 All of the following:
 - 4.1.1 PAH has been confirmed by right heart catheterisation; and

continued...

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

continued...

- 4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and
- 4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
- 4.1.4 A pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm^{-5}); and
- 4.1.5 Any of the following:
 - 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) †; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
- 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
- 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 Both:
 - 5.1 Iloprost is to be used as PAH monotherapy; and
 - 5.2 Either:
 - 5.2.1 Patient has experienced intolerable side effects on sildenafil and both the funded endothelin receptor antagonists (i.e. both bosentan and ambrisentan); or
 - 5.2.2 Patient has an absolute contraindication to sildenafil and an absolute or relative contraindication to endothelin receptor antagonists.

Initiation – PAH dual therapy

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

Limited to 6 months treatment

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH); and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
- 3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and
- 4 Any of the following:
 - 4.1 All of the following:
 - 4.1.1 PAH has been confirmed by right heart catheterisation; and
 - 4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and
 - 4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
 - 4.1.4 A pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm^{-5}); and
 - 4.1.5 Any of the following:
 - 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) †; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
 - 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
 - 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major

continued...

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

continued...

complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures ; and

5 All of the following:

5.1 Iloprost is to be used as PAH dual therapy with either sildenafil or an endothelin receptor antagonist; and

5.2 Either:

5.2.1 Patient has an absolute contraindication to or has experienced intolerable side effects on sildenafil; or

5.2.2 Patient has an absolute or relative contraindication to or experienced intolerable side effects with a funded endothelin receptor antagonist; and

5.3 Either:

5.3.1 Patient has tried a PAH monotherapy for at least three months and remains in an unacceptable risk category according to a validated risk stratification tool**;

5.3.2 Patient is presenting in NYHA/WHO functional class III or IV, and in the opinion of the treating clinician would benefit from initial dual therapy.

Initiation – PAH triple therapy

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

Limited to 6 months treatment

All of the following:

1 Patient has pulmonary arterial hypertension (PAH); and

2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and

3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and

4 Any of the following:

4.1 All of the following:

4.1.1 PAH has been confirmed by right heart catheterisation; and

4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and

4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and

4.1.4 A pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm^{-5}); and

4.1.5 Any of the following:

4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) † ; or

4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**;

4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or

4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or

4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures ; and

5 Both:

5.1 Iloprost is to be used as PAH triple therapy; and

5.2 Any of the following:

5.2.1 Patient is on the lung transplant list; or

5.2.2 Patient is presenting in NYHA/WHO functional class IV; or

5.2.3 Both:

5.2.3.1 Patient has tried PAH dual therapy for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool**;

continued...

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

continued...

5.2.3.2 Patient does not have major life-threatening comorbidities and triple therapy is not being used in a palliative scenario.

Continuation

Respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist

Re-assessment required after 2 years

Patient is continuing to derive benefit from iloprost treatment according to a validated PAH risk stratification tool.

Notes: † The European Respiratory Journal Guidelines can be found here: [2022 ECS/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension PAH](#)

** the requirement to use a validated risk stratification tool to determine insufficient response applies to adults. Determining insufficient response in children does not require use of a validated PAH risk stratification tool, where currently no such validated tools exist for PAH risk stratification in children.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Anti-Infective Preparations			
Antibacterials			
HYDROGEN PEROXIDE			
Crm 1% – 5% DV Jan-26 to 2028	4.89	15 g	Crystaderm
Soln 3% (10 vol)			
MAFENIDE ACETATE – Restricted see terms below			
↓ Crm 8.5%			
↓ Powder 5%			
➔ Restricted (RS1299)			
Initiation			
For the treatment of burns patients.			
MUPIROCIN			
Oint 2%			
SODIUM FUSIDATE [FUSIDIC ACID]			
Crm 2% – 5% DV Feb-25 to 2027	1.69	5 g	Foban
Oint 2% – 5% DV Feb-25 to 2027	1.69	5 g	Foban
SULFADIAZINE SILVER			
Crm 1%.....	10.80	50 g	Flamazine
Antifungals			
AMOROLFINE			
Nail soln 5% – 5% DV Feb-24 to 2026	21.87	5 ml	MycoNail
CICLOPIROX OLAMINE			
Nail soln 8%			
➔ Soln 1% – Restricted: For continuation only			
CLOTRIMAZOLE			
Crm 1%.....	1.10	20 g	Clomazol
➔ Soln 1% – Restricted: For continuation only			
ECONAZOLE NITRATE			
Crm 1% – 5% DV Jun-25 to 2027	8.04	20 g	Pevaryl
Foaming soln 1%			
KETOCONAZOLE			
Shampoo 2% – 5% DV May-24 to 2026	4.09	100 ml	Sebizole
METRONIDAZOLE			
Gel 0.75%			
MICONAZOLE NITRATE			
Crm 2% – 5% DV May-24 to 2026	0.90	15 g	Multichem
➔ Lotn 2% – Restricted: For continuation only			
Tinc 2%			
NYSTATIN			
Crm 100,000 u per g			
Antiparasitics			
DIMETHICONE			
Lotn 4%	4.25	200 ml	healthE Dimethicone 4% Lotion

DERMATOLOGICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
MALATHION [MALDISON] Lotn 0.5% Shampoo 1%			
PERMETHRIN Lotn 5% – 5% DV Feb-24 to 2026	4.28	30 ml	A-Scabies
PHENOTHRIN Shampoo 0.5%			

Antiacne Preparations

ADAPALENE Crm 0.1% Gel 0.1%			
BENZOYL PEROXIDE Soln 5%			
ISOTRETINOIN Cap 5 mg – 5% DV Dec-24 to 2027	11.26	60	Oratane
Cap 10 mg – 5% DV Dec-24 to 2027	18.75	120	Oratane
Cap 20 mg – 5% DV Dec-24 to 2027	26.73	120	Oratane
TRETINOIN Crm 0.05% – 5% DV Feb-25 to 2027	16.82	50 g	ReTrieve

Antipruritic Preparations

CALAMINE Crm, aqueous, BP – 5% DV Apr-25 to 2027	3.45	100 g	healthE Calamine Aqueous
CROTAMITON Crm 10% – 5% DV Feb-25 to 2027	3.49	20 g	Itch-Soothe

Barrier Creams and Emollients

Barrier Creams

DIMETHICONE Crm 10% pump bottle	4.52	460 g	healthE Dimethicone 10%
Crm 5% pump bottle	4.30	460 g	healthE Dimethicone 5%
Crm 5% tube	1.47	100 g	healthE Dimethicone 5%
ZINC Crm			<i>e.g. Zinc Cream (Orion-) ;Zinc Cream (PSM)</i>
Oint Paste			<i>e.g. Zinc oxide (PSM)</i>
ZINC AND CASTOR OIL Crm	1.63	20 g	Orion
Oint	4.25	500 g	Evara
Note: DV limit applies to the pack sizes of greater than 30 g.			
Oint, BP	1.26	20 g	healthE
Note: DV limit applies to the pack sizes of 30 g or less.			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ZINC WITH WOOL FAT			
Crm zinc 15.25% with wool fat 4%			<i>e.g. Sudocrem</i>
Emollients			
AQUEOUS CREAM			
Crm 100 g – 5% DV Mar-25 to 2027	1.25	100 g	Evara
Note: DV limit applies to the pack sizes of 100 g or less.			
Crm 500 g – 5% DV Mar-25 to 2027	1.65	500 g	Evara
Note: DV limit applies to the pack sizes of greater than 100 g.			
CETOMACROGOL			
Crm BP, 100 g – 5% DV Jun-25 to 2027	0.99	100 g	Cetomacrogol Cream
			AFT
Crm BP, 500 g – 5% DV Feb-25 to 2027	2.29	500 g	Cetomacrogol-AFT
CETOMACROGOL WITH GLYCEROL			
Crm 90% with glycerol 10% – 5% DV Dec-25 to 2028	1.92	460 g	Evara
	3.25	920 g	Evara
Note: DV limit applies to the pack sizes of greater than 100 g.			
Crm 90% with glycerol 10%,	1.65	100 g	healthE
Note: DV limit applies to the pack sizes of 100 g or less.			
EMULSIFYING OINTMENT			
Oint BP – 5% DV Feb-24 to 2026	2.30	100 g	Jaychem
Note: DV limit applies to pack sizes of less than 200 g.			
Oint BP, 500 g – 5% DV May-24 to 2026	3.13	500 g	Evara Emulsifying Ointment
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, 100 g – 5% DV Apr-25 to 2027	1.43	100 g	Fatty Emulsion Cream (Evara)
Note: DV limit applies to the pack sizes of 100 g or less.			
Crm, 500 g – 5% DV Apr-25 to 2027	2.10	500 g	Fatty Emulsion Cream (Evara)
Note: DV limit applies to the pack sizes of greater than 100 g.			
PARAFFIN			
Oint liquid paraffin 50% with white soft paraffin 50%.....	1.84	100 g	White Soft Liquid Paraffin AFT
Note: DV limit applies to the pack sizes of 100 g or less.			
White soft.....	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, – 5% DV Jun-24 to 2026	4.74	450 g	EVARA White Soft Paraffin
Note: DV limit applies to the pack sizes of 500 g or less and greater than 30 g.			
Yellow soft			
Lotn liquid paraffin 85%			<i>e.g QV Bath Oil</i>
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>

DERMATOLOGICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
UREA			
Crm 10%.....	1.37	100 g	healthE Urea Cream
WOOL FAT			
Crm			
Corticosteroids			
BETAMETHASONE DIPROPIONATE			
Crm 0.05% – 5% DV Jul-24 to 2026	36.00	50 g	Diprosone
Note: DV limit applies to the pack sizes of greater than 30 g.			
Oint 0.05% – 5% DV Jul-24 to 2026	36.00	50 g	Diprosone
Note: DV limit applies to the pack sizes of greater than 30 g.			
BETAMETHASONE VALERATE			
Crm 0.1% – 5% DV Feb-25 to 2027	5.85	50 g	Beta Cream
Oint 0.1% – 5% DV Feb-25 to 2027	7.90	50 g	Beta Ointment
Lotn 0.1% – 5% DV May-25 to 2027	30.00	50 ml	Betnovate
CLOBETASOL PROPIONATE			
Crm 0.05% – 5% DV Feb-26 to 2028	3.75	30 g	Dermol
Oint 0.05% – 5% DV Feb-26 to 2028	3.68	30 g	Dermol
CLOBETASONE BUTYRATE			
Crm 0.05%			
DIFLUCORTOLONE VALERATE – Restricted: For continuation only			
➡ Crm 0.1%			
➡ Fatty oint 0.1%			
HYDROCORTISONE			
Crm 1%, 30 g.....	1.78	30 g	Ethics
Note: DV limit applies to the pack sizes of less than or equal to 100 g.			
Crm 1%, 500 g – 5% DV Feb-26 to 2028	20.40	500 g	Noumed
Note: DV limit applies to the pack sizes of greater than 100 g.			
HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN			
Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – 5% DV Jun-24 to 2026	12.83	250 ml	DP Lotn HC
HYDROCORTISONE BUTYRATE			
Crm 0.1%.....	4.85	100 g	Locoid Lipocream
Oint 0.1%.....	10.28	100 g	Locoid
Milky emul 0.1%	12.33	100 ml	Locoid Crelo
METHYLPREDNISOLONE ACEPONATE			
Crm 0.1% – 5% DV Feb-24 to 2026	4.95	15 g	Advantan
Oint 0.1% – 5% DV Feb-24 to 2026	4.95	15 g	Advantan
MOMETASONE FUROATE			
Crm 0.1% – 5% DV Feb-25 to 2027	2.25	15 g	Elocon Alcohol Free
	3.50	50 g	Elocon Alcohol Free
Oint 0.1% – 5% DV Feb-25 to 2027	2.25	15 g	Elocon
	3.50	50 g	Elocon
Lotn 0.1% – 5% DV Feb-25 to 2027	4.99	30 ml	Elocon
TRIAMCINOLONE ACETONIDE			
Crm 0.02% – 5% DV Feb-24 to 2026	6.49	100 g	Aristocort
Oint 0.02% – 5% DV Feb-24 to 2026	6.54	100 g	Aristocort

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

Corticosteroids with Anti-Infective Agents

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

↓ Crm 0.1% with clioquinol 3%

→ **Restricted (RS1125)**

Initiation

Either:

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

BETAMETHASONE VALERATE WITH SODIUM FUSIDATE [FUSIDIC ACID]

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

HYDROCORTISONE WITH MICONAZOLE

Crm 1% with miconazole nitrate 2% – **5% DV Feb-25 to 2027** 2.85 15 g **Micreme H**

HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN

Oint 1% with natamycin 1% and neomycin sulphate 0.5%..... 4.34 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 – **5% DV Jul-24 to 2026** 26.20 60 **Novatretin**

Cap 25 mg – **5% DV Jul-24 to 2026** 57.37 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 – **5% DV Dec-24 to 2027** 40.92 60 g **Daivobet**

Oint 500 mcg with calcipotriol 50 mcg per g – **5% DV Dec-24 to 2027** 14.31 30 g **Daivobet**

CALCIPOTRIOL

Oint 50 mcg per g 40.00 120 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%

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

↓ Crm 1% – **5% DV Feb-24 to 2026** 33.00 15 g **Elidel**

→ **Restricted (RS1781)**

Initiation

Dermatologist, paediatrician or ophthalmologist

Both:

- 1 Patient has atopic dermatitis on the eyelid; and
- 2 Patient has at least one of the following contraindications to topical corticosteroids: periorificial dermatitis, rosacea, documented epidermal atrophy, documented allergy to topical corticosteroids, cataracts, glaucoma, or raised intraocular pressure.

PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCEIN

Soln 2.3% with trolamine laurilsulfate and fluorescein sodium – **5% DV
Feb-24 to 2026** 5.41 500 ml **Pinetarsol**

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

POTASSIUM PERMANGANATE

Tab 400 mg
Crystals

TACROLIMUS

¶ Oint 0.1% – 5% DV Dec-23 to 202633.00 30 g **Zematop**

➔ **Restricted** (RS1859)

Initiation

Dermatologist or paediatrician

Both:

- 1 Patient has atopic dermatitis on the face; and
- 2 Patient has at least one of the following contraindications to topical corticosteroids: periorificial dermatitis, rosacea, documented epidermal atrophy or documented allergy to topical corticosteroids.

Scalp Preparations

BETAMETHASONE VALERATE

Scalp app 0.1% – 5% DV Feb-25 to 2027 12.95 100 ml **Beta Scalp**

CLOBETASOL PROPIONATE

Scalp app 0.05% – 5% DV Feb-26 to 2028 6.90 30 ml **Dermol**

HYDROCORTISONE BUTYRATE

Scalp lotn 0.1%..... 6.57 100 ml Locoid

Wart Preparations

PODOPHYLLOTOXIN

Soln 0.5%33.60 3.5 ml Condylina

SILVER NITRATE

Sticks with applicator

Other Skin Preparations

DIPHEMANIL METILSULFATE

Powder 2%

IMIQUIMOD

Crm 5%, 250 mg sachet21.72 24 Padagis
Perrigo

SUNSCREEN, PROPRIETARY

Lotn..... 6.50 200 g Marine Blue Lotion SPF
50+

Antineoplastics

FLUOROURACIL SODIUM

Crm 5% – 5% DV Dec-24 to 2027 5.56 20 g **Efudix**

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

¶ Crm 16%

➔ **Restricted** (RS1127)

Dermatologist or plastic surgeon

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

Wound Management Products

CALCIUM GLUCONATE
Gel 2.5%

e.g. Orion

	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%			
Lotn 1%			
CLOTRIMAZOLE			
Vaginal crm 1% with applicator	3.50	35 g	Clomazol
Vaginal crm 2% with applicator	3.85	20 g	Clomazol
MICONAZOLE NITRATE			
Vaginal crm 2% with applicator	6.89	40 g	Micreme
NYSTATIN			
Vaginal crm 100,000 u per 5 g with applicator(s) – 5% DV Feb-24 to 2026	5.70	75 g	Nilstat

Contraceptives

Antiandrogen Oral Contraceptives

CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL			
Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets – 5% DV Feb-24 to 2026	5.08	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 – 5% DV Apr-26 to 2028	2.00	84	Lo-Oralcon 20 ED
Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – 5% DV Apr-26 to 2028	2.30	84	Oralcon 30 ED
Tab 20 mcg with levonorgestrel 100 mcg			
Tab 30 mcg with levonorgestrel 150 mcg			
ETHINYLOESTRADIOL WITH NORETHISTERONE			
Tab 35 mcg with norethisterone 1 mg			
Tab 35 mcg with norethisterone 1 mg and 7 inert tab	12.25	84	Alyacen Brevinor 1/28
Tab 35 mcg with norethisterone 500 mcg			
<i>(Alyacen Tab 35 mcg with norethisterone 1 mg and 7 inert tab to be delisted 1 January 2026)</i>			
NORETHISTERONE WITH MESTRANOL			
Tab 1 mg with mestranol 50 mcg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Contraceptive Devices			
INTRA-UTERINE DEVICE			
IUD 29.1 mm length x 23.2 mm width	29.80	1	Choice 380 7med Nsha Silver/copper Short
IUD 33.6 mm length x 29.9 mm width	26.80	1	TCu 380 Plus Normal
IUD 35.5 mm length x 19.6 mm width	33.00	1	Cu 375 Standard
Emergency Contraception			
LEVONORGESTREL			
Tab 1.5 mg	1.75	1	Levonorgestrel BNM
Progestogen-Only Contraceptives			
DESOGESTREL			
Tab 75 mcg.....	24.50	84	Cerazette
LEVONORGESTREL			
Tab 30 mcg.....	22.00	112	Microlut
Intra-uterine device 52 mg.....	269.50	1	Mirena
Intra-uterine device 13.5 mg.....	215.60	1	Jaydess
Subdermal implant (2 x 75 mg rods) – 5% DV Apr-25 to 2026	106.92	2	Jadelle
MEDROXYPROGESTERONE ACETATE			
Inj 150 mg per ml, 1 ml syringe	10.56	1	Depo-Provera
NORETHISTERONE			
Tab 350 mcg.....	12.25	84	Norethindrone - CDC Noriday Noriday 28
<i>(Norethindrone - CDC Tab 350 mcg to be delisted 1 January 2026)</i>			
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	65.39	1	Prostin E2
Vaginal gel 2 mg in 3 g	82.33	1	Prostin E2
ERGOMETRINE MALEATE			
Inj 500 mcg per ml, 1 ml ampoule	160.00	5	DBL Ergometrine
OXYTOCIN			
Inj 5 iu per ml, 1 ml ampoule – 5% DV Mar-26 to 2028	5.98	5	Oxytocin BNM
Inj 10 iu per ml, 1 ml ampoule – 5% DV Mar-26 to 2028	7.18	5	Oxytocin BNM

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

OXYTOCIN WITH ERGOMETRINE MALEATE

Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – 5%

DV Feb-26 to 2028..... 41.47 5 **Syntometrine**

Tocolytics

PROGESTERONE

Cap 100 mg..... 14.85 30 **Utrogestan**

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

↓ Inj 500 mcg ampoule

→ **Restricted (RS1130)**

Obstetrician

Oestrogens

OESTRIOL

Crm 1 mg per g with applicator – 5% DV Feb-24 to 2026 6.95 15 g **Ovestin**

Pessaries 500 mcg – 5% DV Feb-24 to 2026..... 7.55 15 **Ovestin**

Urologicals

5-Alpha Reductase Inhibitors

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

↓ Tab 5 mg – 5% DV Dec-23 to 2026 4.79 100 **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 – 5% DV Feb-26 to 2028 28.56 100 **Tamsulosin-Rex**

→ **Restricted (RS1132)**

Initiation

Both:

- 1 Patient has symptomatic benign prostatic hyperplasia; and
- 2 The patient is intolerant of non-selective alpha blockers or these are contraindicated.

Urinary Alkalisers

POTASSIUM CITRATE – **Restricted** see terms [below](#)

↓ Oral liq 3 mmol per ml 37.49 200 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM CITRO-TARTRATE			
Grans eff 4 g sachets – 5% DV Feb-24 to 2026	3.50	28	Ural
Urinary Antispasmodics			
OXYBUTYNIN			
Tab 5 mg	5.42	100	Alchemy Oxybutynin
Oral liq 5 mg per 5 ml			
SOLIFENACIN SUCCINATE			
Tab 5 mg – 5% DV Jun-25 to 2027	1.95	30	Solifenacin succinate Max Health
Tab 10 mg – 5% DV Jun-25 to 2027	3.53	30	Solifenacin succinate Max Health

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

Anabolic Agents

OXANDROLONE

↓ Tab 2.5 mg

→ **Restricted (RS1302)**

Initiation

For the treatment of burns patients.

Androgen Agonists and Antagonists

CYPROTERONE ACETATE

Tab 50 mg – **5% DV Jul-25 to 2027** 17.05 50 **Siterone**

Tab 100 mg – **5% DV Jul-25 to 2027** 31.00 50 **Siterone**

TESTOSTERONE

Gel (transdermal) 16.2 mg per g, 88 g – **5% DV Apr-25 to 2027** 52.00 60 **Testogel**

TESTOSTERONE CIPIONATE

Inj 100 mg per ml, 10 ml vial..... 85.00 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 – **Restricted:** For continuation only

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 – **5% DV Dec-24 to 2027** 25.24 28 **Cinacalel Devatis**

↓ Tab 60 mg – **5% DV Dec-24 to 2027** 50.47 28 **Cinacalel Devatis**

→ **Restricted (RS1931)**

Initiation – parathyroid carcinoma or calciphylaxis

Nephrologist or endocrinologist

Re-assessment required after 6 months

Either:

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

continued...

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

continued...
thiosulfate.

Continuation – parathyroid carcinoma or calciphylaxis

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.

Initiation – primary hyperparathyroidism

All of the following:

- 1 Patient has primary hyperparathyroidism; and
- 2 Either:
 - 2.1 Patient has hypercalcaemia of more than 3 mmol/L with or without symptoms; or
 - 2.2 Patient has hypercalcaemia of more than 2.85 mmol/L with symptoms; and
- 3 Surgery is not feasible or has failed; and
- 4 Patient has other comorbidities, severe bone pain, or calciphylaxis.

Initiation – secondary or tertiary hyperparathyroidism

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 Patient has tertiary hyperparathyroidism and markedly elevated parathyroid hormone (PTH) with hypercalcaemia; or
 - 1.2 Patient has symptomatic secondary hyperparathyroidism and elevated PTH; and
- 2 Patient is on renal replacement therapy; and
- 3 Any of the following:
 - 3.1 Residual parathyroid tissue has not been localised despite repeat unsuccessful parathyroid explorations; or
 - 3.2 Parathyroid tissue is surgically inaccessible; or
 - 3.3 Parathyroid surgery is not feasible.

Continuation – secondary or tertiary hyperparathyroidism

Re-assessment required after 12 months

Either:

- 1 The patient has had a kidney transplant, and following a treatment free interval of at least 12 weeks a clinically acceptable parathyroid hormone (PTH) level to support ongoing cessation of treatment has not been reached; or
- 2 The patient has not received a kidney transplant and trial of withdrawal of cinacalcet is clinically inappropriate.

ZOLEDRONIC ACID

Inj 4 mg per 5 ml, vial – 5% DV Dec-24 to 2027	15.65	1	Zoledronic Acid Injection Mylan Zoledronic acid Viatrix
---	-------	---	--

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 – 5% DV Feb-25 to 2027	1.80	30	Dexamethsone
Tab 4 mg – 5% DV Feb-25 to 2027	3.18	30	Dexamethsone
Oral liq 1 mg per ml	53.86	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 – 5% DV Mar-26 to 2028	6.88	10	Dexamethasone
	7.86		Medsurge
Inj 4 mg per ml, 2 ml ampoule – 5% DV Mar-26 to 2028	10.98	10	Hameln
	13.10		Dexamethasone
			Medsurge
<i>(Hameln Inj 4 mg per ml, 1 ml ampoule to be delisted 1 March 2026)</i>			Hameln
<i>(Hameln Inj 4 mg per ml, 2 ml ampoule to be delisted 1 March 2026)</i>			
FLUDROCORTISONE ACETATE			
Tab 100 mcg – 5% DV Dec-25 to 2028	8.05	100	Florinef
HYDROCORTISONE			
Tab 5 mg	8.10	100	Douglas
Tab 20 mg	20.32	100	Douglas
Inj 100 mg vial – 5% DV Dec-24 to 2027	3.96	1	Solu-Cortef
METHYLPREDNISOLONE (AS SODIUM SUCCINATE)			
Tab 4 mg	112.00	100	Medrol
Tab 100 mg	223.10	20	Medrol
Inj 40 mg vial	22.30	1	Solu-Medrol Act-O-Vial
Inj 125 mg vial	34.10	1	Solu-Medrol Act-O-Vial
Inj 500 mg vial	43.01	1	Solu-Medrol Act-O-Vial
Inj 1 g vial	52.54	1	Solu-Medrol
METHYLPREDNISOLONE ACETATE			
Inj 40 mg per ml, 1 ml vial	47.06	5	Depo-Medrol
PREDNISOLONE			
Oral liq 5 mg per ml – 5% DV Dec-24 to 2027	6.00	30 ml	Redipred
Enema 200 mcg per ml, 100 ml			
PREDNISONE			
Tab 1 mg	18.58	500	Prednisone Clinect
Tab 2.5 mg	21.04	500	Prednisone Clinect
Tab 5 mg	19.30	500	Prednisone Clinect
Tab 20 mg	50.51	500	Prednisone Clinect
TRIAMCINOLONE ACETONIDE			
Inj 10 mg per ml, 1 ml ampoule – 10% DV Feb-24 to 2026	21.42	5	Kenacort-A 10
Inj 40 mg per ml, 1 ml ampoule – 5% DV Feb-24 to 2026	52.63	5	Kenacort-A 40
TRIAMCINOLONE HEXACETONIDE			
Inj 20 mg per ml, 1 ml vial			

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

Hormone Replacement Therapy

Oestrogens

OESTRADIOL

Tab 1 mg

Gel (transdermal) 0.06% (750 mcg/actuation) – **5% DV Nov-24**

to 31 Oct 2027 14.25

Patch 25 mcg per day – **5% DV Dec-25 to 2027** 8.89

80 g

Estroge

Estradiol TDP Mylan

Estradot

Patch 50 mcg per day – **5% DV Dec-25 to 2027** 9.26

8

Estradiol TDP Mylan

Estradot

Patch 75 mcg per day – **5% DV Dec-25 to 2027** 10.33

8

Estradiol TDP Mylan

Estradot

Patch 100 mcg per day – **5% DV Dec-25 to 2027** 10.59

8

Estradiol TDP Mylan

Estradot

16.18

OESTRADIOL VALERATE

Tab 1 mg – **5% DV Dec-25 to 2028** 12.36

84

Progynova

Tab 2 mg – **5% DV Dec-25 to 2028** 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 6.56

30

Provera

Tab 5 mg 20.13

100

Provera

Tab 10 mg 10.28

30

Provera

Other Endocrine Agents

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

↓ Tab 0.5 mg 4.43

2

Dostinex

17.94

8

Dostinex

→ **Restricted (RS1855)**

Initiation

Any of the following:

continued...

HORMONE PREPARATIONS

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

continued...

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

Note: Indication marked with * is an unapproved indication.

CLOMIFENE CITRATE

Tab 50 mg29.84 10 Mylan Clomiphen

GESTRINONE

Cap 2.5 mg

METYRAPONE

Cap 250 mg

PENTAGASTRIN

Inj 250 mcg per ml, 2 ml ampoule

Other Oestrogen Preparations

OESTRADIOL

Implant 50 mg

OESTRIOL

Tab 2 mg – 5% DV Feb-24 to 20267.70 30 **Ovestin**

Other Progestogen Preparations

MEDROXYPROGESTERONE

Tab 100 mg133.57 100 Provera HD

NORETHISTERONE

Tab 5 mg5.49 30 Primolut N

Pituitary and Hypothalamic Hormones and Analogues

CORTICORELIN (OVINE)

Inj 100 mcg vial

THYROTROPIN ALFA

Inj 900 mcg vial

Adrenocorticotrophic Hormones

TETRACOSACTIDE [TETRACOSACTRIN]

Inj 250 mcg per ml, 1 ml ampoule86.25 1 Synacthen

UK Synacthen

Inj 1 mg per ml, 1 ml ampoule690.00 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 – 5% DV Apr-24 to 202666.48 1 **Zoladex**

Implant 10.8 mg, syringe – 5% DV Apr-24 to 2026138.23 1 **Zoladex**

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LEUPRORELIN ACETATE			
Inj 3.75 mg prefilled dual chamber syringe.....	221.60	1	Lucrin Depot 1-month
Inj 11.25 mg prefilled dual chamber syringe.....	591.68	1	Lucrin Depot 3-month

Gonadotrophins

CHORIOGONADOTROPIN ALFA

Inj 250 mcg in 0.5 ml syringe

Growth Hormone

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

↓ Inj 5 mg cartridge – 5% DV Feb-25 to 2027	80.21	1	Omnitrope Omnitrope AU
↓ Inj 10 mg cartridge – 5% DV Feb-25 to 2027	80.21	1	Omnitrope
↓ Inj 15 mg cartridge – 5% DV Feb-25 to 2027	139.50	1	Omnitrope

→ **Restricted (RS1826)**

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.

continued...

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

continued...

Initiation – Turner syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Continuation – Turner syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

- 1 Height velocity greater than or equal to 50th percentile for age (while on growth hormone calculated over 6 to 12 months using the Ranke's Turner Syndrome growth velocity charts); and
- 2 Height velocity is greater than or equal to 2 cm per year, calculated over six months; and
- 3 A current bone age is 14 years or under; and
- 4 No serious adverse effect that the specialist considers is likely to be attributable to growth hormone treatment has occurred; and
- 5 No malignancy has developed since starting growth hormone.

Initiation – short stature without growth hormone deficiency

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

- 1 The patient's height is more than 3 standard deviations below the mean for age or for bone age if there is marked growth acceleration or delay; and
- 2 Height velocity is < 25th percentile for age (adjusted for bone age/pubertal status if appropriate), as calculated over 6 to 12 months using the standards of Tanner and Davies(1985); and
- 3 A current bone age is < 14 years (female patients) or < 16 years (male patients); and
- 4 The patient does not have severe chronic disease (including malignancy or recognized severe skeletal dysplasia) and is not receiving medications known to impair height velocity.

Continuation – short stature without growth hormone deficiency

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

Initiation – short stature due to chronic renal insufficiency

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

Re-assessment required after 12 months

All of the following:

- 1 The patient's height is more than 2 standard deviations below the mean; and
- 2 Height velocity is < 25th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
- 3 A current bone age is to 14 years or under (female patients) or to 16 years or under (male patients); and

continued...

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

continued...

- 4 The patient is metabolically stable, has no evidence of metabolic bone disease and absence of any other severe chronic disease; and
- 5 The patient is under the supervision of a specialist with expertise in renal medicine; and
- 6 Either:
 - 6.1 The patient has a GFR less than or equal to 30 ml/min/1.73 m² as measured by the Schwartz method (Height(cm)/plasma creatinine (umol/l)) × 40 = corrected GFR (ml/min/1.73 m²) in a child who may or may not be receiving dialysis; or
 - 6.2 The patient has received a renal transplant and has received < 5mg/ m²/day of prednisone or equivalent for at least 6 months.

Continuation – short stature due to chronic renal insufficiency

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

Re-assessment required after 12 months

All of the following:

- 1 Height velocity is greater than or equal to 50th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and
- 2 Height velocity is greater than or equal to 2 cm per year as calculated over six months; and
- 3 A current bone age is 14 years or under (female patients) or 16 years or under (male patients); and
- 4 No serious adverse effect that the patients specialist considers is likely to be attributable to growth hormone has occurred; and
- 5 No malignancy has developed after growth hormone therapy was commenced; and
- 6 The patient has not experienced significant biochemical or metabolic deterioration confirmed by diagnostic results; and
- 7 The patient has not received renal transplantation since starting growth hormone treatment; and
- 8 If the patient requires transplantation, growth hormone prescription should cease before transplantation and a new application should be made after transplantation based on the above criteria.

Initiation – Prader-Willi syndrome

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

- 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:

continued...

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

continued...

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

Initiation – adults and adolescents

Endocrinologist or paediatric endocrinologist

Re-assessment required after 12 months

All of the following:

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

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

Patients with one or more additional anterior pituitary hormone deficiencies and a known structural pituitary lesion only require one test. Patients with isolated growth hormone deficiency require two growth hormone stimulation tests, of which, one should be ITT unless otherwise contraindicated. Where an additional test is required, an arginine provocation test can be used with a peak serum growth hormone level of less than or equal to 0.4 mcg per litre.

The dose of somatropin should be started at 0.2 mg daily and be titrated by 0.1 mg monthly until it is within 1 standard deviation of the mean normal value for age and sex; and

The dose of somatropin not to exceed 0.7 mg per day for male patients, or 1 mg per day for female patients.

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

Any of the following:

- 1 All of the following:
 - 1.1 The patient has been treated with somatropin for < 12 months; and
 - 1.2 There has been an improvement in the Quality of Life Assessment defined as a reduction of at least 8 points on the Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA®) score from baseline; and
 - 1.3 Serum IGF-I levels have increased to within ± 1 SD of the mean of the normal range for age and sex; and
 - 1.4 The dose of somatropin does not exceed 0.7 mg per day for male patients, or 1 mg per day for female patients; or
- 2 All of the following:
 - 2.1 The patient has been treated with somatropin for more than 12 months; and
 - 2.2 The patient has not had a deterioration in Quality of Life defined as a 6 point or greater increase from their lowest QoL-AGHDA® score on treatment (other than due to obvious external factors such as external stressors); and
 - 2.3 Serum IGF-I levels have continued to be maintained within ± 1 SD of the mean of the normal range for age and sex (other than for obvious external factors); and

continued...

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

continued...

- 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; or
- 3 All of the following:
- 3.1 The patient has had a Special Authority approval for somatropin for childhood deficiency in children and no longer meets the renewal criteria under this indication; and
 - 3.2 The patient has undergone appropriate treatment of other hormonal deficiencies and psychological illnesses; and
 - 3.3 The patient has severe growth hormone deficiency (see notes); and
 - 3.4 The patient's serum IGF-I is more than 1 standard deviation below the mean for age and sex; and
 - 3.5 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 the serum IGF-I 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.

Thyroid and Antithyroid Preparations

CARBIMAZOLE			
Tab 5 mg – 5% DV Dec-25 to 2028	7.56	100	Neo-Mercazole
IODINE			
Soln BP 50 mg per ml			
LEVOTHYROXINE			
Tab 25 mcg			
Tab 50 mcg			
Tab 100 mcg			
LIOTHYRONINE SODIUM			
↓ Tab 20 mcg			
→ Restricted (RS1301)			
Initiation			
For a maximum of 14 days' treatment in patients with thyroid cancer who are due to receive radioiodine therapy.			
Inj 10 mcg vial			
Inj 20 mcg vial			
Inj 100 mcg vial			
POTASSIUM IODATE			
Tab 170 mg			
POTASSIUM PERCHLORATE			
Cap 200 mg			
PROPYLTHIOURACIL – Restricted see terms on the next page			
↓ Tab 50 mg	35.00	100	PTU

HORMONE PREPARATIONS

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

➔ Restricted (RS1276)

Initiation

Both:

- 1 The patient has hyperthyroidism; and
- 2 The patient is intolerant of carbimazole or carbimazole is contraindicated.

PROTIRELIN

Inj 100 mcg per ml, 2 ml ampoule

Vasopressin Agents

ARGIPRESSIN [VASOPRESSIN]

Inj 20 u per ml, 1 ml ampoule

DESMOPRESSIN

Wafer 120 mcg 47.00 30 Minirin Melt

DESMOPRESSIN ACETATE

Tab 100 mcg 25.00 30 Minirin

Tab 200 mcg 54.45 30 Minirin

Inj 4 mcg per ml, 1 ml ampoule

Inj 15 mcg per ml, 1 ml ampoule

Nasal drops 100 mcg per ml

Nasal spray 10 mcg per dose, 6 ml – 5% DV Apr-25 to 2026 34.95 60 Desmopressin-PH&T

TERLIPRESSIN

Inj 0.2 mg per ml, 5 ml vial – 5% DV Feb-25 to 2027 110.00 5 Terlipressin Ever Pharma

	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			
↓ Inj 15 mg per ml, 5 ml syringe			
↓ Inj 250 mg per ml, 2 ml vial – 5% DV Dec-24 to 2027	169.97	5	DBL Amikacin
→ Restricted (RS1041)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
GENTAMICIN SULPHATE			
Inj 10 mg per ml, 1 ml ampoule	95.00	5	DBL Gentamicin
Inj 10 mg per ml, 2 ml ampoule			
Inj 40 mg per ml, 2 ml ampoule	18.38	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 – 5% DV Dec-24 to 2027	15.50	5	Tobramycin (Viatris)
→ 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 – 5% DV Dec-23 to 2026	395.00	56 dose	Tobramycin BNM
→ Restricted (RS1435)			
Initiation			
Patient has cystic fibrosis.			
Carbapenems			
ERTAPENEM – Restricted see terms below			
↓ Inj 1 g vial	70.00	1	Invanz
→ Restricted (RS1045)			
Clinical microbiologist or infectious disease specialist			
IMIPENEM WITH CILASTATIN – Restricted see terms on the next page			
↓ Inj 500 mg with 500 mg cilastatin vial	60.00	1	Imipenem+Cilastatin RBX

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

➔ Restricted (RS1046)

Clinical microbiologist or infectious disease specialist

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

‡ Inj 500 mg vial – 5% DV Jun-24 to 2026	33.48	10	Meropenem-AFT
‡ Inj 1 g vial – 5% DV Jun-24 to 2026	44.97	10	Meropenem-AFT

➔ Restricted (RS1047)

Clinical microbiologist or infectious disease specialist

Cephalosporins and Cephamycins - 1st Generation
CEFALEXIN

Cap 250 mg – 5% DV Jul-26 to 2028	3.90	20	Cefalexin Lupin
	3.85		Cephalexin ABM
Cap 500 mg – 5% DV Jul-26 to 2028	3.33	20	Cefalexin Sandoz
	5.85		Cephalexin ABM
Grans for oral liq 25 mg per ml	7.88	100 ml	Flynn
Grans for oral liq 50 mg per ml	11.75	100 ml	Cefalexin Sandoz
	10.38		Flynn

(Cephalexin ABM Cap 250 mg to be delisted 1 July 2026)

(Cephalexin ABM Cap 500 mg to be delisted 1 July 2026)

CEFAZOLIN

Inj 500 mg vial – 5% DV Mar-24 to 2026	3.39	5	Cefazolin-AFT
Inj 1 g vial – 5% DV Mar-24 to 2026	3.59	5	Cefazolin-AFT
Inj 2 g vial – 5% DV Mar-24 to 2026	7.09	5	Cefazolin-AFT

Cephalosporins and Cephamycins - 2nd Generation
CEFACLOR

Cap 250 mg – 5% DV Feb-26 to 2028	29.73	100	Ranbaxy-Cefaclor
Grans for oral liq 25 mg per ml – 5% DV Feb-26 to 2028	5.83	100 ml	Ranbaxy-Cefaclor

CEFOXITIN

Inj 1 g vial

CEFUROXIME

Tab 250 mg			
Inj 750 mg vial – 5% DV Jun-24 to 2026	8.16	10	Cefuroxime Devatis
Inj 1.5 g vial – 5% DV Jun-24 to 2026	13.01	10	Cefuroxime Devatis

Cephalosporins and Cephamycins - 3rd Generation
CEFOTAXIME

Inj 500 mg vial	1.90	1	Cefotaxime Sandoz
Inj 1 g vial – 5% DV Dec-23 to 2026	38.98	10	DBL Cefotaxime

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

‡ Inj 1 g vial – 5% DV Dec-23 to 2026	25.80	10	Ceftazidime Kabi
---	-------	----	------------------

➔ Restricted (RS1048)

Clinical microbiologist, infectious disease specialist or respiratory specialist

CEFTAZIDIME WITH AVIBACTAM – **Restricted** see terms [on the next page](#)

‡ Inj ceftazidime 2,000 mg with avibactam 500 mg, vial	2,250.00	10	Zavicefta
--	----------	----	-----------

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

➔ **Restricted (RS2104)**

Initiation

Both:

- 1 Prescribed by, or recommended by a clinical microbiologist or infectious disease specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital; and
- 2 Either:
 - 2.1 Proven infection with a carbapenem-resistant micro-organism, based on microbiology report; or
 - 2.2 Probable infection with a carbapenem-resistant micro-organism, based on assessment by a clinical microbiologist or infectious disease specialist..

CEFTRIAXONE

Inj 500 mg vial – 5% DV Feb-26 to 2028	0.94	1	Ceftriaxone-AFT
Inj 1 g vial – 5% DV Feb-26 to 2028	3.49	5	Ceftriaxone-AFT
Inj 2 g vial – 5% DV Feb-26 to 2028	8.15	5	Ceftriaxone-AFT

Cephalosporins and Cephamycins - 4th Generation

CEFEPIME – Restricted see terms [below](#)

↓ Inj 1 g vial – 5% DV Dec-24 to 2027	3.19	1	Cefepime-AFT
↓ Inj 2 g vial – 5% DV Dec-24 to 2027	4.99	1	Cefepime-AFT

➔ **Restricted (RS1049)**

Clinical microbiologist or infectious disease specialist

Cephalosporins and Cephamycins - 5th Generation

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

↓ Inj 600 mg vial	1,834.25	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			
↓ Tab 500 mg – 5% DV Jan-26 to 2027	2.80	2	Zithromax
↓ Grans for oral liq 200 mg per 5 ml (40 mg per ml).....	16.97	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.

continued...

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

continued...

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).

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 Feb-22 to 2027	8.53	14	Klacid
	7.31	12	Klaricid
⚡ Tab 500 mg – 1% DV Feb-22 to 2027	14.58	14	Klacid
⚡ Grans for oral liq 50 mg per ml	192.00	50 ml	Klacid
⚡ Inj 500 mg vial – 5% DV Jul-24 to 2026	9.10	1	Klacid IV

➔ **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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ERYTHROMYCIN (AS ETHYLSUCCINATE)			
Tab 400 mg	35.82	100	E-Mycin
Grans for oral liq 200 mg per 5 ml	6.53	100 ml	E-Mycin
Grans for oral liq 400 mg per 5 ml	9.41	100 ml	E-Mycin
ERYTHROMYCIN (AS LACTOBIONATE)			
Inj 1 g vial – 5% DV Dec-25 to 2028	10.00	1	Erythrocin IV
ERYTHROMYCIN (AS STEARATE) – Restricted: For continuation only			
➔ Tab 250 mg			
➔ Tab 500 mg			
ROXITHROMYCIN – Some items restricted see terms below			
↓ Tab dispersible 50 mg			
Tab 150 mg – 5% DV Aug-23 to 2026	13.19	50	Arrow-Roxithromycin
Tab 300 mg – 5% DV Aug-23 to 2026	25.00	50	Arrow-Roxithromycin
➔ Restricted (RS1569)			
Initiation			
Only for use in patients under 12 years of age.			
Penicillins			
AMOXICILLIN			
Cap 250 mg – 5% DV Feb-26 to 2028	54.00	500	Miro-Amoxicillin
Cap 500 mg	41.00	500	Miro-Amoxicillin
Grans for oral liq 125 mg per 5 ml – 5% DV Feb-24 to 2026	2.22	100 ml	Alphamox 125
Grans for oral liq 250 mg per 5 ml – 5% DV Feb-24 to 2026	2.81	100 ml	Alphamox 250
Inj 250 mg vial	15.97	10	Ibiamox
Inj 500 mg vial	17.43	10	Ibiamox
Inj 1 g vial	21.64	10	Ibiamox
AMOXICILLIN WITH CLAVULANIC ACID			
Tab 500 mg with clavulanic acid 125 mg – 5% DV Feb-24 to 2026	1.59	10	Curam Duo 500/125
Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml – 5% DV May-25 to 2027	8.50	100 ml	Augmentin
Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml – 5% DV Jun-25 to 2027	5.61	100 ml	Amoxiclav Devatis Forte
Inj 500 mg with clavulanic acid 100 mg vial – 5% DV Sep-25 to 2027	22.48	10	Synermox
Inj 1,000 mg with clavulanic acid 200 mg vial – 5% DV Sep-25 to 2027	26.90	10	Cerobact
	29.61		Synermox
BENZATHINE BENZYL PENICILLIN			
Inj 900 mg (1.2 million units) vial	43.24	1	Benzetacil
Inj 900 mg (1.2 million units) in 2.3 ml syringe	432.37	10	Bicillin LA
BENZYL PENICILLIN SODIUM [PENICILLIN G]			
Inj 600 mg (1 million units) vial – 5% DV Feb-24 to 2026	16.50	10	Sandoz
FLUCLOXACILLIN			
Cap 250 mg – 5% DV Aug-25 to 2027	22.58	250	Staphlex
Cap 500 mg – 5% DV Aug-25 to 2027	72.71	500	Staphlex
Grans for oral liq 25 mg per ml – 5% DV Feb-25 to 2027	4.89	100 ml	AFT
Grans for oral liq 50 mg per ml – 5% DV Feb-25 to 2027	5.89	100 ml	AFT
Inj 250 mg vial – 5% DV Jul-24 to 2026	42.60	10	Flucloxin
Inj 500 mg vial – 5% DV Jul-24 to 2026	45.63	10	Flucloxin
Inj 1 g vial – 5% DV Feb-24 to 2026	6.00	5	Flucil

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PHENOXYMETHYLPENICILLIN [PENICILLIN V]			
Cap 250 mg – 5% DV Feb-25 to 2027	7.68	50	Cilicaine VK
Cap 500 mg – 5% DV Feb-25 to 2027	13.72	50	Cilicaine VK
Grans for oral liq 125 mg per 5 ml – 5% DV Feb-26 to 2028	5.75	100 ml	AFT
Grans for oral liq 250 mg per 5 ml – 5% DV Feb-26 to 2028	5.89	100 ml	AFT
PIPERACILLIN WITH TAZOBACTAM – Restricted see terms below			
⚡ Inj 4 g with tazobactam 0.5 g vial – 5% DV Dec-25 to 2028	3.15	1	PipTaz-AFT
➡ Restricted (RS1053)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
PROCAINE PENICILLIN			
Inj 1.5 g in 3.4 ml syringe			
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			

Quinolones

CIPROFLOXACIN – Restricted see terms below			
⚡ Tab 250 mg – 5% DV Nov-24 to 2026	1.95	28	Ipca-Ciprofloxacin
⚡ Tab 500 mg – 5% DV Nov-24 to 2026	3.10	28	Ipca-Ciprofloxacin
⚡ Tab 750 mg – 5% DV Dec-24 to 2026	4.80	28	Ipca-Ciprofloxacin
⚡ Oral liq 50 mg per ml			
⚡ Oral liq 100 mg per ml			
⚡ Inj 2 mg per ml, 100 ml bag			
⚡ Inj 2 mg per ml, 100 ml bottle	166.50	10	Ciprofloxacin Kabi
➡ Restricted (RS1055)			
Clinical microbiologist or infectious disease specialist			
MOXIFLOXACIN – Restricted see terms below			
⚡ Tab 400 mg	42.00	5	Avelox
⚡ Inj 1.6 mg per ml, 250 ml bottle – 5% DV Feb-24 to 2026	413.40	10	Moxifloxacin Kabi
➡ Restricted (RS2129)			
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.

continued...

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

continued...

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.

Initiation – severe delayed beta-lactam allergy

Infectious disease specialist or clinical microbiologist

Individual has a history of severe delayed beta-lactam allergy.

NORFLOXACIN

Tab 400 mg	245.00	100	Arrow-Norfloxacin
------------------	--------	-----	-------------------

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	68.44	28	Accord
------------------	-------	----	--------

Cap 500 mg

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 – 5% DV Dec-24 to 2027	4.94	24	Dalacin C
⚡ Oral liq 15 mg per ml			
⚡ Inj 150 mg per ml, 4 ml ampoule – 5% DV Mar-26 to 2028	48.78 35.10	10	Dalacin C Hameln
<i>(Hameln Inj 150 mg per ml, 4 ml ampoule to be delisted 1 March 2026)</i>			
➡ Restricted (RS1061)			
Clinical microbiologist or infectious disease specialist			
COLISTIN SULPHOMETHATE [COLESTIMETHATE] – Restricted see terms below			
⚡ Inj 2 million iu, 10 ml vial	216.67	10	Colomycin
➡ Restricted (RS1062)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
DAPTOMYCIN – Restricted see terms below			
⚡ Inj 500 mg vial	115.36	1	Daptomycin Dr Reddy's
➡ Restricted (RS1063)			
Clinical microbiologist or infectious disease specialist			
FOSFOMYCIN – Restricted see terms below			
⚡ Powder for oral solution, 3 g sachet – 5% DV Apr-25 to 2027	18.70	1	UroFos
➡ 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 – 5% DV Dec-24 to 2027	194.60	10	Zyvox
⚡ Oral liq 20 mg per ml	1,879.00	150 ml	Zyvox
⚡ Inj 2 mg per ml, 300 ml bottle – 5% DV Dec-24 to 2027	155.00	10	Linezolid Kabi
➡ Restricted (RS1066)			
Clinical microbiologist or infectious disease specialist			
METHENAMINE (HEXAMINE) HIPPURATE			
Tab 1 g	19.95	100	Hiprex
NITROFURANTOIN			
Tab 50 mg – 5% DV Dec-24 to 2027	22.20	100	Nifuran
Tab 100 mg	37.50	100	Nifuran
Cap modified-release 100 mg – 5% DV Dec-23 to 2026	81.20	100	Macrobid
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	135.70	36	Fucidin
➡ Restricted (RS1064)			
Clinical microbiologist or infectious disease specialist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SULFADIAZINE SODIUM – Restricted see terms below			
↓ Tab 500 mg			<i>e.g. Sulfadiazin-Heyl; Wockhardt</i>
→ Restricted (RS1067)			
Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist			
TEICOPLANIN – Restricted see terms below			
↓ Inj 400 mg vial – 5% DV Apr-25 to 2027	38.85	1	Teicoplanin Medsurge
→ Restricted (RS1068)			
Clinical microbiologist or infectious disease specialist			
TRIMETHOPRIM			
Tab 100 mg			
Tab 300 mg – 5% DV Feb-25 to 2027	27.83	50	TMP
TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE]			
Tab 80 mg with sulphamethoxazole 400 mg – 5% DV Feb-25 to 2027	115.74	500	Trisul
Oral liq 8 mg with sulphamethoxazole 40 mg per ml – 5% DV Aug-25 to 2028	4.95	100 ml	Deprim
Inj 16 mg with sulphamethoxazole 80 mg per ml, 5 ml ampoule			
VANCOMYCIN – Restricted see terms below			
↓ Inj 500 mg vial – 5% DV Dec-25 to 2026	3.38	1	Mylan Vancomycin Viatris
(Mylan Inj 500 mg vial to be delisted 1 March 2026)			
→ Restricted (RS1069)			
Clinical microbiologist or infectious disease specialist			

Antifungals

Imidazoles

KETOCONAZOLE

↓ Tab 200 mg

→ **Restricted** (RS1410)

Oncologist

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

Polyene Antimycotics

AMPHOTERICIN B

⚡ Inj (liposomal) 50 mg vial – 5% DV Apr-26 to 2028	3,450.00	10	AmBisome
	125.00	1	Amphotericin Liposomal SUN

➡ **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
(AmBisome Inj (liposomal) 50 mg vial to be delisted 1 April 2026)

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 – 5% DV Dec-23 to 2026	4.10	28	Mylan
⚡ Cap 150 mg – 5% DV Dec-23 to 2026	0.45	1	Mylan
⚡ Cap 200 mg – 5% DV Dec-23 to 2026	8.90	28	Mylan
⚡ Oral liquid 50 mg per 5 ml	129.02	35 ml	Diflucan
⚡ Inj 2 mg per ml, 50 ml vial	11.20	1	Fluconazole-Baxter
⚡ Inj 2 mg per ml, 100 ml vial	5.20	1	Fluconazole-Baxter

➡ **Restricted (RS1072)**

Consultant

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

⚡ Cap 100 mg	6.83	15	Itraconazole Crescent Itrazole
--------------------	------	----	-----------------------------------

⚡ Oral liquid 10 mg per ml

➡ **Restricted (RS1073)**

Clinical immunologist, clinical microbiologist, dermatologist or infectious disease specialist

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

⚡ Tab modified-release 100 mg – 5% DV Dec-25 to 2028	123.60	24	Posaconazole Juno
⚡ Oral liq 40 mg per ml – 5% DV Dec-25 to 2028	308.26	105 ml	Devatis

➡ **Restricted (RS2052)**

Initiation

Haematologist or infectious disease specialist

Re-assessment required after 6 weeks

Both:

continued...

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

continued...

- 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.

Initiation – Invasive fungal infection prophylaxis

Any relevant practitioner

Re-assessment required after 6 months

Both:

- 1 The patient is at risk of invasive fungal infection; and
- 2 Either:
 - 2.1 Posaconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist; or
 - 2.2 Prescribing posaconazole is in accordance with a protocol or guideline that has been endorsed by the Health New Zealand - Te Whatu Ora Hospital in the specific settings where there is a greater than 10% risk of invasive fungal infection (IFI).

Continuation – Invasive fungal infection prophylaxis

Any relevant practitioner

Re-assessment required after 6 months

Both:

- 1 The patient is at risk of invasive fungal infection; and
- 2 Either:
 - 2.1 Posaconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist; or
 - 2.2 Prescribing posaconazole is in accordance with a protocol or guideline that has been endorsed by the Health New Zealand - Te Whatu Ora Hospital in the specific settings where there is a greater than 10% risk of invasive fungal infection (IFI).

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

↓ Tab 50 mg – 5% DV Aug-25 to 2028	71.00	56	Vttack
↓ Tab 200 mg – 5% DV Aug-25 to 2028	263.00	56	Vttack
↓ Powder for oral suspension 40 mg per ml.....	1,523.22	70 ml	Vfend
↓ Inj 200 mg vial – 5% DV Dec-25 to 2028	16.89	1	AFT

→ **Restricted (RS2053)**

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.

continued...

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

continued...

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.

Initiation – Invasive fungal infection prophylaxis

Any relevant practitioner

Re-assessment required after 6 months

Both:

- 1 The patient is at risk of invasive fungal infection; and
- 2 Either:
 - 2.1 Voriconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist; or
 - 2.2 Prescribing voriconazole is in accordance with a protocol or guideline that has been endorsed by the Health New Zealand - Te Whatu Ora Hospital in the specific settings where there is a greater than 10% risk of invasive fungal infection (IFI).

Continuation – Invasive fungal infection prophylaxis

Any relevant practitioner

Re-assessment required after 6 months

Both:

- 1 The patient is at risk of invasive fungal infection; and
- 2 Either:
 - 2.1 Voriconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist; or
 - 2.2 Prescribing voriconazole is in accordance with a protocol or guideline that has been endorsed by the Health New Zealand - Te Whatu Ora Hospital in the specific settings where there is a greater than 10% risk of invasive fungal infection (IFI).

Other Antifungals

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

⚡ Inj 50 mg vial – 5% DV Mar-26 to 2028	110.00	1	Alchemy Caspofungin
⚡ Inj 70 mg vial – 5% DV Mar-26 to 2028	135.00	1	Alchemy Caspofungin

➡ **Restricted (RS1076)**

Initiation

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

Either:

continued...

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

continued...

- 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](#)

↓ Tab 500 mg

↓ Cap 500 mg

→ **Restricted** ([RS1279](#))

Clinical microbiologist or infectious disease specialist

TERBINAFINE

Tab 250 mg – 5% DV Feb-24 to 2026	8.97	84	Deolatte
---	------	----	----------

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

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

↓ Tab 100 mg	3,084.51	24	Sirturo
--------------------	----------	----	---------

→ **Restricted** ([RS1977](#))

Initiation – multi-drug resistant tuberculosis

Limited to 6 months treatment

Both:

- 1 The person has multi-drug resistant tuberculosis (MDR-TB); and
- 2 Ministry of Health's Tuberculosis Clinical Network has reviewed the individual case and recommends bedaquiline as part of the treatment regimen.

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

↓ Cap 250 mg

→ **Restricted** ([RS1079](#))

Clinical microbiologist, infectious disease specialist or respiratory specialist

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

↓ Tab 100 mg

↓ Tab 400 mg	49.34	56	Myambutol
--------------------	-------	----	-----------

→ **Restricted** ([RS1080](#))

Clinical microbiologist, infectious disease specialist or respiratory specialist

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ISONIAZID – Restricted see terms below			
⚡ Tab 100 mg – 5% DV May-25 to 2027	94.50	100	Isoniazid Teva
	327.41		Noumed Isoniazid
➡ 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 – 5% DV Feb-25 to 2027	89.82	100	Rifinah
⚡ Tab 150 mg with rifampicin 300 mg – 5% DV Feb-25 to 2027	179.13	100	Rifinah
⚡ Cap 100 mg with rifampicin 150 mg	199.00	100	Rifamazid
➡ Restricted (RS1282)			
Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician			
PARA-AMINOSALICYLIC ACID – Restricted see terms below			
⚡ Grans for oral liq 4 g	280.00	30	Paser
➡ Restricted (RS1083)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
PROTIONAMIDE – Restricted see terms below			
⚡ Tab 250 mg	305.00	100	Peteha
➡ Restricted (RS1084)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
PYRAZINAMIDE – Restricted see terms below			
⚡ Tab 500 mg			
➡ Restricted (RS1085)			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
RIFABUTIN – Restricted see terms below			
⚡ Cap 150 mg	353.71	30	Mycobutin
➡ Restricted (RS1086)			
Clinical microbiologist, gastroenterologist, infectious disease specialist or respiratory specialist			
RIFAMPICIN – Restricted see terms below			
⚡ Cap 150 mg – 5% DV Dec-23 to 2026	58.54	100	Rifadin
⚡ Cap 300 mg – 5% DV Dec-23 to 2026	122.06	100	Rifadin
⚡ Oral liq 100 mg per 5 ml – 5% DV Dec-23 to 2026	12.60	60 ml	Rifadin
⚡ Inj 600 mg vial – 5% DV Dec-23 to 2026	134.98	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

102

⚡ 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
MEBENDAZOLE			
Tab 100 mg – 5% DV Dec-24 to 2027	5.18	6	Vermox
Oral liq 100 mg per 5 ml			
PRAZIQUANTEL			
Tab 600 mg			
Antiprotazoals			
ARTEMETHER WITH LUMEFANTRINE – Restricted see terms below			
↓ Tab 20 mg with lumefantrine 120 mg			
→ Restricted (RS1090)			
Clinical microbiologist or infectious disease specialist			
ARTESUNATE – Restricted see terms below			
↓ Inj 60 mg vial			
→ Restricted (RS1091)			
Clinical microbiologist or infectious disease specialist			
ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE – Restricted see terms below			
↓ Tab 62.5 mg with proguanil hydrochloride 25 mg.....	27.20	12	Malarone Junior
↓ Tab 250 mg with proguanil hydrochloride 100 mg.....	69.50	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 – 5% DV Mar-25 to 2026	25.86	250	Metronidamed
Tab 400 mg – 5% DV Mar-25 to 2026	4.29	21	Metronidamed
Oral liq benzoate 200 mg per 5 ml	25.00	100 ml	Flagyl-S
Inj 5 mg per ml, 100 ml bag – 5% DV Dec-23 to 2026	18.00	10	Baxter
Suppos 500 mg	24.48	10	Flagyl
NITAZOXANIDE – Restricted see terms below			
↓ Tab 500 mg			
↓ Oral liq 100 mg per 5 ml			
→ Restricted (RS1095)			
Clinical microbiologist or infectious disease specialist			
ORNIDAZOLE			
Tab 500 mg – 5% DV Mar-25 to 2027	36.52	10	Arrow-Ornidazole
PENTAMIDINE ISETHIONATE – Restricted see terms below			
↓ Inj 300 mg vial	216.00	5	Pentacarinat
	638.69		Tillomed
→ Restricted (RS1096)			
Clinical microbiologist or infectious disease specialist			
PRIMAQUINE – Restricted see terms on the next page			
↓ Tab 15 mg			
↓ Tab 7.5 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1097) Clinical microbiologist or infectious disease specialist PYRIMETHAMINE – Restricted see terms below ⚡ Tab 25 mg			
➔ Restricted (RS1098) Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist QUININE DIHYDROCHLORIDE – Restricted see terms below ⚡ Inj 60 mg per ml, 10 ml ampoule ⚡ Inj 300 mg per ml, 2 ml vial			
➔ Restricted (RS1099) Clinical microbiologist or infectious disease specialist 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 (RS1898) 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 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 condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; 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; or 2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown. Note: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (https://www.ashm.org.au/hiv/hiv-management/pep/). Initiation – Percutaneous exposure Patient has percutaneous exposure to blood known to be HIV positive. EFAVIRENZ – Restricted see terms above ➔ Tab 600 mg – Restricted: For continuation only65.38 30 Efavirenz Milpharm ⚡ Oral liq 30 mg per ml (Efavirenz Milpharm Tab 600 mg to be delisted 1 November 2026)			
--	--	--	--

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ETRAVIRINE – Restricted see terms on the previous page			
† Tab 200 mg	770.00	60	Intelence
NEVIRAPINE – Restricted see terms on the previous page			
† Tab 200 mg – 5% DV Feb-25 to 2027	198.25	60	Nevirapine Viatris
† Oral suspension 10 mg per ml.....	203.55	240 ml	Viramune Suspension

Nucleoside Reverse Transcriptase Inhibitors

→ Restricted (RS1899)

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 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 condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; 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; or
 - 2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.

Note: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (<https://www.ashm.org.au/hiv/hiv-management/pep/>).

Initiation – Percutaneous exposure

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

ABACAVIR SULPHATE – Restricted

 see terms [above](#)

† Tab 300 mg	180.00	60	Ziagen
† Oral liq 20 mg per ml			

ABACAVIR SULPHATE WITH LAMIVUDINE – Restricted

 see terms [above](#)

† Tab 600 mg with lamivudine 300 mg – 5% DV Feb-26 to 2028	35.00	30	Abacavir/lamivudine Viatris
---	-------	----	------------------------------------

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).....	106.88	30	Viatris
† Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate)	106.88	30	TEEVIR TrioVir

(TrioVir Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate) to be delisted 1 January 2026)

EMTRICITABINE – Restricted

 see terms [above](#)

† Cap 200 mg	307.20	30	Emtriva
--------------------	--------	----	---------

LAMIVUDINE – Restricted

 see terms [above](#)

† Tab 150 mg – 5% DV Feb-24 to 2026	98.00	60	Lamivudine Viatris
† Oral liq 10 mg per ml			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
STAVUDINE – Restricted see terms on the previous page			
† Cap 30 mg			
† Cap 40 mg			
† Powder for oral soln 1 mg per ml			
ZIDOVUDINE [AZT] – Restricted see terms on the previous page			
† Cap 100 mg	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 on the previous page			
† Tab 300 mg with lamivudine 150 mg	92.40	60	Lamivudine/Zidovudine Viatris

Protease Inhibitors

➔ **Restricted** ([RS1900](#))

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 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 condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; 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; or
 - 2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.

Note: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (<https://www.ashm.org.au/hiv/hiv-management/pep/>).

Initiation – Percutaneous exposure

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

ATAZANAVIR SULPHATE – Restricted see terms [above](#)

† Cap 150 mg – 5% DV Feb-26 to 2028	102.50	60	Atazanavir Viatris
† Cap 200 mg – 5% DV Feb-26 to 2028	152.30	60	Atazanavir Viatris

DARUNAVIR – Restricted see terms [above](#)

† Tab 400 mg – 5% DV Feb-24 to 2026	150.00	60	Darunavir Viatris
† Tab 600 mg – 5% DV Feb-24 to 2026	225.00	60	Darunavir Viatris

INDINAVIR – Restricted see terms [above](#)

- † Cap 200 mg
- † Cap 400 mg

LOPINAVIR WITH RITONAVIR – Restricted see terms [above](#)

† Tab 100 mg with ritonavir 25 mg			
† Tab 200 mg with ritonavir 50 mg – 5% DV Feb-25 to 2027	875.00	120	Lopinavir/Ritonavir Mylan
† Oral liq 80 mg per ml with ritonavir 20 mg per ml			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RITONAVIR – Restricted see terms on the previous page			
† Tab 100 mg	43.31	30	Norvir

Strand Transfer Inhibitors

➔ **Restricted (RS1901)**

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 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 condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; 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; or
 - 2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.

Note: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (<https://www.ashm.org.au/hiv/hiv-management/pep/>).

Initiation – Percutaneous exposure

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

DOLUTEGRAVIR – Restricted see terms [above](#)

† Tab 50 mg	1,090.00	30	Tivicay
-------------------	----------	----	---------

DOLUTEGRAVIR WITH LAMIVUDINE – Restricted see terms [above](#)

† Tab 50 mg with lamivudine 300 mg	1,090.00	30	Dovato
--	----------	----	--------

RALTEGRAVIR POTASSIUM – Restricted see terms [above](#)

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

Antivirals

Hepatitis B

ENTECAVIR

Tab 0.5 mg – 5% DV Mar-24 to 2026	12.04	30	Entecavir (Rex)
--	-------	----	------------------------

LAMIVUDINE

Tab 100 mg – 5% DV Feb-24 to 2026	12.06	28	Zetlam
Oral liq 5 mg per ml	270.00	240 ml	Zeffix

TENOFOVIR DISOPROXIL

Tab 245 mg (300 mg as a maleate) – 5% DV Dec-25 to 2028	13.80	30	Tenofovir Disoproxil
Tab 245 mg (300 mg as a fumarate)	13.80	30	Viatris Ricovir

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

Hepatitis C

GLECAPREVIR WITH PIBRENTASVIR

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

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

LEDIPASVIR WITH SOFOSBUVIR – **Restricted** see terms [below](#)

↓ Tab 90 mg with sofosbuvir 400 mg	24,363.46	28	Harvoni
--	-----------	----	---------

→ **Restricted** ([RS1528](#))

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 – 5% DV Feb-26 to 2028	2.05	25	Lovir
Tab dispersible 400 mg – 5% DV Feb-26 to 2028	7.55	56	Lovir
Tab dispersible 800 mg – 5% DV Feb-26 to 2028	7.43	35	Lovir
Inj 250 mg vial – 5% DV Feb-25 to 2027	13.75	5	Aciclovir-Baxter

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 – 5% DV Feb-25 to 2027	9.64	30	Vaclovir
Tab 1,000 mg – 5% DV Feb-25 to 2027	17.78	30	Vaclovir

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

↓ Tab 450 mg – 5% DV Feb-25 to 2027	140.89	60	Valganciclovir Viatris
--	--------	----	-------------------------------

→ **Restricted** ([RS2137](#))

Initiation – Transplant cytomegalovirus prophylaxis

Re-assessment required after 3 months

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

Continuation – Transplant cytomegalovirus prophylaxis

Re-assessment required after 3 months

Either:

1 Both:

- 1.1 Patient has undergone a solid organ transplant and received anti-thymocyte globulin and requires valganciclovir therapy for CMV prophylaxis; and

continued...

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

continued...

- 1.2 Patient is to receive a maximum of 90 days of valganciclovir prophylaxis following anti-thymocyte globulin; or
- 2 Both:
 - 2.1 Patient has received pulse methylprednisolone for acute rejection and requires further valganciclovir therapy for CMV prophylaxis; and
 - 2.2 Patient is to receive a maximum of 90 days of valganciclovir prophylaxis following pulse methylprednisolone.

Initiation – Lung transplant cytomegalovirus prophylaxis

Re-assessment required after 12 months

All of the following:

- 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; and
- 3 Patient has a high risk of CMV disease.

Continuation – Lung transplant cytomegalovirus prophylaxis

Re-assessment required after 12 months

All of the following:

- 1 Patient has undergone a lung re-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; and
- 3 Patient has a high risk of CMV disease.

Initiation – Cytomegalovirus in immunocompromised patients

Both:

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

HIV Prophylaxis and Treatment

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

↓ Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate) – 5% DV Dec-25 to 2028	13.45	30	Tenofovir Disoproxil Emtricitabine Viatr
---	-------	----	---

➔ **Restricted (RS1902)**

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:

continued...

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

continued...

- 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 24 months

Both:

- 1 Patient has tested HIV negative, does not have signs or symptoms of acute HIV infection and has been assessed for HIV seroconversion; and
- 2 The Practitioner considers the patient is at elevated risk of HIV exposure and use of PrEP is clinically appropriate.

Note: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines (<https://ashm.org.au/HIV/PrEP/>)

Continuation – Pre-exposure prophylaxis

Re-assessment required after 24 months

Both:

- 1 Patient has tested HIV negative, does not have signs or symptoms of acute HIV infection and has been assessed for HIV seroconversion; and
- 2 The Practitioner considers the patient is at elevated risk of HIV exposure and use of PrEP is clinically appropriate.

Note: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines (<https://ashm.org.au/HIV/PrEP/>)

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 Health NZ 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 Health NZ Hospital approved infections control plan.

COVID-19 Treatments

NIRMATRELVIR WITH RITONAVIR – **Restricted** see terms [on the next page](#)

↓ Tab 150 mg with ritonavir 100 mg 1,274.00 30 Paxlovid

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

➔ **Restricted (RS1894)**

Initiation

Only if patient meets access criteria (as per <https://pharmac.govt.nz/covid-oral-antivirals>). Note the supply of treatment is via Pharmac's approved distribution process. Refer to the Pharmac website for more information about this and stock availability.

REMEDSIVIR

Note: For patients meeting access criteria for oral antiviral treatments (as on [Pharmac's website](#)).

Inj 100 mg vial	615.23	1	Veklury
-----------------------	--------	---	---------

Immune Modulators

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 135 mcg prefilled syringe.....	887.35	1	Pegasys (S29)
↓ Inj 180 mcg prefilled syringe.....	748.50	4	Pegasys
	1,355.71		Pegasys

➔ **Restricted (RS1827)**

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.

continued...

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

continued...

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

Gastroenterologist, infectious disease specialist or general physician

Limited to 48 weeks treatment

All of the following:

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

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

Limited to 6 months treatment

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

Initiation – Hepatitis B

Gastroenterologist, infectious disease specialist or general physician

Limited to 48 weeks treatment

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 2 Patient is Hepatitis B treatment-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.

Initiation – myeloproliferative disorder or cutaneous T cell lymphoma

Re-assessment required after 12 months

Any of the following:

- 1 Patient has a cutaneous T cell lymphoma*; or
- 2 All of the following:
 - 2.1 Patient has a myeloproliferative disorder*; and
 - 2.2 Patient is intolerant of hydroxyurea; and
 - 2.3 Treatment with anagrelide and busulfan is not clinically appropriate; or
- 3 Both:
 - 3.1 Patient has a myeloproliferative disorder; and
 - 3.2 Patient is pregnant, planning pregnancy or lactating.

Continuation – myeloproliferative disorder or cutaneous T cell lymphoma

Re-assessment required after 12 months

All of the following:

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

continued...

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

continued...

3 Either:

3.1 Patient has a cutaneous T cell lymphoma*; or

3.2 Both:

3.2.1 Patient has a myeloproliferative disorder*; and

3.2.2 Either:

3.2.2.1 Remains intolerant of hydroxyurea and treatment with anagrelide and busulfan remains clinically inappropriate; or

3.2.2.2 Patient is pregnant, planning pregnancy or lactating.

Note: Indications marked with * are unapproved indications

Initiation – ocular surface squamous neoplasia

Ophthalmologist

Re-assessment required after 12 months

Patient has ocular surface squamous neoplasia*.

Continuation – ocular surface squamous neoplasia

Ophthalmologist

Re-assessment required after 12 months

The treatment remains appropriate and patient is benefitting from treatment.

Note: Indications marked with * are unapproved indications

Initiation – post-allogenic bone marrow transplant

Re-assessment required after 3 months

Patient has received an allogeneic bone marrow transplant* and has evidence of disease relapse.

Continuation – post-allogenic bone marrow transplant

Re-assessment required after 3 months

Patient is responding and ongoing treatment remains appropriate.

Note: Indications marked with * are unapproved indications

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Anticholinesterases			
EDROPHONIUM CHLORIDE – Restricted see terms below			
⚡ Inj 10 mg per ml, 15 ml vial			
⚡ Inj 10 mg per ml, 1 ml ampoule			
→ Restricted (RS1015)			
Initiation			
For the diagnosis of myasthenia gravis.			
NEOSTIGMINE METILSULFATE			
Inj 2.5 mg per ml, 1 ml ampoule – 5% DV Feb-25 to 2027	48.25	10	Max Health
NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE			
Inj 2.5 mg with glycopyrronium bromide 0.5 mg per ml, 1 ml ampoule – 5% DV Feb-26 to 2028	26.13	10	Max Health
PYRIDOSTIGMINE BROMIDE			
Tab 60 mg	50.28	100	Mestinon
Antirheumatoid Agents			
HYDROXYCHLOROQUINE SULPHATE			
Tab 200 mg – 5% DV May-25 to 2027	7.80	100	Ipca- Hydroxychloroquine
LEFLUNOMIDE			
Tab 10 mg – 5% DV Dec-23 to 2026	6.00	30	Arava
Tab 20 mg – 5% DV Dec-23 to 2026	6.00	30	Arava
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 – 5% DV Jul-24 to 2026	3.10	4	Fosamax
ALENDRONATE SODIUM WITH COLECALCIFEROL			
Tab 70 mg with colecalciferol 5,600 iu – 5% DV Jul-24 to 2026	1.99	4	Fosamax Plus
PAMIDRONATE DISODIUM			
Inj 3 mg per ml, 10 ml vial	32.49	1	Pamisol
Inj 6 mg per ml, 10 ml vial	88.11	1	Pamisol
Inj 9 mg per ml, 10 ml vial	94.34	1	Pamisol
RISEDRONATE SODIUM			
Tab 35 mg – 5% DV Feb-26 to 2028	3.00	4	Risedronate Sandoz
ZOLEDRONIC ACID			
Inj 5 mg per 100 ml, bag – 5% DV Feb-26 to 2028	19.45	1	Zoledronic Acid Viatriis

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

Other Drugs Affecting Bone Metabolism

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

Note: Denosumab inj 60 mg per 1 ml pre-filled syringe is Medsafe approved for use in osteoporosis. Denosumab inj 120 mg per 1.7 ml vial is Medsafe approved for use in hypercalcaemia of malignancy.

↓ Inj 120 mg per 1.7 ml vial	375.00	1	Xgeva
↓ Inj 60 mg per 1 ml prefilled syringe.....	187.50	1	Prolia

→ **Restricted** ([RS2097](#))

Initiation – Osteoporosis

All of the following:

- 1 The patient has established osteoporosis; and
- 2 Any of the following:
 - 2.1 History of one significant osteoporotic fracture demonstrated radiologically, with a documented T-Score less than or equal to -2.5, that incorporates BMD measured using dual-energy x-ray absorptiometry (DEXA); or
 - 2.2 History of one significant osteoporotic fracture, demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of logistical, technical or pathophysiological reasons; or
 - 2.3 History of two significant osteoporotic fractures demonstrated radiologically; or
 - 2.4 Documented T-Score less than or equal to -3.0; or
 - 2.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm that incorporates BMD measured using DEXA; and
- 3 Any of the following:
 - 3.1 Bisphosphonates are contraindicated because the patient's creatinine clearance or eGFR is less than 35 mL/min; or
 - 3.2 The patient has experienced at least two symptomatic new fractures or a BMD loss greater than 2% per year, after at least 12 months' continuous therapy with a funded antiresorptive agent; or
 - 3.3 Bisphosphonates result in intolerable side effects; or
 - 3.4 Intravenous bisphosphonates cannot be administered due to logistical or technical reasons.

Initiation – Hypercalcaemia

Both:

- 1 Patient has hypercalcaemia of malignancy; and
- 2 Patient has severe renal impairment.

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

↓ Tab 60 mg	53.76	28	Evista
-------------------	-------	----	--------

(Evista Tab 60 mg to be delisted 1 April 2026)

→ **Restricted** ([RS1666](#))

Initiation

Any of the following:

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

continued...

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

continued...

Authority approval for alendronate (Underlying cause - Osteoporosis) prior to 1 February 2019.

Notes:

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

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

‡ Inj 250 mcg per ml, 2.4 ml	195.00	1	Teriparatide - Teva
------------------------------------	--------	---	---------------------

➔ **Restricted (RS1143)**

Initiation

Limited to 18 months treatment

All of the following:

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

Notes:

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

Enzymes

HYALURONIDASE

Inj 1,500 iu ampoule

Hyperuricaemia and Antigout

ALLOPURINOL

Tab 100 mg – 5% DV Jun-24 to 2026	17.99	1,000	Ipca-Allopurinol
Tab 300 mg – 5% DV Jun-24 to 2026	22.50	500	Ipca-Allopurinol

BENZBROMARONE – **Restricted:** For continuation only

➔ Tab 50 mg			
➔ Tab 100 mg	45.00	100	Benzbromaron AL 100

‡ 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
COLCHICINE			
Tab 500 mcg.....	6.00	100	Colgout
FEBUXOSTAT – Restricted see terms below			
↓ Tab 80 mg – 5% DV Jun-24 to 2026	4.73	28	Febuxostat (Teva)
↓ Tab 120 mg – 5% DV Jun-24 to 2026	11.78	28	Febuxostat (Teva)
→ Restricted (RS1844)			
Initiation – Gout			
Both:			
1 Patient has been diagnosed with gout; and			
2 Any of the following:			
2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or			
2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite use of probenecid at doses of up to 2 g per day or maximum tolerated dose; or			
2.3 The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); or			
2.4 The patient has previously had an initial Special Authority approval for benzbromarone for treatment of gout..			
Initiation – Tumour lysis syndrome			
Haematologist or oncologist			
<i>Re-assessment required after 6 weeks</i>			
Both:			
1 Patient is scheduled to receive cancer therapy carrying an intermediate or high risk of tumour lysis syndrome; and			
2 Patient has a documented history of allopurinol intolerance.			
Continuation – Tumour lysis syndrome			
Haematologist or oncologist			
<i>Re-assessment required after 6 weeks</i>			
The treatment remains appropriate and patient is benefitting from treatment.			
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 – 5% DV Jun-25 to 2026	7.69	5	Medsurge
Inj 10 mg per ml, 5 ml ampoule – 5% DV Jun-25 to 2026	9.86	5	Medsurge
BACLOFEN			
Tab 10 mg – 5% DV Dec-24 to 2027	3.70	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 – 5% DV Mar-25 to 2027	490.91	10	Sintetica Baclofen Intrathecal
CLOSTRIDIUM BOTULINUM TYPE A TOXIN			
Inj 100 u vial	467.50	1	Botox
Inj 300 u vial	388.50	1	Dysport
Inj 500 u vial	1,295.00	2	Dysport

MUSCULOSKELETAL SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DANTROLENE			
Cap 25 mg	145.77	100	Dantrium
Cap 50 mg	77.00	100	Dantrium
Inj 20 mg vial	1,143.74	6	Dantrium IV
MIVACURIUM CHLORIDE			
Inj 2 mg per ml, 10 ml ampoule			
ORPHENADRINE CITRATE			
Tab 100 mg – 5% DV Feb-25 to 2027	23.25	100	Norflex
PANCURONIUM BROMIDE			
Inj 2 mg per ml, 2 ml ampoule			
ROCURONIUM BROMIDE			
Inj 10 mg per ml, 5 ml ampoule	37.06	10	Hameln
Inj 10 mg per ml, 5 ml vial – 5% DV May-26 to 2028	28.96	10	Medsurge
<i>(Hameln Inj 10 mg per ml, 5 ml ampoule to be delisted 1 May 2026)</i>			
SUXAMETHONIUM CHLORIDE			
Inj 50 mg per ml, 2 ml ampoule – 5% DV Feb-24 to 2026	35.40	10	Martindale
VECURONIUM BROMIDE			
Inj 10 mg vial – 5% DV Apr-25 to 2027	380.00	10	Vecure

Reversers of Neuromuscular Blockade

SUGAMMADEX – Restricted see terms [below](#)

⚡ Inj 100 mg per ml, 2 ml vial – 5% DV Dec-24 to 2027	80.64	10	Sugammadex BNM
⚡ Inj 100 mg per ml, 5 ml vial – 5% DV Dec-24 to 2027	201.60	10	Sugammadex BNM

➡ **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			
Cap 100 mg – 5% DV Feb-26 to 2028	3.60	60	Celebrex
	3.45		Celecoxib Pfizer
Cap 200 mg	3.20	30	Celecoxib Pfizer
<i>(Celecoxib Pfizer Cap 100 mg to be delisted 1 February 2026)</i>			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DICLOFENAC SODIUM			
Tab EC 25 mg – 5% DV Feb-25 to 2027	2.19	50	Diclofenac Sandoz
Tab 50 mg dispersible	1.50	20	Voltaren D
Tab EC 50 mg – 5% DV Feb-25 to 2027	2.19	50	Diclofenac Sandoz
Tab long-acting 75 mg – 5% DV Aug-25 to 2028	10.00	100	Voltaren SR
Inj 25 mg per ml, 3 ml ampoule	13.20	5	Voltaren
Suppos 12.5 mg	2.04	10	Voltaren
Suppos 25 mg	2.44	10	Voltaren
Suppos 50 mg	4.22	10	Voltaren
Suppos 100 mg	7.00	10	Voltaren
ETORICOXIB – Restricted see terms below			
↓ Tab 30 mg			
↓ Tab 60 mg			
↓ Tab 90 mg			
↓ Tab 120 mg			
→ Restricted (RS1592)			
Initiation			
For in-vivo investigation of allergy only.			
IBUPROFEN			
Tab 200 mg - 1,000 tablet pack – 1% DV Feb-21 to 2026	21.40	1,000	Relieve
→ Tab 400 mg – Restricted: For continuation only			
→ Tab 600 mg – Restricted: For continuation only			
Tab long-acting 800 mg – 5% DV Apr-25 to 2027	3.65	30	Ibuprofen SR BNM
Oral liq 20 mg per ml – 5% DV Apr-25 to 2027	2.85	200 ml	Ethics
Inj 5 mg per ml, 2 ml ampoule			
Inj 10 mg per ml, 2 ml vial			
INDOMETACIN [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 – 5% DV Feb-25 to 2027	39.23	500	Noflam 250
Tab 500 mg – 5% DV Feb-25 to 2027	34.45	250	Noflam 500
Tab long-acting 750 mg – 5% DV Feb-25 to 2027	10.40	28	Naprosyn SR 750
Tab long-acting 1 g – 5% DV Feb-25 to 2027	11.50	28	Naprosyn SR 1000
PARECOXIB			
Inj 40 mg vial – 5% DV Dec-24 to 2027	46.00	10	Dynastat
SULINDAC			
Tab 100 mg			
Tab 200 mg			
TENOXICAM			
Tab 20 mg – 5% DV Feb-26 to 2028	23.50	100	Tilcotil
Inj 20 mg vial	9.95	1	AFT

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

Topical Products for Joint and Muscular Pain

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

↓ Crm 0.025%.....	9.75	45 g	Zo-Rub Osteo Zostrix
-------------------	------	------	-------------------------

➡ **Restricted** ([RS1309](#))

Initiation

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

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

Agents for Parkinsonism and Related Disorders

Agents for Essential Tremor, Chorea and Related Disorders

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

↓ Tab 50 mg – **5% DV Feb-25 to 2027** 117.00 56 **Rilutek**
 → **Restricted (RS1351)**

Initiation

Neurologist or respiratory specialist

Re-assessment required after 6 months

All of the following:

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

Continuation

Re-assessment required after 18 months

All of the following:

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

TETRABENAZINE

Tab 25 mg – **5% DV Feb-26 to 2028** 126.02 112 **Motetis**

Anticholinergics

BENZATROPINE MESYLATE

Tab 2 mg 10.99 60 **Benztrop**
 Inj 1 mg per ml, 2 ml ampoule 95.00 5 **Phebra**

PROCYCLIDINE HYDROCHLORIDE

Tab 5 mg

Dopamine Agonists and Related Agents

AMANTADINE HYDROCHLORIDE

Cap 100 mg 38.24 60 **Symmetrel**

APOMORPHINE HYDROCHLORIDE

Inj 10 mg per ml, 2 ml ampoule 59.50 5 **Movapo**
 Inj 10 mg per ml, 5 ml ampoule 121.84 5 **Movapo**

BROMOCRIPTINE

Cap 5 mg

ENTACAPONE

Tab 200 mg – **5% DV Jul-25 to 2027** 13.73 100 **Entacapone Viartis**

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LEVODOPA WITH BENSERAZIDE			
Tab dispersible 50 mg with benserazide 12.5 mg	13.25	100	Madopar Rapid
Cap 50 mg with benserazide 12.5 mg	13.75	100	Madopar 62.5
Cap 100 mg with benserazide 25 mg	15.80	100	Madopar 125
Cap long-acting 100 mg with benserazide 25 mg	22.85	100	Madopar HBS
Cap 200 mg with benserazide 50 mg	26.25	100	Madopar 250
LEVODOPA WITH CARBIDOPA			
Tab 100 mg with carbidopa 25 mg – 5% DV Feb-25 to 2027	26.49	100	Sinemet
Tab long-acting 100 mg with carbidopa 25 mg			
Tab long-acting 200 mg with carbidopa 50 mg – 5% DV Feb-25 to 2027	44.99	100	Sinemet CR
Tab 250 mg with carbidopa 25 mg – 5% DV Feb-25 to 2027	39.49	100	Sinemet
LEVODOPA WITH CARBIDOPA AND ENTACAPONE			
Tab 50 mg with carbidopa 12.5 mg and entacapone 200 mg – 5% DV Jul-25 to 2027	27.01	100	Stalevo
Tab 100 mg with carbidopa 25 mg and entacapone 200 mg – 5% DV Jul-25 to 2027	34.18	100	Stalevo
Tab 150 mg with carbidopa 37.5 mg and entacapone 200 mg – 5% DV Jul-25 to 2027	44.96	100	Stalevo
Tab 200 mg with carbidopa 50 mg and entacapone 200 mg – 5% DV Jul-25 to 2027	51.23	100	Stalevo
PRAMIPEXOLE HYDROCHLORIDE			
Tab 0.25 mg – 5% DV Dec-25 to 2028	5.23	100	Ramipex
Tab 1 mg – 5% DV Dec-25 to 2028	17.73	100	Ramipex
RASAGILINE			
Tab 1 mg	53.50	30	Azilect
ROPINIROLE HYDROCHLORIDE			
Tab 0.25 mg	4.05	84	Ropin
Tab 1 mg	4.95	84	Ropin
Tab 2 mg	6.48	84	Ropin
Tab 5 mg	14.50	84	Ropin
SELEGILINE HYDROCHLORIDE – Restricted: For continuation only			
➡ Tab 5 mg			
TOLCAPONE			
Tab 100 mg	152.38	100	Tasmar

Anaesthetics

General Anaesthetics

DESFLURANE			
Soln for inhalation 100%, 240 ml bottle	1,350.00	6	Suprane
DEXMEDETOMIDINE			
Inj 100 mcg per ml, 2 ml vial – 5% DV May-24 to 2026	42.00	5	Dexmedetomidine Viatris
ETOMIDATE			
Inj 2 mg per ml, 10 ml ampoule			
ISOFLURANE			
Soln for inhalation 100%, 250 ml bottle	2,730.00	6	Aerrane

↑ 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
KETAMINE			
Inj 1 mg per ml, 100 ml bag	146.00	5	Biomed
Inj 10 mg per ml, 10 ml syringe	76.00	5	Biomed
Inj 100 mg per ml, 2 ml vial	36.23	5	Ketalar
METHOHEXITAL SODIUM			
Inj 10 mg per ml, 50 ml vial			
PROPOFOL			
Inj 10 mg per ml, 20 ml ampoule – 5% DV Feb-26 to 2028	5.75	5	Fresofol 1% MCT/LCT
Inj 10 mg per ml, 50 ml vial – 5% DV Feb-26 to 2028	27.50	10	Fresofol 1% MCT/LCT
Inj 10 mg per ml, 100 ml vial – 5% DV Feb-26 to 2028	39.90	10	Fresofol 1% MCT/LCT
SEVOFLURANE			
Soln for inhalation 100%, 250 ml bottle	930.00	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, 1.8 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 1.8 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 – 5% DV Feb-24 to 2026	62.50	5	Marcaïn Isobaric
Inj 2.5 mg per ml, 20 ml ampoule			
Inj 2.5 mg per ml, 20 ml ampoule sterile pack – 5% DV Feb-24 to 2026	28.00	5	Marcaïn
Inj 5 mg per ml, 10 ml ampoule sterile pack	16.20	5	Marcaïn
Inj 5 mg per ml, 20 ml ampoule			
Inj 5 mg per ml, 20 ml ampoule sterile pack	16.56	5	Marcaïn
Inj 1.25 mg per ml, 100 ml bag			
Inj 1.25 mg per ml, 200 ml bag			
Inj 2.5 mg per ml, 200 ml bag			
Inj 1.25 mg per ml, 500 ml bag			
BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 2.5 mg per ml with adrenaline 1:200,000, 10 ml ampoule			
Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial	94.50	5	Marcaïn with Adrenaline
Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial	80.50	5	Marcaïn with Adrenaline

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
BUPIVACAINE HYDROCHLORIDE WITH FENTANYL			
Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag			
Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag	165.00	5	Biomed
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 – 5% DV Feb-26 to 2028	135.00	5	Bupafen
Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag – 5% DV Feb-26 to 2028	138.00	5	Bupafen
Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe			
Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe	57.35	5	Biomed
BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE			
Inj 0.5% with glucose 8%, 4 ml ampoule – 5% DV Dec-25 to 2028	21.40	5	Marcain Heavy
COCAINE HYDROCHLORIDE			
Paste 5%			
Soln 15%, 2 ml syringe			
Soln 4%, 2 ml syringe	30.77	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%	7.60	5 g	LMX4
	30.00	30 g	LMX4
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE			
Gel 2%	4.87	20 g	Orion
Soln 4%			
Spray 10% – 5% DV Feb-26 to 2028	82.90	50 ml	Xylocaine
Oral (gel) soln 2% – 5% DV Apr-26 to 2028	44.00	200 ml	Mucosoothe
	30.80		Xylocaine Viscous
Inj 1%, 20 ml ampoule, sterile pack			
Inj 2%, 20 ml ampoule, sterile pack			
Inj 1%, 5 ml ampoule	15.00	25	Lidocaine-Baxter
Inj 1%, 20 ml vial	19.50	5	Lidocaine-Baxter
Inj 2%, 5 ml ampoule	27.50	25	Lidocaine-Baxter
Inj 2%, 20 ml vial	14.00	5	Lidocaine-Baxter
Inj 10%, 5 ml ampoule			
Gel 2%, 11 ml urethral syringe – 5% DV Feb-26 to 2028	65.45	10	Instillagel Lido
<i>(Mucosoothe Oral (gel) soln 2% to be delisted 1 April 2026)</i>			
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE			
Inj 1% with adrenaline 1:100,000, 20 ml vial			
Inj 1% with adrenaline 1:100,000, 5 ml ampoule – 5% DV Dec-25 to 2028	32.00	10	Xylocaine
Inj 1% with adrenaline 1:200,000, 20 ml vial	50.00	5	Xylocaine
Inj 2% with adrenaline 1:100,000, 1.7 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 1.7 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 1.8 ml dental cartridge			
Inj 2% with adrenaline 1:80,000, 2.2 ml dental cartridge			
Inj 2% with adrenaline 1:200,000, 20 ml vial	60.00	5	Xylocaine

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE			
Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe.....	20.50	1	Topicaïne
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%
MEPIVACAINE HYDROCHLORIDE WITH ADRENALINE			
Inj 2% with adrenaline 1:100,000, 1.8 ml dental cartridge			
Inj 2% with adrenaline 1:100,000, 2.2 ml dental cartridge			
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 – 5% DV Feb-24 to 2026	9.80	5	Ropivacaine Kabi
Inj 2 mg per ml, 20 ml ampoule – 5% DV Feb-24 to 2026	10.25	5	Ropivacaine Kabi
Inj 2 mg per ml, 100 ml bag – 5% DV Feb-24 to 2026	32.85	5	Ropivacaine Kabi
Inj 2 mg per ml, 200 ml bag – 5% DV Feb-24 to 2026	43.40	5	Ropivacaine Kabi
Inj 7.5 mg per ml, 10 ml ampoule – 5% DV Feb-24 to 2026	11.00	5	Ropivacaine Kabi
Inj 7.5 mg per ml, 20 ml ampoule – 5% DV Feb-24 to 2026	13.50	5	Ropivacaine Kabi
Inj 10 mg per ml, 10 ml ampoule – 5% DV Feb-24 to 2026	11.75	5	Ropivacaine Kabi
Inj 10 mg per ml, 20 ml ampoule – 5% DV Feb-24 to 2026	17.60	5	Ropivacaine Kabi
TETRACAINE [AMETHOCAINE] HYDROCHLORIDE			
Gel 4%			

Analgesics

Non-Opioid Analgesics

ASPIRIN			
Tab dispersible 300 mg – 5% DV May-24 to 2026	5.65	100	Ethics Aspirin
CAPSAICIN – Restricted see terms below			
↓ Crm 0.075%.....	11.95	45 g	Zo-Rub HP Zostrix HP

➔ **Restricted (RS1145)**

Initiation

For post-herpetic neuralgia or diabetic peripheral neuropathy.

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

↓ Soln for inhalation 99.9%, 3 ml bottle

NERVOUS SYSTEM

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

➔ Restricted (RS1292)

Initiation

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

NEFOPAM HYDROCHLORIDE

Tab 30 mg

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

Tab soluble 500 mg			
Tab 500 mg - blister pack - 1,000 tablet pack – 1% DV Feb-22 to 2026	19.75	1,000	Pacimol
Tab 500 mg - blister pack - 12 tablet pack			
Tab 500 mg - blister pack - 20 tablet pack			
Tab 500 mg - bottle pack – 1% DV Feb-22 to 2026	17.92	1,000	Noumed Paracetamol
Oral liq 120 mg per 5 ml	3.98	200 ml	Paracetamol (Ethics)
Oral liq 250 mg per 5 ml	3.35	200 ml	Pamol
↓ Inj 10 mg per ml, 100 ml vial – 5% DV Feb-26 to 2028	15.30	10	Paracetamol Kabi
Suppos 25 mg			
Suppos 50 mg			
Suppos 125 mg – 5% DV Feb-24 to 2026	4.29	10	Gacet
Suppos 250 mg – 5% DV Feb-24 to 2026	5.39	10	Gacet
Suppos 500 mg – 5% DV Feb-24 to 2026	16.55	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% 14.61 25 ml Biomed

↓ Oral liq 66.7% (preservative free)

➔ Restricted (RS1763)

Initiation

For use in neonatal patients only.

Opioid Analgesics

ALFENTANIL

Inj 0.5 mg per ml, 2 ml ampoule – 5% DV Feb-24 to 2026 8.99 5 **Medsurge**

CODEINE PHOSPHATE

Tab 15 mg – 5% DV Dec-25 to 2028 5.82 100 **Noumed**
 Tab 30 mg – 5% DV Dec-25 to 2028 6.88 100 **Noumed**
 Tab 60 mg – 5% DV Dec-25 to 2028 13.89 100 **Noumed**

DIHYDROCODEINE TARTRATE

Tab long-acting 60 mg – 5% DV Feb-26 to 2028 9.20 60 **DHC Continus**

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FENTANYL			
Inj 10 mcg per ml, 10 ml syringe – 5% DV Feb-25 to 2027	44.50	5	Biomed Fentanyl
Inj 50 mcg per ml, 2 ml ampoule – 5% DV May-25 to 2027	4.25	10	Boucher and Muir
Inj 50 mcg per ml, 10 ml ampoule – 5% DV May-25 to 2027	9.41	10	Boucher and Muir
Inj 10 mcg per ml, 100 ml bag – 5% DV Feb-24 to 2026	114.25	5	Biomed
Inj 20 mcg per ml, 50 ml syringe – 5% DV Feb-25 to 2027	136.50	5	Biomed
Inj 20 mcg per ml, 100 ml bag			
Patch 12 mcg per hour – 5% DV May-25 to 2027	6.02	5	Fentanyl Sandoz
Patch 12.5 mcg per hour	6.02	5	Fentanyl Sandoz
Patch 25 mcg per hour – 5% DV Dec-24 to 2027	6.91	5	Fentanyl Sandoz
Patch 50 mcg per hour – 5% DV Dec-24 to 2027	9.28	5	Fentanyl Sandoz
Patch 75 mcg per hour – 5% DV Dec-24 to 2027	15.50	5	Fentanyl Sandoz
Patch 100 mcg per hour – 5% DV Dec-24 to 2027	16.37	5	Fentanyl Sandoz
<i>(Fentanyl Sandoz Patch 12.5 mcg per hour to be delisted 1 January 2026)</i>			
METHADONE HYDROCHLORIDE			
Tab 5 mg	1.45	10	Methadone BNM
Oral liq 2 mg per ml – 5% DV Feb-25 to 2027	7.80	200 ml	Biodone
Oral liq 5 mg per ml – 5% DV Feb-25 to 2027	7.80	200 ml	Biodone Forte
Oral liq 10 mg per ml – 5% DV Feb-25 to 2027	9.65	200 ml	Biodone Extra Forte
Inj 10 mg per ml, 1 ml vial	72.99	10	AFT
MORPHINE HYDROCHLORIDE			
Oral liq 1 mg per ml	19.00	200 ml	RA-Morph
Oral liq 2 mg per ml	23.55	200 ml	RA-Morph
Oral liq 5 mg per ml	28.20	200 ml	RA-Morph
Oral liq 10 mg per ml	40.25	200 ml	RA-Morph
MORPHINE SULPHATE			
Tab immediate-release 10 mg	2.80	10	Sevredol
Tab immediate-release 20 mg	5.52	10	Sevredol
Cap long-acting 10 mg	3.00	10	m-Eslon
Cap long-acting 30 mg	4.30	10	m-Eslon
Cap long-acting 60 mg	9.00	10	m-Eslon
Cap long-acting 100 mg	10.50	10	m-Eslon
Oral liq 2 mg per ml	42.56	300 ml	Oramorph
	29.80	100 ml	Oramorph CDC S29
	16.31		Wockhardt
Inj 1 mg per ml, 100 ml bag – 5% DV Feb-24 to 2026	114.25	5	Biomed
Inj 1 mg per ml, 10 ml syringe – 5% DV Feb-24 to 2026	27.25	5	Biomed
Inj 1 mg per ml, 50 ml syringe – 5% DV Feb-24 to 2026	63.75	5	Biomed
Inj 1 mg per ml, 2 ml syringe			
Inj 5 mg per ml, 1 ml ampoule – 5% DV Feb-26 to 2028	5.96	5	Medsurge
Inj 10 mg per ml, 1 ml ampoule – 5% DV Feb-26 to 2028	4.99	5	Medsurge
Inj 10 mg per ml, 100 mg cassette			
Inj 10 mg per ml, 100 ml bag			
Inj 15 mg per ml, 1 ml ampoule – 5% DV Feb-26 to 2028	6.93	5	Medsurge
Inj 30 mg per ml, 1 ml ampoule – 5% DV Feb-26 to 2028	7.28	5	Medsurge
Inj 200 mcg in 0.4 ml syringe			
Inj 300 mcg in 0.3 ml syringe			
MORPHINE TARTRATE			
Inj 80 mg per ml, 1.5 ml ampoule			

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
OXYCODONE HYDROCHLORIDE			
Tab controlled-release 5 mg – 5% DV Dec-24 to 2027	2.49	20	Oxycodone Sandoz
Tab immediate-release 5 mg	13.77	100	Oxycodone Amneal
Tab controlled-release 10 mg – 5% DV Dec-24 to 2027	2.49	20	Oxycodone Sandoz
Tab immediate-release 10 mg	18.77	100	Oxycodone Amneal
Tab controlled-release 20 mg – 5% DV Dec-24 to 2027	3.41	20	Oxycodone Sandoz
Tab immediate-release 20 mg	26.77	100	Oxycodone Amneal
Tab controlled-release 40 mg – 5% DV Dec-24 to 2027	6.67	20	Oxycodone Sandoz
Tab controlled-release 80 mg – 5% DV Dec-24 to 2027	12.99	20	Oxycodone Sandoz
Oral liq 1 mg per ml	37.08	250 ml	Oxycodone Lucis S29 Rosemont
Inj 1 mg per ml, 100 ml bag			
Inj 10 mg per ml, 1 ml ampoule – 5% DV Dec-24 to 2027	4.37	5	Hameln
Inj 10 mg per ml, 2 ml ampoule – 5% DV Dec-24 to 2027	8.62	5	Hameln
Inj 50 mg per ml, 1 ml ampoule – 5% DV Dec-24 to 2027	14.90	5	Hameln
<i>(Oxycodone Lucis S29 Oral liq 1 mg per ml to be delisted 1 June 2026)</i>			
PARACETAMOL WITH CODEINE			
Tab paracetamol 500 mg with codeine phosphate 8 mg – 5% DV Feb-26 to 2028	31.95	1,000	Paracetamol + Codeine (Relieve)
PETHIDINE HYDROCHLORIDE			
Tab 50 mg – 5% DV Feb-26 to 2028	8.68	10	Noumed Pethidine
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	29.88	5	DBL Pethidine Hydrochloride
Inj 50 mg per ml, 2 ml ampoule	30.72	5	DBL Pethidine Hydrochloride
REMIFENTANIL			
Inj 1 mg vial – 5% DV Feb-24 to 2026	14.95	5	Remifentanil-AFT
Inj 2 mg vial – 5% DV Feb-24 to 2026	20.95	5	Remifentanil-AFT
TRAMADOL HYDROCHLORIDE			
Tab sustained-release 100 mg – 5% DV May-24 to 2026	1.95	20	Tramal SR 100
Tab sustained-release 150 mg – 5% DV May-24 to 2026	2.95	20	Tramal SR 150
Tab sustained-release 200 mg – 5% DV May-24 to 2026	3.80	20	Tramal SR 200
Cap 50 mg – 5% DV Jan-24 to 2026	3.33	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 – 5% DV May-24 to 2026	10.00	5	Tramal 50
Inj 50 mg per ml, 2 ml ampoule – 5% DV May-24 to 2026	9.00	5	Tramal 100

Antidepressants

Cyclic and Related Agents

AMITRIPTYLINE			
Tab 10 mg – 5% DV Mar-24 to 2026	2.99	100	Arrow-Amitriptyline
Tab 25 mg – 5% DV Mar-24 to 2026	1.99	100	Arrow-Amitriptyline
Tab 50 mg – 5% DV Mar-24 to 2026	3.14	100	Arrow-Amitriptyline

↑ 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
CLOMIPRAMINE HYDROCHLORIDE			
Tab 25 mg – 5% DV Jul-25 to 2027	16.99	50	APO Clomipramine
Cap 10 mg	35.50	28	Clomipramine Teva
<i>(Clomipramine Teva Cap 10 mg to be delisted 1 April 2026)</i>			
DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Restricted: For continuation only			
➔ Tab 75 mg	3.85	30	Dosulepin Viatrix
➔ Cap 25 mg	7.83	50	Dosulepin Viatrix
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	4.93	28	Imipramine Crescent
	8.80	50	Tofranil
MAPROTILINE HYDROCHLORIDE – Restricted: For continuation only			
➔ Tab 25 mg			
➔ Tab 75 mg			
MIANSERIN HYDROCHLORIDE – Restricted: For continuation only			
➔ Tab 30 mg			
NORTRIPTYLINE HYDROCHLORIDE			
Tab 10 mg	2.24	50	Allegron
	2.46	100	Norpress
Tab 25 mg	2.95	50	Allegron
	6.29	180	Norpress
<i>(Norpress Tab 10 mg to be delisted 1 March 2026)</i>			
<i>(Norpress Tab 25 mg to be delisted 1 March 2026)</i>			

Monoamine-Oxidase Inhibitors - Non-Selective

PHENELZINE SULPHATE
Tab 15 mg
TRANLYCPROMINE SULPHATE
Tab 10 mg

Monoamine-Oxidase Type A Inhibitors

MOCLOBEMIDE			
Tab 150 mg – 5% DV Feb-25 to 2027	23.60	60	Aurorix
Tab 300 mg – 5% DV Feb-25 to 2027	38.50	60	Aurorix

Other Antidepressants

MIRTAZAPINE			
Tab 30 mg – 5% DV Jan-26 to 2028	2.34	30	Noumed
Tab 45 mg – 5% DV Jan-26 to 2028	3.10	30	Noumed
VENLAFAXINE			
Cap 37.5 mg	8.29	84	Enlafax XR
Cap 75 mg	10.32	84	Enlafax XR
Cap 150 mg	13.95	84	Enlafax XR

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Selective Serotonin Reuptake Inhibitors			
CITALOPRAM HYDROBROMIDE			
Tab 20 mg – 5% DV May-26 to 2028	3.55	84	Celapram
ESCITALOPRAM			
Tab 10 mg – 5% DV Apr-24 to 2026	0.79	28	Ipca-Escitalopram
Tab 20 mg – 5% DV Apr-24 to 2026	1.49	28	Ipca-Escitalopram
FLUOXETINE HYDROCHLORIDE			
Tab dispersible 20 mg, scored – 5% DV Mar-26 to 2028	2.37	28	Fluox
Cap 20 mg – 5% DV Mar-26 to 2028	3.50	90	Arrow-Fluoxetine
PAROXETINE			
Tab 20 mg – 5% DV Feb-26 to 2028	4.98	90	Loxamine
	1.66	30	Paxtine
<i>(Paxtine Tab 20 mg to be delisted 1 March 2026)</i>			
SERTRALINE			
Tab 50 mg – 5% DV Apr-26 to 2028	1.24	30	Setrona
Tab 100 mg – 5% DV Apr-26 to 2028	2.00	30	Setrona

Antiepilepsy Drugs

Agents for the Control of Status Epilepticus

CLONAZEPAM			
Inj 1 mg per ml, 1 ml ampoule			
DIAZEPAM			
Inj 5 mg per ml, 2 ml ampoule	27.92	5	Hospira
Rectal tubes 5 mg.....	54.58	5	Stesolid
Rectal tubes 10 mg			
LORAZEPAM			
Inj 2 mg vial			
Inj 4 mg per ml, 1 ml vial			
PARALDEHYDE			
Soln 97%			
Inj 5 ml ampoule			
PHENYTOIN SODIUM			
Inj 50 mg per ml, 2 ml ampoule	104.58	5	Hospira
Inj 50 mg per ml, 5 ml ampoule	154.01	5	Hospira
<i>(Hospira Inj 50 mg per ml, 2 ml ampoule to be delisted 1 February 2026)</i>			

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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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 Feb-22 to 2027	6.45	100	Nupentin
Cap 300 mg – 1% DV Feb-22 to 2027	8.45	100	Nupentin
Cap 400 mg – 1% DV Feb-22 to 2027	10.26	100	Nupentin
LACOSAMIDE – Restricted see terms below			
↓ Tab 50 mg	25.04	14	Vimpat
↓ Tab 100 mg	50.06	14	Vimpat
	200.24	56	Vimpat
↓ Tab 150 mg	75.10	14	Vimpat
	300.40	56	Vimpat
↓ Tab 200 mg	400.55	56	Vimpat
↓ Inj 10 mg per ml, 20 ml vial			
➔ Restricted (RS1988)			
Initiation			
<i>Re-assessment required after 15 months</i>			
Both:			
1 Patient has focal 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: Those of childbearing potential are not required to trial phenytoin sodium, sodium valproate, or topiramate. Those who can father children are not required to trial sodium valproate.			
Continuation			
Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life compared with that prior to starting lacosamide treatment.			
LAMOTRIGINE			
Tab dispersible 2 mg	55.00	30	Lamictal
Tab dispersible 5 mg	50.00	30	Lamictal
Tab dispersible 25 mg	4.20	56	Logem
Tab dispersible 50 mg	5.11	56	Logem
Tab dispersible 100 mg	6.75	56	Logem
LEVETIRACETAM			
Tab 250 mg	5.84	60	Everet
Tab 500 mg	10.51	60	Everet
Tab 750 mg	16.71	60	Everet
Tab 1,000 mg	21.82	60	Everet
Oral liq 100 mg per ml	44.78	300 ml	Levetiracetam-AFT
Inj 100 mg per ml, 5 ml vial	38.95	10	Levetiracetam-AFT
PHENOBARBITONE			
Tab 15 mg	248.50	500	Noumed Phenobarbitone
Tab 30 mg	398.50	500	Noumed Phenobarbitone
PHENYTOIN			
Tab 50 mg			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PHENYTOIN SODIUM			
Cap 30 mg			
Cap 100 mg			
Oral liq 6 mg per ml			
PREGABALIN			
Note: Pregabalin not to be given in combination with gabapentin			
Cap 25 mg.....	2.25	56	Lyrica Pregabalin Pfizer
Cap 75 mg.....	2.65	56	Lyrica Pregabalin Pfizer
Cap 150 mg.....	4.01	56	Lyrica Pregabalin Pfizer
Cap 300 mg.....	7.38	56	Lyrica Pregabalin Pfizer

PRIMIDONE

Tab 250 mg

SODIUM VALPROATE

Tab 100 mg

Tab EC 200 mg

Tab EC 500 mg

Oral liq 40 mg per ml

Inj 100 mg per ml, 4 ml vial.....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 (RS1989)**

Initiation

Paediatric neurologist

Re-assessment required after 6 months

Both:

- 1 Patient has confirmed diagnosis of Dravet syndrome; and
- 2 Seizures have been inadequately controlled by appropriate courses of sodium valproate, clobazam and at least two of the following: topiramate, levetiracetam, ketogenic diet.

Note: Those of childbearing potential are not required to trial sodium valproate or topiramate. Those who can father children are not required to trial sodium valproate.

Continuation

Paediatric neurologist

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

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

↓ Powder for oral soln 500 mg per sachet.....71.58

60

Sabril

→ **Restricted (RS1865)**

Initiation

Re-assessment required after 15 months

Both:

- 1 Any of the following:
 - 1.1 Patient has infantile spasms; or
 - 1.2 Both:
 - 1.2.1 Patient has epilepsy; and
 - 1.2.2 Either:
 - 1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
 - 1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; or
 - 1.3 Patient has tuberous sclerosis complex; and
- 2 Either:
 - 2.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or
 - 2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Continuation

Both:

- 1 The patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life; and
- 2 Either:
 - 2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for duration of treatment with vigabatrin; or
 - 2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RIZATRIPTAN			
Tab orodispersible 10 mg – 5% DV Feb-24 to 2026	4.84	30	Rizamelt
SUMATRIPTAN			
Tab 50 mg – 1% DV Feb-22 to 2027	14.41	90	Sumagran
Tab 100 mg – 1% DV Feb-22 to 2027	22.68	90	Sumagran
Inj 12 mg per ml, 0.5 ml prefilled pen – 5% DV Dec-25 to 2028	29.80	2	Clustran

Prophylaxis of Migraine

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

Antinausea and Vertigo Agents

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

⚡ Cap 2 × 80 mg and 1 × 125 mg – 5% DV Jan-25 to 2027	21.90	3	Emend Tri-Pack
---	-------	---	-----------------------

➡ **Restricted (RS1154)**

Initiation

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

BETAHISTINE DIHYDROCHLORIDE

Tab 16 mg – 5% DV Dec-23 to 2026	3.70	100	Serc
--	------	-----	-------------

CYCLIZINE HYDROCHLORIDE

Tab 50 mg – 5% DV Feb-25 to 2027	0.66	10	Nausicalm
--	------	----	------------------

CYCLIZINE LACTATE

Inj 50 mg per ml, 1 ml ampoule	16.36	10	Hameln
--------------------------------------	-------	----	---------------

DOMPERIDONE

Tab 10 mg – 5% DV Dec-25 to 2028	3.80	100	Domperidone Viatris
--	------	-----	----------------------------

DROPERIDOL

Inj 2.5 mg per ml, 1 ml ampoule – 5% DV Feb-26 to 2028	28.68	10	Droperidol Medsurge
	43.85		Droperidol Panpharma

(Droperidol Panpharma Inj 2.5 mg per ml, 1 ml ampoule to be delisted 1 February 2026)

GRANISETRON

Inj 1 mg per ml, 3 ml ampoule – 5% DV Feb-24 to 2026	1.20	1	Deva
--	------	---	-------------

HYOSCINE HYDROBROMIDE

Inj 400 mcg per ml, 1 ml ampoule			
⚡ Patch 1 mg per 72 hours	88.50	10	Scopolamine Transdermal System Viatris

➡ **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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METOCLOPRAMIDE HYDROCHLORIDE			
Tab 10 mg – 5% DV Mar-24 to 2026	1.57	100	Metoclopramide Actavis 10
Oral liq 5 mg per 5 ml			
Inj 5 mg per ml, 2 ml ampoule – 5% DV Apr-26 to 2028	7.00	10	Baxter
	5.48		Medsurge
<i>(Baxter Inj 5 mg per ml, 2 ml ampoule to be delisted 1 April 2026)</i>			
ONDANSETRON			
Tab 4 mg – 5% DV Dec-25 to 2028	1.95	50	Periset
Tab dispersible 4 mg – 5% DV Mar-24 to 2026	0.56	10	Periset ODT
Tab 8 mg – 5% DV Dec-25 to 2028	3.50	50	Periset
Tab dispersible 8 mg – 5% DV Mar-24 to 2026	0.90	10	Periset ODT
Inj 2 mg per ml, 2 ml ampoule – 5% DV Feb-26 to 2028	1.54	5	Ondansetron-AFT
Inj 2 mg per ml, 4 ml ampoule – 5% DV Feb-26 to 2028	2.14	5	Ondansetron-AFT
PROCHLORPERAZINE			
Tab buccal 3 mg			
Tab 5 mg – 5% DV Mar-24 to 2026	25.00	250	Nausafix
Inj 12.5 mg per ml, 1 ml ampoule			
Suppos 25 mg			
TROPISETRON			
Inj 1 mg per ml, 2 ml ampoule			
Inj 1 mg per ml, 5 ml ampoule			
Antipsychotic Agents			
General			
AMISULPRIDE			
Tab 100 mg – 5% DV Dec-24 to 2027	5.84	30	Sulprix
Tab 200 mg – 5% DV Dec-24 to 2027	14.47	60	Sulprix
Tab 400 mg – 5% DV Dec-24 to 2027	35.06	60	Sulprix
Oral liq 100 mg per ml			
ARIPIRAZOLE			
Tab 5 mg	10.50	30	Aripiprazole Sandoz
Tab 10 mg	10.50	30	Aripiprazole Sandoz
Tab 15 mg	10.50	30	Aripiprazole Sandoz
Tab 20 mg	10.50	30	Aripiprazole Sandoz
Tab 30 mg	10.50	30	Aripiprazole Sandoz
CHLORPROMAZINE HYDROCHLORIDE			
Tab 25 mg	15.62	100	Largactil
Tab 100 mg	36.73	100	Largactil
Oral liq 10 mg per ml			
Oral liq 20 mg per ml			
Inj 25 mg per ml, 2 ml ampoule	30.79	10	Largactil

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CLOZAPINE			
Tab 25 mg	6.69	50	Clopine
	13.37	100	Clopine
	6.69	50	Clozaril
	13.37	100	Clozaril
Tab 50 mg	8.67	50	Clopine
	17.33	100	Clopine
Tab 100 mg	17.33	50	Clopine
	34.65	100	Clopine
	17.33	50	Clozaril
	34.65	100	Clozaril
Tab 200 mg	34.65	50	Clopine
	69.30	100	Clopine
Oral liq 50 mg per ml	173.30	100 ml	Versacloz
HALOPERIDOL			
Tab 500 mcg	6.23	100	Serenace
Tab 1.5 mg	9.43	100	Serenace
Tab 5 mg	29.72	100	Serenace
Oral liq 2 mg per ml	23.84	100 ml	Serenace
Inj 5 mg per ml, 1ml ampoule	21.55	10	Serenace
LEVOMEPROMAZINE			
Tab 25 mg	16.10	100	Nozinan
Tab 100 mg	41.75	100	Nozinan
LEVOMEPROMAZINE HYDROCHLORIDE			
Inj 25 mg per ml, 1 ml ampoule – 5% DV Dec-25 to 2028	23.26	10	Wockhardt
LITHIUM CARBONATE			
Tab long-acting 400 mg – 5% DV Feb-25 to 2027	82.80	100	Priadel
Cap 250 mg	35.78	100	Douglas
OLANZAPINE			
Tab 2.5 mg – 5% DV Aug-24 to 2026	1.40	30	Zypine
Tab 5 mg – 5% DV Aug-24 to 2026	1.93	30	Zypine
Tab orodispersible 5 mg – 5% DV Feb-24 to 2026	2.42	28	Zypine ODT
Tab 10 mg – 5% DV Aug-24 to 2026	1.80	28	Zypine
	1.93	30	Zypine
Tab orodispersible 10 mg – 5% DV Feb-24 to 2026	2.89	28	Zypine ODT
Inj 10 mg vial			
PERICYPINE			
Tab 2.5 mg			
Tab 10 mg			
QUETIAPINE			
Tab 25 mg – 5% DV Feb-24 to 2026	2.36	90	Quetapel
	0.79	30	Quetiapine Viatris
	13.11	500	Quetiapine Viatris
Tab 100 mg – 5% DV Feb-24 to 2026	6.40	90	Quetapel
Tab 200 mg – 5% DV Feb-24 to 2026	10.97	90	Quetapel
Tab 300 mg – 5% DV Feb-24 to 2026	15.83	90	Quetapel

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
RISPERIDONE			
Tab 0.5 mg – 5% DV Mar-24 to 2026	2.17	60	Risperidone (Teva)
Tab 1 mg – 5% DV Mar-24 to 2026	2.44	60	Risperidone (Teva)
Tab 2 mg – 5% DV Mar-24 to 2026	2.72	60	Risperidone (Teva)
Tab 3 mg – 5% DV Mar-24 to 2026	4.50	60	Risperidone (Teva)
Tab 4 mg – 5% DV Mar-24 to 2026	6.25	60	Risperdal Risperidone (Teva)
Oral liq 1 mg per ml – 5% DV Mar-24 to 2026	10.29	30 ml	Risperon
	34.30	100 ml	Risperon
ZIPRASIDONE			
Cap 20 mg	17.90	60	Zusdone
Cap 40 mg	27.41	60	Zusdone
Cap 60 mg	38.39	60	Zusdone
Cap 80 mg	46.55	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

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

↓ Inj 300 mg vial	273.56	1	Abilify Maintena
↓ Inj 400 mg vial	341.96	1	Abilify Maintena

→ **Restricted (RS2058)**

Initiation

Either:

1 Either:

- 1.1 The patient has had an initial Special Authority approval for risperidone depot injection or paliperidone depot injection or olanzapine depot injection; or
- 1.2 All of the following:
 - 1.2.1 The patient has schizophrenia or other psychotic disorder; and
 - 1.2.2 The patient has received treatment with oral atypical antipsychotic agents but has been unable to adhere; and
 - 1.2.3 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 last 12 months; or

2 Patient has been unable to access olanzapine depot injection due to supply issues with olanzapine depot injection, or otherwise would have been initiated on olanzapine depot injection but has been unable to due to supply issues with olanzapine depot injection. (see Note below for the olanzapine Special Authority criteria for new olanzapine depot injection patients prior to 1 April 2024).

Notes: The Olanzapine depot injection Special Authority criteria that apply to criterion 2 in this Aripiprazole Special Authority application are as follows:

- The patient has had an initial Special Authority approval for paliperidone depot injection or risperidone depot injection; or
- All of the following:
 - The patient has schizophrenia; and
 - The patient has tried but has not been able to adhere with treatment using oral atypical antipsychotic agents; and
 - 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUPENTHIXOL DECANOATE			
Inj 20 mg per ml, 1 ml ampoule	13.14	5	Fluanxol
Inj 20 mg per ml, 2 ml ampoule	20.90	5	Fluanxol
Inj 100 mg per ml, 1 ml ampoule	40.87	5	Fluanxol

HALOPERIDOL DECANOATE

Inj 50 mg per ml, 1 ml ampoule	28.39	5	Haldol
Inj 100 mg per ml, 1 ml ampoule	55.90	5	Haldol Concentrate

OLANZAPINE – Restricted: For continuation only

➔ Inj 210 mg vial	252.00	1	Zyprexa Relprevv
➔ Inj 300 mg vial	414.00	1	Zyprexa Relprevv
➔ Inj 405 mg vial	504.00	1	Zyprexa Relprevv

➔ **Restricted (RS2018)**

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 (RS2059)**

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 aripiprazole depot injection; or
- 2 All of the following:
 - 2.1 The patient has schizophrenia or other psychotic disorder; and
 - 2.2 The patient has been unable to adhere to 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.

PALIPERIDONE PALMITATE – Restricted see terms [below](#)

⚡ Inj 175 mg syringe	815.85	1	Invega Trinza
⚡ Inj 263 mg syringe	1,072.26	1	Invega Trinza
⚡ Inj 350 mg syringe	1,305.36	1	Invega Trinza
⚡ Inj 525 mg syringe	1,305.36	1	Invega Trinza

➔ **Restricted (RS1932)**

Initiation

Re-assessment required after 12 months

Both:

- 1 The patient has schizophrenia; and
- 2 The patient has had an initial Special Authority approval for paliperidone once-monthly depot injection.

continued...

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

continued...

Continuation

Re-assessment required after 12 months

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

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

➔ Inj 50 mg per ml, 1 ml ampoule

➔ Inj 50 mg per ml, 2 ml ampoule

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

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

➔ **Restricted (RS2060)**

Initiation

Re-assessment required after 12 months

Either:

- 1 The patient has had an initial Special Authority approval for paliperidone depot injection or olanzapine depot injection or aripiprazole depot injection; or
- 2 All of the following:
 - 2.1 The patient has schizophrenia or other psychotic disorder; and
 - 2.2 The patient has not been able to adhere to 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 – 5% DV Dec-24 to 2027	13.95	100	Buspirone Viatris
Tab 10 mg – 5% DV Dec-24 to 2027	12.50	100	Buspirone Viatris

CLONAZEPAM

Tab 500 mcg.....	5.64	100	Paxam
Tab 2 mg	10.78	100	Paxam

DIAZEPAM

Tab 2 mg – 5% DV Mar-24 to 2026	95.00	500	Arrow-Diazepam
Tab 5 mg – 5% DV Mar-24 to 2026	115.00	500	Arrow-Diazepam

↓ Oral liq 10 mg per 10 ml

➔ **Restricted (RS2054)**

Initiation

Relevant specialist

Only for use in children where diazepam tablets are not appropriate.

LORAZEPAM

Tab 1 mg – 5% DV Feb-25 to 2027	10.20	250	Ativan
Tab 2.5 mg – 5% DV Feb-25 to 2027	13.13	100	Ativan

	Price (ex man. excl. GST) \$	Brand or Generic Manufacturer
OXAZEPAM		
Tab 10 mg		
Tab 15 mg		

Multiple Sclerosis Treatments

➔ Restricted (RS1993)

Initiation – Multiple Sclerosis - dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab and teriflunomide

Any relevant practitioner

Re-assessment required after 12 months

Either:

- 1 All of the following:
 - 1.1 Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist; and
 - 1.2 Patient has an EDSS score between 0 – 6.0; and
 - 1.3 Patient has had at least one significant attack of MS in the previous 12 months or two significant attacks in the past 24 months; and
 - 1.4 All of the following:
 - 1.4.1 Each significant attack must be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the attack, but the neurologist/physician must be satisfied that the clinical features were characteristic); and
 - 1.4.2 Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s); and
 - 1.4.3 Each significant attack has lasted at least one week and has started at least one month after the onset of a previous attack (where relevant); and
 - 1.4.4 Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever ($T > 37.5^{\circ}\text{C}$); and
 - 1.4.5 Either:
 - 1.4.5.1 Each significant attack is severe enough to change either the EDSS or at least one of the Kurtze Functional System scores by at least 1 point; or
 - 1.4.5.2 Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom); and
 - 1.5 Evidence of new inflammatory activity on an MRI scan within the past 24 months; and
 - 1.6 Any of the following:
 - 1.6.1 A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion; or
 - 1.6.2 A sign of that new inflammatory activity is a lesion showing diffusion restriction; or
 - 1.6.3 A sign of that new inflammatory is a T2 lesion with associated local swelling; or
 - 1.6.4 A sign of that new inflammatory activity is a prominent T2 lesion that clearly is responsible for the clinical features of a recent attack that occurred within the last 2 years; or
 - 1.6.5 A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan; or
- 2 Patient has an active approval for ocrelizumab and does not have primary progressive MS.

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Continuation – Multiple Sclerosis - dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab and teriflunomide

Any relevant practitioner

Patient has had an EDSS score of 0 to 6.0 (inclusive) with or without the use unilateral or bilateral aids at any time in the last six months (ie the patient has walked 100 metres or more with or without aids in the last six months).

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DIMETHYL FUMARATE – Restricted see terms on the previous page			
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.			
† Cap 120 mg.....	520.00	14	Tecfidera
† Cap 240 mg.....	2,000.00	56	Tecfidera
FINGOLIMOD – Restricted see terms on the previous page			
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.			
† Cap 0.5 mg.....	2,200.00	28	Gilenya
GLATIRAMER ACETATE – Restricted see terms on the previous page			
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.			
† Inj 40 mg prefilled syringe.....	1,137.48	12	Copaxone
INTERFERON BETA-1-ALPHA – Restricted see terms on the previous page			
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.			
† Inj 6 million iu in 0.5 ml syringe.....	1,170.00	4	Avonex
INTERFERON BETA-1-BETA – Restricted see terms on the previous page			
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.			
† Inj 8 million iu per ml, 1 ml vial			
NATALIZUMAB – Restricted see terms on the previous page			
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.			
† Inj 20 mg per ml, 15 ml vial.....	1,750.00	1	Tysabri
TERIFLUNOMIDE – Restricted see terms on the previous page			
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.			
† Tab 14 mg – 5% DV Apr-25 to 2026	263.96	28	Teriflunomide Sandoz

Multiple Sclerosis Treatments - Other

OCRELIZUMAB – Restricted

 see terms [below](#)

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

↓ Inj 30 mg per ml, 10 ml vial.....	8,450.00	1	Ocrevus
↓ Inj 40 mg per ml, 23 ml vial.....	16,900.00	1	Ocrevus SC

→ **Restricted (RS1997)**

Initiation – Multiple Sclerosis - ocrelizumab

Any relevant practitioner

Re-assessment required after 12 months

Either:

1 All of the following:

- 1.1 Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist; and
- 1.2 Patient has an EDSS score between 0 – 6.0; and
- 1.3 Patient has had at least one significant attack of MS in the previous 12 months or two significant attacks in the past 24 months; and
- 1.4 All of the following:
 - 1.4.1 Each significant attack must be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the attack, but the neurologist/physician must be satisfied that the clinical features were characteristic); and
 - 1.4.2 Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s); and
 - 1.4.3 Each significant attack has lasted at least one week and has started at least one month after the onset of a previous attack (where relevant); and

continued...

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

continued...

- 1.4.4 Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever (T> 37.5°C); and
- 1.4.5 Either:

1.4.5.1 Each significant attack is severe enough to change either the EDSS or at least one of the Kurtze Functional System scores by at least 1 point; or

1.4.5.2 Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom); and
- 1.5 Evidence of new inflammatory activity on an MRI scan within the past 24 months; and
- 1.6 Any of the following:

1.6.1 A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion; or

1.6.2 A sign of that new inflammatory activity is a lesion showing diffusion restriction; or

1.6.3 A sign of that new inflammatory is a T2 lesion with associated local swelling; or

1.6.4 A sign of that new inflammatory activity is a prominent T2 lesion that clearly is responsible for the clinical features of a recent attack that occurred within the last 2 years; or

1.6.5 A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan; or
- 2 Patient has an active Special Authority approval for either dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab or teriflunomide.

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Continuation – Multiple Sclerosis - ocrelizumab

Any relevant practitioner

Patient has had an EDSS score of 0 to 6.0 (inclusive) with or without the use unilateral or bilateral aids at any time in the last six months (ie the patient has walked 100 metres or more with or without aids in the last six months).

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Initiation – Primary Progressive Multiple Sclerosis

Any relevant practitioner

Re-assessment required after 12 months

All of the following:

- 1 Diagnosis of primary progressive multiple sclerosis (PPMS) meets the 2017 McDonald criteria and has been confirmed by a neurologist; and
- 2 Patient has an EDSS 2.0 (score equal to or greater than 2 on pyramidal functions) to EDSS 6.5; and
- 3 Patient has no history of relapsing remitting multiple sclerosis.

Continuation – Primary Progressive Multiple Sclerosis

Any relevant practitioner

Patient has had an EDSS score of less than or equal to 6.5 at any time in the last six months (ie patient has walked 20 metres with bilateral assistance/aids, without rest in the last six months).

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 – **5% DV Dec-24 to 2027** 5.80 30 **Vigisom**
- ⚡ 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 5 mg per ml, 1 ml plastic ampoule.....	22.50	10	Midazolam-Pfizer
Inj 1 mg per ml, 5 ml ampoule – 5% DV May-25 to 2027	7.80	10	Midazolam-Baxter
Inj 5 mg per ml, 3 ml ampoule – 5% DV May-25 to 2027	4.75	5	Midazolam-Baxter
PHENOBARBITONE			
Inj 130 mg per ml, 1 ml vial			
Inj 200 mg per ml, 1 ml ampoule			
TEMAZEPAM			
Tab 10 mg – 5% DV Feb-24 to 2026	1.40	25	Normison
TRIAZOLAM – Restricted: For continuation only			
➔ Tab 125 mcg			
➔ Tab 250 mcg			
ZOPICLONE			
Tab 7.5 mg – 5% DV Feb-25 to 2027	21.85	500	Zopiclone Actavis

Spinal Muscular Atrophy

NUSINERSEN – Restricted see terms [below](#)

↓ Inj 12 mg per 5 ml vial 120,000.00

1

Spinraza

➔ **Restricted (RS1938)**

Initiation

Re-assessment required after 12 months

All of the following:

continued...

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

continued...

- 1 Patient has genetic documentation of homozygous SMN1 gene deletion, homozygous SMN1 point mutation, or compound heterozygous mutation; and
- 2 Patient is 18 years of age or under; and
- 3 Either:
 - 3.1 Patient has experienced the defined signs and symptoms of SMA type I, II or IIIa prior to three years of age; or
 - 3.2 Both:
 - 3.2.1 Patient is pre-symptomatic; and
 - 3.2.2 Patient has three or less copies of SMN2.

Continuation

Re-assessment required after 12 months

All of the following:

- 1 There has been demonstrated maintenance of motor milestone function since treatment initiation; and
- 2 Patient does not require invasive permanent ventilation (at least 16 hours per day), in the absence of a potentially reversible cause while being treated with nusinersen; and
- 3 Nusinersen not to be administered in combination other SMA disease modifying treatments or gene therapy.

RISDIPLAM – Restricted see terms [below](#)

Note: the supply of risdiplam is via Pharmac's approved direct distribution supply. Further details can be found on Pharmac's website <https://pharmac.govt.nz/risdiplam>

↓ Powder for oral soln 750 mcg per ml, 60 mg per bottle..... 14,100.00 80 ml Evrysdi

➔ **Restricted (RS1954)**

Initiation

Re-assessment required after 12 months

All of the following:

- 1 Patient has genetic documentation of homozygous SMN1 gene deletion, homozygous SMN1 point mutation, or compound heterozygous mutation; and
- 2 Patient is 18 years of age or under; and
- 3 Either:
 - 3.1 Patient has experienced the defined signs and symptoms of SMA type I, II or IIIa prior to three years of age; or
 - 3.2 Both:
 - 3.2.1 Patient is pre-symptomatic; and
 - 3.2.2 Patient has three or less copies of SMN2.

Continuation

Re-assessment required after 12 months

All of the following:

- 1 There has been demonstrated maintenance of motor milestone function since treatment initiation; and
- 2 Patient does not require invasive permanent ventilation (at least 16 hours per day), in the absence of a potentially reversible cause while being treated with risdiplam; and
- 3 Risdiplam not to be administered in combination other SMA disease modifying treatments or gene therapy.

Stimulants / ADHD Treatments

ATOMOXETINE

Cap 10 mg – 5% DV Aug-24 to 2026	43.02	28	APO-Atomoxetine
Cap 18 mg – 5% DV Aug-24 to 2026	45.57	28	APO-Atomoxetine
Cap 25 mg – 5% DV Aug-24 to 2026	44.30	28	APO-Atomoxetine
Cap 40 mg – 5% DV Aug-24 to 2026	46.21	28	APO-Atomoxetine
Cap 60 mg – 5% DV Aug-24 to 2026	51.31	28	APO-Atomoxetine
Cap 80 mg – 5% DV Aug-24 to 2026	65.20	28	APO-Atomoxetine
Cap 100 mg – 5% DV Aug-24 to 2026	65.71	28	APO-Atomoxetine

↑ 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
--	------------------------------------	-----	-------------------------------------

CAFFEINE

Tab 100 mg

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

↓ Tab 5 mg	29.80	100	Noumed Dexamfetamine
------------------	-------	-----	----------------------

→ **Restricted (RS2071)****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

Patient suffers from narcolepsy.

LISDEXAMFETAMINE DIMESILATE – **Restricted** see terms [below](#)

↓ Cap 30 mg	60.00	30	Vyvanse
-------------------	-------	----	---------

↓ Cap 50 mg	60.00	30	Vyvanse
-------------------	-------	----	---------

↓ Cap 70 mg	60.00	30	Vyvanse
-------------------	-------	----	---------

→ **Restricted (RS2070)****Initiation**

Paediatrician or psychiatrist

Either:

- 1 Patient is currently on treatment with lisdexamfetamine dimesilate and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 ADHD (Attention Deficit and Hyperactivity Disorder); and
 - 2.2 Diagnosed according to DSM-V or ICD 11 criteria; and
 - 2.3 Any of the following:
 - 2.3.1 Patient is taking a currently subsidised formulation of atomoxetine or methylphenidate hydrochloride (extended-release) and has not received sufficient benefit or has experienced intolerable side effects; or
 - 2.3.2 Patient is taking a currently subsidised formulation of dexamfetamine sulfate (immediate-release) which has not been effective due to significant administration and/or treatment adherence difficulties; or
 - 2.3.3 There is significant concern regarding the risk of diversion or abuse of immediate release dexamfetamine sulfate; or
 - 2.3.4 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained release) which has not been effective due to significant administration and/or treatment adherence difficulties; or
 - 2.3.5 There is significant concern regarding the risk of diversion or abuse of immediate release methylphenidate hydrochloride; or
 - 2.3.6 Both:
 - 2.3.6.1 Patient would have been prescribed a subsidised formulation of methylphenidate hydrochloride (extended-release) but has been unable to access due to supply issues with methylphenidate hydrochloride (extended-release); and
 - 2.3.6.2 Other alternative stimulant presentations (methylphenidate or dexamfetamine) are not appropriate; and
- 2.4 Lisdexamfetamine dimesilate is not to be used in combination with another funded methylphenidate presentation.

NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METHYLPHENIDATE HYDROCHLORIDE – Restricted see terms below			
⚡ Tab extended-release 18 mg.....	58.96 15.25	30	Concerta Methylphenidate ER - Teva
⚡ Tab extended-release 27 mg.....	65.44 16.25	30	Concerta Methylphenidate ER - Teva
⚡ Tab extended-release 36 mg.....	71.93 21.25	30	Concerta Methylphenidate ER - Teva
⚡ Tab extended-release 54 mg.....	86.24 24.25	30	Concerta Methylphenidate ER - Teva
⚡ Tab immediate-release 5 mg.....	3.20	30	Rubifen
⚡ Tab immediate-release 10 mg.....	4.00 3.00	30	Ritalin Rubifen
⚡ Tab modified-release 18 mg.....	15.25	30	Methylphenidate Sandoz XR
⚡ Tab immediate-release 20 mg.....	7.85	30	Rubifen
⚡ Tab sustained-release 20 mg.....	10.95	30	Rubifen SR
⚡ Tab modified-release 27 mg.....	16.25	30	Methylphenidate Sandoz XR
⚡ Tab modified-release 36 mg.....	21.25	30	Methylphenidate Sandoz XR
⚡ Tab modified-release 54 mg.....	24.25	30	Methylphenidate Sandoz XR
⚡ Cap modified-release 10 mg.....	19.41	30	Ritalin LA
⚡ Cap modified-release 20 mg.....	27.72	30	Ritalin LA
⚡ Cap modified-release 30 mg.....	34.39	30	Ritalin LA
⚡ Cap modified-release 40 mg.....	38.67	30	Ritalin LA

➡ **Restricted (RS2143)**

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

Patient suffers from narcolepsy.

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.

Initiation – Narcolepsy* (extended-release only)

Neurologist or respiratory specialist

Patient suffers from narcolepsy.

Note: *narcolepsy is not a registered indication for Concerta, Ritalin LA or Methylphenidate Sandoz XR.

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

⚡ Tab 100 mg – 5% DV May-25 to 2027.....	14.27	30	Modafinil Max Health
--	-------	----	-----------------------------

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

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

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

➔ **Restricted (RS2106)**

Initiation – Narcolepsy

Neurologist or respiratory specialist

Either:

- 1 All of the following:
 - 1.1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and
 - 1.2 Either:
 - 1.2.1 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
 - 1.2.2 The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and
 - 1.3 Either:
 - 1.3.1 An effective dose of a listed formulation of methylphenidate or dexamphetamine has been trialed and discontinued because of intolerable side effects; or
 - 1.3.2 Methylphenidate and dexamphetamine are contraindicated; or
- 2 Both:
 - 2.1 Patient meets the Hospital Restriction criteria for methylphenidate hydrochloride for narcolepsy; and
 - 2.2 Patient is unable to access methylphenidate hydrochloride presentations due to an out of stock (see note).

Note: Criterion 2 is to permit short-term funding to cover an out-of-stock of methylphenidate hydrochloride.

Treatments for Dementia

DONEPEZIL HYDROCHLORIDE

Tab 5 mg – 5% DV Jun-24 to 2026	3.70	84	Ipca-Donepezil
Tab 10 mg – 5% DV Jun-24 to 2026	5.50	84	Ipca-Donepezil

RIVASTIGMINE – Restricted see terms [below](#)

↓ Patch 4.6 mg per 24 hour – 5% DV Mar-25 to 2027	49.40	30	Rivastigmine Patch BNM 5
↓ Patch 9.5 mg per 24 hour – 5% DV Mar-25 to 2027	49.40	30	Rivastigmine Patch BNM 10

➔ **Restricted (RS2139)**

Initiation

Re-assessment required after 6 months

Both:

- 1 The patient has been diagnosed with dementia; and
- 2 The patient is contraindicated to or has experienced intolerable side effects 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 [on the next page](#)

↓ Tab 2 mg with naloxone 0.5 mg – 5% DV May-26 to 2028	11.76	28	Buprenorphine Naloxone BNM
↓ Tab 8 mg with naloxone 2 mg – 5% DV May-26 to 2028	26.86	28	Buprenorphine Naloxone BNM

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

➔ Restricted (RS1172)

Initiation – Detoxification

All of the following:

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

Initiation – Maintenance treatment

All of the following:

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

BUPROPION HYDROCHLORIDE

Tab modified-release 150 mg – **5% DV May-24 to 2026** 15.00 30 **Zyban**

DISULFIRAM

Tab 200 mg 236.40 100 **Antabuse**

NALTREXONE HYDROCHLORIDE – Restricted see terms [below](#)

⚡ Tab 50 mg – **5% DV Dec-23 to 2026** 83.33 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	19.62	28	Habitrol
Patch 14 mg per 24 hours	21.57	28	Habitrol
Patch 21 mg per 24 hours	24.72	28	Habitrol
⚡ Oral spray 1 mg per dose			<i>e.g. Nicorette QuickMist Mouth Spray</i>
Lozenge 1 mg	22.53	216	Habitrol
Lozenge 2 mg	24.68	216	Habitrol
⚡ Soln for inhalation 15 mg cartridge			
Gum 2 mg	23.02	204	Habitrol (Fruit)
			Habitrol (Mint)
Gum 4 mg	25.98	204	Habitrol (Fruit)
			Habitrol (Mint)

➔ Restricted (RS1873)

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 Patient would be admitted to a mental health inpatient unit, but is unable to due to COVID-19 self-isolation requirement; or
- 4 For acute use in agitated patients who are unable to leave the hospital facilities.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
VARENICLINE – Restricted see terms below			
⬇ Tab 0.5 mg × 11 and 1 mg × 42	16.67	53	Champix
⬇ Tab 1 mg	17.62	56	Champix

➡ **Restricted (RS1702)**

Initiation

All of the following:

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

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

Chemotherapeutic Agents

Alkylating Agents

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

⚡ Inj 25 mg vial – 5% DV Apr-25 to 2027	50.05	1	Bendamustine Sandoz
⚡ Inj 100 mg vial – 5% DV Apr-25 to 2027	200.20	1	Bendamustine Sandoz
➡ Restricted (RS2061)			

Initiation – CLL*

All of the following:

- 1 The patient has chronic lymphocytic leukaemia requiring treatment; and
- 2 Patient has ECOG performance status 0-2; and
- 3 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: Indication marked with a * includes indications that are unapproved. 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL).

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 ECOG performance status of 0-2; and
- 3 Any of the following:
 - 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 Both:
 - 3.2.1 Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen; and
 - 3.2.2 Bendamustine is to be administered in combination with obinutuzumab for a maximum of 6 cycles; or
 - 3.3 All of the following:
 - 3.3.1 The patient has not received prior bendamustine therapy; and
 - 3.3.2 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and
 - 3.3.3 Patient has had a rituximab treatment-free interval of 12 months or more; or
- 3.4 Bendamustine is to be administered as monotherapy for a maximum of 6 cycles in rituximab refractory patients.

Continuation – Indolent, Low-grade lymphomas

Re-assessment required after 9 months

Either:

- 1 Both:
 - 1.1 Patient is refractory to or has relapsed within 12 months of rituximab in combination with bendamustine; and
 - 1.2 Bendamustine is to be administered in combination with obinutuzumab for a maximum of 6 cycles; or
- 2 Both:
 - 2.1 Patients have not received a bendamustine regimen within the last 12 months; and
 - 2.2 Either:
 - 2.2.1 Both:
 - 2.2.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and

continued...

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

continued...

2.2.1.2 Patient has had a rituximab treatment-free interval of 12 months or more; or

2.2.2 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.

Initiation – Hodgkin's lymphoma*

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

Limited to 6 months treatment

All of the following:

- 1 Patient has Hodgkin's lymphoma requiring treatment; and
- 2 Patient has a ECOG performance status of 0-2; and
- 3 Patient has received one prior line of chemotherapy; and
- 4 Patient's disease relapsed or was refractory following prior chemotherapy; and
- 5 Bendamustine is to be administered in combination with gemcitabine and vinorelbine (BeGeV) at a maximum dose of no greater than 90 mg/m² twice per cycle, for a maximum of four cycles.

Note: Indications marked with * are unapproved indications.

BUSULFAN

Tab 2 mg	89.25	100	Myleran
Inj 6 mg per ml, 10 ml ampoule			

CARMUSTINE

Inj 100 mg vial	710.00	1	BiCNU BiCNU S29 Novadoz
-----------------------	--------	---	-------------------------------

CHLORAMBUCIL

Tab 2 mg

CYCLOPHOSPHAMIDE

Tab 50 mg – 5% DV Dec-24 to 2027	145.00	50	Cyclonex
Inj 1 g vial – 5% DV Feb-25 to 2027	47.46	1	Endoxan
Inj 2 g vial – 5% DV Feb-25 to 2027	95.06	1	Endoxan

IFOSFAMIDE

Inj 1 g vial	96.00	1	Holoxan
Inj 2 g vial	180.00	1	Holoxan

LOMUSTINE

Cap 40 mg	880.00	20	Medac
-----------------	--------	----	-------

MELPHALAN

Tab 2 mg			
Inj 50 mg vial – 5% DV Dec-23 to 2026	48.25	1	Melpha

THIOTEPA

Inj 15 mg vial – 5% DV Apr-24 to 2026	398.00	1	Tepadina
Inj 100 mg vial – 5% DV Apr-24 to 2026	1,800.00	1	Tepadina

Anthracyclines and Other Cytotoxic Antibiotics

BLEOMYCIN SULPHATE

Inj 15,000 iu vial.....	185.16	1	DBL Bleomycin Sulfate
-------------------------	--------	---	-----------------------

DACTINOMYCIN [ACTINOMYCIN D]

Inj 0.5 mg vial	255.00	1	Cosmegen
-----------------------	--------	---	----------

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DAUNORUBICIN			
Inj 18.7 mg vial	171.93	1	Pfizer
Inj 2 mg per ml, 10 ml vial.....	171.93	1	Pfizer
<i>(Pfizer Inj 2 mg per ml, 10 ml vial to be delisted 1 January 2026)</i>			
DOXORUBICIN HYDROCHLORIDE			
Inj 2 mg per ml, 5 ml vial.....	11.50	1	Doxorubicin Ebewe
Inj 2 mg per ml, 25 ml vial.....	23.00	1	Doxorubicin Ebewe
Inj 50 mg vial.....	69.99	1	Doxorubicin Ebewe
Inj 2 mg per ml, 50 ml vial.....	23.00	1	Doxorubicin Ebewe
Inj 2 mg per ml, 100 ml vial.....	69.99	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.....	99.99	1	Epirubicin Ebewe
IDARUBICIN HYDROCHLORIDE			
Inj 5 mg vial	109.74	1	Zavedos
Inj 10 mg vial	233.64	1	Zavedos
MITOMYCIN C			
Inj 5 mg vial			
Inj 20 mg vial – 5% DV May-26 to 2028.....	1,129.94	1	Teva
MITOZANTRONE			
Inj 2 mg per ml, 10 ml vial.....	97.50	1	Mitozantrone Ebewe
Antimetabolites			
AZACITIDINE – Restricted see terms below			
⚡ Inj 100 mg vial – 5% DV Mar-25 to 2027	50.00	1	Azacitidine Dr Reddy's
➡ Restricted (RS2116)			
Initiation			
<i>Re-assessment required after 12 months</i>			
Both:			
1 Any of the following:			
1.1 The individual has intermediate or high risk MDS based on an internationally recognised scoring system; or			
1.2 The individual has chronic myelomonocytic leukaemia (based on an intermediate or high risk score from an internationally recognised scoring system or 10%-29% marrow blasts without myeloproliferative disorder); or			
1.3 The individual has acute myeloid leukaemia according to World Health Organisation (WHO) Classification; and			
2 The individual has an estimated life expectancy of at least 3 months.			
Continuation			
<i>Re-assessment required after 12 months</i>			
No evidence of disease progression.			
CAPECITABINE			
Tab 150 mg – 5% DV Feb-26 to 2028	10.92	60	Capecitabine Viatris
Tab 500 mg – 5% DV Feb-26 to 2028	50.96	120	Capecitabine Viatris
CLADRIBINE			
Inj 2 mg per ml, 5 ml vial.....			
Inj 1 mg per ml, 10 ml vial.....	749.96	1	Leustatin
CYTARABINE			
Inj 20 mg per ml, 5 ml vial.....	472.00	5	Pfizer
Inj 100 mg per ml, 20 ml vial.....	48.80	1	Cytarabine DBL 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	412.00	20	Fludara Oral
Inj 50 mg vial	634.00	5	Fludarabine Ebewe
FLUOROURACIL			
Inj 50 mg per ml, 20 ml vial – 5% DV Dec-24 to 2027	10.51	1	Fluorouracil Accord
Inj 50 mg per ml, 50 ml vial.....	14.72	1	Fluorouracil Accord
Inj 50 mg per ml, 100 ml vial – 5% DV Dec-24 to 2027	19.36	1	Fluorouracil Accord
GEMCITABINE HYDROCHLORIDE			
Inj 43.3 mg per ml (equivalent to 38 mg per ml gemcitabine), 26.3 ml vial – 5% DV Jun-24 to 2026	18.94	1	DBL Gemcitabine
MERCAPTOPURINE			
Tab 50 mg – 5% DV Dec-25 to 2028	19.50	25	Puri-nethol
↓ Oral suspension 20 mg per ml.....	428.00	100 ml	Xaluprine 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 – 5% DV Dec-24 to 2027	7.80	90	Trexate
Tab 10 mg – 5% DV Dec-24 to 2027	26.40	90	Trexate
Inj 2.5 mg per ml, 2 ml vial			
Inj 7.5 mg prefilled syringe – 5% DV Feb-25 to 2027	29.17	1	Methotrexate Sandoz
Inj 10 mg prefilled syringe – 5% DV Feb-25 to 2027	19.09	1	Methotrexate Sandoz
Inj 15 mg prefilled syringe – 5% DV Feb-25 to 2027	24.53	1	Methotrexate Sandoz
Inj 20 mg prefilled syringe – 5% DV Feb-25 to 2027	16.64	1	Methotrexate Sandoz
Inj 25 mg prefilled syringe – 5% DV Feb-25 to 2027	20.72	1	Methotrexate Sandoz
Inj 30 mg prefilled syringe – 5% DV Feb-25 to 2027	55.00	1	Methotrexate Sandoz
Inj 25 mg per ml, 2 ml vial.....	30.00	5	Methotrexate DBL
Inj 25 mg per ml, 20 ml vial.....	45.00	1	Onco-Vial DBL Methotrexate
Inj 100 mg per ml, 10 ml vial.....	25.00	1	Onco-Vial Methotrexate Ebewe
Inj 100 mg per ml, 50 ml vial – 5% DV Dec-23 to 2026	67.99	1	Methotrexate Ebewe
PEMETREXED			
Inj 100 mg vial – 5% DV Apr-25 to 2027	8.99	1	Pemetrexed-AFT
Inj 500 mg vial – 5% DV Apr-25 to 2027	29.99	1	Pemetrexed-AFT
THIOGUANINE			
Tab 40 mg			

Other Cytotoxic Agents

AMSACRINE

- Inj 50 mg per ml, 1.5 ml ampoule
- Inj 75 mg

ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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.....	74.93	1	DBL Bortezomib
➡ Restricted (RS2043) Initiation – plasma cell dyscrasia The patient has plasma cell dyscrasia, not including Waldenström macroglobulinaemia, requiring treatment.			
DACARBAZINE Inj 200 mg vial.....	72.11	1	DBL Dacarbazine
ETOPOSIDE Cap 50 mg..... Cap 100 mg..... Inj 20 mg per ml, 5 ml vial.....	340.73 340.73 7.90	20 10 1	Vepesid Vepesid Rex Medical
ETOPOSIDE (AS PHOSPHATE) Inj 100 mg vial.....	40.00	1	Etopophos
HYDROXYUREA [HYDROXYCARBAMIDE] Cap 500 mg – 5% DV Dec-23 to 2026	20.72	100	Devatis
IBRUTINIB – Restricted see terms below ⚡ Tab 140 mg..... ⚡ Tab 420 mg.....	3,217.00 9,652.00	30 30	Imbruvica Imbruvica
➡ Restricted (RS2117) Initiation – chronic lymphocytic leukaemia (CLL) <i>Re-assessment required after 6 months</i> All of the following: 1 Individual has chronic lymphocytic leukaemia (CLL) requiring therapy; and 2 Individual has not previously received funded ibrutinib; and 3 Ibrutinib is to be used as monotherapy; and 4 Any of the following: 4.1 Both: 4.1.1 There is documentation confirming that the individual has 17p deletion or TP53 mutation; and 4.1.2 Individual has experienced intolerable side effects with venetoclax monotherapy; or 4.2 All of the following: 4.2.1 Individual has received at least one prior immunochemotherapy for CLL; and 4.2.2 Individual's CLL has relapsed; and 4.2.3 Individual has experienced intolerable side effects with venetoclax in combination with rituximab regimen; or 4.3 Individual's CLL is refractory to or has relapsed following a venetoclax regimen.			
Continuation – chronic lymphocytic leukaemia (CLL) <i>Re-assessment required after 12 months</i> No evidence of clinical disease progression. Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL) and B-cell prolymphocytic leukaemia (B-PLL)*. Indications marked with * are Unapproved indications.			
IRINOTECAN HYDROCHLORIDE Inj 20 mg per ml, 5 ml vial..... Inj 20 mg per ml, 25 ml vial.....	52.57 262.85	1 1	Accord Accord

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LENALIDOMIDE (VIATRIS) – Restricted see terms below			
↓ Cap 5 mg – 5% DV Feb-25 to 31 Jan 2028	76.92	21	Lenalidomide Viatris
↓ Cap 10 mg – 5% DV Feb-25 to 31 Jan 2028	50.30	21	Lenalidomide Viatris
↓ Cap 15 mg – 5% DV Feb-25 to 31 Jan 2028	62.13	21	Lenalidomide Viatris
↓ Cap 25 mg – 5% DV Feb-25 to 31 Jan 2028	65.09	21	Lenalidomide Viatris

→ **Restricted (RS2044)**

Initiation – Plasma cell dyscrasia

Any relevant practitioner

Both:

- 1 Patient has plasma cell dyscrasia, not including Waldenström macroglobulinaemia, requiring treatment; and
- 2 Patient is not refractory to prior lenalidomide use.

Initiation – Myelodysplastic syndrome

Any relevant practitioner

Re-assessment required after 6 months

Both:

- 1 Patient has low or intermediate-1 risk myelodysplastic syndrome (based on IPSS or an IPSS-R score of less than 3.5) associated with a deletion 5q cytogenetic abnormality; and
- 2 Patient has transfusion-dependent anaemia.

Continuation – Myelodysplastic syndrome

Any relevant practitioner

Re-assessment required after 12 months

Both:

- 1 Patient has not needed a transfusion in the last 4 months; and
- 2 No evidence of disease progression.

NIRAPARIB – Restricted see terms [below](#)

↓ Tab 100 mg	13,393.50	84	Zejula
↓ Cap 100 mg	8,929.84	56	Zejula

→ **Restricted (RS2027)**

Initiation

Re-assessment required after 6 months

All of the following:

- 1 Patient has advanced high-grade serous* epithelial ovarian, fallopian tube, or primary peritoneal cancer; and
- 2 Patient has received at least one line** of treatment with platinum-based chemotherapy; and
- 3 Patient has experienced a partial or complete response to the preceding treatment with platinum-based chemotherapy; and
- 4 Patient has not previously received funded treatment with a PARP inhibitor; and
- 5 Either:
 - 5.1 Treatment will be commenced within 12 weeks of the patient's last dose of the preceding platinum-based regimen; or
 - 5.2 Patient commenced treatment with niraparib prior to 1 May 2024; and
- 6 Treatment to be administered as maintenance treatment; and
- 7 Treatment not to be administered in combination with other chemotherapy.

Continuation

Re-assessment required after 6 months

All of the following:

- 1 No evidence of progressive disease; and
- 2 Treatment to be administered as maintenance treatment; and
- 3 Treatment not to be administered in combination with other chemotherapy; and

continued...

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

continued...

4 Either:

- 4.1 Treatment with niraparib to cease after a total duration of 36 months from commencement; or
- 4.2 Treatment with niraparib is being used in the second-line or later maintenance setting.

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

**A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments

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

⚡ Tab 100 mg	3,701.00	56	Lynparza
⚡ Tab 150 mg	3,701.00	56	Lynparza

➡ **Restricted (RS1925)**

Initiation – Ovarian cancer

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 Either:
 - 3.1 All of the following:
 - 3.1.1 Patient has newly diagnosed, advanced disease; and
 - 3.1.2 Patient has received one line** of previous treatment with platinum-based chemotherapy; and
 - 3.1.3 Patient's disease must have experienced a partial or complete response to the first-line platinum-based regimen; or
 - 3.2 All of the following:
 - 3.2.1 Patient has received at least two lines** of previous treatment with platinum-based chemotherapy; and
 - 3.2.2 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
 - 3.2.3 Patient's disease must have experienced a partial or complete response to treatment with the immediately preceding platinum-based regimen; and
 - 3.2.4 Patient has not previously received funded olaparib treatment; and
- 4 Treatment will be commenced within 12 weeks of the patient's last dose of the immediately preceding platinum-based regimen; and
- 5 Treatment to be administered as maintenance treatment; and
- 6 Treatment not to be administered in combination with other chemotherapy.

Continuation – Ovarian cancer

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 Either:
 - 2.1 No evidence of progressive disease; or
 - 2.2 Evidence of residual (not progressive) disease and the patient would continue to benefit from treatment in the clinician's opinion; and
- 3 Treatment to be administered as maintenance treatment; and
- 4 Treatment not to be administered in combination with other chemotherapy; and
- 5 Either:
 - 5.1 Both:
 - 5.1.1 Patient has received one line** of previous treatment with platinum-based chemotherapy; and

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
<p>5.1.2 Documentation confirming that the patient has been informed and acknowledges that the funded treatment period of olaparib will not be continued beyond 2 years if the patient experiences a complete response to treatment and there is no radiological evidence of disease at 2 years; or</p> <p>5.2 Patient has received at least two lines** of previous treatment with platinum-based chemotherapy.</p> <p>Notes: *Note “high-grade serous” includes tumours with high-grade serous features or a high-grade serous component. **A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.</p>			
PEGASPARGASE – Restricted see terms below			
↓ Inj 750 iu per ml, 5 ml vial.....	3,973.25	1	Oncaspar LYO
➔ Restricted (RS1788)			
Initiation – Newly diagnosed ALL			
<i>Limited to 12 months treatment</i>			
Both:			
<ol style="list-style-type: none"> 1 The patient has newly diagnosed acute lymphoblastic leukaemia; and 2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol. 			
Initiation – Relapsed ALL			
<i>Limited to 12 months treatment</i>			
Both:			
<ol style="list-style-type: none"> 1 The patient has relapsed acute lymphoblastic leukaemia; and 2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol. 			
Initiation – Lymphoma			
<i>Limited to 12 months treatment</i>			
Patient has lymphoma requiring L-asparaginase containing protocol (e.g. SMILE).			
PENTOSTATIN [DEOXYCOFORMYCIN]			
Inj 10 mg vial			
POMALIDOMIDE – Restricted see terms below			
↓ Cap 1 mg – 5% DV Aug-24 to 31 Jul 2027	47.45	14	Pomolide
	71.18	21	Pomolide
↓ Cap 2 mg – 5% DV Aug-24 to 31 Jul 2027	94.90	14	Pomolide
	142.35	21	Pomolide
↓ Cap 3 mg – 5% DV Aug-24 to 31 Jul 2027	142.35	14	Pomolide
	213.53	21	Pomolide
↓ Cap 4 mg – 5% DV Aug-24 to 31 Jul 2027	189.81	14	Pomolide
	284.71	21	Pomolide
➔ Restricted (RS2045)			
Initiation – Relapsed/refractory plasma cell dyscrasia			
Any relevant practitioner			
<i>Re-assessment required after 6 months</i>			
Both:			
<ol style="list-style-type: none"> 1 Patient has relapsed or refractory plasma cell dyscrasia, not including Waldenström macroglobulinaemia, requiring treatment; and 2 Patient has not received prior funded pomalidomide. 			
Continuation – Relapsed/refractory plasma cell dyscrasia			
Any relevant practitioner			
<i>Re-assessment required after 12 months</i>			
Patient has no evidence of disease progression.			
PROCARBAZINE HYDROCHLORIDE			
Cap 50 mg	980.00	50	Natulan

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TEMOZOLOMIDE – Restricted see terms below			
⚡ Cap 5 mg.....	9.13	5	Temaccord
⚡ Cap 20 mg.....	16.38	5	Temaccord
⚡ Cap 100 mg.....	35.98	5	Temaccord
⚡ Cap 140 mg.....	50.12	5	Temaccord
⚡ Cap 250 mg.....	86.34	5	Temaccord
➡ Restricted (RS1994)			
Initiation – gliomas			
<i>Re-assessment required after 12 months</i>			
Patient has a glioma.			
Continuation – gliomas			
<i>Re-assessment required after 12 months</i>			
Treatment remains appropriate and patient is benefitting from treatment.			
Initiation – Neuroendocrine tumours			
<i>Re-assessment required after 9 months</i>			
All of the following:			
1 Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*; and			
2 Temozolomide is to be given in combination with capecitabine; and			
3 Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m ² per day; and			
4 Temozolomide to be discontinued at disease progression.			
Continuation – Neuroendocrine tumours			
<i>Re-assessment required after 6 months</i>			
Both:			
1 No evidence of disease progression; and			
2 The treatment remains appropriate and the patient is benefitting from treatment.			
Initiation – ewing's sarcoma			
<i>Re-assessment required after 9 months</i>			
Patient has relapse or refractory Ewing's sarcoma.			
Continuation – ewing's sarcoma			
<i>Re-assessment required after 6 months</i>			
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 (RS2046)			
Initiation			
<i>Re-assessment required after 12 months</i>			
Either:			
1 The patient has plasma cell dyscrasia, not including Waldenström macroglobulinaemia, requiring treatment; or			
2 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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TRETINOIN			
Cap 10 mg.....	479.50	100	Vesanoid
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.....	13.68	2	Venclexta
↓ Tab 50 mg.....	239.44	7	Venclexta
↓ Tab 100 mg.....	8,209.41	120	Venclexta

➔ **Restricted (RS2118)**

Initiation – relapsed/refractory chronic lymphocytic leukaemia

Re-assessment required after 7 months

All of the following:

- 1 Individual has chronic lymphocytic leukaemia requiring treatment; and
- 2 Individual has received at least one prior therapy for chronic lymphocytic leukaemia; and
- 3 Individual has not previously received funded venetoclax; and
- 4 The individual's disease has relapsed; 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 Individual has an ECOG performance status of 0-2.

Continuation – relapsed/refractory chronic lymphocytic leukaemia

Re-assessment required after 6 months

Both:

- 1 Treatment remains clinically appropriate and the individual 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*

Re-assessment required after 6 months

All of the following:

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

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

Re-assessment required after 6 months

No evidence of disease progression.

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

Initiation – previously untreated acute myeloid leukaemia

Re-assessment required after 6 months

Either:

- 1 The individual is currently on treatment with venetoclax and met all remaining special authority criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 Individual has previously untreated acute myeloid leukaemia (see note a), according to World Health Organization (WHO) Classification; and
 - 2.2 Venetoclax not to be used in combination with standard intensive remission induction chemotherapy; and
 - 2.3 Venetoclax to be used in combination with azacitidine or low dose cytarabine.

continued...

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

continued...

Continuation – previously untreated acute myeloid leukaemia

Re-assessment required after 6 months

No evidence of disease progression.

Notes:

- 'Acute myeloid leukaemia' includes myeloid sarcoma*
- Indications marked with * are Unapproved indications

Platinum Compounds

CARBOPLATIN

Inj 10 mg per ml, 45 ml vial – 5% DV Dec-24 to 2027	25.73	1	Carboplatin Accord DBL Carboplatin
--	-------	---	--

(DBL Carboplatin Inj 10 mg per ml, 45 ml vial to be delisted 1 January 2026)

CISPLATIN

Inj 1 mg per ml, 50 ml vial	9.45	1	Cisplatin Accord
Inj 1 mg per ml, 100 ml vial – 5% DV Dec-24 to 2027	18.90	1	Cisplatin Accord

OXALIPLATIN

Inj 5 mg per ml, 20 ml vial	33.35	1	Alchemy Oxaliplatin
-----------------------------------	-------	---	---------------------

Protein-Tyrosine Kinase Inhibitors

ALECTINIB – Restricted see terms [below](#)

⚡ Cap 150 mg	7,935.00	224	Alecensa
--------------------	----------	-----	----------

➡ **Restricted (RS1712)**

Initiation

Re-assessment required after 6 months

All of the following:

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

Continuation

Re-assessment required after 6 months

Both:

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

AXITINIB – Restricted see terms [below](#)

⚡ Tab 1 mg	536.40	28	Inlyta
⚡ Tab 5 mg	2,682.00	28	Inlyta

➡ **Restricted (RS2107)**

Initiation

Re-assessment required after 4 months

All of the following:

- 1 The patient has metastatic renal cell carcinoma; and
- 2 The disease is of predominant clear cell histology; and
- 3 The patient has documented disease progression following one previous line of treatment; and
- 4 The patient has ECOG performance status of 0-2.

Continuation

Re-assessment required after 4 months

No evidence of disease progression..

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
CRIZOTINIB – Restricted see terms below			
↓ Cap 200 mg.....	7,250.00	60	Xalkori
↓ Cap 250 mg.....	7,250.00	60	Xalkori

➔ **Restricted (RS2144)**

Initiation

Re-assessment required after 6 months

All of the following:

- 1 Individual has locally advanced or metastatic, unresectable, non-squamous non-small cell lung cancer; and
- 2 Either:
 - 2.1 The individual has not received entrectinib; or
 - 2.2 Both:
 - 2.2.1 The individual has received treatment with entrectinib and has discontinued entrectinib due to intolerance; and
 - 2.2.2 The cancer did not progress while the individual was on entrectinib; and
- 3 There is documentation confirming that the patient has a ROS1 rearrangement using an appropriate ROS1 test; and
- 4 Individual has ECOG performance score of 0-3; and
- 5 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation

Re-assessment required after 6 months

Both:

- 1 Response to treatment has been determined by comparable radiological assessment following the most recent treatment period; and
- 2 No evidence of disease progression.

DABRAFENIB – Restricted see terms [below](#)

↓ Cap 50 mg.....	6,320.86	120	Tafinlar
↓ Cap 75 mg.....	9,481.29	120	Tafinlar

➔ **Restricted (RS2145)**

Initiation – stage III or IV resected melanoma - adjuvant

Any relevant practitioner

Re-assessment required after 4 months

All of the following:

- 1 Either:
 - 1.1 The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a); or
 - 1.2 Both:
 - 1.2.1 The individual has received neoadjuvant treatment with a PD-1/PD-L1 inhibitor; and
 - 1.2.2 Adjuvant treatment with dabrafenib is required; and
- 2 The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma; and
- 3 Treatment must be adjuvant to complete surgical resection; and
- 4 Treatment must be initiated within 13 weeks of surgical resection, unless delay is necessary due to post-surgery recovery (see note b); and
- 5 The individual has a confirmed BRAF mutation; and
- 6 Dabrafenib must be administered in combination with trametinib; and
- 7 The individual has ECOG performance score 0-2.

Notes:

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition
- b) Initiating treatment within 13 weeks of complete surgical resection means 13 weeks after resection (primary or lymphadenectomy)

continued...

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

continued...

Continuation – stage III or IV resected melanoma - adjuvant

Any relevant practitioner

Re-assessment required after 4 months

Any of the following:

- 1 All of the following:
 - 1.1 No evidence of disease recurrence; and
 - 1.2 Dabrafenib must be administered in combination with trametinib; and
 - 1.3 Treatment to be discontinued at signs of disease recurrence or at completion of 12 months' total treatment course, including any systemic neoadjuvant treatment; or
- 2 All of the following:
 - 2.1 The individual has received adjuvant treatment with a BRAF/MEK inhibitor; and
 - 2.2 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
 - 2.3 The individual meets initiation criteria for dabrafenib for unresectable or metastatic melanoma; or
- 3 All of the following:
 - 3.1 The individual has received adjuvant treatment with a BRAF/MEK inhibitor; and
 - 3.2 The individual has received a BRAF/MEK inhibitor for unresectable or metastatic melanoma; and
 - 3.3 The individual meets continuation criteria for dabrafenib for unresectable or metastatic melanoma.

Initiation – unresectable or metastatic melanoma

Any relevant practitioner

Re-assessment required after 4 months

All of the following:

- 1 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
- 2 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
- 3 The individual has ECOG performance score 0-2; and
- 4 The individual has confirmed BRAF mutation; and
- 5 Dabrafenib must be administered in combination with trametinib; and
- 6 Any of the following:
 - 6.1 The individual has been diagnosed in the metastatic or unresectable stage III or IV setting; or
 - 6.2 The individual did not receive treatment in the adjuvant setting with a BRAF/MEK inhibitor; or
 - 6.3 All of the following:
 - 6.3.1 The individual received treatment in the adjuvant setting with a BRAF/MEK inhibitor; and
 - 6.3.2 The individual did not experience disease recurrence while on treatment with that BRAF/MEK inhibitor; and
 - 6.3.3 The individual did not experience disease recurrence within six months of completing adjuvant treatment with a BRAF/MEK inhibitor.

Continuation – unresectable or metastatic melanoma

Any relevant practitioner

Re-assessment required after 4 months

Both:

- 1 Any of the following:
 - 1.1 The individual's disease has had a complete response to treatment; or
 - 1.2 The individual's disease has had a partial response to treatment; or
 - 1.3 The individual has stable disease with treatment; and
- 2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period.

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

⚡ Tab 20 mg – 5% DV Mar-25 to 2027	132.88	60	Dasatinib-Teva
⚡ Tab 50 mg – 5% DV Mar-25 to 2027	304.13	60	Dasatinib-Teva
⚡ Tab 70 mg – 5% DV Mar-25 to 2027	415.75	60	Dasatinib-Teva

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

➔ **Restricted (RS2055)****Initiation**

Haematologist or any relevant practitioner on the recommendation of a haematologist

Re-assessment required after 6 months

Any of the following:

- 1 The patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis or accelerated phase; or
- 2 The patient has a diagnosis of Philadelphia chromosome-positive acute lymphoid leukaemia (Ph+ ALL); or
- 3 Both:
 - 3.1 The patient has a diagnosis of CML in chronic phase; and
 - 3.2 Any of the following:
 - 3.2.1 Patient has documented treatment failure* with imatinib; or
 - 3.2.2 Patient has experienced treatment-limiting toxicity with imatinib precluding further treatment with imatinib; or
 - 3.2.3 Patient has high-risk chronic-phase CML defined by the Sokal or EURO scoring system.

Continuation

Haematologist or any relevant practitioner on the recommendation of a haematologist

Re-assessment required after 6 months

Both:

- 1 Lack of treatment failure while on dasatinib*; and
- 2 Dasatinib treatment remains appropriate and the patient is benefiting from treatment.

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

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

↓ Cap 200 mg	9,610.00	90	Rozlytrek
--------------------	----------	----	-----------

➔ **Restricted (RS2146)****Initiation***Re-assessment required after 6 months*

All of the following:

- 1 Individual has locally advanced or metastatic, unresectable, non-squamous non-small cell lung cancer; and
- 2 Either:
 - 2.1 The individual has not received crizotinib; or
 - 2.2 Both:
 - 2.2.1 The individual has received an initial Special Authority approval for crizotinib and has discontinued crizotinib due to intolerance; and
 - 2.2.2 The cancer did not progress while the individual was on crizotinib; and
- 3 There is documentation confirming that the patient has a ROS1 rearrangement using an appropriate ROS1 test; and
- 4 Individual has ECOG performance score of 0-3; and
- 5 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation*Re-assessment required after 6 months*

Both:

- 1 Response to treatment has been determined by comparable radiological assessment following the most recent treatment period; and
- 2 No evidence of disease progression.

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

↓ Tab 100 mg – 5% DV Oct-24 to 2027	280.84	30	Alchemy
↓ Tab 150 mg – 5% DV Oct-24 to 2027	484.24	30	Alchemy

➔ **Restricted (RS2078)****Initiation***Re-assessment required after 4 months*

All of the following:

continued...

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

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; and
- 3 Any of the following:
 - 3.1 Patient is treatment naive; or
 - 3.2 Patient has received prior treatment in the adjuvant setting and/or while awaiting EGFR results; or
 - 3.3 Both:
 - 3.3.1 The patient has discontinued osimertinib or gefitinib due to intolerance; and
 - 3.3.2 The cancer did not progress while on osimertinib or gefitinib.

Continuation

Re-assessment required after 6 months

Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

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

⚡ Tab 250 mg918.00 30 Iressa

➡ **Restricted (RS2079)**

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 Any of the following:
 - 2.1 Patient is treatment naive; or
 - 2.2 Patient has received prior treatment in the adjuvant setting and/or while awaiting EGFR results; or
 - 2.3 Both:
 - 2.3.1 The patient has discontinued osimertinib or erlotinib due to intolerance; and
 - 2.3.2 The cancer did not progress whilst on osimertinib or erlotinib; and
- 3 There is documentation confirming that disease expresses activating mutations of EGFR.

Continuation

Re-assessment required after 6 months

Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

IMATINIB MESILATE

Cap 100 mg – 5% DV Dec-23 to 2026.....	44.93	60	Imatinib-Rex
Cap 400 mg – 5% DV Dec-23 to 2026.....	69.76	30	Imatinib-Rex

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

⚡ Tab 250 mg

➡ **Restricted (RS1828)**

Initiation

For continuation use only.

Continuation

Re-assessment required after 12 months

All of the following:

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

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

⚡ Cap 4 mg.....	3,407.40	30	Lenvima
⚡ Cap 10 mg.....	3,407.40	30	Lenvima

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

➔ **Restricted (RS2098)**

Initiation – thyroid cancer

Re-assessment required after 6 months

Either:

- 1 Patient is currently on treatment with lenvatinib and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 The patient has locally advanced or metastatic differentiated thyroid cancer; and
 - 2.2 Either:
 - 2.2.1 Patient must have symptomatic progressive disease prior to treatment; or
 - 2.2.2 Patient must progressive disease at critical anatomical sites with a high risk of morbidity or mortality where local control cannot be achieved by other measures; and
 - 2.3 Any of the following:
 - 2.3.1 A lesion without iodine uptake in a RAI scan; or
 - 2.3.2 Receiving cumulative RAI greater than or equal to 600 mCi; or
 - 2.3.3 Experiencing disease progression after a RAI treatment within 12 months; or
 - 2.3.4 Experiencing disease progression after two RAI treatments administered within 12 months of each other; and
 - 2.4 Patient has thyroid stimulating hormone (TSH) adequately suppressed; and
 - 2.5 Patient is not a candidate for radiotherapy with curative intent; and
 - 2.6 Surgery is clinically inappropriate; and
 - 2.7 Patient has an ECOG performance status of 0-2.

Continuation – thyroid cancer

Re-assessment required after 6 months

there is no evidence of disease progression.

Initiation – unresectable hepatocellular carcinoma

Re-assessment required after 6 months

All of the following:

- 1 Patient has unresectable hepatocellular carcinoma; and
- 2 Patient has preserved liver function (Childs-Pugh A); and
- 3 Transarterial chemoembolisation (TACE) is unsuitable; and
- 4 Patient has an ECOG performance status of 0-2; and
- 5 Either:
 - 5.1 Patient has not received prior systemic therapy for their disease in the palliative setting; or
 - 5.2 Both:
 - 5.2.1 Patient has experienced treatment-limiting toxicity from treatment with atezolizumab with bevacizumab; and
 - 5.2.2 No disease progression since initiation of atezolizumab with bevacizumab.

Continuation – unresectable hepatocellular carcinoma

Re-assessment required after 6 months

there is no evidence of disease progression.

Initiation – renal cell carcinoma

Re-assessment required after 4 months

Either:

- 1 All of the following:
 - 1.1 The patient has metastatic renal cell carcinoma; and
 - 1.2 The disease is of predominant clear-cell histology; and
 - 1.3 The patient has documented disease progression following one previous line of treatment; and
 - 1.4 The patient has an ECOG performance status of 0-2; and

continued...

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

continued...

- 1.5 Lenvatinib is to be used in combination with everolimus; or
- 2 All of the following:
 - 2.1 Patient has received funded treatment with nivolumab for the second line treatment of metastatic renal cell carcinoma; and
 - 2.2 Patient has experienced treatment limiting toxicity from treatment with nivolumab; and
 - 2.3 Lenvatinib is to be used in combination with everolimus; and
 - 2.4 There is no evidence of disease progression.

Continuation – renal cell carcinoma

Re-assessment required after 4 months

there is no evidence of disease progression.

MIDOSTAURIN – Restricted see terms [below](#)

⚡ Cap 25 mg 10,981.00 56 Rydapt

➡ **Restricted (RS2033)**

Initiation

All of the following:

- 1 Patient has a diagnosis of acute myeloid leukaemia; and
- 2 Condition must be FMS tyrosine kinase 3 (FLT3) mutation positive; and
- 3 Patient must not have received a prior line of intensive chemotherapy for acute myeloid leukaemia; and
- 4 Patient is to receive standard intensive chemotherapy in combination with midostaurin only; and
- 5 Midostaurin to be funded for a maximum of 4 cycles.

NILOTINIB – Restricted see terms [below](#)

⚡ Cap 150 mg 4,680.00 120 Tassigna

⚡ Cap 200 mg 6,532.00 120 Tassigna

➡ **Restricted (RS2010)**

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, high risk chronic phase, or in chronic phase; and
- 2 Either:
 - 2.1 Patient has documented CML treatment failure* with a tyrosine kinase inhibitor (TKI); or
 - 2.2 Patient has experienced treatment limiting toxicity with a tyrosine kinase inhibitor (TKI) precluding further treatment; 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.

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

⚡ Tab 40 mg 9,310.00 30 Tagrisso

⚡ Tab 80 mg 9,310.00 30 Tagrisso

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

➔ **Restricted (RS2080)**

Initiation – NSCLC – first line

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC); and
- 2 Any of the following:
 - 2.1 Patient is treatment naïve; or
 - 2.2 Patient has received prior treatment in the adjuvant setting and/or while awaiting EGFR results; or
 - 2.3 Both:
 - 2.3.1 The patient has discontinued gefitinib or erlotinib due to intolerance; and
 - 2.3.2 The cancer did not progress while on gefitinib or erlotinib; and
- 3 There is documentation confirming that the cancer expresses activating mutations of EGFR; and
- 4 Patient has an ECOG performance status 0-3; and
- 5 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation – NSCLC – first line

Re-assessment required after 6 months

response to or stable disease with treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period.

Initiation – NSCLC – second line

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC); and
- 2 Patient has an ECOG performance status 0-3; and
- 3 The patient must have received previous treatment with erlotinib or gefitinib; and
- 4 There is documentation confirming that the cancer expresses T790M mutation of EGFR following progression on or after erlotinib or gefitinib; and
- 5 The treatment must be given as monotherapy; and
- 6 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation – NSCLC – second line

Re-assessment required after 6 months

response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period.

PALBOCICLIB – Restricted see terms [below](#)

↓ Tab 75 mg	1,200.00	21	Palbociclib Pfizer
↓ Tab 100 mg	1,200.00	21	Palbociclib Pfizer
↓ Tab 125 mg	1,200.00	21	Palbociclib Pfizer

➔ **Restricted (RS2034)**

Initiation

Re-assessment required after 6 months

Either:

- 1 All of the following:
 - 1.1 Patient has unresectable locally advanced or metastatic breast cancer; and
 - 1.2 There is documentation confirming disease is hormone-receptor positive and HER2-negative; and
 - 1.3 Patient has an ECOG performance score of 0-2; and
 - 1.4 Either:
 - 1.4.1 Disease has relapsed or progressed during prior endocrine therapy; or
 - 1.4.2 Both:

continued...

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

continued...

1.4.2.1 Patient is amenorrhoeic, either naturally or induced, with endocrine levels consistent with a postmenopausal or without menstrual-potential state; and

1.4.2.2 Patient has not received prior systemic treatment for metastatic disease; and

1.5 Treatment must be used in combination with an endocrine partner; and

1.6 Patient has not received prior funded treatment with a CDK4/6 inhibitor; or

2 All of the following:

2.1 Patient has an active Special Authority approval for ribociclib; and

2.2 Patient has experienced a grade 3 or 4 adverse reaction to ribociclib that cannot be managed by dose reductions and requires treatment discontinuation; and

2.3 Treatment must be used in combination with an endocrine partner; and

2.4 There is no evidence of progressive disease since initiation of ribociclib.

Continuation

Re-assessment required after 12 months

Both:

1 Treatment must be used in combination with an endocrine partner; and

2 There is no evidence of progressive disease since initiation of palbociclib.

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

⚡ Tab 200 mg – 5% DV May-25 to 2027	172.88	30	Pazopanib Teva
⚡ Tab 400 mg – 5% DV May-25 to 2027	464.00	30	Pazopanib Teva

➡ **Restricted (RS2089)**

Initiation

Re-assessment required after 3 months

Either:

1 All of the following:

1.1 The patient has metastatic renal cell carcinoma of predominantly clear cell histology; and

1.2 Either:

1.2.1 The patient is treatment naive; or

1.2.2 The patient has only received prior cytokine treatment; and

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

The patient has intermediate or poor prognosis defined as:

1.4 Any of the following:

1.4.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or

1.4.2 Haemoglobin level < lower limit of normal; or

1.4.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); or

1.4.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or

1.4.5 Karnofsky performance score of less than or equal to 70; or

1.4.6 2 or more sites of organ metastasis; or

2 All of the following:

2.1 The patient has metastatic renal cell carcinoma; and

2.2 The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance; and

2.3 The cancer did not progress whilst on sunitinib; and

2.4 Pazopanib to be used for a maximum of 3 months.

Continuation

Re-assessment required after 3 months

No evidence of disease progression.

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

⚡ Tab 200 mg	1,883.00	21	Kisqali
	3,767.00	42	Kisqali
	5,650.00	63	Kisqali

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

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

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

➔ **Restricted (RS2131)**

Initiation

Re-assessment required after 6 months

Either:

- 1 All of the following:
 - 1.1 Patient has unresectable locally advanced or metastatic breast cancer; and
 - 1.2 There is documentation confirming disease is hormone-receptor positive and HER2-negative; and
 - 1.3 Patient has an ECOG performance score of 0-2; and
 - 1.4 Either:
 - 1.4.1 Disease has relapsed or progressed during prior endocrine therapy; or
 - 1.4.2 Both:
 - 1.4.2.1 Patient is amenorrhoeic, either naturally or induced, with endocrine levels consistent with a postmenopausal or without menstrual-potential state; and
 - 1.4.2.2 Patient has not received prior systemic endocrine treatment for metastatic disease; and
 - 1.5 Treatment to be used in combination with an endocrine partner; and
 - 1.6 Patient has not received prior funded treatment with a CDK4/6 inhibitor; or
- 2 All of the following:
 - 2.1 Patient has an active Special Authority approval for palbociclib; and
 - 2.2 Patient has experienced a grade 3 or 4 adverse reaction to palbociclib that cannot be managed by dose reductions and requires treatment discontinuation; and
 - 2.3 Treatment must be used in combination with an endocrine partner; and
 - 2.4 There is no evidence of progressive disease since initiation of palbociclib.

Continuation

Re-assessment required after 12 months

Both:

- 1 Treatment must be used in combination with an endocrine partner; and
- 2 There is no evidence of progressive disease since initiation of ribociclib.

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

↓ Tab 5 mg	2,500.00	56	Jakavi
↓ Tab 10 mg	5,000.00	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:

- 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

continued...

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

continued...

- 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 – 5% DV Mar-26 to 2027	208.38	28	Sunitinib Pfizer
	103.11		Sunitinib Rex
⚡ Cap 25 mg – 5% DV Mar-26 to 2027	416.77	28	Sunitinib Pfizer
	203.15		Sunitinib Rex
⚡ Cap 50 mg – 5% DV May-26 to 2027	694.62	28	Sunitinib Pfizer
	343.19		Sunitinib Rex

(Sunitinib Pfizer Cap 12.5 mg to be delisted 1 March 2026)

(Sunitinib Pfizer Cap 25 mg to be delisted 1 March 2026)

(Sunitinib Pfizer Cap 50 mg to be delisted 1 May 2026)

➡ **Restricted (RS2109)**

Initiation – RCC

Re-assessment required after 4 months

Both:

- 1 The patient has metastatic renal cell carcinoma; and
- 2 The patient has not previously received funded sunitinib.

Continuation – RCC

Re-assessment required after 4 months

No evidence of disease progression.

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.

continued...

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

continued...

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.

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

↓ Tab 0.5 mg	2,370.32	30	Mekinist
↓ Tab 2 mg	9,481.29	30	Mekinist

→ **Restricted (RS2147)**

Initiation – stage III or IV resected melanoma - adjuvant

Any relevant practitioner

Re-assessment required after 4 months

All of the following:

- 1 Either:
 - 1.1 The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a); or
 - 1.2 Both:
 - 1.2.1 The individual has received neoadjuvant treatment with a PD-1/PD-L1 inhibitor; and
 - 1.2.2 Adjuvant treatment with trametinib is required; and
- 2 The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma; and
- 3 Treatment must be adjuvant to complete surgical resection; and
- 4 Treatment must be initiated within 13 weeks of surgical resection, unless delay is necessary due to post-surgery recovery (see note b); and
- 5 The individual has a confirmed BRAF mutation; and
- 6 Trametinib must be administered in combination with dabrafenib; and
- 7 The individual has ECOG performance score 0-2.

Notes:

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition
- b) Initiating treatment within 13 weeks of complete surgical resection means 13 weeks after resection (primary or lymphadenectomy)

Continuation – stage III or IV resected melanoma - adjuvant

Any relevant practitioner

Re-assessment required after 4 months

Any of the following:

- 1 All of the following:
 - 1.1 No evidence of disease recurrence; and
 - 1.2 Trametinib must be administered in combination with dabrafenib; and
 - 1.3 Treatment to be discontinued at signs of disease recurrence or at completion of 12 months' total treatment course, including any systemic neoadjuvant treatment; or
- 2 All of the following:
 - 2.1 The individual has received adjuvant treatment with a BRAF/MEK inhibitor; and

continued...

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

continued...

- 2.2 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
- 2.3 The individual meets initiation criteria for trametinib for unresectable or metastatic melanoma; or
- 3 All of the following:
 - 3.1 The individual has received adjuvant treatment with a BRAF/MEK inhibitor; and
 - 3.2 The individual has received a BRAF/MEK inhibitor for unresectable or metastatic melanoma; and
 - 3.3 The individual meets continuation criteria for trametinib for unresectable or metastatic melanoma.

Initiation – unresectable or metastatic melanoma

Any relevant practitioner

Re-assessment required after 4 months

All of the following:

- 1 The individual has metastatic or unresectable melanoma (excluding uveal melanoma) stage III or IV; and
- 2 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
- 3 The individual has ECOG performance score 0-2; and
- 4 The individual has confirmed BRAF mutation; and
- 5 Trametinib must be administered in combination with dabrafenib; and
- 6 Any of the following:
 - 6.1 The individual has been diagnosed in the metastatic or unresectable stage III or IV setting; or
 - 6.2 The individual did not receive treatment in the adjuvant setting with a BRAF/MEK inhibitor; or
 - 6.3 All of the following:
 - 6.3.1 The individual received treatment in the adjuvant setting with a BRAF/MEK inhibitor; and
 - 6.3.2 The individual did not experience disease recurrence while on treatment with that BRAF/MEK inhibitor; and
 - 6.3.3 The individual did not experience disease recurrence within six months of completing adjuvant treatment with a BRAF/MEK inhibitor.

Continuation – unresectable or metastatic melanoma

Any relevant practitioner

Re-assessment required after 4 months

Both:

- 1 Any of the following:
 - 1.1 The individual's disease has had a complete response to treatment; or
 - 1.2 The individual's disease has had a partial response to treatment; or
 - 1.3 The individual has stable disease with treatment; and
- 2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period.

Taxanes

DOCETAXEL

Inj 10 mg per ml, 8 ml vial – 5% DV Dec-23 to 202624.91 1 **DBL Docetaxel**

PACLITAXEL

Inj 6 mg per ml, 16.7 ml vial – 5% DV Aug-24 to 202619.59 1 **Anzatax**
 Inj 6 mg per ml, 50 ml vial – 5% DV Aug-24 to 202637.89 1 **Anzatax**

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

Treatment of Cytotoxic-Induced Side Effects

CALCIUM FOLINATE

Tab 15 mg	135.33	10	DBL Leucovorin Calcium
Inj 3 mg per ml, 1 ml ampoule			
Inj 10 mg per ml, 5 ml vial.....	112.20	5	Eurofolic
Inj 10 mg per ml, 10 ml vial.....	163.35	5	Eurofolic
Inj 10 mg per ml, 30 ml vial			
Inj 10 mg per ml, 35 ml vial			
Inj 10 mg per ml, 100 ml vial.....	139.48	1	Eurofolic

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

↓ Inj 500 mg *e.g. Cardioxane*

→ **Restricted (RS1695)**

Initiation

Medical oncologist, paediatric oncologist, haematologist or paediatric haematologist

All of the following:

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

MESNA

Tab 400 mg	314.00	50	Uromitexan
Tab 600 mg	448.50	50	Uromitexan
Inj 100 mg per ml, 4 ml ampoule.....	177.45	15	Uromitexan
Inj 100 mg per ml, 10 ml ampoule	407.40	15	Uromitexan

Vinca Alkaloids

VINBLASTINE SULPHATE

Inj 1 mg per ml, 10 ml vial.....	270.37	5	Hospira
----------------------------------	--------	---	---------

VINCRIStINE SULPHATE

Inj 1 mg per ml, 1 ml vial.....	74.52	5	DBL Vincristine Sulfate
Inj 1 mg per ml, 2 ml vial.....	102.73	5	DBL Vincristine Sulfate

VINORELBINE

Cap 20 mg – 5% DV Feb-26 to 2028	32.10	1	Vinorelbine Te Arai
Cap 30 mg – 5% DV Feb-26 to 2028	42.80	1	Vinorelbine Te Arai
Cap 80 mg – 5% DV Feb-26 to 2028	80.00	1	Vinorelbine Te Arai
Inj 10 mg per ml, 1 ml vial			
Inj 10 mg per ml, 5 ml vial			

Endocrine Therapy

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

↓ Tab 250 mg 4,276.19 120 Zytiga

→ **Restricted (RS1888)**

Initiation

Medical oncologist, radiation oncologist or urologist

Re-assessment required after 6 months

All of the following:

continued...

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

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

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

continued...

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

Continuation

Medical oncologist, radiation oncologist or urologist

Re-assessment required after 6 months

All of the following:

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

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 Abiraterone acetate to be discontinued at progression; and
- 3 No initiation of taxane chemotherapy with abiraterone; and
- 4 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

BICALUTAMIDE

Tab 50 mg – **5% DV Dec-23 to 2026** 4.18 28 **Binarex**

FLUTAMIDE

Tab 250 mg 119.50 100 Flutamin

FULVESTRANT – Restricted see terms below

⚡ Inj 50 mg per ml, 5 ml prefilled syringe – **5% DV May-26 to 2028** 1,068.00 2 Faslodex
181.00 **Fulvestrant EVER
Pharma**

(Faslodex Inj 50 mg per ml, 5 ml prefilled syringe to be delisted 1 May 2026)

➡ **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

continued...

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

continued...

- 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.

OCTREOTIDE

Inj 100 mcg per ml, 1 ml vial.....	48.50	5	Omega
Inj 50 mcg per ml, 1 ml vial.....	27.58	5	Omega
Inj 500 mcg per ml, 1 ml vial.....	113.10	5	Omega
Inj 50 mcg per ml, 1 ml ampoule	27.58	5	Max Health
Inj 100 mcg per ml, 1 ml ampoule	32.71	5	Max Health
Inj 500 mcg per ml, 1 ml ampoule	113.10	5	Max Health

TAMOXIFEN CITRATE

Tab 10 mg – 5% DV Dec-23 to 2026	15.00	60	Tamoxifen Sandoz
Tab 20 mg – 5% DV Dec-23 to 2026	5.32	60	Tamoxifen Sandoz

Aromatase Inhibitors

ANASTROZOLE

Tab 1 mg – 5% DV Dec-23 to 2026	4.39	30	Anastrole
---------------------------------------	------	----	------------------

EXEMESTANE

Tab 25 mg – 5% DV Nov-23 to 2026	9.86	30	Pfizer Exemestane
--	------	----	--------------------------

LETROZOLE

Tab 2.5 mg – 5% DV Dec-24 to 2027	4.36	28	Accord
	4.67	30	Letrole

Long-acting Somatostatin Analogues

➡ **Restricted (RS2100)**

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 not been successful; and
- 3 Treatment to be given for up to 4 weeks.

Note: Indications marked with * are unapproved indications

Initiation – acromegaly

Re-assessment required after 3 months

All of the following:

- 1 The patient has acromegaly; and
- 2 Either:
 - 2.1 Treatment with surgery and radiotherapy is not suitable or was unsuccessful; or
 - 2.2 Treatment is for an interim period while awaiting the beneficial effects of radiotherapy; and

continued...

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

continued...

- 3 Treatment with a dopamine agonist has been unsuccessful.

Continuation – acromegaly

Without reassessment for applications where IGF1 levels have decreased since starting treatment.

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

In patients treated with radiotherapy treatment should be withdrawn every 2 years, for 1 month, for assessment of remission.

Treatment should be stopped where there is biochemical evidence of remission (normal IGF1 levels) following 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 Surgery has been unsuccessful; or
 - 2.2.2 Patient has metastatic disease after treatment with H2 antagonist or proton pump inhibitors has been unsuccessful; or
- 3 Both:
 - 3.1 Insulinomas; and
 - 3.2 Surgery is contraindicated or has not been successful; or
- 4 For pre-operative control of hypoglycaemia and for maintenance therapy; or
- 5 Both:
 - 5.1 Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis); and
 - 5.2 Disabling symptoms not controlled by maximal medical therapy.

Initiation – pre-operative acromegaly

Limited to 12 months treatment

All of the following:

- 1 Patient has acromegaly; and
- 2 Patient has a large pituitary tumour, greater than 10 mm at its widest; and
- 3 Patient is scheduled to undergo pituitary surgery in the next six months.

Notes: Indications marked with * are unapproved indications

The use of a long-acting somatostatin analogue in patients with fistulae, oesophageal varices, miscellaneous diarrhoea and hypotension will not be funded under Special Authority

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

† Inj 60 mg per 0.5 ml, 0.5 ml syringe – 5% DV Aug-25 to 2027	382.77	1	Mytolac
† Inj 90 mg per 0.5 ml, 0.5 ml syringe – 5% DV Sep-25 to 2027	562.92	1	Mytolac
† Inj 120 mg per 0.5 ml, 0.5 ml syringe – 5% DV Aug-25 to 2027	646.70	1	Mytolac

OCTREOTIDE LONG-ACTING – **Restricted** see terms [on the previous page](#)

† Inj depot 10 mg prefilled syringe – 5% DV Dec-24 to 2027	438.40	1	Sandostatin LAR
† Inj depot 20 mg prefilled syringe – 5% DV Dec-24 to 2027	583.70	1	Sandostatin LAR
† Inj depot 30 mg prefilled syringe – 5% DV Dec-24 to 2027	670.80	1	Sandostatin LAR

Imaging Agents

AMINOLEVULINIC ACID HYDROCHLORIDE – **Restricted** see terms [on the next page](#)

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

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

➔ **Restricted (RS1565)**

Initiation – high grade malignant glioma

All of the following:

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

Immunosuppressants

Calcineurin Inhibitors

CICLOSPORIN

Cap 25 mg.....	44.63	50	Neoral
Cap 50 mg.....	88.91	50	Neoral
Cap 100 mg.....	177.81	50	Neoral
Oral liq 100 mg per ml.....	198.13	50 ml	Neoral
Inj 50 mg per ml, 5 ml ampoule.....	276.30	10	Sandimmun

TACROLIMUS – Restricted see terms [below](#)

↓ Cap 0.5 mg.....	49.60	100	Tacrolimus Sandoz
↓ Cap 0.75 mg.....	99.30	100	Tacrolimus Sandoz
↓ Cap 1 mg.....	84.30	100	Tacrolimus Sandoz
↓ Cap 5 mg.....	248.20	50	Tacrolimus Sandoz
↓ Inj 5 mg per ml, 1 ml ampoule.....			

➔ **Restricted (RS2110)**

Initiation – organ transplant recipients

Either:

- 1 For use in organ transplant recipients; or
- 2 The individual is receiving induction therapy for an organ transplant.

Initiation – non-transplant indications*

Any specialist

Both:

- 1 Patient requires long-term systemic immunosuppression; and
- 2 Either:
 - 2.1 Ciclosporin has been trialled and discontinued treatment because of unacceptable side effects or inadequate clinical response; or
 - 2.2 Patient is a child with nephrotic syndrome*.

Note: Indications marked with * are unapproved indications

Fusion Proteins

ETANERCEPT – Restricted see terms [below](#)

↓ Inj 25 mg autoinjector.....	690.00	4	Enbrel
↓ Inj 25 mg vial.....	690.00	4	Enbrel
↓ Inj 50 mg autoinjector.....	1,050.00	4	Enbrel
↓ Inj 50 mg syringe.....	1,050.00	4	Enbrel

➔ **Restricted (RS2062)**

Initiation – polyarticular course juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Either:

continued...

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

continued...

1 Both:

- 1.1 The patient has had an initial Special Authority approval for adalimumab for polyarticular course 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 polyarticular course JIA; or

2 All of the following:

- 2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and
- 2.3 Any of the following:
 - 2.3.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or
 - 2.3.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or
 - 2.3.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

Continuation – polyarticular course 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 – oligoarticular course 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 oligoarticular course 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 oligoarticular course JIA; or

2 All of the following:

- 2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2.2 Patient has had oligoarticular course JIA for 6 months duration or longer; and
- 2.3 Any of the following:
 - 2.3.1 At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or

continued...

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

continued...

- 2.3.2 Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate (at the maximum tolerated dose); or
- 2.3.3 High disease activity (cJADAS10 score greater than 4) after a 6-month trial of methotrexate.

Continuation – oligoarticular course juvenile idiopathic arthritis

Rheumatologist or named specialist

Re-assessment required after 6 months

Both:

- 1 Subsidised 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 – Arthritis - rheumatoid

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; or
 - 1.2.2 The patient has received insufficient benefit to meet the renewal criteria for rheumatoid arthritis; or
- 2 All of the following:
 - 2.1 Patient has had 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 methotrexate at a maximum tolerated dose (unless contraindicated); and
 - 2.4 Patient has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate at maximum tolerated doses (unless contraindicated); and
 - 2.5 Either:
 - 2.5.1 Patient has tried and not responded to at least three months of 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 therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate; and
 - 2.6 Either:
 - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen 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.

Continuation – Arthritis - rheumatoid

Any relevant practitioner

Re-assessment required after 2 years

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

continued...

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

continued...

2 Either:

- 2.1 Following 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

continued...

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

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 or secukinumab for psoriatic arthritis; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab or secukinumab; or
 - 1.2.2 The patient has received insufficient benefit from adalimumab or secukinumab to meet the renewal criteria for adalimumab or secukinumab 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 (ex man. excl. GST) \$	Brand or 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 Any of the following:
 - 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; or
 - 1.3 Patient has severe chronic localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis, and with a Dermatology Life Quality Index (DLQI) score greater than 10; 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, foot, genital or flexural areas at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and for the face, palm of a hand or sole of a foot 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

Re-assessment required after 6 months

Both:

- 1 Any of the following:
 - 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

continued...

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

continued...

1.2 Both:

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

1.2.2 Either:

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

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

1.3 Both:

1.3.1 Patient had severe chronic localised genital or flexural plaque psoriasis at the start of treatment; and

1.3.2 Either:

1.3.2.1 The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value; or

1.3.2.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing etanercept; 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 8 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 8 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 Health NZ Hospital; 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

continued...

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

continued...

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

Continuation – adult-onset Still's disease

Rheumatologist

Re-assessment required after 6 months

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

Initiation – 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

➡ Restricted (RS1202)

Initiation

Either:

continued...

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

continued...

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

ADALIMUMAB (AMGEVITA) – **Restricted** see terms [below](#)

↓ Inj 20 mg per 0.4 ml prefilled syringe – 5% DV Oct-22 to 31 Jul 2026.....	190.00	1	Amgevita
↓ Inj 40 mg per 0.8 ml prefilled pen – 5% DV Oct-22 to 31 Jul 2026	375.00	2	Amgevita
↓ Inj 40 mg per 0.8 ml prefilled syringe – 5% DV Oct-22 to 31 Jul 2026.....	375.00	2	Amgevita

→ **Restricted (RS2140)**

Initiation – Behcet's disease - severe

Any relevant practitioner

Both:

- 1 The patient has severe Behcet's disease* that is significantly impacting the patient's quality of life; 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); or
 - 2.2 The patient has severe gastrointestinal, rheumatological and/or mucocutaneous symptoms and has not responded adequately to two or more treatments appropriate for the particular symptom(s).

Note: Indications marked with * are unapproved indications.

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 Patient has 3 or more active lesions; and
- 4 The patient has a DLQI of 10 or more and the assessment is no more than 1 month old at time of application.

Continuation – Hidradenitis suppurativa

Any relevant practitioner

Re-assessment required after 2 years

Both:

- 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 DLQI improvement of 4 or more from baseline.

Initiation – Plaque psoriasis - severe chronic

Dermatologist

Re-assessment required after 4 months

Either:

- 1 Both:
 - 1.1 Patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects; or
 - 1.2.2 Patient has received insufficient benefit to meet the renewal criteria for etanercept for severe chronic plaque psoriasis; or
- 2 All of the following:
 - 2.1 Any of the following:
 - 2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or

continued...

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

continued...

- 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; or
- 2.1.3 Patient has severe chronic localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis, and with a Dermatology Life Quality Index (DLQI) score greater than 10; and
- 2.2 Patient has tried, but had an inadequate response 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
- 2.3 A PASI assessment or (DLQI) assessment has been completed for at least the most recent prior treatment course but no longer than 1 month following cessation of each prior treatment course and is no more than 1 month old at the time of application.

Continuation – Plaque psoriasis - severe chronic

Re-assessment required after 2 years

Any of the following:

1 Both:

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

1.2 Either:

1.2.1 The patient has experienced a 75% or more reduction in PASI score, or is sustained at this level, when compared with the pre-treatment baseline value; or

1.2.2 The patient has a DLQI improvement of 5 or more, when compared with the pre-treatment baseline value; or

2 Both:

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

2.2 Either:

2.2.1 The patient has experienced 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

2.2.2 The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value; or

3 Both:

3.1 Patient had severe chronic localised genital or flexural plaque psoriasis at the start of treatment; and

3.2 Either:

3.2.1 The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value; or

3.2.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing adalimumab.

Initiation – pyoderma gangrenosum

Dermatologist

Both:

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.

Note: Indications marked with * are unapproved indications.

Initiation – Crohn's disease - adults

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

continued...

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

continued...

- 1 Patient has severe active Crohn's disease; and
- 2 Any of the following:
 - 2.1 Patient has a CDAI score of greater than or equal to 300 or HBI score of greater than or equal to 10; 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 therapy with immunomodulators and corticosteroids.

Continuation – Crohn's disease - adults

Any relevant practitioner

Re-assessment required after 2 years

Any of the following:

- 1 CDAI score has reduced by 100 points from the CDAI score, or HBI score has reduced 3 points, from when the patient was initiated on adalimumab; or
- 2 CDAI score is 150 or less, or HBI is 4 or less; or
- 3 The patient has demonstrated an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed.

Initiation – Crohn's disease - children

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Paediatric patient has active Crohn's disease; and
- 2 Either:
 - 2.1 Patient has a 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 therapy with immunomodulators and corticosteroids.

Continuation – Crohn's disease - children

Any relevant practitioner

Re-assessment required after 2 years

Any of the following:

- 1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on adalimumab; or
- 2 PCDAI score is 15 or less; or
- 3 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed.

Initiation – Crohn's disease - fistulising

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Patient has confirmed Crohn's disease; and
- 2 Any of the following:
 - 2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
 - 2.2 Patient has one or more rectovaginal fistula(e); or
 - 2.3 Patient has complex peri-anal fistula; and
- 3 A Baseline Fistula Assessment has been completed and is no more than 1 month old at the time of application.

continued...

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

continued...

Continuation – Crohn's disease - fistulising

Any relevant practitioner

Re-assessment required after 2 years

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 – Ocular inflammation - chronic

Any relevant practitioner

Re-assessment required after 4 months

Either:

- 1 The patient has had an initial Special Authority approval 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 – Ocular inflammation - chronic

Any relevant practitioner

Re-assessment required after 2 years

Any of the following:

- 1 The patient has had a good clinical response following 12 weeks' initial treatment; or
- 2 Following each 2 year 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 2 year 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.

Initiation – Ocular inflammation - severe

Any relevant practitioner

Re-assessment required after 4 months

Either:

- 1 Patient has had an initial Special Authority approval 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.

continued...

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

continued...

Continuation – Ocular inflammation - severe

Any relevant practitioner

Re-assessment required after 2 years

Any of the following:

- 1 The patient has had a good clinical response following 3 initial doses; or
- 2 Following each 2 year 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 2 year 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.

Initiation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 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; or
 - 1.2.2 The patient has received insufficient benefit to meet the renewal criteria for ankylosing spondylitis; or
- 2 All of the following:
 - 2.1 Patient has a confirmed diagnosis of ankylosing spondylitis 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 radiology imaging; and
 - 2.4 Patient has not responded adequately to treatment with two or more NSAIDs, 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 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; and
 - 2.6 A BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment and is no more than 1 month old at the time of application.

Continuation – ankylosing spondylitis

Any relevant practitioner

Re-assessment required after 2 years

For applications where 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.

Initiation – Arthritis - oligoarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for etanercept for oligoarticular course juvenile idiopathic arthritis (JIA); and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects; or

continued...

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

continued...

1.2.2 Patient has received insufficient benefit to meet the renewal criteria for oligoarticular course JIA; or

2 All of the following:

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

2.2 Patient has had oligoarticular course JIA for 6 months duration or longer; and

2.3 Either:

2.3.1 At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.2 Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate (at the maximum tolerated dose).

Continuation – Arthritis - oligoarticular course juvenile idiopathic

Any relevant practitioner

Re-assessment required after 2 years

Either:

1 Following 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 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 – Arthritis - polyarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

Either:

1 Both:

1.1 Patient has had an initial Special Authority approval for etanercept for polyarticular course juvenile idiopathic arthritis (JIA); and

1.2 Either:

1.2.1 Patient has experienced intolerable side effects; or

1.2.2 Patient has received insufficient benefit to meet the renewal criteria for polyarticular course JIA; or

2 All of the following:

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

2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and

2.3 Any of the following:

2.3.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

Continuation – Arthritis - polyarticular course juvenile idiopathic

Any relevant practitioner

Re-assessment required after 2 years

Either:

1 Following 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 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.

continued...

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

continued...

Initiation – Arthritis - psoriatic

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 Patient has had an initial Special Authority approval for etanercept or secukinumab for psoriatic arthritis; and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects; or
 - 1.2.2 Patient has received insufficient benefit to meet the renewal criteria for psoriatic arthritis; or
- 2 All of the following:
 - 2.1 Patient has had active psoriatic arthritis for six months duration or longer; and
 - 2.2 Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated); and
 - 2.3 Patient has tried and not responded to at least three months of sulfasalazine or leflunomide at maximum tolerated doses (unless contraindicated); and
 - 2.4 Either:
 - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen 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 CRP 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 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 – Arthritis - psoriatic

Any relevant practitioner

Re-assessment required after 2 years

Either:

- 1 Following initial treatment, the patient has at least a 50% decrease in swollen joint count from baseline and a clinically significant response in the opinion of the physician; or
- 2 Patient demonstrates at least a continuing 30% improvement in swollen joint count from baseline and a clinically significant response in the opinion of the treating physician.

Initiation – Arthritis - rheumatoid

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; or
 - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for rheumatoid arthritis; or
- 2 All of the following:
 - 2.1 Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and

continued...

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

continued...

- 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 methotrexate at a maximum tolerated dose (unless contraindicated); and
- 2.4 Patient has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate at maximum tolerated doses (unless contraindicated); and
- 2.5 Either:
 - 2.5.1 Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin (unless contraindicated); or
 - 2.5.2 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomid (unless contraindicated) alone or in combination with methotrexate; and
- 2.6 Either:
 - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen 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.

Continuation – Arthritis - rheumatoid

Any relevant practitioner

Re-assessment required after 2 years

Either:

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

Initiation – Still's disease - adult-onset (AOSD)

Rheumatologist

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for etanercept and/or tocilizumab for (AOSD); and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
 - 1.2.2 Patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab; or
- 2 All of the following:
 - 2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria; and
 - 2.2 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with NSAIDs and methotrexate; and
 - 2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Initiation – ulcerative colitis

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Patient has active ulcerative colitis; and
- 2 Either:
 - 2.1 Patient's SCCAI score is greater than or equal to 4; or
 - 2.2 Patient's PUCAI score is greater than or equal to 20; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and systemic corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate.

continued...

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

continued...

Continuation – ulcerative colitis

Any relevant practitioner

Re-assessment required after 2 years

Either:

- 1 The SCCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on biologic therapy; or
- 2 The PUCAI score has reduced by 10 points or more from the PUCAI score when the patient was initiated on biologic therapy.

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 each of methotrexate, sulphasalazine and leflunomide, at maximum tolerated doses (unless contraindicated); and
- 3 Any of the following:
 - 3.1 Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 3.2 Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application; or
 - 3.3 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

Any relevant practitioner

Re-assessment required after 2 years

Either:

- 1 Following 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 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response in the opinion of the treating physician.

Initiation – inflammatory bowel arthritis – axial

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
- 2 Patient has axial inflammatory pain for six months or more; and
- 3 Patient is unable to take NSAIDs; and
- 4 Patient has unequivocal sacroiliitis demonstrated by radiological imaging or MRI; and
- 5 Patient has not responded adequately to prior treatment consisting of at least 3 months of an exercise regime supervised by a physiotherapist; and
- 6 A BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment.

Continuation – inflammatory bowel arthritis – axial

Any relevant practitioner

Re-assessment required after 2 years

Where treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale,

continued...

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

continued...

or an improvement in BASDAI of 50%, whichever is less.

Initiation – inflammatory bowel arthritis – peripheral

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
- 2 Patient has active arthritis in at least four joints from the following: hip, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder, sternoclavicular; and
- 3 Patient has tried and not experienced a response to at least three months of methotrexate, or azathioprine at a maximum tolerated dose (unless contraindicated); and
- 4 Patient has tried and not experienced a response to at least three months of sulphasalazine at a maximum tolerated dose (unless contraindicated); and
- 5 Any of the following:
 - 5.1 Patient has a CRP 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 ESR greater than 25 mm per hour; 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.

Continuation – inflammatory bowel arthritis – peripheral

Any relevant practitioner

Re-assessment required after 2 years

Either:

- 1 Following 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 Patient demonstrates at least a continuing 30% improvement in active joint count from baseline in the opinion of the treating physician.

ADALIMUMAB (HUMIRA – ALTERNATIVE BRAND) – **Restricted** see terms [below](#)

⚡ Inj 20 mg per 0.2 ml prefilled syringe.....	595.50	2	Humira
⚡ Inj 40 mg per 0.4 ml prefilled syringe.....	595.50	2	Humira
⚡ Inj 40 mg per 0.4 ml prefilled pen	595.50	2	HumiraPen

➡ **Restricted** ([RS1922](#))

Initiation – Behcet's disease – severe

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation – Behcet's disease – severe

Any relevant practitioner

Re-assessment required after 6 months

Both:

continued...

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

continued...

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

Initiation – Hidradenitis suppurativa

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 4 Adalimumab to be administered at doses no greater than 40 mg every 7 days. Fortnightly dosing has been considered.

Continuation – Hidradenitis suppurativa

Dermatologist or Practitioner on the recommendation of a 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.

Initiation – Psoriasis - severe chronic plaque

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation – Psoriasis - severe chronic plaque

Dermatologist or Practitioner on the recommendation of a dermatologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 1.1 Both:
 - 1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
 - 1.1.2 Either:
 - 1.1.2.1 Following each prior adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or
 - 1.1.2.2 Following each prior adalimumab treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or

continued...

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

continued...

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-adalimumab treatment baseline value; and

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

Initiation – Pyoderma gangrenosum

Dermatologist

Re-assessment required after 6 months

All of the following:

1 Either:

1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or

1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and

2 Patient has received a maximum of 6 months treatment with Amgevita; and

3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and

4 A maximum of 8 doses.

Continuation – Pyoderma gangrenosum

Dermatologist

Re-assessment required after 6 months

Both:

1 The patient has demonstrated clinical improvement and continues to require treatment; and

2 A maximum of 8 doses.

Initiation – Crohn's disease - adult

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

All of the following:

1 Any of the following:

1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or

1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or

1.3 Patient has Crohn's and is considered to be at risk of disease destabilisation if there were to be a change to current treatment; and

2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and

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

Continuation – Crohn's disease - adult

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

Both:

continued...

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

continued...

- 1 Any of the following:
 - 1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; 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 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation – Crohn's disease - children

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

All of the following:

- 1 Any of the following:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or
 - 1.3 Patient has Crohn's and is considered to be at risk of disease destabilisation if there were to be a change to current treatment; and
- 2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation – Crohn's disease - children

Gastroenterologist or Practitioner on the recommendation of a 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 adalimumab; 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 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation – Crohn's disease - fistulising

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

All of the following:

- 1 Any of the following:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or
 - 1.3 Patient has Crohn's and is considered to be at risk of disease destabilisation if there were to be a change to current treatment; and
- 2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation – Crohn's disease - fistulising

Gastroenterologist or Practitioner on the recommendation of a gastroenterologist

Re-assessment required after 6 months

Both:

- 1 Either:

continued...

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

continued...

- 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 as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initiation – Ocular inflammation – chronic

Any relevant practitioner

Re-assessment required after 12 months

All of the following:

- 1 Any of the following:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with Amgevita, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or
 - 1.3 Patient has uveitis and is considered to be at risk of vision loss if they were to change treatment; and
- 2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation – Ocular inflammation – chronic

Any relevant practitioner

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.

Initiation – Ocular inflammation – severe

Any relevant practitioner

Re-assessment required after 12 months

All of the following:

- 1 Any of the following:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with Amgevita, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or
 - 1.3 Patient has uveitis and is considered to be at risk of vision loss if they were to change treatment; and
- 2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation – Ocular inflammation – severe

Any relevant practitioner

Re-assessment required after 12 months

Both:

- 1 Any of the following:

continued...

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

continued...

- 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.

Initiation – ankylosing spondylitis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita); and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation – ankylosing spondylitis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Both:

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

Initiation – Arthritis – oligoarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication.

Continuation – Arthritis – oligoarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

For patients that demonstrate at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initiation – Arthritis - polyarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:

continued...

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

continued...

- 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
- 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication.

Continuation – Arthritis - polyarticular course juvenile idiopathic

Named specialist or rheumatologist

Re-assessment required after 6 months

For patients that demonstrate at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initiation – Arthritis - psoriatic

Named specialist or rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Continuation – Arthritis - psoriatic

Named specialist or rheumatologist

Re-assessment required after 6 months

Both:

- 1 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 – Arthritis – rheumatoid

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
- 4 Either:
 - 4.1 Adalimumab to be administered at doses no greater than 40 mg every 14 days; or
 - 4.2 Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response.

continued...

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

continued...

Continuation – Arthritis – rheumatoid

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Both:

- 1 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 Either:
 - 2.1 Adalimumab to be administered at doses no greater than 40 mg every 14 days; or
 - 2.2 Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response.

Initiation – Still's disease – adult-onset (AOSD)

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
 - 1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
- 2 Patient has received a maximum of 6 months treatment with Amgevita; and
- 3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication.

Continuation – Still's disease – adult-onset (AOSD)

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

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

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

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

→ **Restricted (RS2148)**

Initiation – Wet Age Related Macular Degeneration

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 or faricimab for longer than 3 months; or
- 2 Either:
 - 2.1 Patient has current approval to use ranibizumab or faricimab for treatment of wAMD and was found to be intolerant within 3 months; or

continued...

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

continued...

- 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

Re-assessment required after 12 months

All of the following:

- 1 Documented benefit must be demonstrated to continue; and
- 2 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
- 3 There is no structural damage to the central fovea of the treated eye.

Initiation – Diabetic Macular Oedema

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; and
- 6 Patient has not previously been treated with faricimab for longer than 3 months.

Continuation – Diabetic Macular Oedema

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.

BASILIXIMAB – Restricted see terms [below](#)

‡ Inj 20 mg vial2,560.00 1 Simulect

➔ **Restricted (RS1203)**

Initiation

For use in solid organ transplants.

BENRALIZUMAB – Restricted see terms [below](#)

‡ Inj 30 mg per ml, 1 ml prefilled pen3,539.00 1 Fasenra

➔ **Restricted (RS1920)**

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 anti-inflammatory reliever therapy plus maintenance regimen, unless contraindicated or not tolerated; and

continued...

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

continued...

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
- 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 Treatment is not to be used in combination with subsidised mepolizumab; and

- 8 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; and

9 Either:

- 9.1 Patient has not previously received an anti-IL5 biological therapy for their severe eosinophilic asthma; or
- 9.2 Both:
 - 9.2.1 Patient was refractory or intolerant to previous anti-IL5 biological therapy; and
 - 9.2.2 Patient was not eligible to continue treatment with previous anti-IL5 biological therapy and discontinued within 12 months of commencing 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 benralizumab; or
 - 2.2 Reduction in continuous oral corticosteroid use by 50% or by 10 mg/day while maintaining or improving asthma control.

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

⚡ Inj 25 mg per ml, 4 ml vial – 10% DV Aug-25 to 31 Aug 2028	69.00	1	Vegzelma
⚡ Inj 25 mg per ml, 16 ml vial – 10% DV Aug-25 to 31 Aug 2028	276.00	1	Vegzelma

➔ **Restricted (RS2111)****Initiation – unresectable hepatocellular carcinoma***Re-assessment required after 6 months*

Either:

- 1 Patient is currently on treatment with bevacizumab, and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 Patient has locally advanced or metastatic, unresectable hepatocellular carcinoma; and
 - 2.2 Patient has preserved liver function (Child-Pugh A); and
 - 2.3 Transarterial chemoembolisation (TACE) is unsuitable; and
 - 2.4 Any of the following:
 - 2.4.1 Patient has not received prior systemic therapy for the treatment of hepatocellular carcinoma; or
 - 2.4.2 Patient received funded lenvatinib before 1 March 2025; or
 - 2.4.3 Both:
 - 2.4.3.1 Patient has experienced treatment-limiting toxicity from treatment with lenvatinib; and
 - 2.4.3.2 No disease progression since initiation of lenvatinib; and
 - 2.5 Patient has an ECOG performance status of 0-2; and
 - 2.6 To be given in combination with atezolizumab.

continued...

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

continued...

Continuation – unresectable hepatocellular carcinoma

Re-assessment required after 6 months

no evidence of disease progression.

Initiation – advanced or metastatic ovarian cancer

Re-assessment required after 4 months

All of the following:

1 Either:

1.1 The patient has FIGO Stage IV epithelial ovarian, fallopian tube, or primary peritoneal cancer; or

1.2 Both:

1.2.1 The patient has previously untreated advanced (FIGO Stage IIIB or IIIC) epithelial ovarian, fallopian tube, or primary peritoneal cancer; and

1.2.2 Either:

1.2.2.1 Debulking surgery is inappropriate; or

1.2.2.2 The cancer is sub-optimally debulked (maximum diameter of any gross residual disease greater than 1cm); and

2 Bevacizumab to be administered at a maximum dose of 15 mg/kg every three weeks; and

3 18 weeks concurrent treatment with chemotherapy is planned.

Continuation – advanced or metastatic ovarian cancer

Re-assessment required after 4 months

no evidence of disease progression.

Initiation – Recurrent Respiratory Papillomatosis

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

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.

Initiation – Ocular Conditions

Either:

1 Ocular neovascularisation; or

2 Exudative ocular angiopathy.

BEVACIZUMAB (OCULAR) – **Restricted** see terms [below](#)

⚡ Inj 25 mg per ml, 4 ml vial 600.00 1 Avastin

⚡ Inj 25 mg per ml, 16 ml vial

➡ **Restricted (RS2156)**

Initiation – ocular conditions

Either:

1 Ocular neovascularisation; or

2 Exudative ocular angiopathy.

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

⚡ Inj 50 mg vial 5,275.18 1 Adcetris

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

➔ **Restricted (RS2002)**

Initiation – relapsed/refractory Hodgkin lymphoma

Re-assessment required after 6 months

All of the following:

- 1 Either:
 - 1.1 Both:
 - 1.1.1 Patient has relapsed/refractory CD30-positive Hodgkin lymphoma after two or more lines of chemotherapy; and
 - 1.1.2 Patient is ineligible for autologous stem cell transplant; or
 - 1.2 Both:
 - 1.2.1 Patient has relapsed/refractory CD30-positive Hodgkin lymphoma; and
 - 1.2.2 Patient has previously undergone autologous stem cell transplant; and
- 2 Patient has not previously received funded brentuximab vedotin; and
- 3 Response to brentuximab vedotin treatment is to be reviewed after a maximum of 6 treatment cycles; and
- 4 Brentuximab vedotin to be administered at doses no greater than 1.8 mg/kg every 3 weeks.

Continuation – relapsed/refractory Hodgkin lymphoma

Re-assessment required after 9 months

All of the following:

- 1 Patient has achieved a partial or complete response to brentuximab vedotin after 6 treatment cycles; and
- 2 Treatment remains clinically appropriate and the patient is benefitting from treatment and treatment is being tolerated; and
- 3 Patient is to receive a maximum of 16 total cycles of brentuximab vedotin treatment.

Initiation – anaplastic large cell lymphoma

Re-assessment required after 9 months

All of the following:

- 1 Patient has relapsed/refractory CD30-positive systemic anaplastic large cell lymphoma; and
- 2 Patient has an ECOG performance status of 0-1; and
- 3 Patient has not previously received brentuximab vedotin; and
- 4 Response to brentuximab vedotin treatment is to be reviewed after a maximum of 6 treatment cycles; and
- 5 Brentuximab vedotin to be administered at doses no greater than 1.8 mg/kg every 3 weeks.

Continuation – anaplastic large cell lymphoma

Re-assessment required after 9 months

All of the following:

- 1 Patient has achieved a partial or complete response to brentuximab vedotin after 6 treatment cycles; and
- 2 Treatment remains clinically appropriate and the patient is benefitting from treatment and treatment is being tolerated; and
- 3 Patient is to receive a maximum of 16 total cycles of brentuximab vedotin treatment.

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 (RS2064)**

Initiation – head and neck cancer, locally advanced

All of the following:

- 1 Patient has locally advanced, non-metastatic, squamous cell cancer of the head and neck; and
- 2 Cisplatin is contraindicated or has resulted in intolerable side effects; and
- 3 Patient has an ECOG performance score of 0-2; and
- 4 To be administered in combination with radiation therapy.

continued...

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

continued...

Initiation – colorectal cancer, metastatic

Re-assessment required after 6 months

All of the following:

- 1 Patient has metastatic colorectal cancer located on the left side of the colon (see Note); and
- 2 There is documentation confirming disease is RAS and BRAF wild-type; and
- 3 Patient has an ECOG performance score of 0-2; and
- 4 Patient has not received prior funded treatment with cetuximab; and
- 5 Either:
 - 5.1 Cetuximab is to be used in combination with chemotherapy; or
 - 5.2 Chemotherapy is determined to not be in the best interest of the patient based on clinician assessment.

Continuation – colorectal cancer, metastatic

Re-assessment required after 6 months

No evidence of disease progression.

Note: Left-sided colorectal cancer comprises of the distal one-third of the transverse colon, the splenic flexure, the descending colon, the sigmoid colon, or the rectum.

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

‡ Inj 120 mg per ml, 0.24 ml vial..... 1,565.00 1 Vabysmo

➔ **Restricted (RS2149)**

Initiation – Diabetic macular oedema

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 nonresponsive 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; and
- 6 Patient has not previously been treated with aflibercept for longer than 3 months.

Continuation – Diabetic macular oedema

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.

Initiation – Wet age related macular degeneration

Re-assessment required after 3 months

All of the following:

- 1 Any of the following:
 - 1.1 Wet age-related macular degeneration (wet AMD); or
 - 1.2 Polypoidal choroidal vasculopathy; or
 - 1.3 Choroidal neovascular membrane from causes other than wet AMD; and
- 2 Either:
 - 2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
 - 2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and

continued...

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

continued...

- 3 There is no structural damage to the central fovea of the treated eye; and
- 4 Patient has not previously been treated with ranibizumab or aflibercept for longer than 3 months.

Continuation – Wet age related macular degeneration

Re-assessment required after 12 months

Both:

- 1 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
- 2 There is no structural damage to the central fovea of the treated eye.

GEMTUZUMAB OZOGAMICIN – **Restricted** see terms [below](#)

↓ Inj 5 mg vial 12,973.00 1 Mylotarg

→ **Restricted (RS1923)**

Initiation

All of the following:

- 1 Patient has not received prior chemotherapy for this condition; and
- 2 Patient has de novo CD33-positive acute myeloid leukaemia; and
- 3 Patient does not have acute promyelocytic leukaemia; and
- 4 Gemtuzumab ozogamicin will be used in combination with standard anthracycline and cytarabine (AraC); and
- 5 Patient is being treated with curative intent; and
- 6 Patient's disease risk has been assessed by cytogenetic testing to be good or intermediate; and
- 7 Patient must be considered eligible for standard intensive remission induction chemotherapy with standard anthracycline and cytarabine (AraC); and
- 8 Gemtuzumab ozogamicin to be funded for one course only (one dose at 3 mg per m² body surface area or up to 2 vials of 5 mg as separate doses).

Note: Acute myeloid leukaemia excludes acute promyelocytic leukaemia and acute myeloid leukaemia that is secondary to another haematological disorder (eg myelodysplasia or myeloproliferative disorder).

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

↓ Inj 100 mg 428.00 1 Remicade

→ **Restricted (RS2124)**

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

continued...

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

continued...

2 Either:

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

3 Infliximab to be administered at doses no greater than 3 mg/kg every 8 weeks.

Initiation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 3 months

Both:

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

Continuation – ankylosing spondylitis

Rheumatologist

Re-assessment required after 6 months

All of the following:

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

Initiation – psoriatic arthritis

Rheumatologist

Re-assessment required after 4 months

Both:

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

Either:

continued...

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

continued...

1 Both:

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

2 Both:

- 2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
- 2.2 Any of the following:
 - 2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or
 - 2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or
 - 2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

Continuation – severe ocular inflammation

Re-assessment required after 12 months

Any of the following:

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

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

Initiation – chronic ocular inflammation

Re-assessment required after 4 months

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.

continued...

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

continued...

Continuation – chronic ocular inflammation

Re-assessment required after 12 months

Any of the following:

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

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

Initiation – Pulmonary sarcoidosis

Both:

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

Initiation – Crohn's disease (adults)

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Patient has active Crohn's disease; and
- 2 Any of the following:
 - 2.1 Patient has a CDAI score of greater than or equal to 300, or HBI score of greater than or equal to 10; 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 therapy with immunomodulators and corticosteroids.

Continuation – Crohn's disease (adults)

Any relevant practitioner

Re-assessment required after 2 years

Both:

- 1 Any of the following:
 - 1.1 CDAI score has reduced by 100 points from the CDAI score, or HBI score has reduced by 3 points, from when the patient was initiated on infliximab; or
 - 1.2 CDAI score is 150 or less, or HBI is 4 or less; or
 - 1.3 The patient has demonstrated an adequate response to treatment but CDAI score and/or HBI 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)

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Paediatric patient has active Crohn's disease; and

continued...

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

continued...

2 Either:

- 2.1 Patient has a PCDAI score of greater than or equal to 30; or
- 2.2 Patient has extensive small intestine disease; and

3 Patient has tried but experienced an inadequate response to, or intolerable side effects from, prior therapy with immunomodulators and corticosteroids.

Continuation – Crohn's disease (children)

Any relevant practitioner

Re-assessment required after 2 years

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 6 months

Both:

1 Patient has confirmed Crohn's disease; and

2 Any of the following:

- 2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
- 2.2 Patient has one or more rectovaginal fistula(e); or
- 2.3 Patient has complete peri-anal fistula.

Continuation – fistulising Crohn's disease

Any relevant practitioner

Re-assessment required after 2 years

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 fulminant ulcerative colitis

Gastroenterologist

Limited to 6 weeks treatment

Both:

1 Patient has acute, fulminant ulcerative colitis; and

2 Treatment with intravenous or high dose oral corticosteroids has not been successful.

Continuation – fulminant ulcerative colitis

Any relevant practitioner

Re-assessment required after 2 years

Both:

continued...

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

continued...

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

Initiation – ulcerative colitis

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Patient has active ulcerative colitis; and
- 2 Either:
 - 2.1 Patients SCCAI is greater than or equal to 4; or
 - 2.2 Patients PUCAI score is greater than or equal to 20; and
- 3 Patient has experienced an inadequate response to, or intolerable side effects from, prior therapy with immunomodulators and systemic corticosteroids.

Continuation – ulcerative colitis

Any relevant practitioner

Re-assessment required after 2 years

Both:

- 1 Either:
 - 1.1 The SCCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on infliximab; or
 - 1.2 The PUCAI score has reduced by 30 points or more from the PUCAI score when the patient was initiated on infliximab; 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 – plaque psoriasis

Dermatologist

Re-assessment required after 3 doses

Either:

- 1 Both:
 - 1.1 Patient has had an initial Special Authority approval for adalimumab, etanercept or secukinumab for severe chronic plaque psoriasis; and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects from adalimumab, etanercept or secukinumab; or
 - 1.2.2 Patient has received insufficient benefit from adalimumab, etanercept or secukinumab to meet the renewal criteria for adalimumab, etanercept or secukinumab for severe chronic plaque psoriasis; or
- 2 All of the following:
 - 2.1 Any of the following:
 - 2.1.1 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
 - 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; or
 - 2.1.3 Patient has severe chronic localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis, and with a Dermatology Life Quality

continued...

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

continued...

- Index (DLQI) score greater than 10; and
- 2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and
- 2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 2.4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 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, foot, genital or flexural areas at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and for the face, palm of a hand or sole of a foot 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

Re-assessment required after 3 doses

Both:

- 1 Any of the following:
 - 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; or
 - 1.3 Both:
 - 1.3.1 Patient had severe chronic localised genital or flexural plaque psoriasis at the start of treatment; and
 - 1.3.2 Either:
 - 1.3.2.1 The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value; or
 - 1.3.2.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing infliximab; 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

continued...

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

continued...

4 Either:

- 4.1 IV cyclophosphamide has been tried; or
- 4.2 Treatment with IV cyclophosphamide is clinically inappropriate.

Continuation – neurosarcoidosis

Neurologist

Re-assessment required after 18 months

Either:

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

Initiation – severe Behcet's disease

Re-assessment required after 4 months

All of the following:

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

Notes:

- a) 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.
- b) 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.

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 8 doses.

Note: Indications marked with * are unapproved indications.

continued...

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

continued...

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 8 doses.

Initiation – Inflammatory bowel arthritis (axial)

Re-assessment required after 6 months

All of the following:

- 1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
- 2 Patient has had axial inflammatory pain for six months or more; and
- 3 Patient is unable to take NSAIDs; and
- 4 Patient has unequivocal sacroiliitis demonstrated by radiological imaging or MRI; and
- 5 Patient has not experienced an adequate response to prior treatment consisting of at least 3 months of an exercise regime supervised by a physiotherapist; and
- 6 Patient has a BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment .

Continuation – Inflammatory bowel arthritis (axial)

Re-assessment required after 2 years

Where 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.

Initiation – Inflammatory bowel arthritis (peripheral)

Re-assessment required after 6 months

All of the following:

- 1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
- 2 Patient has active arthritis in at least four joints from the following: hip, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder, sternoclavicular; and
- 3 Patient has tried and not experienced a response to at least three months of methotrexate or azathioprine at a maximum tolerated dose (unless contraindicated); and
- 4 Patient has tried and not experienced a response to at least three months of sulfasalazine at a maximum tolerated dose (unless contraindicated); and
- 5 Any of the following:
 - 5.1 Patient has a CRP 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 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.

Continuation – Inflammatory bowel arthritis (peripheral)

Re-assessment required after 2 years

Either:

- 1 Following initial treatment, patient has experienced 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 Patient has experienced at least a continuing 30% improvement in active joint count from baseline in the opinion of the treating physician.

continued...

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

continued...

Initiation – immune checkpoint inhibitor toxicity in malignancy*

Any relevant practitioner

Re-assessment required after 4 months

All of the following:

- 1 The individual requires treatment for moderate to severe autoimmune toxicity following immune checkpoint inhibitor treatment for malignancy; and
- 2 The individual has received insufficient benefit from use of corticosteroids; and
- 3 Infliximab is to be administered at up to 5mg/kg for up to four doses.

Continuation – immune checkpoint inhibitor toxicity in malignancy*

Any relevant practitioner

Re-assessment required after 4 months

Both:

- 1 The individual has shown clinical improvement and ongoing treatment is required; and
- 2 Infliximab is to be administered at up to 5mg/kg for up to a total of 8 doses.

Note: Indications marked with * are unapproved indications.

INOTUZUMAB OZOGAMICIN – **Restricted** see terms [below](#)

⚡ Inj 1 mg vial 14,457.00 1 Besponsa

➡ **Restricted (RS2112)**

Initiation

Re-assessment required after 4 months

All of the following:

- 1 Patient has relapsed or refractory CD22-positive B-cell acute lymphoblastic leukaemia/lymphoma, including minimal residual disease; and
- 2 Patient has ECOG performance status of 0-2; and
- 3 Either:
 - 3.1 Both:
 - 3.1.1 Patient has Philadelphia chromosome positive B-Cell ALL; and
 - 3.1.2 Patient has previously received a tyrosine kinase inhibitor; or
 - 3.2 Patient has received one prior line of treatment involving intensive chemotherapy; and
- 4 Treatment is to be administered for a maximum of 3 cycles.

Continuation

Re-assessment required after 4 months

All of the following:

- 1 Patient is not proceeding to a stem cell transplant; and
- 2 Either:
 - 2.1 Patient has experienced complete disease response; or
 - 2.2 Patient has experienced complete remission with incomplete haematological recovery; and
- 3 Treatment with inotuzumab ozogamicin is to cease after a total duration of 6 cycles.

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

⚡ Inj 100 mg prefilled pen 1,638.00 1 Nucala

⚡ Inj 100 mg vial

➡ **Restricted (RS2024)**

Initiation – Severe eosinophilic asthma

Respiratory physician or clinical immunologist

Re-assessment required after 12 months

All of the following:

continued...

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

continued...

- 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
 - 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 Treatment is not to be used in combination with subsidised benralizumab; and
- 8 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; and
- 9 Either:
 - 9.1 Patient has not previously received an anti-IL5 biological therapy for their severe eosinophilic asthma; or
 - 9.2 Both:
 - 9.2.1 Patient was refractory or intolerant to previous anti-IL5 biological therapy; and
 - 9.2.2 Patient was not eligible to continue treatment with previous anti-IL5 biological therapy and discontinued within 12 months of commencing 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.

Initiation – eosinophilic granulomatosis with polyangiitis

Re-assessment required after 12 months

All of the following:

- 1 The patient has eosinophilic granulomatosis with polyangiitis; and
- 2 The patient has trialled and not received adequate benefit from at least one of the following for at least three months (unless contraindicated to all): azathioprine, cyclophosphamide, leflunomide, methotrexate, mycophenolate, or rituximab; and
- 3 Either:
 - 3.1 The patient has trialled prednisone for a minimum of three months and is unable to maintain disease control at doses below 7.5 mg per day; or
 - 3.2 Corticosteroids are contraindicated.

continued...

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

continued...

Continuation – eosinophilic granulomatosis with polyangiitis

Re-assessment required after 12 months

Patient has no evidence of clinical disease progression.

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

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

➡ **Restricted (RS2150)**

Initiation

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 $75 \times 10^9/L$

Initiation – follicular / marginal zone lymphoma

Re-assessment required after 9 months

All of the following:

- 1 Either:
 - 1.1 Patient has follicular lymphoma; or
 - 1.2 Patient has marginal zone lymphoma; and
- 2 Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen*; and
- 3 Patient has an ECOG performance status of 0-2; and
- 4 Patient has been previously treated with no more than four chemotherapy regimens; and
- 5 Obinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy*.

Note: * includes unapproved indications

Continuation – follicular / marginal zone lymphoma

Re-assessment required after 24 months

All of the following:

- 1 Patient has no evidence of disease progression following obinutuzumab induction therapy; and
- 2 Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years; and
- 3 Obinutuzumab to be discontinued at disease progression.

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

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

➡ **Restricted (RS1652)**

Initiation – severe asthma

Clinical immunologist or respiratory specialist

Re-assessment required after 6 months

All of the following:

continued...

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

continued...

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

Continuation – severe asthma

Respiratory specialist

Re-assessment required after 6 months

Both:

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

Initiation – severe chronic spontaneous urticaria

Clinical immunologist or dermatologist

Re-assessment required after 6 months

All of the following:

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

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

continued...

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

continued...

2.2 Patient has relapsed after cessation of omalizumab therapy.

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

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

‡ Inj 100 mg per ml, 1 ml vial..... 1,700.00 1 Synagis

➔ **Restricted (RS2081)**

Initiation

Re-assessment required after 6 months

Both:

1 Palivizumab to be administered during the annual RSV season; and

2 Either:

2.1 Both:

2.1.1 Infant was born in the last 12 months; and

2.1.2 Infant was born at less than 32 weeks zero days' gestation; or

2.2 Both:

2.2.1 Child was born in the last 24 months; and

2.2.2 Any of the following:

2.2.2.1 Child has severe lung, airway, neurological or neuromuscular disease that requires ongoing ventilatory/respiratory support (see Note A) in the community; or

2.2.2.2 Both:

2.2.2.2.1 Child has haemodynamically significant heart disease; and

2.2.2.2.2 Any of the following:

2.2.2.2.2.1 Child has unoperated simple congenital heart disease with significant left to right shunt (see Note B); or

2.2.2.2.2.2 Child has unoperated or surgically palliated complex congenital heart disease; or

2.2.2.2.2.3 Child has severe pulmonary hypertension (see Note C); or

2.2.2.2.2.4 Child has moderate or severe left ventricular (LV) failure (see Note D); or

2.2.2.3 Child has severe combined immune deficiency, confirmed by an immunologist, but has not received a stem cell transplant; or

2.2.2.4 Child has inborn errors of immunity (see Note E) that increase susceptibility to life-threatening viral respiratory infections, confirmed by an immunologist.

Continuation

Re-assessment required after 6 months

All of the following:

1 Palivizumab to be administered during the annual RSV season; and

2 Child was born in the last 24 months; and

3 Any of the following:

3.1 Child has severe lung, airway, neurological or neuromuscular disease that requires ongoing ventilatory/respiratory support (see Note A) in the community; or

3.2 Both:

3.2.1 Child has haemodynamically significant heart disease; and

3.2.2 Any of the following:

3.2.2.1 Child has unoperated simple congenital heart disease with significant left to right shunt (see Note B);
or

continued...

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

continued...

- 3.2.2.2 Child has unoperated or surgically palliated complex congenital heart disease; or
- 3.2.2.3 Child has severe pulmonary hypertension (see Note C); or
- 3.2.2.4 Child has moderate or severe left ventricular (LV) failure (see Note D); or
- 3.3 Child has severe combined immune deficiency, confirmed by an immunologist, but has not received a stem cell transplant; or
- 3.4 Child has inborn errors of immunity (see Note E) that increase susceptibility to life-threatening viral respiratory infections, confirmed by an immunologist.

Notes:

- a) Ventilatory/respiratory support includes those on home oxygen, CPAP/VPAP and those with tracheostomies in situ managed at home
- b) Child requires/will require heart failure medication, and/or child has significant pulmonary hypertension, and/or infant will require surgical palliation/definitive repair within the next 3 months
- c) Mean pulmonary artery pressure more than 25 mmHg
- d) LV Ejection Fraction less than 40%
- e) Inborn errors of immunity include, but are not limited to, IFNAR deficiencies

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

↓ Inj 30 mg per ml, 14 ml vial.....	3,927.00	1	Perjeta
-------------------------------------	----------	---	---------

→ **Restricted (RS1995)**

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

Either:

- 1 Both:
 - 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 cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab; or
- 2 All of the following:
 - 2.1 Patient has previously discontinued treatment with pertuzumab and trastuzumab 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 pertuzumab and trastuzumab.

PERTUZUMAB WITH TRASTUZUMAB – **Restricted** see terms [on the next page](#)

↓ Inj 600 mg with trastuzumab 600 mg, 10 ml vial	7,707.00	1	Phesgo
↓ Inj 1,200 mg with trastuzumab 600 mg, 15 ml vial	12,894.00	1	Phesgo

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

➔ Restricted (RS2152)

Initiation

Re-assessment required after 12 months

Either:

- 1 Both:
 - 1.1 The individual has received an initial Special Authority approval for intravenous pertuzumab and trastuzumab for metastatic breast cancer; and
 - 1.2 Pertuzumab with trastuzumab to be administered subcutaneously at a maximum dose of 600 mg pertuzumab with 600 mg trastuzumab every three weeks (or equivalent); 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 Either:
 - 2.2.1 Patient is chemotherapy treatment naïve; or
 - 2.2.2 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
 - 2.3 The patient has good performance status (ECOG grade 0-1); and
 - 2.4 Loading dose of pertuzumab with trastuzumab to be administered subcutaneously at a maximum dose of 1200 mg pertuzumab with 600 mg trastuzumab, respectively; and
 - 2.5 Maintenance doses of pertuzumab with trastuzumab to be administered subcutaneously at a maximum dose of 600 mg pertuzumab with 600 mg trastuzumab every three weeks (or equivalent); and
 - 2.6 Pertuzumab with trastuzumab to be discontinued at disease progression.

Continuation

Re-assessment required after 12 months

Either:

- 1 Both:
 - 1.1 The individual has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
 - 1.2 The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab; or
- 2 All of the following:
 - 2.1 Individual has previously discontinued treatment with pertuzumab with trastuzumab for reasons other than severe toxicity or disease progression; and
 - 2.2 Individual has signs of disease progression; and
 - 2.3 Disease has not progressed during previous treatment with pertuzumab with 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 (RS2151)

Initiation – Wet Age Related Macular Degeneration

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

continued...

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

continued...

- 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 or faricimab for longer than 3 months; or
- 2 Patient has current approval to use aflibercept or faricimab for treatment of wAMD and was found to be intolerant within 3 months.

Continuation – Wet Age Related Macular Degeneration

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 (RS2153)**

Initiation – rheumatoid arthritis - prior TNF inhibitor use

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

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

continued...

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

continued...

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

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

Re-assessment required after 4 months

All of the following:

1 Either:

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

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

3 Either:

continued...

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

continued...

- 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.

RITUXIMAB (RIXIMYO) – **Restricted** see terms [below](#)

↓ Inj 10 mg per ml, 10 ml vial.....	275.33	2	Riximyo
↓ Inj 10 mg per ml, 50 ml vial.....	688.20	1	Riximyo

→ **Restricted (RS2133)**

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

All of the following:

continued...

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

continued...

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

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

Initiation – aggressive CD20 positive NHL

Either:

- 1 All of the following:
 - 1.1 The patient has treatment naive aggressive CD20 positive NHL; and
 - 1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
 - 1.3 To be used for a maximum of 8 treatment cycles; or
- 2 Both:
 - 2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and
 - 2.2 To be used for a maximum of 6 treatment cycles.

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

Continuation – aggressive CD20 positive NHL

All of the following:

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

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

Initiation – Chronic lymphocytic leukaemia

Re-assessment required after 12 months

All of the following:

- 1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
- 2 Any of the following:
 - 2.1 The patient is rituximab treatment naive; or
 - 2.2 Either:
 - 2.2.1 The patient is chemotherapy treatment naive; or
 - 2.2.2 Both:
 - 2.2.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
 - 2.2.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; or
 - 2.3 The patient's disease has relapsed 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.

continued...

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

continued...

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 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:

- 1 Patient has warm autoimmune haemolytic anaemia*; and

continued...

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

continued...

- 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
- 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:

- 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
- All of the following:
 - Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*;
 - An initial response lasting at least 12 months was demonstrated; and
 - 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:

- Either:
 - Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microlitre; or
 - Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and
- Any of the following:
 - Treatment with steroids and splenectomy have been ineffective; or
 - Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or
 - Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy); and
- 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:

- 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
- All of the following:
 - Patient was previously treated with rituximab for immune thrombocytopenic purpura*;
 - An initial response lasting at least 12 months was demonstrated; and
 - Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

continued...

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

continued...

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.

continued...

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

continued...

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

continued...

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

continued...

- 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.

continued...

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

continued...

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:

continued...

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

continued...

- 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:

continued...

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

continued...

- 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.

Initiation – CD20+ low grade or follicular B-cell NHL

Re-assessment required after 9 months

Either:

- 1 Both:
 - 1.1 The patient has CD20+ low grade or follicular B-cell NHL 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 CD20+ low grade or follicular B-cell NHL requiring first-line systemic chemotherapy; and
 - 2.2 To be used for a maximum of 6 treatment cycles.

Continuation – CD20+ low grade or follicular B-cell NHL

Re-assessment required after 24 months

Both:

- 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 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).

Initiation – Membranous nephropathy

Re-assessment required after 6 weeks

All of the following:

- 1 Either:
 - 1.1 Patient has biopsy-proven primary/idiopathic membranous nephropathy*; and
 - 1.2 Patient has PLA2 antibodies with no evidence of secondary cause, and an eGFR of > 60ml/min/1.73m²; and
- 2 Patient remains at high risk of progression to end-stage kidney disease despite more than 3 months of treatment with conservative measures (see Note); and
- 3 The total rituximab dose would not exceed the equivalent of 375mg/m² of body surface area per week for a total of 4 weeks.

Continuation – Membranous nephropathy

Re-assessment required after 6 weeks

All of the following:

- 1 Patient was previously treated with rituximab for membranous nephropathy*; and
- 2 Either:
 - 2.1 Treatment with rituximab was previously successful, but the condition has relapsed, and the patient now requires repeat treatment; or
 - 2.2 Patient achieved partial response to treatment and requires repeat treatment (see Note); 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.

Notes:

- a) Indications marked with * are unapproved indications.
- b) High risk of progression to end-stage kidney disease defined as > 5g/day proteinuria.
- c) Conservative measures include renin-angiotensin system blockade, blood-pressure management, dietary sodium and protein restriction, treatment of dyslipidaemia, and anticoagulation agents unless contraindicated or the patient has

continued...

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

continued...

experienced intolerable side effects.

- d) Partial response defined as a reduction of proteinuria of at least 50% from baseline, and between 0.3 grams and 3.5 grams per 24 hours.

Initiation – B-cell acute lymphoblastic leukaemia/lymphoma*

Limited to 2 years treatment

All of the following:

- 1 Patient has newly diagnosed B-cell acute lymphoblastic leukaemia/lymphoma*; and
- 2 Treatment must be in combination with an intensive chemotherapy protocol with curative intent; and
- 3 The total rituximab dose would not exceed the equivalent of 375 mg/m² per dose for a maximum of 18 doses.

Note: Indications marked with * are unapproved indications.

Initiation – desensitisation prior to transplant

Limited to 6 weeks treatment

Both:

- 1 Patient requires desensitisation prior to mismatched allogenic stem cell transplant*; and
- 2 Patient would receive no more than two doses at 375 mg/m² of body-surface area.

Note: Indications marked with * are unapproved indications.

Initiation – pemphigus*

Dermatologist or relevant specialist

Re-assessment required after 6 months

Either:

- 1 All of the following:
 - 1.1 Patient has severe rapidly progressive pemphigus; and
 - 1.2 Is used in combination with systemic corticosteroids (20 mg/day); and
 - 1.3 Any of the following:
 - 1.3.1 Skin involvement is at least 5% body surface area; or
 - 1.3.2 Significant mucosal involvement (10 or more mucosal erosions) or diffuse gingivitis or confluent large erosions; or
 - 1.3.3 Involvement of two or more mucosal sites; or
- 2 Both:
 - 2.1 Patient has pemphigus; and
 - 2.2 Patient has not experienced adequate clinical benefit from systemic corticosteroids (20 mg/day) in combination with a steroid sparing agent, unless contraindicated.

Note: Indications marked with * are unapproved indications.

Continuation – pemphigus*

Dermatologist or relevant specialist

Re-assessment required after 6 months

Both:

- 1 Patient has experienced adequate clinical benefit from rituximab treatment, with improvement in symptoms and healing of skin ulceration and reduction in corticosteroid requirement; and
- 2 Patient has not received rituximab in the previous 6 months.

Note: Indications marked with * are unapproved indications.

Initiation – immunoglobulin G4-related disease (IgG4-RD*)

Re-assessment required after 6 weeks

All of the following:

- 1 Patient has confirmed diagnosis of IgG4-RD*; and
- 2 Either:

continued...

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

continued...

- 2.1 Treatment with corticosteroids and/or disease modifying anti-rheumatic drugs for at least 3 months has been ineffective in lowering corticosteroid dose below 5 mg per day (prednisone equivalent) without relapse; or
- 2.2 Treatment with corticosteroids and/or disease modifying anti-rheumatic drugs is contraindicated or associated with evidence of toxicity or intolerance; and
- 3 Total rituximab dose used should not exceed a maximum of two 1000 mg infusions of rituximab given two weeks apart.

Note: Indications marked with * are unapproved indications.

Continuation – immunoglobulin G4-related disease (IgG4-RD*)

Re-assessment required after 12 months

All of the following:

- 1 Either:
 - 1.1 Treatment with rituximab for IgG4-RD* was previously successful and patient's disease has demonstrated sustained response, but the condition has relapsed; or
 - 1.2 Patient is receiving maintenance treatment for IgG4-RD*; and
- 2 Rituximab re-treatment not to be given within 6 months of previous course of treatment; and
- 3 Maximum of two 1000 mg infusions of rituximab given two weeks apart.

Note: Indications marked with * are unapproved indications.

SECUKINUMAB – Restricted see terms below

⚡ Inj 150 mg per ml, 1 ml prefilled syringe.....	799.50	1	Cosentyx
	1,599.00	2	Cosentyx

➡ Restricted (RS2119)

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 Health NZ Hospital, for severe chronic plaque psoriasis; and
- 2 Either:
 - 2.1 The patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or
 - 2.2 The patient has received insufficient benefit from adalimumab, etanercept or infliximab; and
- 3 A Psoriasis Area and Severity Index (PASI) assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI or DLQI assessment is no more than 1 month old at the time of application.

Continuation – severe chronic plaque psoriasis, second-line biologic

Dermatologist

Re-assessment required after 6 months

Both:

- 1 Either:
 - 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:

continued...

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

continued...

1 Any of the following:

- 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; or
- 1.3 Patient has severe chronic localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis, and with a Dermatology Life Quality Index (DLQI) score greater than 10; and

2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and

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

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

Note: A treatment course is defined as a minimum of 12 weeks of treatment. "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand, foot, genital or flexural areas, at least 2 of the 3 PASI symptom sub scores for erythema, thickness and scaling are rated as severe or very severe, and for the face, palm of a hand or sole of a foot 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

Re-assessment required after 6 months

Both:

1 Either:

1.1 Either:

1.1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or

1.1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; or

1.2 Both:

1.2.1 Patient had severe chronic localised genital or flexural plaque psoriasis at the start of treatment; and

1.2.2 Either:

1.2.2.1 The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value; or

1.2.2.2 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 – ankylosing spondylitis, second-line biologic

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

continued...

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

continued...

- 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, second-line biologic

Rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Following 12 weeks initial treatment of secukinumab treatment, BASDAI has improved by 4 or more points from pre-secukinumab baseline on a 10 point scale, or by 50%, whichever is less; and
- 2 Physician considers that the patient has benefitted from treatment and that continued treatment is appropriate; and
- 3 Secukinumab to be administered at doses no greater than 300 mg monthly.

Initiation – psoriatic arthritis

Rheumatologist

Re-assessment required after 6 months

Either:

- 1 Both:
 - 1.1 Patient has had an initial Special Authority approval for adalimumab, etanercept or infliximab for psoriatic arthritis; and
 - 1.2 Either:
 - 1.2.1 Patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or
 - 1.2.2 Patient has received insufficient benefit from adalimumab, etanercept or infliximab to meet the renewal criteria for adalimumab, etanercept or infliximab 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 secukinumab treatment in the opinion of the treating physician; and

continued...

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

continued...

- 2 Secukinumab to be administered at doses no greater than 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 (RS2125)**

Initiation – cytokine release syndrome

Therapy limited to 3 doses

Either:

- 1 Both:
 - 1.1 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
 - 1.2 Tocilizumab is to be administered at doses no greater than 8 mg/kg IV for a maximum of 3 doses (if less than 30kg, maximum of 12 mg/kg); or
- 2 All of the following:
 - 2.1 The patient is enrolled in the Malaghan Institute of Medical Research ENABLE trial programme; and
 - 2.2 The patient has developed CRS or Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS) following 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 or ICANS for CAR T-cell therapy 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.

continued...

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

continued...

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 Health NZ Hospital; and
 - 3.2.2 Either:
 - 3.2.2.1 The patient has experienced intolerable side effects from rituximab; or
 - 3.2.2.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis.

Initiation – Rheumatoid Arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
- 2 Tocilizumab is to be used as monotherapy; and
- 3 Either:
 - 3.1 Treatment with methotrexate is contraindicated; or
 - 3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and
- 4 Either:
 - 4.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of ciclosporin alone or in combination with another agent; or
 - 4.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and
- 5 Either:
 - 5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
 - 5.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 6 Either:
 - 6.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 6.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

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

continued...

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

continued...

- 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 Health NZ Hospital; 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 polyarticular course juvenile idiopathic arthritis (JIA); and
 - 1.2 The patient has experienced intolerable side effects, or has received insufficient benefit from, both etanercept and adalimumab; or
- 2 All of the following:
 - 2.1 Treatment with a tumour necrosis factor alpha inhibitor is contraindicated; and
 - 2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and
 - 2.3 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
 - 2.4 Any of the following:
 - 2.4.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or
 - 2.4.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or
 - 2.4.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

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.

continued...

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

continued...

Initiation – moderate to severe COVID-19

Therapy limited to 1 dose

All of the following:

- 1 Patient has confirmed (or probable) COVID-19; and
- 2 Oxygen saturation of < 92% on room air, or requiring supplemental oxygen; and
- 3 Patient is receiving adjunct systemic corticosteroids, or systemic corticosteroids are contraindicated; and
- 4 Tocilizumab is to be administered at doses no greater than 8mg/kg IV for a maximum of one dose; and
- 5 Tocilizumab is not to be administered in combination with baricitinib.

Continuation – Rheumatoid Arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Either:

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

Continuation – systemic juvenile idiopathic arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Either:

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

Continuation – adult-onset Still's disease

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

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

Continuation – polyarticular juvenile idiopathic arthritis

Rheumatologist or Practitioner on the recommendation of a rheumatologist

Re-assessment required after 6 months

Both:

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

Continuation – idiopathic multicentric Castleman's disease

Haematologist, rheumatologist or Practitioner on the recommendation of a haematologist or rheumatologist

Re-assessment required after 12 months

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

Initiation – immune checkpoint inhibitor toxicity in malignancy*

Any relevant practitioner

Re-assessment required after 4 months

All of the following:

- 1 The individual requires treatment for moderate to severe autoimmune toxicity following immune checkpoint inhibitor treatment for malignancy; and

continued...

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

continued...

- 2 The individual has received insufficient benefit from use of corticosteroids; and
- 3 Tocilizumab is to be administered at a maximum dose of 8 mg/kg fortnightly.

Continuation – immune checkpoint inhibitor toxicity in malignancy*

Any relevant practitioner

Re-assessment required after 4 months

Both:

- 1 The individual has shown clinical improvement and ongoing treatment is required; and
- 2 Tocilizumab is to be administered at a maximum dose of 8 mg/kg fortnightly.

Note: Indications marked with * are unapproved indications.

TRASTUZUMAB (HERZUMA) – **Restricted** see terms [below](#)

↓ Inj 150 mg vial – 5% DV Jun-24 to 31 May 2027	100.00	1	Herzuma
↓ Inj 440 mg vial – 5% DV Jun-24 to 31 May 2027	293.35	1	Herzuma

➔ **Restricted (RS2005)**

Initiation – early breast cancer

Limited to 12 months treatment

Both:

- 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).

Continuation – early breast cancer*

Re-assessment required after 12 months

Either:

- 1 All of the following:
 - 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
 - 1.2 The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
 - 1.3 Any of the following:
 - 1.3.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
 - 1.3.2 The patient discontinued lapatinib within 3 months due to intolerable side effects and the cancer did not progress whilst on lapatinib; or
 - 1.3.3 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
 - 1.4 Either:
 - 1.4.1 Trastuzumab will not be given in combination with pertuzumab; or
 - 1.4.2 All of the following:
 - 1.4.2.1 Trastuzumab to be administered in combination with pertuzumab; and
 - 1.4.2.2 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
 - 1.4.2.3 The patient has good performance status (ECOG grade 0-1); and
 - 1.5 Trastuzumab to be discontinued at disease progression; or
- 2 All of the following:
 - 2.1 Patient has previously discontinued treatment with trastuzumab in the metastatic setting 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 trastuzumab.

Note: * For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer

continued...

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

continued...

Initiation – 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 Either:
 - 2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
 - 2.2 The patient discontinued lapatinib within 3 months due to intolerable side effects and 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 to be discontinued at disease progression.

Continuation – metastatic breast cancer

Re-assessment required after 12 months

Either:

- 1 All of the following:
 - 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
 - 1.2 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
 - 1.3 Trastuzumab to be discontinued at disease progression; or
- 2 All of the following:
 - 2.1 Patient has previously discontinued treatment with trastuzumab 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 trastuzumab.

Initiation – gastric, gastro-oesophageal junction and oesophageal cancer

Re-assessment required after 12 months

Both:

- 1 The patient has locally advanced or metastatic gastric, gastro-oesophageal junction or oesophageal cancer expressing HER-2 IHC 2+ FISH+ or IHC3+ (or other current technology); and
- 2 Patient has an ECOG score of 0-2.

Continuation – gastric, gastro-oesophageal junction and oesophageal cancer

Re-assessment required after 12 months

Both:

- 1 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
- 2 Trastuzumab to be discontinued at disease progression.

TRASTUZUMAB DERUXTECAN – **Restricted** see terms [below](#)

‡ Inj 100 mg per ml, 1 ml vial.....2,550.00 1 Enhertu

➔ **Restricted (RS2082)**

Initiation

Re-assessment required after 6 months

All of the following:

continued...

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

continued...

- 1 Patient has metastatic breast cancer expressing HER-2 IHC3+ 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 Patient has not received prior funded trastuzumab deruxtecan treatment; and
- 6 Treatment to be discontinued at disease progression.

Continuation

Re-assessment required after 6 months

Both:

- 1 The cancer has not progressed at any time point during the previous approval period whilst on trastuzumab deruxtecan; and
- 2 Treatment to be discontinued at disease progression.

Note: Prior or adjuvant therapy includes anthracycline, other chemotherapy, biological drugs, or endocrine therapy.

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 (RS2083)**

Initiation – early breast cancer

All of the following:

- 1 Patient has early breast cancer expressing HER2 IHC3+ or ISH+; and
- 2 Documentation of pathological invasive residual disease in the breast and/or axillary lymph nodes following completion of surgery; and
- 3 Patient has completed systemic neoadjuvant therapy with trastuzumab and chemotherapy prior to surgery; and
- 4 Disease has not progressed during neoadjuvant therapy; and
- 5 Patient has left ventricular ejection fraction of 45% or greater; and
- 6 Adjuvant treatment with trastuzumab emtansine to be commenced within 12 weeks of surgery; and
- 7 Trastuzumab emtansine to be discontinued at disease progression; and
- 8 Total adjuvant treatment duration must not exceed 42 weeks (14 cycles).

Initiation – metastatic breast cancer

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 Either:
 - 6.1 Patient has not received prior funded trastuzumab emtansine or trastuzumab deruxtecan treatment; or
 - 6.2 Both:
 - 6.2.1 Patient has discontinued trastuzumab deruxtecan due to intolerance; and

continued...

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

continued...

6.2.2 The cancer did not progress while on trastuzumab deruxtecan; and

7 Treatment to be discontinued at disease progression.

Continuation – metastatic breast cancer

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.

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

⚡ Inj 130 mg vial	4,162.00	1	Stelara
⚡ Inj 90 mg per ml, 1 ml prefilled syringe	4,162.00	1	Stelara

➡ **Restricted (RS1942)**

Initiation – Crohn's disease - adults

Re-assessment required after 6 months

Either:

- 1 Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment; or
- 2 Both:
 - 2.1 Patient has active Crohn's disease; and
 - 2.2 Either:
 - 2.2.1 Patient has had an initial approval for prior biologic therapy for Crohn's disease and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or
 - 2.2.2 Both:
 - 2.2.2.1 Patient meets the initiation criteria for prior biologic therapies for Crohn's disease; and
 - 2.2.2.2 Other biologics for Crohn's disease are contraindicated.

Continuation – Crohn's disease - adults

Re-assessment required after 12 months

Both:

- 1 Any of the following:
 - 1.1 CDAI score has reduced by 100 points, or HBI score has reduced by 3 points, from when the patient was initiated on biologic therapy; or
 - 1.2 CDAI score is 150 or less, or HBI is 4 or less; or
 - 1.3 The patient has experienced an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed; and
- 2 Ustekinumab to be administered at a dose no greater than 90 mg every 8 weeks.

Initiation – Crohn's disease - children*

Re-assessment required after 6 months

Either:

- 1 Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment; or
- 2 Both:
 - 2.1 Patient has active Crohn's disease; and
 - 2.2 Either:
 - 2.2.1 Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or

continued...

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

continued...

2.2.2 Both:

- 2.2.2.1 Patient meets the initiation criteria for prior biologic therapies for Crohn's disease; and
- 2.2.2.2 Other biologics for Crohn's disease are contraindicated.

Note: Indication marked with * is an unapproved indication.

Continuation – Crohn's disease - children**Re-assessment required after 12 months*

Both:

- 1 Any of the following:
 - 1.1 PCDAI score has reduced by 10 points from when the patient was initiated on biologic therapy; or
 - 1.2 PCDAI score is 15 or less; or
 - 1.3 The patient has experienced an adequate response to treatment, but CDAI score cannot be assessed; and
- 2 Ustekinumab to administered at a dose no greater than 90 mg every 8 weeks.

Note: Indication marked with * is an unapproved indication.

Initiation – ulcerative colitis*Re-assessment required after 6 months*

Either:

- 1 Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment; or
- 2 Both:
 - 2.1 Patient has active ulcerative colitis; and
 - 2.2 Either:
 - 2.2.1 Patient has had an initial approval for prior biologic therapy for ulcerative colitis and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or
 - 2.2.2 Both:
 - 2.2.2.1 Patient meets the initiation criteria for prior biologic therapies for ulcerative colitis; and
 - 2.2.2.2 Other biologics for ulcerative colitis are contraindicated.

Continuation – ulcerative colitis*Re-assessment required after 12 months*

Both:

- 1 Either:
 - 1.1 The SCCAI score has reduced by 2 points or more from the SCCAI score since initiation on biologic therapy; or
 - 1.2 PUCAI score has reduced by 10 points or more from the PUCAI score since initiation on biologic therapy*; and
- 2 Ustekinumab will be used at a dose no greater than 90 mg intravenously every 8 weeks.

Note: Criterion marked with * is for an unapproved indication.

VEDOLIZUMAB – Restricted see terms [below](#)

↓ Inj 300 mg vial	3,313.00	1	Entyvio
-------------------------	----------	---	---------

→ Restricted (RS1943)**Initiation – Crohn's disease - adults***Re-assessment required after 6 months*

All of the following:

- 1 Patient has active Crohn's disease; and
- 2 Any of the following:
 - 2.1 Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria (unless contraindicated); or
 - 2.2 Patient has a CDAI score of greater than or equal to 300, or HBI score of greater than or equal to 10; or
 - 2.3 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or

continued...

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

continued...

- 2.4 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
- 2.5 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
- 3 Any of the following:
 - 3.1 Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response) from prior therapy with immunomodulators and corticosteroids; or
 - 3.2 Patient has experienced intolerable side effects from immunomodulators and corticosteroids; or
 - 3.3 Immunomodulators and corticosteroids are contraindicated.

Continuation – Crohn's disease - adults

Re-assessment required after 2 years

Both:

- 1 Any of the following:
 - 1.1 CDAI score has reduced by 100 points, or HBI score has reduced by 3 points, from when the patient was initiated on biologic therapy; or
 - 1.2 CDAI score is 150 or less, or HBI is 4 or less; or
 - 1.3 The patient has experienced an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed; and
- 2 Vedolizumab to administered at a dose no greater than 300 mg every 8 weeks.

Initiation – Crohn's disease - children*

Re-assessment required after 6 months

All of the following:

- 1 Paediatric patient has active Crohn's disease; and
- 2 Any of the following:
 - 2.1 Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria (unless contraindicated); or
 - 2.2 Patient has a Paediatric Crohn's Disease Activity Index (PCDAI) score of greater than or equal to 30; or
 - 2.3 Patient has extensive small intestine disease; and
- 3 Any of the following:
 - 3.1 Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response) from prior therapy with immunomodulators and corticosteroids; or
 - 3.2 Patient has experienced intolerable side effects from immunomodulators and corticosteroids; or
 - 3.3 Immunomodulators and corticosteroids are contraindicated.

Note: Indication marked with * is an unapproved indication.

Continuation – Crohn's disease - children*

Re-assessment required after 2 years

Both:

- 1 Any of the following:
 - 1.1 PCDAI score has reduced by 10 points from when the patient was initiated on biologic therapy; or
 - 1.2 PCDAI score is 15 or less; or
 - 1.3 The patient has experienced an adequate response to treatment, but CDAI score cannot be assessed; and
- 2 Vedolizumab to administered at a dose no greater than 300mg every 8 weeks.

Note: Indication marked with * is an unapproved indication.

Initiation – ulcerative colitis

Re-assessment required after 6 months

All of the following:

- 1 Patient has active ulcerative colitis; and
- 2 Any of the following:

continued...

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

continued...

- 2.1 Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria (unless contraindicated); or
- 2.2 Patient has a SCCAI score is greater than or equal to 4; or
- 2.3 Patient's PUCAI score is greater than or equal to 20*; and
- 3 Any of the following:
 - 3.1 Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response) from prior therapy with immunomodulators and corticosteroids; or
 - 3.2 Patient has experienced intolerable side effects from immunomodulators and corticosteroids; or
 - 3.3 Immunomodulators and corticosteroids are contraindicated.

Note: Indication marked with * is an unapproved indication.

Continuation – ulcerative colitis

Re-assessment required after 2 years

Both:

- 1 Either:
 - 1.1 The SCCAI score has reduced by 2 points or more from the SCCAI score since initiation on biologic therapy; or
 - 1.2 The PUCAI score has reduced by 10 points or more from the PUCAI score since initiation on biologic therapy *; and
- 2 Vedolizumab will be used at a dose no greater than 300 mg intravenously every 8 weeks.

Note: Indication marked with * is an unapproved indication.

Programmed Cell Death-1 (PD-1) Inhibitors

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

↓ Inj 60 mg per ml, 20 ml vial.....9,503.00 1 Tecentriq

→ **Restricted (RS2099)**

Initiation – non-small cell lung cancer second line monotherapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Re-assessment required after 4 months

All of the following:

- 1 Patient has locally advanced or metastatic non-small cell lung cancer; and
- 2 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- 3 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
- 4 Patient has an ECOG 0-2; and
- 5 Patient has documented disease progression following treatment with at least two cycles of platinum-based chemotherapy; and
- 6 Atezolizumab is to be used as monotherapy at a dose of 1200 mg every three weeks (or equivalent) for a maximum of 16 weeks; and
- 7 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation – non-small cell lung cancer second line monotherapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Re-assessment required after 4 months

All of the following:

- 1 Any of the following:
 - 1.1 Patient's disease has had a complete response to treatment; or
 - 1.2 Patient's disease has had a partial response to treatment; or
 - 1.3 Patient has stable disease; and
- 2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most

continued...

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

continued...

- recent treatment period; and
- 3 No evidence of disease progression; and
- 4 The treatment remains clinically appropriate and patient is benefitting from treatment; and
- 5 Atezolizumab to be used at a maximum dose of 1200 mg every three weeks (or equivalent); and
- 6 Treatment with atezolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Initiation – unresectable hepatocellular carcinoma

Re-assessment required after 6 months

Either:

- 1 Patient is currently on treatment with atezolizumab and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 Patient has locally advanced or metastatic, unresectable hepatocellular carcinoma; and
 - 2.2 Patient has preserved liver function (Child-Pugh A); and
 - 2.3 Transarterial chemoembolisation (TACE) is unsuitable; and
 - 2.4 Any of the following:
 - 2.4.1 Patient has not received prior systemic therapy for the treatment of hepatocellular carcinoma; or
 - 2.4.2 Patient received funded lenvatinib before 1 March 2025; or
 - 2.4.3 Both:
 - 2.4.3.1 Patient has experienced treatment-limiting toxicity from treatment with lenvatinib; and
 - 2.4.3.2 No disease progression since initiation of lenvatinib; and
 - 2.5 Patient has an ECOG performance status of 0-2; and
 - 2.6 To be given in combination with bevacizumab.

Continuation – unresectable hepatocellular carcinoma

Re-assessment required after 6 months

no evidence of disease progression.

DURVALUMAB – Restricted see terms [below](#)

⚡ Inj 50 mg per ml, 10 ml vial.....	4,700.00	1	Imfinzi
⚡ Inj 50 mg per ml, 2.4 ml vial.....	1,128.00	1	Imfinzi

➡ **Restricted (RS2084)**

Initiation – Non-small cell lung cancer

Re-assessment required after 4 months

All of the following:

- 1 Either:
 - 1.1 Patient has histologically or cytologically documented stage III, locally advanced, unresectable non-small cell lung cancer (NSCLC); or
 - 1.2 Patient has histologically or cytologically documented stage IIb (T1N2a only), locally advanced, unresectable non-small cell lung cancer (NSCLC); and
- 2 Patient has received two or more cycles of platinum-based chemotherapy concurrently with definitive radiation therapy; and
- 3 Patient has no disease progression following the second or subsequent cycle of platinum-based chemotherapy with definitive radiation therapy treatment; and
- 4 Patient has a ECOG performance status of 0 or 1; and
- 5 Patient has completed last radiation dose within 8 weeks of starting treatment with durvalumab; and
- 6 Patient must not have received prior PD-1 or PD-L1 inhibitor therapy for this condition; and
- 7 Either:
 - 7.1 Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks; or
 - 7.2 Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks; and

continued...

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

continued...

- 8 Treatment with durvalumab to cease upon signs of disease progression.

Continuation – Non-small cell lung cancer

Re-assessment required after 4 months

All of the following:

- 1 The treatment remains clinically appropriate and the patient is benefitting from treatment; and
- 2 Either:
 - 2.1 Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks; or
 - 2.2 Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks; and
- 3 Treatment with durvalumab to cease upon signs of disease progression; and
- 4 Total continuous treatment duration must not exceed 12 months.

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

↓ Inj 5 mg per ml, 10 ml vial.....	5,000.00	1	Yervoy
↓ Inj 5 mg per ml, 40 ml vial.....	20,000.00	1	Yervoy

→ **Restricted (RS2115)**

Initiation – renal cell carcinoma

Limited to 4 months treatment

Either:

- 1 The patient is currently on treatment with ipilimumab and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 The patient has metastatic renal cell carcinoma; and
 - 2.2 The patient is treatment naive; and
 - 2.3 The patient has ECOG performance status 0-2; and
 - 2.4 The disease is predominantly of clear cell histology; and
 - 2.5 Any of the following:
 - 2.5.1 The patient has sarcomatoid histology; or
 - 2.5.2 Haemoglobin levels less than the lower limit of normal; or
 - 2.5.3 Corrected serum calcium level greater than 10 mg/dL (2.5 mmol/L); or
 - 2.5.4 Neutrophils greater than the upper limit of normal; or
 - 2.5.5 Platelets greater than the upper limit of normal; or
 - 2.5.6 Interval of less than 1 year from original diagnosis to the start of systemic therapy; or
 - 2.5.7 Karnofsky performance score of less than or equal to 70; and
 - 2.6 Ipilimumab is to be used at a maximum dose of 1 mg/kg for up to four cycles in combination with nivolumab.

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 (RS2126)**

Initiation – unresectable or metastatic melanoma

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Limited to 4 months treatment

All of the following:

- 1 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
- 2 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
- 3 The individual has ECOG performance 0-2; and
- 4 Either:
 - 4.1 The individual has not received funded pembrolizumab; or
 - 4.2 Both:

continued...

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

continued...

- 4.2.1 The individual 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 individual was on pembrolizumab; and

5 Any of the following:

- 5.1 The individual has been diagnosed in the metastatic or unresectable stage III or IV setting; or
- 5.2 The individual did not receive treatment in the perioperative setting with a PD-1/PD-L1 inhibitor; or
- 5.3 All of the following:
 - 5.3.1 The individual received treatment in the perioperative setting with a PD-1/PD-L1 inhibitor; and
 - 5.3.2 The individual did not experience disease recurrence while on treatment with that PD-1/PD-L1 inhibitor; and
 - 5.3.3 The individual did not experience disease recurrence within six months of completing perioperative treatment with a PD-1/PD-L1 inhibitor.

Continuation – unresectable or metastatic melanoma, less than 24 months on treatment

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 4 months

Either:

1 Both:

1.1 Any of the following:

- 1.1.1 The individual's disease has had a complete response to treatment; or
- 1.1.2 The individual's disease has had a partial response to treatment; or
- 1.1.3 The individual has stable disease; and

1.2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; or

2 All of the following:

- 2.1 The individual has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and
- 2.2 The individual has signs of disease progression; and
- 2.3 Disease has not progressed during previous treatment with nivolumab.

Continuation – unresectable or metastatic melanoma, more than 24 months on treatment

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 4 months

Both:

1 The individual has been on treatment for more than 24 months; and

2 Either:

2.1 Both:

2.1.1 Any of the following:

- 2.1.1.1 The individual's disease has had a complete response to treatment; or
- 2.1.1.2 The individual's disease has had a partial response to treatment; or
- 2.1.1.3 The individual has stable disease; and

2.1.2 Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period; or

2.2 All of the following:

- 2.2.1 The individual has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and
- 2.2.2 The individual has signs of disease progression; and
- 2.2.3 Disease has not progressed during previous treatment with nivolumab.

continued...

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

continued...

Initiation – renal cell carcinoma, first line

Limited to 4 months treatment

Either:

- 1 Patient is currently on treatment with nivolumab and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 The patient has metastatic renal cell carcinoma; and
 - 2.2 The patient is treatment naïve; and
 - 2.3 The patient has ECOG performance status 0-2; and
 - 2.4 The disease is predominantly of clear cell histology; and
 - 2.5 Any of the following:
 - 2.5.1 The patient has sarcomatoid histology; or
 - 2.5.2 Haemoglobin levels less than the lower limit of normal; or
 - 2.5.3 Corrected serum calcium level greater than 10 mg/dL (2.5 mmol/L); or
 - 2.5.4 Neutrophils greater than the upper limit of normal; or
 - 2.5.5 Platelets greater than the upper limit of normal; or
 - 2.5.6 Interval of less than 1 year from original diagnosis to the start of systemic therapy; or
 - 2.5.7 Karnofsky performance score of less than or equal to 70; and
 - 2.6 Nivolumab is to be used in combination with ipilimumab for the first four treatment cycles at a maximum dose of 3 mg/kg; and
 - 2.7 Nivolumab is to be used at a maximum maintenance dose of 240 mg every 2 weeks (or equivalent).

Initiation – renal cell carcinoma, second line

Limited to 4 months treatment

All of the following:

- 1 Patient has metastatic renal-cell carcinoma; and
- 2 The disease is of predominant clear-cell histology; and
- 3 Patient has ECOG performance status 0-2; and
- 4 Patient has documented disease progression following one or two previous regimens of antiangiogenic therapy; and
- 5 Patient has not previously received a funded immune checkpoint inhibitor; and
- 6 Nivolumab is to be used as monotherapy at a maximum dose of 240 mg every 2 weeks (or equivalent) and discontinued at disease progression.

Continuation – renal cell carcinoma

Re-assessment required after 4 months

All of the following:

- 1 Any of the following:
 - 1.1 Patient's disease has had a complete response to treatment; or
 - 1.2 Patient's disease has had a partial response to treatment; or
 - 1.3 Patient has stable disease; and
- 2 No evidence of disease progression; and
- 3 Nivolumab is to be used as monotherapy at a maximum dose of 240 mg every 2 weeks (or equivalent) and discontinued at disease progression.

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

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

➔ **Restricted (RS2154)**

Initiation – stage III or IV resectable melanoma - neoadjuvant

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 4 months

All of the following:

continued...

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

continued...

- 1 The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note); and
- 2 The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma; and
- 3 Treatment must be prior to complete surgical resection; and
- 4 Pembrolizumab must be administered as monotherapy; and
- 5 The individual has ECOG performance score 0-2; and
- 6 Pembrolizumab to be administered at a fixed dose of 200 mg every 3 weeks (or equivalent).

Continuation – stage III or IV resectable melanoma - neoadjuvant

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 4 months

Any of the following:

- 1 Both:
 - 1.1 The individual has received neoadjuvant treatment with an immune checkpoint inhibitor; and
 - 1.2 The individual meets initiation criteria for pembrolizumab for stage III or IV resected melanoma – adjuvant; or
- 2 Both:
 - 2.1 The individual has received neoadjuvant and adjuvant treatment with an immune checkpoint inhibitor; and
 - 2.2 The individual meets continuation criteria for pembrolizumab for stage III or IV resected melanoma – adjuvant; or
- 3 All of the following:
 - 3.1 The individual has received neoadjuvant and adjuvant treatment with an immune checkpoint inhibitor; and
 - 3.2 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
 - 3.3 The individual meets initiation criteria for pembrolizumab for unresectable or metastatic melanoma; or
- 4 All of the following:
 - 4.1 The individual has received neoadjuvant and adjuvant treatment with an immune checkpoint inhibitor; and
 - 4.2 The individual has received treatment with an immune checkpoint inhibitor for unresectable or metastatic melanoma; and
 - 4.3 The individual meets continuation criteria for pembrolizumab for unresectable or metastatic melanoma.

Notes:

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition
- b) Initiating treatment within 13 weeks of complete surgical resection means either 13 weeks after resection (primary or lymphadenectomy) or 13 weeks prior to the scheduled date of the resection (primary or lymphadenectomy)

Initiation – stage III or IV resected melanoma - adjuvant

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 4 months

All of the following:

- 1 The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a); and
- 2 Adjuvant treatment with pembrolizumab is required; and
- 3 The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma; and
- 4 Treatment must be in addition to complete surgical resection; and
- 5 Treatment must be initiated within 13 weeks of complete surgical resection, unless delay is necessary due to post-surgery recovery (see note b); and
- 6 Pembrolizumab must be administered as monotherapy; and
- 7 The individual has ECOG performance score 0-2; and
- 8 Pembrolizumab to be administered at a fixed dose of 200 mg every 3 weeks (or equivalent).

Notes:

- a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition

continued...

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

continued...

- b) Initiating treatment within 13 weeks of complete surgical resection means 13 weeks after resection (primary or lymphadenectomy)

Continuation – stage III or IV resected melanoma - adjuvant

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 4 months

Any of the following:

- 1 All of the following:
 - 1.1 No evidence of disease recurrence; and
 - 1.2 Pembrolizumab must be administered as monotherapy; and
 - 1.3 Pembrolizumab to be administered at a fixed dose of 200 mg every three weeks (or equivalent) for a maximum of 12 months total treatment course, including any systemic neoadjuvant treatment; and
 - 1.4 Treatment to be discontinued at signs of disease recurrence or at completion of 12 months total treatment course (equivalent to 18 cycles at a dose of 200 mg every 3 weeks), including any systemic neoadjuvant treatment; or
- 2 All of the following:
 - 2.1 The individual has received adjuvant treatment with an immune checkpoint inhibitor; and
 - 2.2 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
 - 2.3 The individual meets initiation criteria for pembrolizumab for unresectable or metastatic melanoma; or
- 3 All of the following:
 - 3.1 The individual has received adjuvant treatment with an immune checkpoint inhibitor; and
 - 3.2 The individual has received treatment with an immune checkpoint inhibitor for unresectable or metastatic melanoma; and
 - 3.3 The individual meets continuation criteria for pembrolizumab for unresectable or metastatic melanoma.

Initiation – unresectable or metastatic melanoma

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Limited to 4 months treatment

All of the following:

- 1 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
- 2 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
- 3 The individual has ECOG performance 0-2; and
- 4 Either:
 - 4.1 The individual has not received funded nivolumab; or
 - 4.2 Both:
 - 4.2.1 The individual 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 individual was on nivolumab; and
- 5 Any of the following:
 - 5.1 The individual has been diagnosed in the metastatic or unresectable stage III or IV setting; or
 - 5.2 The individual did not receive treatment in the perioperative setting with a PD-1/PD-L1 inhibitor; or
 - 5.3 All of the following:
 - 5.3.1 The individual received treatment in the perioperative setting with a PD-1/PD-L1 inhibitor; and
 - 5.3.2 The individual did not experience disease recurrence while on treatment with that PD-1/PD-L1 inhibitor; and
 - 5.3.3 The individual did not experience disease recurrence within six months of completing perioperative treatment with a PD-1/PD-L1 inhibitor.

Continuation – unresectable or metastatic melanoma, less than 24 months on treatment

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 4 months

Either:

continued...

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

continued...

1 Both:

1.1 Any of the following:

1.1.1 The individual's disease has had a complete response to treatment; or

1.1.2 The individual's disease has had a partial response to treatment; or

1.1.3 The individual has stable disease; and

1.2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; or

2 All of the following:

2.1 The individual has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression; and

2.2 The individual has signs of disease progression; and

2.3 Disease has not progressed during previous treatment with pembrolizumab.

Continuation – unresectable or metastatic melanoma, more than 24 months on treatment

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 4 months

Both:

1 The individual has been on treatment for more than 24 months; and

2 Either:

2.1 All of the following:

2.1.1 Any of the following:

2.1.1.1 The individual's disease has had a complete response to treatment; or

2.1.1.2 The individual's disease has had a partial response to treatment; or

2.1.1.3 The individual has stable disease; and

2.1.2 Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period; and

2.1.3 The treatment remains clinically appropriate and the individual is benefitting from the treatment; or

2.2 All of the following:

2.2.1 The individual has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression; and

2.2.2 The individual has signs of disease progression; and

2.2.3 Disease has not progressed during previous treatment with pembrolizumab.

Initiation – non-small cell lung cancer first-line monotherapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Re-assessment required after 4 months

All of the following:

1 Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and

2 Patient has not had chemotherapy for their disease in the palliative setting; and

3 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and

4 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and

5 Pembrolizumab to be used as monotherapy; and

6 Either:

6.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 50% as determined by a validated test unless not possible to ascertain; or

6.2 Both:

6.2.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 1% as determined by a validated test unless not possible to ascertain; and

continued...

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

continued...

6.2.2 Chemotherapy is determined to be not in the best interest of the patient based on clinician assessment; and

7 Patient has an ECOG 0-2; and

8 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks; and

9 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation – non-small cell lung cancer first-line monotherapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Re-assessment required after 4 months

All of the following:

1 Any of the following:

1.1 Patient's disease has had a complete response to treatment; or

1.2 Patient's disease has had a partial response to treatment; or

1.3 Patient has stable disease; and

2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; and

3 No evidence of disease progression; and

4 The treatment remains clinically appropriate and patient is benefitting from treatment; and

5 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent); and

6 Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Initiation – non-small cell lung cancer first-line combination therapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Re-assessment required after 4 months

All of the following:

1 Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and

2 The patient has not had chemotherapy for their disease in the palliative setting; and

3 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and

4 For patients with non-squamous histology there is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and

5 Pembrolizumab to be used in combination with platinum-based chemotherapy; and

6 Patient has an ECOG 0-2; and

7 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks; and

8 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Continuation – non-small cell lung cancer first-line combination therapy

Medical oncologist or any relevant practitioner on the recommendation of a medical oncologist

Re-assessment required after 4 months

All of the following:

1 Any of the following:

1.1 Patient's disease has had a complete response to treatment; or

1.2 Patient's disease has had a partial response to treatment; or

1.3 Patient has stable disease; and

2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; and

3 No evidence of disease progression; and

4 The treatment remains clinically appropriate and patient is benefitting from treatment; and

5 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent); and

continued...

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

continued...

- 6 Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Initiation – breast cancer, advanced

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 6 months

Either:

- 1 Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 Either:
 - 2.1.1 Patient has recurrent or de novo unresectable, inoperable locally advanced triple-negative breast cancer (that does not express ER, PR or HER2 IHC3+ or ISH+ [including FISH or other technology]); or
 - 2.1.2 Patient has recurrent or de novo metastatic triple-negative breast cancer (that does not express ER, PR or HER2 IHC3+ or ISH+ [including FISH or other technology]); and
 - 2.2 Patient is treated with palliative intent; and
 - 2.3 Patient's cancer has confirmed PD-L1 Combined Positive Score (CPS) is greater than or equal to 10; and
 - 2.4 Patient has received no prior systemic therapy in the palliative setting; and
 - 2.5 Patient has an ECOG score of 0–2; and
 - 2.6 Pembrolizumab is to be used in combination with chemotherapy; and
 - 2.7 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
 - 2.8 Pembrolizumab is to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks.

Continuation – breast cancer, advanced

Any relevant practitioner

Re-assessment required after 6 months

All of the following:

- 1 Any of the following:
 - 1.1 Patient's disease has had a complete response to treatment; or
 - 1.2 Patient's disease has had a partial response to treatment; or
 - 1.3 Patient has stable disease; and
- 2 No evidence of disease progression; and
- 3 Response to treatment in target lesions has been determined by a comparable radiologic assessment following the most recent treatment period; and
- 4 Pembrolizumab is to be used at a maximum dose of 200 mg every three weeks (or equivalent); and
- 5 Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Initiation – head and neck squamous cell carcinoma

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 4 months

Either:

- 1 Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 Patient has recurrent or metastatic head and neck squamous cell carcinoma of mucosal origin (excluding nasopharyngeal carcinoma) that is incurable by local therapies; and
 - 2.2 Patient has not received prior systemic therapy in the recurrent or metastatic setting; and
 - 2.3 Patient has a positive PD-L1 combined positive score (CPS) of greater than or equal to 1; and
 - 2.4 Patient has an ECOG performance score of 0-2; and
 - 2.5 Either:

continued...

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

continued...

- 2.5.1 Pembrolizumab to be used in combination with platinum-based chemotherapy; or
- 2.5.2 Pembrolizumab to be used as monotherapy; and
- 2.6 Pembrolizumab is to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks.

Continuation – head and neck squamous cell carcinoma

Any relevant practitioner

Re-assessment required after 4 months

All of the following:

- 1 Any of the following:
 - 1.1 Patient's disease has had a complete response to treatment; or
 - 1.2 Patient's disease has had a partial response to treatment; or
 - 1.3 Patient has stable disease; and
- 2 No evidence of disease progression; and
- 3 Pembrolizumab is to be used at a maximum dose of 200 mg every three weeks (or equivalent); and
- 4 Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Initiation – MSI-H/dMMR advanced colorectal cancer

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 4 months

Either:

- 1 Individual is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 Either:
 - 2.1.1 Individual has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) metastatic colorectal cancer; or
 - 2.1.2 Individual has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) unresectable colorectal cancer; and
 - 2.2 Individual is treated with palliative intent; and
 - 2.3 Individual has not previously received funded treatment with pembrolizumab for MSI-H/dMMR advanced colorectal cancer; and
 - 2.4 Individual has an ECOG performance score of 0-2; and
 - 2.5 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
 - 2.6 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks.

Continuation – MSI-H/dMMR advanced colorectal cancer

Any relevant practitioner

Re-assessment required after 4 months

All of the following:

- 1 No evidence of disease progression; and
- 2 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent); and
- 3 Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Initiation – Urothelial carcinoma

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 4 months

Either:

- 1 Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or

continued...

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

continued...

2 All of the following:

- 2.1 Patient has inoperable locally advanced (T4) or metastatic urothelial carcinoma; and
- 2.2 Patient has an ECOG performance score of 0-2; and
- 2.3 Patient has documented disease progression following treatment with chemotherapy; and
- 2.4 Pembrolizumab to be used as monotherapy at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks.

Continuation – Urothelial carcinoma

Any relevant practitioner

Re-assessment required after 4 months

All of the following:

1 Any of the following:

- 1.1 Patient's disease has had a complete response to treatment; or
- 1.2 Patient's disease has had a partial response to treatment; or
- 1.3 Patient has stable disease; and

2 No evidence of disease progression; and

- 3 Pembrolizumab is to be used as monotherapy at a maximum dose of 200 mg every three weeks (or equivalent); and
- 4 Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Initiation – relapsed/refractory Hodgkin lymphoma

Relevant specialist or any relevant practitioner on the recommendation of a relevant specialist

Re-assessment required after 4 months

Either:

- 1 Individual is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or

2 All of the following:

2.1 Either:

2.1.1 Both:

- 2.1.1.1 Individual has relapsed/refractory Hodgkin lymphoma after two or more lines of chemotherapy; and
- 2.1.1.2 Individual is ineligible for autologous stem cell transplant; or

2.1.2 Individual has relapsed/refractory Hodgkin lymphoma and has previously undergone an autologous stem cell transplant; and

2.2 Individual has not previously received funded pembrolizumab for relapsed/refractory Hodgkin lymphoma; and

2.3 Pembrolizumab to be administered at doses no greater than 200 mg once every 3 weeks.

Continuation – relapsed/refractory Hodgkin lymphoma

Any relevant practitioner

Re-assessment required after 6 months

Both:

- 1 Patient has received a partial or complete response to pembrolizumab; and
- 2 Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Other Immunosuppressants

ANTITHYMOCYTE GLOBULIN (EQUINE)

Inj 50 mg per ml, 5 ml ampoule 4,439.17 5 ATGAM

ANTITHYMOCYTE GLOBULIN (RABBIT)

Inj 25 mg vial

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
AZATHIOPRINE			
Tab 25 mg – 5% DV Feb-26 to 2028	10.15	60	Azamun
Tab 50 mg – 5% DV Feb-26 to 2028	10.34	100	Azamun
Inj 50 mg vial			
Inj 100 mg vial			
BACILLUS CALMETTE-GUERIN (BCG) – Restricted see terms below			
↓ Inj 2-8 x 10 ⁸ CFU vial	149.37	1	OncoTICE
↓ Inj 40 mg per ml, vial	182.45	3	SII-Onco-BCG
→ 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 (RS2076)			
Initiation			
Neurologist or oncologist			
<i>Re-assessment required after 3 months</i>			
Both:			
1 Patient has tuberous sclerosis; and			
2 Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment.			
Continuation			
Neurologist or oncologist			
<i>Re-assessment required after 12 months</i>			
All of the following:			
1 Documented evidence of SEGA reduction or stabilisation by MRI within the last 3 months; and			
2 The treatment remains appropriate and the patient is benefiting from treatment; and			
3 Everolimus to be discontinued at progression of SEGAs.			
Initiation – renal cell carcinoma			
<i>Re-assessment required after 4 months</i>			
Either:			
1 All of the following:			
1.1 The patient has metastatic renal cell carcinoma; and			
1.2 The disease is of predominant clear-cell histology; and			
1.3 The patient has documented disease progression following one previous line of treatment; and			
1.4 The patient has an ECOG performance status of 0-2; and			
1.5 Everolimus is to be used in combination with lenvatinib; or			
2 All of the following:			
2.1 Patient has received funded treatment with nivolumab for the second line treatment of metastatic renal cell carcinoma; and			
2.2 Patient has experienced treatment limiting toxicity from treatment with nivolumab; and			
2.3 Everolimus is to be used in combination with lenvatinib; and			
2.4 There is no evidence of disease progression.			
Continuation – renal cell carcinoma			
<i>Re-assessment required after 4 months</i>			
there is no evidence of disease progression.			
MYCOPHENOLATE MOFETIL			
Tab 500 mg	35.90	50	CellCept
Cap 250 mg	35.90	100	CellCept
Powder for oral liq 1 g per 5 ml.....	187.25	165 ml	CellCept
Inj 500 mg vial	133.33	4	CellCept

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PICIBANIL			
Inj 100 mcg 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 (RS1991)			

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

Initiation – severe non-malignant lymphovascular malformations*

Re-assessment required after 6 months

All of the following:

- 1 Patient has severe non-malignant lymphovascular malformation*; and
- 2 Any of the following:
 - 2.1 Malformations are not adequately controlled by sclerotherapy and surgery; or
 - 2.2 Malformations are widespread/extensive and sclerotherapy and surgery are not considered clinically appropriate; or
 - 2.3 Sirolimus is to be used to reduce malformation prior to consideration of surgery; and
- 3 Patient is being treated by a specialist lymphovascular malformation multi-disciplinary team; and
- 4 Patient has measurable disease as defined by RECIST version 1.1 (see Note).

Continuation – severe non-malignant lymphovascular malformations*

Re-assessment required after 12 months

All of the following:

- 1 Either:
 - 1.1 Patient's disease has had either a complete response or a partial response to treatment, or patient has stable disease according to RECIST version 1.1 (see Note); or
 - 1.2 Patient's disease has stabilised or responded clinically and disease response to treatment has been clearly documents in patient notes; and
- 2 No evidence of progressive disease; and
- 3 The treatment remains clinically appropriate and the patient is benefitting from the treatment.

Notes: Baseline assessment and disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer et al. Eur J Cancer 2009;45:228-47)

Indications marked with * are unapproved indications

Initiation – renal angiomyolipoma(s) associated with tuberous sclerosis complex*

Nephrologist or urologist

Re-assessment required after 6 months

Both:

- 1 Patient has tuberous sclerosis complex*; and
- 2 Evidence of renal angiomyolipoma(s) measuring 3 cm or greater and that have shown interval growth.

continued...

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

continued...

Continuation – renal angiomyolipoma(s) associated with tuberous sclerosis complex*

Re-assessment required after 12 months

All of the following:

- 1 Documented evidence of renal angiomyolipoma reduction or stability by magnetic resonance imaging (MRI) or ultrasound; and
- 2 Demonstrated stabilisation or improvement in renal function; and
- 3 The patient has not experienced angiomyolipoma haemorrhage or significant adverse effects to sirolimus treatment; and
- 4 The treatment remains appropriate and the patient is benefitting from treatment.

Note: Indications marked with * are unapproved indications

Initiation – refractory seizures associated with tuberous sclerosis complex*

Neurologist

Re-assessment required after 6 months

All of the following:

- 1 Patient has epilepsy with a background of documented tuberous sclerosis complex*; and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 Vigabatrin has been trialled and has not adequately controlled seizures; and
 - 2.1.2 Seizures are not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with at least two of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, phenytoin sodium, and lacosamide (see Note); or
 - 2.2 Both:
 - 2.2.1 Vigabatrin is contraindicated; and
 - 2.2.2 Seizures are not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with at least three of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, phenytoin sodium, and lacosamide (see Note); and
- 3 Seizures have a significant impact on quality of life; and
- 4 Patient has been assessed and surgery is considered inappropriate for this patient, or the patient has been assessed and would benefit from mTOR inhibitor treatment prior to surgery.

Note: Those of childbearing potential are not required to trial phenytoin sodium, sodium valproate, and topiramate. Those who can father children are not required to trial sodium valproate.

Continuation – refractory seizures associated with tuberous sclerosis complex*

Neurologist

Re-assessment required after 12 months

demonstrated significant and sustained improvement in seizure rate (e.g. 50% reduction in seizure frequency) or severity and/or patient quality of life compared with baseline prior to starting sirolimus treatment.

Note: Indications marked with * are unapproved indications

JAK inhibitors

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

↓ Tab modified-release 15 mg.....	1,271.00	28	Rinvoq
↓ Tab modified-release 30 mg.....	2,033.00	28	Rinvoq
↓ Tab modified-release 45 mg.....	3,049.00	28	Rinvoq

→ **Restricted (RS2120)**

Initiation – Rheumatoid Arthritis (patients previously treated with adalimumab or etanercept)

Limited to 6 months treatment

All of the following:

continued...

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

continued...

- 1 The individual has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
- 2 Either:
 - 2.1 The individual has experienced intolerable side effects with adalimumab and/or etanercept; or
 - 2.2 The individual 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 Any of the following:
 - 3.1 Rituximab is not clinically appropriate; or
 - 3.2 The individual is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor; or
 - 3.3 Both:
 - 3.3.1 The individual has been started on rituximab for rheumatoid arthritis in a Health NZ Hospital; and
 - 3.3.2 Either:
 - 3.3.2.1 The individual has experienced intolerable side effects with rituximab; or
 - 3.3.2.2 At four months following the initial course of rituximab the individual has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis.

Continuation – Rheumatoid Arthritis

Re-assessment required after 6 months

Either:

- 1 Following 6 months' initial treatment, the individual has experienced at least a 50% decrease in active joint count from baseline; or
- 2 On subsequent reapplications, the individual has experienced at least a continuing 30% improvement in active joint count from baseline.

Initiation – Atopic dermatitis

Re-assessment required after 6 months

Either:

- 1 Individual is currently on treatment with upadacitinib for atopic dermatitis and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 Individual has moderate to severe atopic dermatitis, severity as defined by an Eczema Area and Severity Index (EASI) score of greater than or equal to 16 or a Dermatology Life Quality Index (DLQI) score of greater than or equal to 10; and
 - 2.2 Individual has received insufficient benefit from topical therapy (including topical corticosteroids or topical calcineurin inhibitors) for a 28-day trial within the last 6 months, unless contraindicated to all; and
 - 2.3 Individual has trialed and received insufficient benefit from at least one systemic therapy for a minimum of three months (eg ciclosporin, azathioprine, methotrexate or mycophenolate mofetil), unless contraindicated to all; and
 - 2.4 An EASI assessment or 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
 - 2.5 The most recent EASI or DLQI assessment is no more than 1 month old at the time of application.

Continuation – Atopic dermatitis

Re-assessment required after 12 months

Either:

- 1 Individual has received a 75% or greater reduction in EASI score (EASI 75) as compared to baseline EASI prior to commencing upadacitinib; or
- 2 Individual has received a DLQI improvement of 4 or more as compared to baseline DLQI prior to commencing upadacitinib.

continued...

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

continued...

Initiation – Crohn's disease – adult

Re-assessment required after 6 months

Either:

- 1 Individual is currently on treatment with upadacitinib for Crohn's disease and met all remaining criteria prior to commencing treatment; or
- 2 Both:
 - 2.1 Individual has active Crohn's disease; and
 - 2.2 Either:
 - 2.2.1 Individual has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or
 - 2.2.2 Both:
 - 2.2.2.1 Individual meets the initiation criteria for prior biologic therapies for Crohn's disease; and
 - 2.2.2.2 Other biologic therapies for Crohn's disease are contraindicated.

Continuation – Crohn's disease – adult

Re-assessment required after 2 years

Any of the following:

- 1 CDAI score has reduced by 100 points from the CDAI score when the individual was initiated on biologic therapy; or
- 2 HBI score has reduced by 3 points from when individual was initiated on biologic therapy; or
- 3 CDAI score is 150 or less; or
- 4 HBI score is 4 or less; or
- 5 The individual has experienced an adequate response to treatment, but CDAI score cannot be assessed.

Initiation – Crohn's disease – children

Re-assessment required after 6 months

Either:

- 1 Individual is currently on treatment with upadacitinib for Crohn's disease and met all remaining criteria prior to commencing treatment; or
- 2 Both:
 - 2.1 Child has active Crohn's disease; and
 - 2.2 Either:
 - 2.2.1 Child has had an initial approval for prior biologic therapy for Crohn's disease and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or
 - 2.2.2 Both:
 - 2.2.2.1 Child meets the initiation criteria for prior biologic therapies for Crohn's disease; and
 - 2.2.2.2 Other biologic therapies for Crohn's disease are contraindicated.

Continuation – Crohn's disease – children

Re-assessment required after 2 years

Any of the following:

- 1 PCDAI score has reduced by 10 points from when the child was initiated on treatment; or
- 2 PCDAI score is 15 or less; or
- 3 The child has experienced an adequate response to treatment, but PCDAI score cannot be assessed.

Note: Indications marked with * are unapproved indications.

Initiation – Ulcerative colitis

Re-assessment required after 6 months

Either:

- 1 Individual is currently on treatment with upadacitinib for ulcerative colitis and met all remaining criteria prior to commencing treatment; or
- 2 Both:

continued...

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

continued...

- 2.1 Individual has active ulcerative colitis; and
- 2.2 Either:

2.2.1 Individual has had an initial approval for prior biologic therapy for ulcerative colitis and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or

2.2.2 Both:

2.2.2.1 Individual meets the initiation criteria for prior biologic therapies for ulcerative colitis; and

2.2.2.2 Other biologic therapies for ulcerative colitis are contraindicated.

Continuation – Ulcerative colitis

Re-assessment required after 2 years

- Either:
- 1 The SCCAI score has reduced by 2 points or more from the SCCAI score when the individual was initiated on treatment; or
- 2 PUCAI score has reduced by 10 points or more from the PUCAI score when the individual was initiated on treatment.

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

Antiallergy Preparations

Allergic Emergencies

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

↓ Inj 0.15 mg per 0.3 ml auto-injector – 5% DV Dec-25 to 2028	85.50	1	Epipen Jr
↓ Inj 0.3 mg per 0.3 ml auto-injector – 5% DV Dec-25 to 2028	85.50	1	Epipen

→ **Restricted (RS1944)**

Initiation – anaphylaxis

Either:

- 1 Patient has experienced a previous anaphylactic reaction which has resulted in presentation to a hospital or emergency department; or
- 2 Patient has been assessed to be at significant risk of anaphylaxis by a relevant practitioner.

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

↓ Inj 10 mg per ml, 3 ml prefilled syringe.....	2,668.00	1	Firazyr
---	----------	---	----------------

→ **Restricted (RS1501)**

Initiation

Clinical immunologist or relevant specialist

Re-assessment required after 12 months

Both:

- 1 Supply for anticipated emergency treatment of laryngeal/oro-pharyngeal or severe abdominal attacks of acute hereditary angioedema (HAE) for patients with confirmed diagnosis of C1-esterase inhibitor deficiency; and
- 2 The patient has undergone product training and has agreed upon an action plan for self-administration.

Continuation

Re-assessment required after 12 months

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

Allergy Desensitisation

BEE VENOM – **Restricted** see terms [below](#)

↓ Maintenance kit - 6 vials 120 mcg freeze dried venom, with diluent			
↓ Inj 550 mcg vial with diluent			
↓ Initiation kit - 1 vial freeze dried venom with diluent	305.00	1	VENOX
↓ Maintenance Kit - 1 vial freeze dried venom with diluent	305.00	1	VENOX

→ **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 [on the next page](#)

↓ Treatment kit - 6 vials 120 mcg freeze dried venom, with diluent			
↓ Inj 550 mcg vial with diluent			

RESPIRATORY SYSTEM AND ALLERGIES

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

➔ 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 – 5% DV Feb-25 to 2027	2.59	200 dose	SteroClear
Nasal spray 100 mcg per dose – 5% DV Feb-25 to 2027	2.89	200 dose	SteroClear

FLUTICASONE PROPIONATE

Metered dose nasal spray 50 mcg per dose – 5% DV Feb-26 to 2028	2.57	120 dose	Flixonase Hayfever & Allergy
---	------	----------	---

IPRATROPIUM BROMIDE

Aqueous nasal spray 0.03%	5.23	15 ml	Univent
---------------------------------	------	-------	---------

SODIUM CROMOGLICATE

Nasal spray 4%

Antihistamines

CETIRIZINE HYDROCHLORIDE

Tab 10 mg – 5% DV Sep-23 to 2026	1.71	100	Zista
Oral liq 1 mg per ml	3.99	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 – 5% DV Jul-25 to 2027	3.49	30	Flexaclear
Tab 180 mg – 5% DV Jul-25 to 2027	4.10	30	Flexaclear

LORATADINE

Tab 10 mg	1.78	100	Lorafix
Oral liq 1 mg per ml	1.43	100 ml	Haylor Syrup

PROMETHAZINE HYDROCHLORIDE

Tab 10 mg – 5% DV Dec-25 to 2028	2.19	100	Allersoothe
Tab 25 mg – 5% DV Dec-25 to 2028	2.69	100	Allersoothe
Oral liq 1 mg per ml	3.39	100 ml	Allersoothe
Inj 25 mg per ml, 2 ml ampoule	21.09	5	Hospira

Anticholinergic Agents

IPRATROPIUM BROMIDE

Aerosol inhaler 20 mcg per dose			
Nebuliser soln 250 mcg per ml, 1 ml ampoule			
Nebuliser soln 250 mcg per ml, 2 ml ampoule	11.73	20	Accord Univent

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

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.....	11.04	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
---	-------	---------	-------------------

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 (RS2155)

Initiation

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.

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

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

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

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

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

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

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

Inhaled Corticosteroid with Long-Acting Muscarinic Antagonist and Beta Agonist

BUDESONIDE WITH GLYCOPYRRONIUM AND EFORMOTEROL – **Restricted** see terms [below](#)

† Aerosol inhaler budesonide 160 mcg with glycopyrronium 7.2 mcg and formoterol 5 mcg per dose.....	79.15	120 dose	Breztri Aerosphere
--	-------	----------	--------------------

➔ Restricted (RS2085)

Initiation

Both:

continued...

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

continued...

- 1 Patient has a diagnosis of COPD confirmed by spirometry or spirometry has been attempted and technically acceptable results are not possible; and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 Patient is currently receiving an inhaled corticosteroid with long acting beta-2 agonist (ICS/LABA) or a long acting muscarinic antagonist with long acting beta-2 agonist (LAMA/LABA); and
 - 2.1.2 Any of the following:
 - Clinical criteria:
 - 2.1.2.1 Patient has a COPD Assessment Test (CAT) score greater than 10; or
 - 2.1.2.2 Patient has had 2 or more exacerbations in the previous 12 months; or
 - 2.1.2.3 Patient has had one exacerbation requiring hospitalisation in the previous 12 months; or
 - 2.1.2.4 Patient has had an eosinophil count greater than or equal to 0.3×10^9 cells/L in the previous 12 months; or
 - 2.2 Patient is currently receiving multiple inhaler triple therapy (inhaled corticosteroid with long-acting muscarinic antagonist and long-acting beta-2 agonist – ICS/LAMA/LABA) and met at least one of the clinical criteria above prior to commencing multiple inhaler therapy.

FLUTICASONE FUROATE WITH UMECLIDINIUM AND VILANTEROL – **Restricted** see terms [below](#)

↓ Powder for inhalation fluticasone furoate 100 mcg with umeclidinium
62.5 mcg and vilanterol 25 mcg..... 104.24 30 dose Trelegy Ellipta

→ **Restricted (RS2028)**

Initiation

- Both:
- 1 Patient has a diagnosis of COPD confirmed by spirometry or spirometry has been attempted and technically acceptable results are not possible; and
 - 2 Either:
 - 2.1 Both:
 - 2.1.1 Patient is currently receiving an inhaled corticosteroid with long acting beta-2 agonist (ICS/LABA) or a long acting muscarinic antagonist with long acting beta-2 agonist (LAMA/LABA); and
 - 2.1.2 Any of the following:
 - Clinical criteria:
 - 2.1.2.1 Patient has a COPD Assessment Test (CAT) score greater than 10; or
 - 2.1.2.2 Patient has had 2 or more exacerbations in the previous 12 months; or
 - 2.1.2.3 Patient has had one exacerbation requiring hospitalisation in the previous 12 months; or
 - 2.1.2.4 Patient has had an eosinophil count greater than or equal to 0.3×10^9 cells/L in the previous 12 months; or
 - 2.2 Patient is currently receiving multiple inhaler triple therapy (inhaled corticosteroid with long acting muscarinic antagonist and long acting beta-2 agonist – ICS/LAMA/LABA) and met at least one of the clinical criteria above prior to commencing multiple inhaler triple therapy.

Antifibrotics

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

↓ Cap 100 mg.....2,554.00 60 Ofev
↓ Cap 150 mg.....3,870.00 60 Ofev

→ **Restricted (RS1813)**

Initiation – idiopathic pulmonary fibrosis

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

continued...

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

continued...

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

Continuation – idiopathic pulmonary fibrosis

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

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

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

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

⬇ Tab 267 mg	1,215.00	90	Esbriet
⬇ Tab 801 mg	3,645.00	90	Esbriet

➔ **Restricted (RS1814)**

Initiation – idiopathic pulmonary fibrosis

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

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

Continuation – idiopathic pulmonary fibrosis

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

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Beta-Adrenoceptor Agonists			
SALBUTAMOL			
Oral liq 400 mcg per ml – 5% DV May-25 to 2027.....	50.00	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.....	4.18	200 dose	SalAir
	7.45		Ventolin
Nebuliser soln 1 mg per ml, 2.5 ml ampoule	8.96	20	Asthalin
			UK Cipla
Nebuliser soln 2 mg per ml, 2.5 ml ampoule	9.43	20	Asthalin
			UK Cipla
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
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
	14.01		Qvar
Aerosol inhaler 100 mcg per dose.....	12.50	200 dose	Beclazone 100
	17.52		Qvar
Aerosol inhaler 250 mcg per dose.....	22.67	200 dose	Beclazone 250
BUDESONIDE			
Nebuliser soln 250 mcg per ml, 2 ml ampoule			
Nebuliser soln 500 mcg per ml, 2 ml ampoule			
Powder for inhalation 100 mcg per dose			
Powder for inhalation 200 mcg per dose			
Powder for inhalation 400 mcg per dose			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUTICASONE			
Aerosol inhaler 50 mcg per dose.....	7.19	120 dose	Flixotide
Powder for inhalation 50 mcg per dose.....	8.61	60 dose	Flixotide Accuhaler
Powder for inhalation 100 mcg per dose.....	7.81	60 dose	Flixotide Accuhaler
Aerosol inhaler 125 mcg per dose.....	13.60	120 dose	Flixotide
Aerosol inhaler 250 mcg per dose.....	24.62	120 dose	Flixotide
Powder for inhalation 250 mcg per dose.....	11.93	60 dose	Flixotide Accuhaler

Leukotriene Receptor Antagonists

MONTELUKAST			
Tab 4 mg – 5% DV Dec-25 to 2028.....	3.10	28	Montelukast Viatris
Tab 5 mg – 5% DV Dec-25 to 2028.....	3.10	28	Montelukast Viatris
Tab 10 mg – 5% DV Dec-25 to 2028.....	2.45	28	Montelukast Viatris

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.....	26.25	120 dose	Serevent
Powder for inhalation 50 mcg per dose.....	26.25	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			
Aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg			
Aerosol inhaler 200 mcg with eformoterol fumarate 6 mcg			
Powder for inhalation 160 mcg with 4.5 mcg eformoterol fumarate per dose (equivalent to 200 mcg budesonide with 6 mcg eformoterol fumarate metered dose).....	41.50	120 dose	DuoResp Spiromax
Powder for inhalation 200 mcg with eformoterol fumarate 6 mcg.....	33.74	120 dose	Symbicort Turbuhaler
Powder for inhalation 320 mcg with 9 mcg eformoterol fumarate per dose (equivalent to 400 mcg budesonide with 12 mcg eformoterol fumarate metered dose).....	82.50	120 dose	DuoResp Spiromax
Powder for inhalation 400 mcg with eformoterol fumarate 12 mcg.....	33.74	60 dose	Symbicort Turbuhaler

FLUTICASONE FUROATE WITH VILANTEROL

Powder for inhalation 100 mcg with vilanterol 25 mcg.....	44.08	30 dose	Breo Ellipta
---	-------	---------	--------------

FLUTICASONE WITH SALMETEROL

Aerosol inhaler 50 mcg with salmeterol 25 mcg.....	25.79	120 dose	Seretide
Powder for inhalation 100 mcg with salmeterol 50 mcg.....	33.74	60 dose	Seretide Accuhaler
Aerosol inhaler 125 mcg with salmeterol 25 mcg.....	32.60	120 dose	Seretide
Powder for inhalation 250 mcg with salmeterol 50 mcg.....	44.08	60 dose	Seretide Accuhaler

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Methylxanthines			
AMINOPHYLLINE			
Inj 25 mg per ml, 10 ml ampoule	180.00	5	DBL Aminophylline
CAFFEINE CITRATE			
Oral liq 20 mg per ml (caffeine 10 mg per ml)	16.91	25 ml	Biomed
Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule	69.70	5	Biomed
THEOPHYLLINE			
Tab long-acting 250 mg.....	25.65	100	Nuelin-SR
Oral liq 80 mg per 15 ml	18.49	500 ml	Nuelin

Mucolytics and Expectorants

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

⚡ Nebuliser soln 2.5 mg per 2.5 ml ampoule250.00 6 Pulmozyme

➡ **Restricted (RS1787)**

Initiation – cystic fibrosis

Respiratory physician or paediatrician

Re-assessment required after 12 months

All of the following:

- 1 Patient has a confirmed diagnosis of cystic fibrosis; and
- 2 Patient has previously undergone a trial with, or is currently being treated with, hypertonic saline; and
- 3 Any of the following:
 - 3.1 Patient has required one or more hospital inpatient respiratory admissions in the previous 12 month period; or
 - 3.2 Patient has had 3 exacerbations due to CF, requiring oral or intravenous (IV) antibiotics in in the previous 12 month period; or
 - 3.3 Patient has had 1 exacerbation due to CF, requiring oral or IV antibiotics in the previous 12 month period and a Brasfield score of < 22/25; or
 - 3.4 Patient has a diagnosis of allergic bronchopulmonary aspergillosis (ABPA).

Continuation – cystic fibrosis

Respiratory physician or paediatrician

The treatment remains appropriate and the patient continues to benefit from treatment.

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.

ELEXACAFTOR WITH TEZACAFTOR, IVACAFTOR AND IVACAFTOR – Restricted see terms [on the next page](#)

⚡ Tab elexacافت 50 mg with tezacافت 25 mg, ivacافت 37.5 mg (56) and
ivacافت 75 mg (28).....27,647.39 84 Trikafta

⚡ Tab elexacافت 100 mg with tezacافت 50 mg, ivacافت 75 mg (56) and
ivacافت 150 mg (28).....27,647.39 84 Trikafta

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

➔ **Restricted (RS2114)****Initiation**

All of the following:

- 1 Patient has been diagnosed with cystic fibrosis; and
- 2 Patient is 6 years of age or older; and
- 3 Either:
 - 3.1 Patient has two cystic fibrosis-causing mutations in the cystic fibrosis transmembrane regulator (CFTR) gene (one from each parental allele); or
 - 3.2 Patient has a sweat chloride value of at least 60 mmol/L by quantitative pilocarpine iontophoresis or by Macroduct sweat collection system; and
- 4 Either:
 - 4.1 Patient has a heterozygous or homozygous F508del mutation; or
 - 4.2 Patient has a G551D mutation or other mutation responsive in vitro to elexacaftor/tezacaftor/ivacaftor (see note a); and
- 5 The treatment must be the sole funded CFTR modulator therapy for this condition; and
- 6 Treatment with elexacaftor/tezacaftor/ivacaftor must be given concomitantly with standard therapy for this condition.

Notes:

- a) Eligible mutations are listed in the Food and Drug Administration (FDA) Trikafta prescribing information
<https://nctcrs.fda.gov/fdalabel/services/spl/set-ids/f354423a-85c2-41c3-a9db-0f3aee135d8d/spl-doc>

IVACAFTOR – Restricted see terms **below**

↓ Tab 150 mg	29,386.00	56	Kalydeco
↓ Oral granules 50 mg, sachet	29,386.00	56	Kalydeco
↓ Oral granules 75 mg, sachet	29,386.00	56	Kalydeco

➔ **Restricted (RS1818)****Initiation**

Respiratory specialist or paediatrician

All of the following:

- 1 Patient has been diagnosed with cystic fibrosis; and
- 2 Either:
 - 2.1 Patient must have G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene on at least 1 allele; or
 - 2.2 Patient must have other gating (class III) mutation (G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N and S549R) in the CFTR gene on at least 1 allele; and
- 3 Patients must have a sweat chloride value of at least 60 mmol/L by quantitative pilocarpine iontophoresis or by Macroduct sweat collection system; and
- 4 Treatment with ivacaftor must be given concomitantly with standard therapy for this condition; and
- 5 Patient must not have an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing treatment with ivacaftor; and
- 6 The dose of ivacaftor will not exceed one tablet or one sachet twice daily; and
- 7 Applicant has experience and expertise in the management of cystic fibrosis.

SODIUM CHLORIDE

Nebuliser soln 7%, 90 ml bottle	25.73	90 ml	Biomed
---------------------------------------	-------	-------	--------

Pulmonary Surfactants**BERACTANT**

Soln 200 mg per 8 ml vial

PORACTANT ALFA

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

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

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

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

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% – 5% DV Feb-26 to 2028	1.55	5 g	Devatis
Ear drops 0.5%			
Eye drops 0.5% – 5% DV Mar-26 to 2028	1.84	10 ml	Chlorafast
	1.45		Chlorsig
Eye drops 0.5%, single dose (Chlorsig Eye drops 0.5% to be delisted 1 March 2026)			
CIPROFLOXACIN			
Eye drops 0.3% – 5% DV Mar-25 to 2027	10.85	5 ml	Ciprofloxacin Teva
FRAMYCETIN SULPHATE			
Ear/eye drops 0.5%			
GENTAMICIN SULPHATE			
Eye drops 0.3%			
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% – 5% DV Feb-25 to 2027	15.89	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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DEXAMETHASONE WITH TOBRAMYCIN			
Eye drops 0.1% with tobramycin 0.3%	12.64	5 ml	Tobradex
FLUMETASONE PIVALATE WITH CLIOQUINOL			
Ear drops 0.02% with clioquinol 1%			
TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN			
Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g	5.16	7.5 ml	Kenacomb

Anti-Inflammatory Preparations

Corticosteroids

DEXAMETHASONE			
Eye oint 0.1%	5.86	3.5 g	Maxidex
Eye drops 0.1%	4.50	5 ml	Maxidex
↓ Ocular implant 700 mcg.....	1,444.50	1	Ozurdex

➡ Restricted (RS1606)

Initiation – Diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

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

Continuation – Diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

Both:

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

Initiation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

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

continued...

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

continued...

Continuation – Women of child bearing age with diabetic macular oedema

Ophthalmologist

Re-assessment required after 12 months

All of the following:

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

FLUOROMETHOLONE

Eye drops 0.1% 3.09 5 ml FML

PREDNISOLONE ACETATE

Eye drops 0.12%

Eye drops 1% 7.00 5 ml Pred Forte
6.92 10 ml Prednisolone- AFT

PREDNISOLONE SODIUM PHOSPHATE

Eye drops 0.5%, single dose (preservative free) 43.26 20 dose Minims Prednisolone

Non-Steroidal Anti-Inflammatory Drugs

DICLOFENAC SODIUM

Eye drops 0.1%

Eye drops 0.1%, single dose – **5% DV Jul-25 to 2027** 1.85 10 dose **Diclofenac Devatis**
5.54 30 dose **Diclofenac Devatis**

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% – **5% DV Mar-26 to 2028** 3.39 5 ml **Olopatadine Teva**

SODIUM CROMOGLICATE

Eye drops 2% – **5% DV Mar-26 to 2028** 2.91 10 ml **Allerfix**

Decongestants

NAPHAZOLINE HYDROCHLORIDE

Eye drops 0.1% – **5% DV Jan-25 to 2027** 5.65 15 ml **Albalon**

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Diagnostic and Surgical Preparations			
Diagnostic Dyes			
FLUORESCIEIN SODIUM			
Eye drops 2%, single dose			
Inj 10%, 5 ml vial	125.00	12	Fluorescite
Ophthalmic strips 1 mg			
FLUORESCIEIN SODIUM WITH LIGNOCAINE HYDROCHLORIDE			
Eye drops 0.25% with lignocaine hydrochloride 4%, single dose			
LISSAMINE GREEN			
Ophthalmic strips 1.5 mg			
ROSE BENGAL SODIUM			
Ophthalmic strips 1%			
Irrigation Solutions			
MIXED SALT SOLUTION FOR EYE IRRIGATION			
Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 15 ml dropper bottle	5.00	15 ml	Balanced Salt Solution
Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 250 ml			<i>e.g. Balanced Salt Solution</i>
Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml bag			<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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM HYALURONATE [HYALURONIC ACID]			
Inj 14 mg per ml, 0.85 ml syringe	50.00	1	Healon GV
Inj 18 mg per ml, 0.85 ml syringe – 5% DV Mar-26 to 2028	50.00	1	Healon GV Pro
Inj 23 mg per ml, 0.6 ml syringe – 5% DV Mar-26 to 2028	60.00	1	Healon 5
Inj 10 mg per ml, 0.85 ml syringe – 5% DV Mar-26 to 2028	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

RIBOFLAVIN 5-PHOSPHATE

- Soln trans epithelial riboflavin
- Inj 0.1%
- Inj 0.1% plus 20% dextran T500
- Inj 0.1% plus hydroxypropyl methylcellulose

Glaucoma Preparations

Beta Blockers

BETAXOLOL

- Eye drops 0.25%
- Eye drops 0.5%

TIMOLOL

- Eye drops 0.25% – **5% DV Mar-24 to 2026** 2.42 5 ml **Arrow-Timolol**
- Eye drops 0.5% – **5% DV Mar-24 to 2026** 2.50 5 ml **Arrow-Timolol**

➔ Eye drops 0.5%, gel forming – **Restricted:** For continuation only

Carbonic Anhydrase Inhibitors

ACETAZOLAMIDE

- Tab 250 mg – **5% DV Sep-25 to 2027** 13.96 100 **Medsurge**
- Inj 500 mg

BRINZOLAMIDE

- Eye drops 1% – **5% DV Dec-24 to 2027** 5.11 5 ml **Azopt**

DORZOLAMIDE – **Restricted:** For continuation only

➔ Eye drops 2%

DORZOLAMIDE WITH TIMOLOL

- Eye drops 2% with timolol 0.5% – **5% DV Feb-25 to 2027** 3.58 5 ml **Dortimopt**

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

Miotics

ACETYLCHOLINE CHLORIDE			
Inj 20 mg vial with diluent			
CARBACHOL			
Inj 150 mcg vial			
PILOCARPINE HYDROCHLORIDE			
Eye drops 1%	4.26	15 ml	Isopto Carpine
Eye drops 2%	5.35	15 ml	Isopto Carpine
Eye drops 4%	7.99	15 ml	Isopto Carpine
PILOCARPINE NITRATE			
Eye drops 2%, single dose			

Prostaglandin Analogues

BIMATOPROST			
Eye drops 0.03% – 5% DV Jan-25 to 2027	5.15	3 ml	Lumigan
LATANOPROST			
Eye drops 0.005% – 5% DV Mar-25 to 2027	2.08	2.5 ml	Teva
LATANOPROST WITH TIMOLOL			
Eye drops 0.005% with timolol 0.5% – 5% DV Mar-24 to 2026	4.95	2.5 ml	Arrow - Lattim
TRAVOPROST			
Eye drops 0.004% – 5% DV Dec-24 to 2027	6.80	2.5 ml	Travatan

Sympathomimetics

APRACLOPIDINE			
Eye drops 0.5%	19.77	5 ml	Iopidine
BRIMONIDINE TARTRATE			
Eye drops 0.2% – 5% DV Mar-25 to 2027	5.16	5 ml	Arrow-Brimonidine
BRIMONIDINE TARTRATE WITH TIMOLOL MALEATE			
Eye drops 0.2% with timolol 0.5% – 5% DV Dec-24 to 2027	7.13	5 ml	Combigan

Mydriatics and Cycloplegics

Anticholinergic Agents

ATROPINE SULPHATE			
Eye drops 0.5%			
Eye drops 1%, single dose			
Eye drops 1% – 5% DV Feb-24 to 2026	18.27	15 ml	Atropt
CYCLOPENTOLATE HYDROCHLORIDE			
Eye drops 0.5%, single dose			
Eye drops 1%	25.16	15 ml	Cyclogyl
Eye drops 1%, single dose			
TROPICAMIDE			
Eye drops 0.5%	20.52	15 ml	Mydriacyl
Eye drops 0.5%, single dose			
Eye drops 1%	24.82	15 ml	Mydriacyl
Eye drops 1%, single dose			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Sympathomimetics			
PHENYLEPHRINE HYDROCHLORIDE			
Eye drops 2.5%, single dose			
Eye drops 10%, single dose			
Ocular Lubricants			
CARBOMER			
Ophthalmic gel 0.2%			
CARMELLOSE SODIUM WITH PECTIN AND GELATINE			
Eye drops 0.5%			
Eye drops 0.5%, single dose			
Eye drops 1%			
Eye drops 1%, single dose			
HYPROMELLOSE			
Eye drops 0.5%	19.50	15 ml	Methopt
Ophthalmic gel 0.3%			
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			
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
POLYETHYLENE GLYCOL 400 AND PROPYLENE GLYCOL			
Eye drops 0.4% with propylene glycol 0.3%, 10 ml bottle			
Note: Only for use in compounding an eye drop formulation			
Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose....	10.78	30	Systane Unit Dose
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 – 5% DV Dec-24 to 2027	13.58	10 ml	Hylo-Fresh

Other Otological Preparations

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Agents Used in the Treatment of Poisonings			
Antidotes			
ACETYLCYSTEINE			
Tab eff 200 mg			
Inj 200 mg per ml, 10 ml vial.....	42.99	10	Hikma Acetylcysteine
Inj 200 mg per ml, 10 ml ampoule – 5% DV Apr-25 to 2027	42.99	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 – 5% DV Dec-24 to 2027	44.00	5	Flumazenil-Baxter
HYDROXOCOBALAMIN			
Inj 5 g vial			
Inj 2.5 g vial			
NALOXONE HYDROCHLORIDE			
Inj 400 mcg per ml, 1 ml ampoule – 5% DV Apr-25 to 2027	13.29	5	DBL Naloxone Hydrochloride
PRALIDOXIME CHLORIDE			
Inj 1 g vial			
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, 100 ml vial			
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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DIPHThERIA ANTITOXIN Inj 10,000 iu vial			

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 59.85 250 ml Carbasorb-X

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

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

→ **Restricted (RS1444)**

Initiation

Haematologist

Re-assessment required after 2 years

All of the following:

- 1 The patient has been diagnosed with chronic iron overload due to congenital inherited anaemia; and
- 2 Deferasirox is to be given at a daily dose not exceeding 40 mg/kg/day; and
- 3 Any of the following:
 - 3.1 Treatment with maximum tolerated doses of deferiprone monotherapy or deferiprone and desferrioxamine combination therapy have proven ineffective as measured by serum ferritin levels, liver or cardiac MRI T2*; or
 - 3.2 Treatment with deferiprone has resulted in severe persistent vomiting or diarrhoea; or
 - 3.3 Treatment with deferiprone has resulted in arthritis; or
 - 3.4 Treatment with deferiprone is contraindicated due to a history of agranulocytosis (defined as an absolute neutrophil count (ANC) of < 0.5 cells per µL) or recurrent episodes (greater than 2 episodes) of moderate neutropenia (ANC 0.5 - 1.0 cells per µL).

Continuation

Haematologist

Re-assessment required after 2 years

Either:

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

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

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

→ **Restricted (RS1445)**

Initiation

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

DESFERRIOXAMINE MESILATE

Inj 500 mg vial 332.88 10 DBL Desferrioxamine
Mesylate for Inj BP

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
DICOBALT EDETATE			
Inj 15 mg per ml, 20 ml ampoule			
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 50 mg per ml, 10 ml ampoule			
Inj 200 mg per ml, 2.5 ml ampoule			
Inj 200 mg per ml, 5 ml ampoule			

Antiseptics and Disinfectants

CHLORHEXIDINE			
Soln 0.1%			
Soln 4%			
Soln 5%	15.50	500 ml	healthE
CHLORHEXIDINE WITH CETRIMIDE			
Crm 0.1% with cetrimide 0.5%			
Foaming soln 0.5% with cetrimide 0.5%			
CHLORHEXIDINE WITH ETHANOL			
Soln 0.5% with ethanol 70%			
Soln 2% with ethanol 70%			
Soln 0.5% with ethanol 70%, non-staining (pink) 25 ml	1.55	1	healthE
IODINE WITH ETHANOL			
Soln 1% with ethanol 70%			
ISOPROPYL ALCOHOL			
Soln 70%, 500 ml	5.65	1	healthE
POVIDONE-IODINE			
↓ Vaginal tab 200 mg			
➡ Restricted (RS1354)			
Initiation			
Rectal administration pre-prostate biopsy.			
Oint 10%	7.40	65 g	Betadine
Soln 10%	4.99	100 ml	Riodine
Soln 5%			
Soln 7.5%			
Soln 10%,	3.83	15 ml	Riodine
	6.99	500 ml	Riodine
Pad 10%			
Swab set 10%			
POVIDONE-IODINE WITH ETHANOL			
Soln 10% with ethanol 30%			
Soln 10% with ethanol 70%			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM HYPOCHLORITE			
Soln			
Contrast Media			
Iodinated X-ray Contrast Media			
DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE			
Oral liq 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle.....	30.00	100 ml	Gastrografin
Inj 260 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle.....	120.00	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.....	275.00	10	Visipaque
Inj 270 mg per ml (iodine equivalent), 100 ml bottle.....	505.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 50 ml bottle.....	280.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 100 ml bottle.....	510.00	10	Visipaque
Inj 320 mg per ml (iodine equivalent), 200 ml bottle.....	1,020.00	10	Visipaque
IOHEXOL			
Inj 240 mg per ml (iodine equivalent), 50 ml bottle.....	117.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 20 ml bottle.....	110.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 50 ml bottle.....	121.00	10	Omnipaque
Inj 300 mg per ml (iodine equivalent), 100 ml bottle.....	200.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 50 ml bottle.....	125.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 100 ml bottle.....	210.00	10	Omnipaque
Inj 350 mg per ml (iodine equivalent), 200 ml bottle.....	420.00	10	Omnipaque
Inj 350 mg per ml, 500 ml bottle	655.00	6	Omnipaque
Non-iodinated X-ray Contrast Media			
BARIUM SULPHATE			
Oral liq 400 mg per ml (40% w/v, 30% w/w), bottle	17.39	148 g	Varibar - Thin Liquid
Oral liq 400 mg per ml (40% w/v), bottle	189.15	250 ml	Varibar - Honey
	38.40	240 ml	Varibar - Nectar
	159.05	230 ml	Varibar - Pudding
Grans for oral liq 960 mg per g (96% w/w), 176 g bottle	530.00	24	Vanilla SiIQ MD
Grans for oral liq 980 mg per g (98% w/w), 310 g bottle	490.00	24	Vanilla SiIQ HD
Oral liq 20.9 mg per ml (2.1% w/v, 2% w/w), 450 ml bottle	97.50	12	Readi-CAT 2
Oral liq 1 mg per ml (0.1% w/v, 0.1% w/w), 450 ml bottle	15.95	1	Neulumex
	191.40	12	Neulumex
Oral liq 400 mg per ml (40% w/v, 30% w/w), 20 ml bottle	52.35	3	Tagitol V
CITRIC ACID WITH SODIUM BICARBONATE			
Powder 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet.....	90.25	50 g	E-Z-Gas II

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Paramagnetic Contrast Media			
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.....	126.00	5	Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe.....	189.00	5	Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe.....	735.00	10	Gadovist 1.0
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 65 ml bottle.....	3,120.00	10	Gadovist 1.0
GADOTERIC ACID			
Inj 279.30 mg per ml, 10 ml prefilled syringe			<i>e.g. Clariscan</i>
Inj 279.30 mg per ml, 10 ml vial			<i>e.g. Clariscan</i>
Inj 279.30 mg per ml, 15 ml prefilled syringe			<i>e.g. Clariscan</i>
Inj 279.30 mg per ml, 20 ml vial			<i>e.g. Clariscan</i>
Inj 279.30 mg per ml, 5 ml vial			<i>e.g. Clariscan</i>
Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml prefilled syringe.....	172.00	10	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml bottle	25.35	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml prefilled syringe.....	258.00	10	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml prefilled syringe.....	344.00	10	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml bottle	14.30	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml bottle	28.90	1	Dotarem
Inj 279.32 mg per ml (0.5 mmol per ml), 5 ml bottle	9.10	1	Dotarem
GADOXETATE DISODIUM			
Inj 181.43 mg per ml (equivalent to 0.25 mmol per ml), 10 ml prefilled syringe.....	300.00	1	Primovist
MEGLUMINE GADOPENTETATE			
Inj 469 mg per ml, 10 ml prefilled syringe.....	95.00	5	Magnevist
Inj 469 mg per ml, 10 ml vial.....	185.00	10	Magnevist
MEGLUMINE IOTROXATE			
Inj 105 mg per ml, 100 ml bottle	169.15	100 ml	Biliscopin
Ultrasound Contrast Media			
PERFLUTREN			
Inj 1.1 mg per ml, 1.5 ml vial.....	180.00	1	Definity
	720.00	4	Definity
Diagnostic Agents			
ARGININE			
Inj 50 mg per ml, 500 ml bottle			
Inj 100 mg per ml, 300 ml bottle			
HISTAMINE ACID PHOSPHATE			
Nebuliser soln 0.6%, 10 ml vial			
Nebuliser soln 2.5%, 10 ml vial			
Nebuliser soln 5%, 10 ml vial			
MANNITOL			
Powder for inhalation			<i>e.g. Aridol</i>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METHACHOLINE CHLORIDE			
Powder 100 mg			
SECRETIN PENTAHYDROCHLORIDE			
Inj 100 u vial			
Inj 80 u vial			
Inj 100 u ampoule			
SINCALIDE			
Inj 5 mcg per vial			

Diagnostic Dyes

BONNEY'S BLUE DYE			
Soln			
INDIGO CARMINE			
Inj 4 mg per ml, 5 ml ampoule			
Inj 8 mg per ml, 5 ml ampoule			
INDOCYANINE GREEN			
Inj 25 mg vial			
METHYLTHIONIUM CHLORIDE [METHYLENE BLUE]			
Inj 5 mg per ml, 10 ml ampoule	259.57	5	Proveblue
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

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%, 100 ml bottle

Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule – **5% DV**

Sep-25 to 2028	29.70	30	LumaCina
GLYCINE			
Irrigation soln 1.5%, 3,000 ml bag	96.28	4	B Braun
SODIUM CHLORIDE			
Irrigation soln 0.9%, 3,000 ml bag	80.00	4	B Braun
Irrigation soln 0.9%, 30 ml ampoule	12.50	20	InterPharma
Irrigation soln 0.9%, 1,000 ml bottle	19.50	10	Baxter Sodium Chloride
			0.9%
Irrigation soln 0.9%, 250 ml bottle	21.60	12	Fresenius Kabi

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
WATER			
Irrigation soln, 3,000 ml bag	84.52	4	B Braun
Irrigation soln, 1,000 ml bottle	19.50	10	Baxter Water for Irrigation
Irrigation soln, 250 ml bottle	21.60	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

SODIUM HYDROXIDE
Soln 10%

TROMETAMOL
Inj 36 mg per ml, 500 ml bottle

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

Cardioplegia Solutions

ELECTROLYTES

Inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag

e.g. Custodiol-HTK

Inj aspartic acid 10.43 mg per ml, citric acid 0.22476 mg per ml, glutamic acid 11.53 mg per ml, sodium phosphate 0.1725 mg per ml, potassium chloride 2.15211 mg per ml, sodium citrate 1.80768 mg per ml, sodium hydroxide 6.31 mg per ml and trometamol 11.2369 mg per ml, 364 ml bag

e.g. Cardioplegia Enriched Paed. Soln.

Inj aspartic acid 8.481 mg per ml, citric acid 0.8188 mg per ml, glutamic acid 9.375 mg per ml, sodium phosphate 0.6285 mg per ml, potassium chloride 2.5 mg per ml, sodium citrate 6.585 mg per ml, sodium hydroxide 5.133 mg per ml and trometamol 9.097 mg per ml, 527 ml bag

e.g. Cardioplegia Enriched Solution

Inj citric acid 0.07973 mg per ml, sodium phosphate 0.06119 mg per ml, potassium chloride 2.181 mg per ml, sodium chloride 1.788 mg ml, sodium citrate 0.6412 mg per ml and trometamol 5.9 mg per ml, 523 ml bag

e.g. Cardioplegia Base Solution

Inj 110 mmol/l sodium, 16 mmol/l potassium, 1.2 mmol/l calcium, 16 mmol/l magnesium and 160 mmol/l chloride, 1,000 ml bag

e.g. Cardioplegia Solution AHB7832

Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag

e.g. Cardioplegia Electrolyte Solution

MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE

Inj 42.68 mg with sodium aspartate 39.48 mg per ml, 250 ml bottle

MONOSODIUM L-ASPARTATE

Inj 14 mmol per 10 ml, 10 ml

Cold Storage Solutions

SODIUM WITH POTASSIUM

Inj 29 mmol/l with potassium 125 mmol/l, 1,000 ml bag

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	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	46.00	200 ml	Midwest
CODEINE PHOSPHATE Powder			
COLLODION FLEXIBLE Liq			
COMPOUND HYDROXYBENZOATE Soln	36.00	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.....	38.00	473 ml	Ora-Sweet SF
GLYCERIN WITH SUCROSE			
Suspension.....	38.00	473 ml	Ora-Sweet
GLYCEROL			
Liq.....	3.23	500 ml	healthE Glycerol BP Liquid
HYDROCORTISONE			
Powder	49.95	25 g	ABM
LACTOSE			
Powder			
MAGNESIUM HYDROXIDE			
Paste			
MENTHOL			
Crystals			
METHADONE HYDROCHLORIDE			
Powder			
METHYL HYDROXYBENZOATE			
Powder	11.00	25 g	Midwest
METHYLCELLULOSE			
Powder	44.00	100 g	Midwest
Suspension.....	38.00	473 ml	Ora-Plus
<i>(Midwest Powder to be delisted 1 February 2028)</i>			
METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN			
Suspension.....	38.00	473 ml	Ora-Blend SF
METHYLCELLULOSE WITH GLYCERIN AND SUCROSE			
Suspension.....	38.00	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.....	13.50	500 g	Midwest

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

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

EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SODIUM CITRATE			
Powder			
SODIUM METABISULFITE			
Powder			
STARCH			
Powder			
SULPHUR			
Precipitated			
Sublimed			
SYRUP			
Liq (pharmaceutical grade).....	25.00	500 ml	Midwest
THEOBROMA OIL			
Oint			
TRI-SODIUM CITRATE			
Crystals			
TRICHLORACETIC ACID			
Grans			
UREA			
Powder BP			
WOOL FAT			
Oint, anhydrous			
XANTHAN			
Gum 1%			
ZINC OXIDE			
Powder			

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

Food Modules

Carbohydrate

➔ **Restricted (RS1467)**

Initiation – Use as an additive

Any of the following:

- 1 Cystic fibrosis; or
- 2 Chronic kidney disease; or
- 3 Cancer in children; or
- 4 Cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
- 5 Faltering growth in an infant/child; or
- 6 Bronchopulmonary dysplasia; or
- 7 Premature and post premature infant; or
- 8 Inborn errors of metabolism.

Initiation – Use as a module

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.
Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

CARBOHYDRATE SUPPLEMENT – **Restricted** see terms [above](#)

† Powder 96 g carbohydrate per 100 g, can	6.72	400 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, bottle	15.38	200 ml	Calogen (neutral) Calogen (strawberry)
--	-------	--------	---

MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT – **Restricted** see terms [above](#)

† Liquid 95 g fat per 100 ml, bottle	37.50	500 ml	MCT Oil
† Liquid 50 g fat per 100 ml, 250 ml bottle	143.65	4	Liquigen

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

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, less than 1.5 g carbohydrate and 2 g fat per 100 g, can 13.82 225 g Protifar

Other Supplements

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

‡ Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, can 71.77 400 g Duocal Super Soluble Powder

➡ **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.

HUMAN MILK FORTIFIER

Powder 0.325 g protein, 0.37 g carbohydrate and 0.175 g fat per 1 g sachet 33.48 50 Human Milk Fortifier
e.g. *FM 85*

Food/Fluid Thickeners

NOTE:

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

- use was established prior to 1 July 2013; and

continued...

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

continued...

- 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

Powder24.00 380 g Aptamil Feed Thickener

GUAR GUM

Powder *e.g. Guarcol*

MAIZE STARCH

Powder8.29 300 g Nutillis

MALTODEXTRIN WITH XANTHAN GUM

Powder *e.g. Instant Thick*

MALTODEXTRIN WITH XANTHAN GUM AND ASCORBIC ACID

Powder *e.g. Easy Thick*

Metabolic Products

➔ Restricted (RS2047)

Initiation

Either:

- 1 For the dietary management of inherited metabolic disease; or
- 2 Patient has adrenoleukodystrophy.

Supplements for Glutaric Aciduria Type 1

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*

AMINO ACID FORMULA (WITHOUT LYSINE) – **Restricted** see terms [above](#)

- † Powder (neutral) 5 g protein, 5.4 g carbohydrate, 2.3 g fat and 2 g fibre per 18 g sachet.....750.30 30 GA1 Anamix Junior
- † Powder, 5 g protein, 5.3 g carbohydrate, 0.2 g fat per 12.5 g sachet.....349.65 30 GA Explore 5
- † Powder, 13.1 g protein, 50.1 g carbohydrate, 23 g fat and 3.7 g fibre per 100 g, 400 g can.....260.00 400 g GA1 Anamix Infant

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Supplements for Homocystinuria			
AMINO ACID FORMULA (WITHOUT METHIONINE) – Restricted see terms on the previous page			
† Powder (neutral), 10 g protein, 11.5 g carbohydrate and 4.5 g fat per 36 g sachet.....	750.30	30	HCU Anamix Junior
† Powder, 15 g protein, 3.5 g carbohydrate, 0.55 g fat per 25 g sachet.....	1,048.95	30	HCU Express 15
† Powder, 5 g protein, 5.3 g carbohydrate, 0.2 g fat per 12.5 g sachet.....	349.65	30	HCU Explore 5
† Powder (neutral) 39 g protein and 34 g carbohydrate per 100 g, 500 g can.....	480.42	500 g	XMET Maxamum
† Powder (unflavoured) 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can.....	260.00	400 g	HCU Anamix Infant
† Liquid (juicy berries), 20 g protein, 12.63 g carbohydrate and 0.46 g fat per 125 ml bottle.....	1,684.80	30	HCU Lophlex LQ
† Liquid (juicy berries), 20 g protein, 9.3 g carbohydrate, 0.44 g fat and 0.44 g fibre per 125 ml bottle.....	1,684.80	30	HCU Lophlex LQ
† Liquid (orange), 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle.....	941.40	36	HCU Anamix Junior LQ
<i>(HCU Lophlex LQ Liquid (juicy berries), 20 g protein, 9.3 g carbohydrate, 0.44 g fat and 0.44 g fibre per 125 ml bottle to be delisted 1 March 2026)</i>			

Supplements for MSUD and Short chain enoyl coA hydratase deficiency

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE) – Restricted see terms on the previous page			
† Powder (neutral) 10 g protein, 11.5 g carbohydrate and 4.5 g fat per 36 g sachet.....	750.00	30	MSUD Anamix Junior
† Powder, 15 g protein, 3.5 g carbohydrate, 0.6 g fat per 25 g sachet.....	1,048.95	30	MSUD Express 15
† Powder, 5 g protein, 5.3 g carbohydrate, 0.2 g fat per 12.5 g sachet.....	349.65	30	MSUD Explore 5
† Powder (orange) 39 g protein and 34 g carbohydrate per 100 g, 500 g can.....	454.71	500 g	MSUD Maxamum
† Powder (unflavoured) 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can.....	260.00	400 g	MSUD Anamix Infant
† Powder (unflavoured) 39 g protein and 34 g carbohydrate per 100 g, 500 g can.....	454.71	500 g	MSUD Maxamum
† Liquid (juicy berries), 20 g protein, 12.63 g carbohydrate and 0.46 g fat per 125 ml pouch.....	1,684.80	30	MSUD Lophlex LQ 20
† Liquid (juicy berries), 20 g protein, 8.8 g carbohydrate, 0.44 g fat and 0.5 g fibre per 125 ml pouch.....	1,684.80	30	MSUD Lophlex LQ 20
† Liquid (orange) 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle.....	941.40	36	MSUD Anamix Junior LQ
<i>(MSUD Lophlex LQ 20 Liquid (juicy berries), 20 g protein, 8.8 g carbohydrate, 0.44 g fat and 0.5 g fibre per 125 ml pouch to be delisted 1 March 2026)</i>			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Supplements for Phenylketonuria			
AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – Restricted see terms on page 297			
† Tab 8.33 mg	99.00	75	Phlexy 10
† Powder (Berry), 5.0 g protein, 14 g carbohydrate, 0 g fat per 20 g sachet.....	449.28	60	PKU Restore Powder
† Powder (Lemon), 20 g protein, 3.9 g carbohydrate, 0.8 g fat per 34 g sachet.....	883.50	30	PKU Express 20
† Powder (Neutral), 20 g protein, 4.8 g carbohydrate, 0.8 g fat per 34 g sachet.....	883.50	30	PKU Express 20
† Powder (Neutral), 5.0 g protein, 5.2 g carbohydrate, 0.2 g fat per 12.5 g sachet.....	220.88	30	PKU Explore 5
† Powder (Orange), 10 g protein, 9.8 g carbohydrate, 0.4 g fat per 25 g sachet.....	441.75	30	PKU Explore 10
† Powder (Orange), 20 g protein, 3.9 g carbohydrate, 0.8 g fat per 34 g sachet.....	883.50	30	PKU Express 20
† Powder (Orange), 5.0 g protein, 14 g carbohydrate, 0 g fat per 20 g sachet.....	449.28	60	PKU Restore Powder
† Powder (Raspberry), 10 g protein, 9.8 g carbohydrate, 0.4 g fat per 25 g sachet.....	441.75	30	PKU Explore 10
† Powder (Tropical), 20 g protein, 3.9 g carbohydrate, 0.8 g fat per 34 g sachet.....	883.50	30	PKU Express 20
† Powder (berry) 20 g protein, 3.8 g carbohydrate and 0.23 g fibre per 28 g sachet.....	936.00	30	PKU Lophlex Powder
† Powder (chocolate) 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet.....	393.00	30	PKU Anamix Junior
† Powder (neutral) 20 g protein, 3.8 g carbohydrate and 0.23 g fibre per 28 g sachet.....	936.00	30	PKU Lophlex Powder
† Powder (neutral) 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet.....	393.00	30	PKU Anamix Junior
† Powder (orange) 20 g protein, 3.8 g carbohydrate and 0.23 g fibre per 28 g sachet.....	936.00	30	PKU Lophlex Powder
† Powder (orange) 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet.....	393.00	30	PKU Anamix Junior
† Powder (unflavoured), 5 g protein, 4.8 g carbohydrate per 12.5 g sachets	234.00	30	PKU First Spoon
† Powder (vanilla) 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet.....	393.00	30	PKU Anamix Junior
† Powder (Neutral), 14.3 g protein, 25 g fat per 100 g, 4 × 400 g can	715.16	1,600 g	PKU Start
† Powder (orange) 39 g protein and 34 g carbohydrate per 100 g, 500 g can.....	320.00	500 g	XP Maxamum
† Powder (unflavoured) 39 g protein and 34 g carbohydrate per 100 g, 500 g can.....	320.00	500 g	XP Maxamum
† Powder 13.1 g protein, 50.1 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can.....	174.72	400 g	PKU Anamix Infant
† Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle	13.10	1	PKU Anamix Junior LQ (Berry) PKU Anamix Junior LQ (Orange)
† Liquid (juicy berries) 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 62.5 ml bottle.....	939.00	60	PKU Lophlex LQ 10
† Liquid (juicy berries) 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle	936.00	30	PKU Lophlex LQ 20

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

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

SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
† Liquid (juicy orange) 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle.....	936.00	30	PKU Lophlex LQ 20
† Liquid (juicy tropical) 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 125 ml bottle.....	936.00	30	PKU Lophlex LQ 20
† Liquid 6.7 g protein, 5.1 g carbohydrate and 2 g fat per 100 ml, 250 ml carton.....	540.00	18	Easiphen Liquid
† Semi-solid 18.3 g protein, 18.5 g carbohydrate and 0.92 g fibre per 100 g, 109 g pot.....	1,123.20	36	PKU Lophlex Sensations 20 (berries)
GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE – Restricted see terms on page 297			
† Powder (Neutral), 10 g protein, 0.5 g carbohydrate, 0.6 g fat per 15 g sachet.....	449.28	30	PKU Build 10
† Powder (neutral), 15 g protein, 15 g carbohydrate, 4.5 g fat per 40 g sachet.....	673.92	30	Glytactin Bettermilk
† Powder (unflavoured) 10 g protein, 4 g carbohydrate per 12.5 g sachet	468.00	30	PKU GMPro Mix-In
† Powder 20 g protein, 1.7 g carbohydrate per 31 g sachet.....	898.56	30	PKU Build 20 Raspberry Lemonade
† Powder 20 g protein, 1.7 g carbohydrate per 32 g sachet.....	898.56	30	PKU Build 20 Smooth
† Powder 20 g protein, 1.7 g carbohydrate per 33 g sachet.....	898.56	30	PKU Build 20 Chocolate
† Powder 20 g protein, 4.9 g carbohydrate per 33.4 g sachet.....	936.00	30	PKU Build 20 Vanilla
† Powder 20 g protein, 6.0 g carbohydrate per 35 g sachet.....	930.00	30	PKU GMPro Ultra Lemonade
† Powder 20 g protein, 6.3 g carbohydrate per 35 g sachet.....	930.00	30	PKU GMPro Ultra Vanilla
† Powder 20 g protein, 6.7 g carbohydrate per 35 g sachet.....	930.00	30	PKU sphere20 Lemon
† Liquid (Coffee Mocha), 15 g protein, 3.1 g carbohydrate, 4.6 g fat 250 ml, carton.....	684.45	30	PKU sphere20 Chocolate
† Liquid (chocolate), 15 g protein, 22 g carbohydrate, 5.3 g fat per 250 ml, carton.....	684.45	30	PKU sphere20 Red Berry
† Liquid (neutral), 10 g protein, 8.5 g carbohydrate per 250 ml carton.....	280.80	18	PKU sphere20 Vanilla
† Liquid (original), 15 g protein, 22 g carbohydrate, 5.3 g fat per 250 ml, carton.....	684.45	30	PKU sphere20 Banana
† Liquid (vanilla), 15 g protein, 3.3 g carbohydrate, 4.6 g fat per 250 ml, carton.....	684.45	30	PKU Glytactin RTD 15 Lite

Protein Free Supplements

PROTEIN FREE SUPPLEMENT CONTAINING CARBOHYDRATE, FAT WITH ADDED VITAMINS AND MINERALS –

Restricted see terms [on page 297](#)

† Powder (neutral) nil added protein and 67 g carbohydrate per 100 g, 400 g can.....	49.29	400 g	Energivit
---	-------	-------	-----------

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
Supplements for Tyrosinaemia			
AMINO ACID FORMULA (WITHOUT PHENYLALANINE AND TYROSINE) – Restricted see terms on page 297			
† Powder (neutral) 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet.....	471.00	30	TYR Anamix Junior
† Powder (neutral), 5 g protein, 5.3 g carbohydrate, 0.2 g fat per 12.5 g sachet.....	349.65	30	TYR Explore 5
† Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can.....	260.00	400 g	TYR Anamix Infant
† Liquid (orange) 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle.....	941.40	36	TYR Anamix Junior LQ
† Liquid (juicy berries), 20 g protein, 12.75 g carbohydrate and 0.46 g fat and 0 g fibre per 125 ml pouch.....	1,684.80	30	TYR Lophlex LQ 20
GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME TYROSINE AND PHENYLALANINE – Restricted see terms on page 297			
† Powder (Red Berry), 20 g protein, 6.3 carbohydrate, 1.6 g fat per 35 g sachet.....	1,398.60	30	TYR Sphere 20
† Powder (Vanilla), 20 g protein, 6.0 g carbohydrate, 1.6 g fat per 35 g sachet.....	1,398.60	30	TYR Sphere 20
X-Linked Adrenoleukodystrophy Products			
GLYCEROL TRIERUCATE – Restricted see terms on page 297			
† Liquid, 1,000 ml bottle			
GLYCEROL TRIOLEATE – Restricted see terms on page 297			
† Liquid, bottle.....	131.80	500 ml	GTO Oil
Supplements for Glycogen Storage Disease			
HIGH AMYLOPECTIN CORN-STARCH – Restricted see terms on page 297			
† Powder 0 g protein, 53 g carbohydrate, 0 g fat per 60 g sachet.....	241.62	30	Glycosade
Supplements for Organic Acidaemias			
AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – Restricted see terms on page 297			
† Powder 13.1 g protein, 50.1 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can.....	260.00	400 g	MMA/PA Anamix Infant
AMINO ACID FORMULA (WITHOUT METHIONINE, THREONINE AND VALINE) – Restricted see terms on page 297			
† Powder (neutral), 5 g protein, 5.4 g carbohydrate, 2.3 g fat and 2.0 g fibre per 18 g sachet.....	750.30	30	MMA/PA Anamix Junior
† Powder, 15 g protein, 3.4 g carbohydrate, 0.05 g fat per 25 g sachet.....	1,048.95	30	MMA/PA Express 15
† Powder, 5 g protein, 5.3 g carbohydrate, 0.2 g fat per 12.5 g sachet.....	349.65	30	MMA/PA Explore 5
Single Dose Amino Acids			
ARGININE – Restricted see terms on page 297			
† Powder 1.7 g protein, 1.9 g carbohydrate per 4 g sachet.....	211.45	30	Arginine2000
CITRULLINE – Restricted see terms on page 297			
† Powder 0.8 g protein, 2.9 g carbohydrate per 4 g sachet.....	211.45	30	Citrulline1000
ISOLEUCINE – Restricted see terms on page 297			
† Powder 0.04 g protein, 3.8 g carbohydrate per 4 g sachet.....	141.05	30	Isoleucine50

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LEUCINE – Restricted see terms on page 297			
† Powder 0.08 g protein, 3.7 g carbohydrate per 4 g sachet.....	141.05	30	Leucine100
PHENYLALANINE – Restricted see terms on page 297			
† Powder 0.04 g protein, 3.8 g carbohydrate per 4 g sachet.....	141.05	30	Phenylalanine50
TYROSINE – Restricted see terms on page 297			
† Powder 0.8 g protein, 2.9 g carbohydrate per 4 g sachet.....	211.45	30	Tyrosine1000
VALINE – Restricted see terms on page 297			
† Powder 0.04 g protein, 3.8 g carbohydrate per 4 g sachet.....	141.05	30	Valine50

Other Fat Modified Products

ELEMENTAL FEED WITH HIGH MEDIUM CHAIN TRIGLYCERIDES – Restricted see terms [on page 297](#)

† Powder (neutral), 12.5 g protein, 60 g carbohydrate and 16.4 g fat per 100 g sachet.....	47.01	10	Emsogen
---	-------	----	---------

Essential Amino Acids

ESSENTIAL AMINO ACID FORMULA – Restricted see terms [on page 297](#)

† Powder (neutral) 79 g protein per 100 g, 200 g can	313.73	200 g	Essential Amino Acid Mix
--	--------	-------	--------------------------

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.

DIABETIC ORAL FEED 1 KCAL/ML – Restricted see terms [above](#)

† Liquid 4.9 g protein, 11.7 g carbohydrate, 3.8 g fat and 2 g fibre per 100 ml, 200 ml bottle	2.25	1	Diasip (strawberry) Diasip (vanilla)
---	------	---	---

LOW-GI ENTERAL FEED 1 KCAL/ML – Restricted see terms [above](#)

† Liquid 5 g protein, 9.6 g carbohydrate and 5.4 g fat per 100 ml, 500 ml bottle.....	4.65	1	Glucerna Select
† Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bottle			<i>e.g. Nutrison Advanced Diason</i>

LOW-GI ORAL FEED 1 KCAL/ML – Restricted see terms [above](#)

† Liquid 7 g protein, 10.9 g carbohydrate, 2.7 g fat and 2 g fibre per 100 ml, 200 ml bottle	2.10	1	Nutren Diabetes (vanilla)
---	------	---	---------------------------

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

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, 80 g sachet.....	4.50	1	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.....	179.46	18	Elemental 028 Extra (grapefruit) Elemental 028 Extra (pineapple & orange) Elemental 028 Extra (summer fruits)
--	--------	----	---

PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML – **Restricted** see terms [above](#)

⚡ Liquid 4 g protein, 17.7 g carbohydrate and 1.7 g fat per 100 ml, 500 ml bottle.....	7.47	1	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, 1,000 ml bottle.....	22.39	1	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. <i>Peptamen Junior</i>
⚡ Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can			e.g. <i>MCT Peptide; MCT Peptide 1+</i>

PEPTIDE-BASED ORAL FEED 1 KCAL/ML – **Restricted** see terms [above](#)

⚡ 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 12.8 g protein, 68.6 g carbohydrate and 12.9 g fat per 100 g, can	62.90	400 g	Monogen
---	-------	-------	---------

➔ Restricted (RS1470)

Initiation

Any of the following:

continued...

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

continued...

- 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 12 g protein, 56 g carbohydrate and 22 g fat per 100 g, can	93.97	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, 500 ml bottle	6.82	1	Nutrison Concentrated
⚡ Liquid 8.4 g protein, 21.9 g carbohydrate, 9.1 g fat and 0.5 g fibre per 100 ml, 1,000 ml bottle	13.64	1	Ensure Two Cal HN RTH

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, 200 ml bottle	2.34	1	Two Cal HN
--	------	---	------------

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, bottle	12.00	1,000 ml	Nutrison Protein Plus
--	-------	----------	-----------------------

➔ **Restricted (RS1327)**

Initiation

Both:

- 1 The patient has a high protein requirement; and
- 2 Any of the following:

continued...

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

continued...

- 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 1.26 KCAL/ML – Restricted see terms [below](#)

↓ Liquid 10 g protein, 10.4 g carbohydrate and 4.9 g fat per 100 ml, bottle	8.67	500 ml	Nutrison Protein Intense
---	------	--------	--------------------------

→ **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, bottle	12.54	1,000 ml	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			<i>e.g. Neocate</i>
↓ Powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, can	55.61	400 g	Neocate SYNEO
↓ Powder 13.3 g protein, 56 g carbohydrate and 22 g fat per 100 g, can	55.61	400 g	Neocate Junior Unflavoured
↓ Powder 13.3 g protein, 57 g carbohydrate and 24.6 g fat per 100 g, can	43.60	400 g	Alfamino
↓ Powder 13.5 g protein, 52 g carbohydrate and 24.5 g fat per 100 g, can	55.61	400 g	Neocate Gold (Unflavoured)
↓ Powder 14.8 g protein, 51.4 g carbohydrate and 23 g fat per 100 g, can	55.61	400 g	Neocate Junior Vanilla
↓ Powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can	43.60	400 g	Alfamino Junior
↓ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can	65.72	400 g	Elecare LCP (Unflavoured)
↓ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can	65.72	400 g	Elecare (Unflavoured) Elecare (Vanilla)

→ **Restricted (RS1867)****Initiation**

Any of the following:

continued...

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

continued...

- 1 Extensively hydrolysed formula has been reasonably trialled for 2-4 weeks 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; or
- 4 Ultra-short gut; or
- 5 Severe Immune deficiency.

Continuation

All of the following:

- 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; and
- 3 Amino acid formula is required for a nutritional deficit.

Initiation – patients who are currently funded under RS1502 or SA1557

Limited to 3 months treatment

All of the following:

- 1 Patient has a valid initiation or renewal approval for extensively hydrolysed formula (RS1502); and
- 2 Patient is unable to source funded Aptamil powder at this time; and
- 3 The approval only applies to funded dispensings of Neocate Gold and Neocate Syneo.

Note: This criteria is short term funding to cover an out-of-stock situation on some extensively hydrolysed formula powder funded under Hospital Restriction RS1502. There is no continuation criteria under this criterion.

ENTERAL LIQUID PEPTIDE FORMULA – **Restricted** see terms [below](#)

↓ Liquid 4.2 g protein, 18.6 g carbohydrate and 6.58 g fat per 100 ml, 500 ml bottle	18.66	1	Nutrini Peptisorb Energy
---	-------	---	--------------------------

→ **Restricted** (RS1775)

Initiation

All of the following:

- 1 Patient has impaired gastrointestinal function and either cannot tolerate polymeric feeds, or polymeric feeds are unsuitable; and
- 2 Any of the following:
 - 2.1 Severe malabsorption; or
 - 2.2 Short bowel syndrome; or
 - 2.3 Intractable diarrhoea; or
 - 2.4 Biliary atresia; or
 - 2.5 Cholestatic liver diseases causing malabsorption; or
 - 2.6 Cystic fibrosis; or
 - 2.7 Proven fat malabsorption; or
 - 2.8 Severe intestinal motility disorders causing significant malabsorption; or
 - 2.9 Intestinal failure; or
 - 2.10 Both:
 - 2.10.1 The patient is currently receiving funded amino acid formula; and
 - 2.10.2 The patient is to be trialled on, or transitioned to, an enteral liquid peptide formula; and
- 3 Either:
 - 3.1 A semi-elemental or partially hydrolysed powdered feed has been reasonably trialled and considered unsuitable; or
 - 3.2 For step down from intravenous nutrition.

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

Continuation

Both:

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
1 An assessment as to whether the patient can be transitioned to a cows milk protein or soy infant formula or extensively hydrolysed formula has been undertaken; and			
2 The outcome of the assessment is that the patient continues to require an enteral liquid peptide 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.....	36.20	900 g	Allerpro Syneo 1
↓ Powder 1.6 g protein, 7.8 g carbohydrate and 3.2 g fat per 100 ml, 900 g can.....	36.20	900 g	Allerpro Syneo 2
↓ Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, can	18.10	450 g	Pepti-Junior
➔ Restricted (RS1502)			
Initiation			
Any of the following:			
1 Both:			
1.1 Cows' milk formula is inappropriate due to severe intolerance or allergy to its protein content; and			
1.2 Either:			
1.2.1 Soy milk formula has been reasonably trialled without resolution of symptoms; or			
1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or			
2 Severe malabsorption; or			
3 Short bowel syndrome; or			
4 Intractable diarrhoea; or			
5 Biliary atresia; or			
6 Cholestatic liver diseases causing malsorption; or			
7 Cystic fibrosis; or			
8 Proven fat malabsorption; or			
9 Severe intestinal motility disorders causing significant malabsorption; or			
10 Intestinal failure; or			
11 For step down from Amino Acid Formula.			
Note: A reasonable trial is defined as a 2-4 week trial, or signs of an immediate IgE mediated allergic reaction.			
Continuation			
Both:			
1 An assessment as to whether the infant can be transitioned to a cows' milk protein or soy infant formula has been undertaken; and			
2 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula.			
FRUCTOSE-BASED FORMULA			
Powder 14.6 g protein, 49.7 g carbohydrate and 30.8 g fat per 100 g, 400 g can			e.g. <i>Galactomin 19</i>
LACTOSE-FREE FORMULA			
Powder 1.3 g protein, 7.3 g carbohydrate and 3.5 g fat per 100 ml, 900 g can			e.g. <i>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			e.g. <i>S26 Lactose Free</i>
LOW-CALCIUM FORMULA			
Powder 14.8 g protein, 53.7 g carbohydrate and 26.7 g fat per 100 g and tuna fish oil (DHA), can.....	46.18	400 g	Locasol
PAEDIATRIC ORAL/ENTERAL FEED 1 KCAL/ML – Restricted see terms on the next page			
↓ Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, 125 ml bottle	2.80	1	Infatrini

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

➔ Restricted (RS1614)

Initiation – Fluid restricted or volume intolerance with faltering growth

Both:

- 1 Either:
 - 1.1 The patient is fluid restricted or volume intolerant; or
 - 1.2 The patient has increased nutritional requirements due to faltering growth; and
- 2 Patient is under 18 months old and weighs less than 8kg.

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

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

⬇ Liquid 2.2 g protein, 8.4 g carbohydrate and 4.4 g fat per 100 ml, bottle	0.75	100 ml	S26 LBW Gold RTF
⬇ Liquid 2.3 g protein, 8.6 g carbohydrate and 4.2 g fat per 100 ml, 90 ml bottle			<i>e.g. Pre Nan Gold RTF</i>
⬇ Liquid 2.6 g protein, 8.4 g carbohydrate and 3.9 g fat per 100 ml, 70 ml bottle			<i>e.g. Karicare Aptamil Gold+Preterm</i>

➔ 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](#)

⬇ Powder 14.3 g protein, 2.8 g carbohydrate and 69.2 g fat per 100 g, can	36.92	300 g	Ketocal 4:1 (Unflavoured)
⬇ Powder 15.4 g protein, 7.2 g carbohydrate and 68.6 g fat per 100 g, can	36.92	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.

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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PAEDIATRIC ENTERAL FEED 0.76 KCAL/ML – Restricted see terms on the previous page			
† Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat and 0.7 g fibre per 100 ml, 500 ml bottle	6.27	1	Nutrini Low Energy Multi Fibre RTH
PAEDIATRIC ENTERAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, 500 ml bottle.....	3.32	1	Pediasure RTH
† Liquid 2.7 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bottle	4.69	1	Nutrini RTH
PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – Restricted see terms on the previous page			
† Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bottle	7.46	1	Nutrini Energy RTH
† Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, 500 ml bottle	7.14	1	Nutrini Energy Multi Fibre
PAEDIATRIC ORAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, 200 ml bottle.....	1.33	1	Pediasure (chocolate) Pediasure (strawberry) Pediasure (vanilla)
PAEDIATRIC ORAL FEED 1.5 KCAL/ML – Restricted see terms on the previous page			
† Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml bottle	1.90	1	Fortini (Strawberry) Fortini (Vanilla)
† Liquid 4.0 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle	1.90	1	Fortini Multi Fibre (chocolate) Fortini Multi Fibre (strawberry) Fortini Multi Fibre (unflavoured) Fortini Multi Fibre (vanilla)
† Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, 500 ml bottle	8.67	1	Pediasure Plus

Renal Products

LOW ELECTROLYTE ORAL FEED – Restricted see terms [below](#)

↓ Powder 7.5 g protein, 57.6 g carbohydrate and 25.9 g fat per 100 g, can 64.26

➔ **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, 220 ml bottle

3.31 1 Nepro HP (strawberry)
Nepro HP (vanilla)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LOW ELECTROLYTE ORAL FEED 2 KCAL/ML – Restricted see terms below			
⚡ 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.....	13.72	4	Renilon 7.5 (apricot) Renilon 7.5 (caramel)
⚡ Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, 200 ml bottle.....	13.24	4	Novasource Renal (Vanilla)

➡ **Restricted (RS1228)**

Initiation

For patients with acute or chronic kidney disease.

Surgical Products

HIGH ARGININE ORAL FEED 1.4 KCAL/ML – Restricted see terms [below](#)

⚡ Liquid 10.4 g protein, 8 g carbohydrate, 4.4 g fat and 0 g fibre per 100 ml, 250 ml carton	56.00	10	Impact Advanced Recovery
--	-------	----	-----------------------------

➡ **Restricted (RS1231)**

Initiation

Three packs per day for 5 to 7 days prior to major gastrointestinal, head or neck surgery.

PREOPERATIVE CARBOHYDRATE FEED 0.5 KCAL/ML – Restricted see terms [below](#)

⚡ Oral liq 0 g protein, 12.6 g carbohydrate and 0 g fat per 100 ml, 200 ml bottle.....	8.64	4	preOp
--	------	---	-------

➡ **Restricted (RS1415)**

Initiation

Maximum of 400 ml as part of an Enhanced Recovery After Surgery (ERAS) protocol 2 to 3 hours before major abdominal surgery.

Standard Feeds

➡ **Restricted (RS1214)**

Initiation

Any of the following:

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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ENTERAL FEED 1.5 KCAL/ML – Restricted see terms on the previous page			
† Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, 1,000 ml bottle	9.00	1	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 bottle	8.68	1	Nutrison Energy Multi Fibre
† Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, 1,000 ml bag	8.68	1	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, 1,000 ml bottle	8.68	1	Jevity HiCal RTH
† Liquid 6 g protein, 18.5 g carbohydrate and 5.8 g fat per 100 ml, 1,000 ml bottle	9.00	1	Nutrison Energy
† Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, 250 ml can....	2.17	1	Ensure Plus HN
<i>(Nutrison Energy Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, 1,000 ml bottle to be delisted 1 January 2026)</i> <i>(Ensure Plus HN Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, 250 ml can to be delisted 1 March 2026)</i>			
ENTERAL FEED 1 KCAL/ML – Restricted see terms on the previous page			
† Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bottle	6.90	1	Nutrison RTH
† Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle	7.21	1	Nutrison Multi Fibre
† Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, 1,000 ml bottle	6.56	1	Osmolite RTH
† Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, 1,000 ml bottle	6.56	1	Jevity RTH
† Liquid 4 g protein, 12.4 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bottle	6.90	1	Nutrison RTH
<i>(Nutrison RTH Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bottle to be delisted 1 January 2026)</i>			
ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Restricted see terms on the previous page			
† Liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle	9.05	1	Nutrison 800 Complete Multi Fibre
HIGH PROTEIN ORAL FEED 2.4 KCAL/ML – Restricted see terms on the previous page			
† Liquid 14.6 g protein, 25.3 g carbohydrate and 9.6 g fat per 100 ml, 125 ml bottle			<i>e.g. Fortisip Compact Protein</i>
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	40.00	850 g	Ensure (Chocolate) Ensure (Vanilla)
† Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can	15.90	840 g	Sustagen Hospital Formula (Chocolate) Sustagen Hospital Formula (Vanilla)
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>

SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
ORAL FEED 1.5 KCAL/ML – Restricted see terms on page 310			
† Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle	3.30	200 ml	Fortijuice (Apple) Fortijuice (Orange) Fortijuice (Strawberry)
† Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle.....	1.76	1	Fortisip (Banana) Fortisip (Chocolate) Fortisip (Strawberry) Fortisip (Vanilla)
† Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, 200 ml bottle	1.56	1	Ensure Plus (Banana) Ensure Plus (Chocolate) Ensure Plus (Fruit of the forest) Ensure Plus (Vanilla)
† Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, 237 ml can	1.65	1	Ensure Plus (Vanilla)
<i>(Ensure Plus (Vanilla) Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, 237 ml can to be delisted 1 July 2026)</i>			
ORAL FEED WITH FIBRE 1.5 KCAL/ML – Restricted see terms on page 310			
† Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle	1.76	1	Fortisip Multi Fibre (chocolate) Fortisip Multi Fibre (strawberry) Fortisip Multi Fibre (vanilla)

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

Bacterial and Viral Vaccines

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

<p>↓ 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 – 5% DV Dec-24 to 2027</p>	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](#)

<p>↓ Inj 30IU diphtheria with 40IU tetanus and 25mcg pertussis toxoids, 25mcg pertussis filamentous haemagglutinin, 8mcg pertactin, 80D-AgU polio virus, 10mcg hepatitis B antigen 10mcg H. influenzae type b with tetanus toxoid 20-40mcg in 0.5ml syringe – 5% DV Dec-24 to 2027</p>	0.00	10	Infanrix-hexa
→ Restricted (RS2051)			

Initiation

Any of the following:

- 1 Up to four doses for children under the age of 10 years for primary immunisation; or
- 2 An additional four doses (as appropriate) for (re-)immunisation of children under the age of 18 years post haematopoietic stem cell transplantation; or
- 3 An additional four doses (as appropriate) for (re-)immunisation of children under the age of 10 years who are post chemotherapy; pre or post splenectomy; undergoing renal dialysis and other severely immunosuppressive regimens; or
- 4 Up to five doses for children under the age of 10 years 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

BACILLUS CALMETTE-GUERIN VACCINE – **Restricted** see terms [below](#)

<p>↓ Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent – 5% DV Dec-24 to 2027</p>	0.00	10	BCG Vaccine AJV
→ 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

continued...

continued...

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 prefilled syringe – 5% DV Dec-24 to 2027</p>	0.00	10	Boostrix
---	------	----	-----------------

→ **Restricted (RS1790)**

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; or
- 5 A single dose for vaccination of patients aged from 65 years old; or
- 6 A single dose for vaccination of patients aged from 45 years old who have not had 4 previous tetanus doses; or
- 7 For vaccination of previously unimmunised or partially immunised patients; or
- 8 For revaccination following immunosuppression; or
- 9 For boosting of patients with tetanus-prone wounds.

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

HAEMOPHILUS INFLUENZAE TYPE B VACCINE – **Restricted** see terms [below](#)

<p>‡ Inj 10 mcg vial with diluent syringe – 5% DV Dec-24 to 2027</p>	0.00	1	Act-HIB
---	------	---	----------------

→ **Restricted (RS1520)**

Initiation

Therapy limited to 1 dose

Any of the following:

- 1 For primary vaccination in children; or
- 2 An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or
- 3 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

MENINGOCOCCAL (A, C, Y AND W-135) CONJUGATE VACCINE

<p>‡ Inj 10 mcg of each meningococcal polysaccharide conjugated to a total of approximately 55 mcg of tetanus toxoid carrier per 0.5 ml vial – 5% DV Dec-24 to 2027</p>	0.00	1	MenQuadfi
--	------	---	------------------

→ **Restricted (RS2019)**

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,

continued...

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

continued...

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 of any group; or
- 1.3 One dose for person who has previously had meningococcal disease of any group; or
- 1.4 A maximum of two doses for bone marrow transplant patients; or
- 1.5 A maximum of two doses for person pre and post-immunosuppression*; or

2 Both:

- 2.1 Person is aged between 13 and 25 years, inclusive; and
- 2.2 Either:
 - 2.2.1 One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons; or
 - 2.2.2 One dose for individuals who turn 13 years of age while living in boarding school hostels.

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.

↓ Inj 5 mcg of each meningococcal polysaccharide conjugated to a total of approximately 44 mcg of tetanus toxoid carrier in 0.5 ml vial..... 0.00 1 Nimenrix

➔ **Restricted (RS2037)****Initiation – Children under 12 months of age**

Any of the following:

- 1 A maximum of three doses (dependant on age at first dose) for patients pre- and post- splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre- or post- solid organ transplant; or
- 2 A maximum of three doses (dependant on age at first dose) for close contacts of meningococcal cases of any group; or
- 3 A maximum of three doses (dependant on age at first dose) for child who has previously had meningococcal disease of any group; or
- 4 A maximum of three doses (dependant on age at first dose) for bone marrow transplant patients; or
- 5 A maximum of three doses (dependant on age at first dose) for child pre- and post-immunosuppression*.

Notes: infants from 6 weeks to less than 6 months of age require a 2+1 schedule, infants from 6 months to less than 12 months of age require a 1+1 schedule. Refer to the Immunisation Handbook for recommended booster schedules with meningococcal ACWY vaccine.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

MENINGOCOCCAL B MULTICOMPONENT VACCINE – Restricted see terms [below](#)

↓ Inj 175 mcg per 0.5 ml prefilled syringe..... 0.00 1 Bexsero
10 Bexsero

➔ **Restricted (RS2141)****Initiation – Primary immunisation for children up to 59 months of age inclusive**

Therapy limited to 3 doses

A primary course of up to three doses (dependent on age at first dose) for previously unvaccinated children up to the age of 59 months inclusive.

Initiation – High-risk individuals 5 years of age or over

Both:

- 1 Person is aged at least 5 years; and
- 2 Any of the following:
 - 2.1 Up to two doses and a booster every five years for patients pre- and post-splenectomy; or
 - 2.2 Up to two doses and a booster every five years for patients with functional or anatomic asplenia, HIV, complement

continued...

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

continued...

deficiency (acquired or inherited); or

- 2.3 Up to two doses and a booster every five years pre- or post-solid organ transplant; or
- 2.4 Up to two doses for close contacts of meningococcal cases of any group; or
- 2.5 Up to two doses for person who has previously had meningococcal disease of any group; or
- 2.6 Up to two doses for bone marrow transplant patients; or
- 2.7 Up to two doses for person pre- and post-immunosuppression* .

Initiation – Person is aged between 13 and 25 years (inclusive)

Therapy limited to 2 doses

Both:

- 1 Person is aged between 13 and 25 years (inclusive); and
- 2 Either:
 - 2.1 Two doses 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, Youth Justice residences, or prisons; or
 - 2.2 Two doses for individuals who turn 13 years of age while living in boarding school hostels.

Note: *Immunosuppression due to corticosteroid or other immunosuppressive therapy must be for a period of greater than 28 days.

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 – **5% DV**

Dec-24 to 2027	0.00	1	Prevenar 13
		10	Prevenar 13

⇒ **Restricted (RS1936)**

Initiation – Primary course for previously unvaccinated children aged under 5 years

Therapy limited to 3 doses

A primary course of three doses for previously unvaccinated children up to the age of 59 months inclusive.

Initiation – High risk individuals who have received PCV10

Therapy limited to 2 doses

Two doses are funded for high risk individuals (over the age of 12 months and under 18 years) who have previously received two doses of the primary course of PCV10.

Initiation – High risk children aged under 5 years

Therapy limited to 4 doses

Both:

- 1 Up to an additional four doses (as appropriate) are funded for the (re)immunisation of high-risk children aged under 5 years; 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 primary immune deficiencies; or
 - 2.3 HIV infection; or
 - 2.4 renal failure, or nephrotic syndrome; or
 - 2.5 are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
 - 2.6 cochlear implants or intracranial shunts; or
 - 2.7 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 chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or

continued...

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

continued...

- 2.10 pre term infants, born before 28 weeks gestation; or
- 2.11 cardiac disease, with cyanosis or failure; or
- 2.12 diabetes; or
- 2.13 Down syndrome; or
- 2.14 who are pre-or post-splenectomy, or with functional asplenia.

Initiation – High risk individuals 5 years and over

Therapy limited to 4 doses

Up to an additional four doses (as appropriate) are funded for the (re-)immunisation of individuals 5 years and over with HIV, 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, intracranial shunts, cerebrospinal fluid leaks or primary immunodeficiency.

Initiation – Testing for primary immunodeficiency diseases

For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

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

PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – **Restricted** see terms [below](#)

↓ Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) – **5% DV Dec-24 to 2027** 0.00 1 **Pneumovax 23**

➔ **Restricted (RS1587)**

Initiation – High risk patients

Therapy limited to 3 doses

For patients with HIV, for patients post haematopoietic stem cell transplant, or chemotherapy; pre- or post-splenectomy; or with functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency.

Initiation – High risk children

Therapy limited to 2 doses

Both:

- 1 Patient is a child under 18 years for (re-)immunisation; and
- 2 Any of the following:
 - 2.1 On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune 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.

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

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

COVID-19 VACCINE

⚡ Inj 3 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, 0.48 ml multi-dose vial; infant vaccine, yellow cap..... 0.00 10 Comirnaty (LP.8.1)

➡ **Restricted** ([RS2042](#))

Initiation – initial dose

Up to three doses for previously unvaccinated children aged 6 months – 4 years at high risk of severe illness.

⚡ Inj 3 mcg bretovameran per 0.3 ml, 0.48 ml vial; infant vaccine, yellow cap..... 0.00 10 Comirnaty Omicron (JN.1)

➡ **Restricted** ([RS2042](#))

Initiation – initial dose

Up to three doses for previously unvaccinated children aged 6 months – 4 years at high risk of severe illness.

⚡ Inj 10 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, 0.48 ml single-dose vial; paediatric vaccine, light blue cap..... 0.00 10 Comirnaty (LP.8.1)

➡ **Restricted** ([RS2041](#))

Initiation – initial dose

Either:

- 1 One dose for previously unvaccinated children aged 5-11 years old; or
- 2 Up to three doses for immunocompromised children aged 5-11 years old.

⚡ Inj 10 mcg bretovameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap 0.00 10 Comirnaty Omicron (JN.1)

➡ **Restricted** ([RS2041](#))

Initiation – initial dose

Either:

- 1 One dose for previously unvaccinated children aged 5-11 years old; or
- 2 Up to three doses for immunocompromised children aged 5-11 years old.

⚡ Inj 30 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, pre-filled syringe; adult dose..... 0.00 10 Comirnaty (LP.8.1)

➡ **Restricted** ([RS2040](#))

Initiation – initial dose

Any of the following:

- 1 One dose for previously unvaccinated people aged 12-15 years old; or
- 2 Up to three doses for immunocompromised people aged 12-15 years old; or
- 3 Up to two doses for previously unvaccinated people 16-29 years old; or
- 4 Up to four doses for people aged 16-29 at high risk of severe illness; or
- 5 One dose for previously unvaccinated people aged 30 and older.

Initiation – additional dose

One additional dose every 6 months for people aged 30 years and over, additional dose is given at least 6 months after last dose.

Continuation – additional dose

One additional dose every 6 months for people aged 30 years and over, additional dose is given at least 6 months after last dose.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
↓ Inj 30 mcg bretovameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap.....	0.00	10	Comirnaty Omicron (JN.1)

→ **Restricted (RS2040)**

Initiation – initial dose

Any of the following:

- 1 One dose for previously unvaccinated people aged 12-15 years old; or
- 2 Up to three doses for immunocompromised people aged 12-15 years old; or
- 3 Up to two doses for previously unvaccinated people 16-29 years old; or
- 4 Up to four doses for people aged 16-29 at high risk of severe illness; or
- 5 One dose for previously unvaccinated people aged 30 and older.

Initiation – additional dose

One additional dose every 6 months for people aged 30 years and over, additional dose is given at least 6 months after last dose.

Continuation – additional dose

One additional dose every 6 months for people aged 30 years and over, additional dose is given at least 6 months after last dose.

(Comirnaty Omicron (JN.1) Inj 3 mcg bretovameran per 0.3 ml, 0.48 ml vial; infant vaccine, yellow cap to be delisted 1 June 2026)

(Comirnaty Omicron (JN.1) Inj 10 mcg bretovameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap to be delisted 1 June 2026)

(Comirnaty Omicron (JN.1) Inj 30 mcg bretovameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap to be delisted 1 June 2026)

HEPATITIS A VACCINE – **Restricted** see terms [below](#)

↓ Inj 720 ELISA units in 0.5 ml syringe – 5% DV Dec-24 to 2027	0.00	1	Havrix Junior
↓ Inj 1440 ELISA units in 1 ml syringe – 5% DV Dec-24 to 2027	0.00	1	Havrix 1440

→ **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 10 mcg per 0.5 ml prefilled syringe – 5% DV Dec-24 to 2027	0.00	1	Engerix-B
--	------	---	------------------

→ **Restricted (RS2049)**

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 prior to planned immunosuppression for greater than 28 days; or
- 8 For patients following immunosuppression; or
- 9 For solid organ transplant patients; or
- 10 For post-haematopoietic stem cell transplant (HSCT) patients; or
- 11 Following needle stick injury.

↓ Inj 20 mcg per 1 ml prefilled syringe – 5% DV Dec-24 to 2027	0.00	1	Engerix-B
--	------	---	------------------

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

➔ Restricted (RS2050)

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 prior to planned immunosuppression for greater than 28 days; or
- 8 For patients following immunosuppression; or
- 9 For solid organ transplant patients; or
- 10 For post-haematopoietic stem cell transplant (HSCT) patients; or
- 11 Following needle stick injury; or
- 12 For dialysis patients; or
- 13 For liver or kidney transplant patients.

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 – 5% DV Dec-24 to 2027 0.00 10 **Gardasil 9**

➔ Restricted (RS2038)

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 people with a transplant (including stem cell); 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 person has recurrent respiratory papillomatosis; and
- 3 The person has not previously had an HPV vaccine.

INFLUENZA VACCINE

⚡ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)..... 120.00 10 **Influvac Tetra**
(2025 formulation)

➔ Restricted (RS2013)

Initiation – People over 65

The patient is 65 years of age or over.

continued...

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

continued...

Initiation – cardiovascular disease

Any of the following:

- 1 Ischaemic heart disease; or
- 2 Congestive heart failure; or
- 3 Rheumatic heart disease; or
- 4 Congenital heart disease; or
- 5 Cerebro-vascular disease.

Note: hypertension and/or dyslipidaemia without evidence of end-organ disease is excluded from funding.

Initiation – chronic respiratory disease

Either:

- 1 Asthma, if on a regular preventative therapy; or
- 2 Other chronic respiratory disease with impaired lung function.

Note: asthma not requiring regular preventative therapy is excluded from funding.

Initiation – Other conditions

Either:

- 1 Any of the following:
 - 1.1 Diabetes; or
 - 1.2 chronic renal disease; or
 - 1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
 - 1.4 Autoimmune disease; or
 - 1.5 Immune suppression or immune deficiency; or
 - 1.6 HIV; or
 - 1.7 Transplant recipient; or
 - 1.8 Neuromuscular and CNS diseases/ disorders; or
 - 1.9 Haemoglobinopathies; or
 - 1.10 Is a child on long term aspirin; or
 - 1.11 Has a cochlear implant; or
 - 1.12 Errors of metabolism at risk of major metabolic decompensation; or
 - 1.13 Pre and post splenectomy; or
 - 1.14 Down syndrome; or
 - 1.15 Is pregnant; or
 - 1.16 Is a child 4 years of age or under (inclusive) 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 Public Hospital.

Initiation – Serious mental health conditions or addiction

Any of the following:

- 1 schizophrenia; or
- 2 major depressive disorder; or
- 3 bipolar disorder; or
- 4 schizoaffective disorder; or
- 5 person is currently accessing secondary or tertiary mental health and addiction services.

MEASLES, MUMPS AND RUBELLA VACCINE – **Restricted** see terms [on the next page](#)

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 – 5% DV Dec-24 to 2027	0.00	10	Priorix
---	------	----	----------------

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
➔ Restricted (RS1487) Initiation – first dose prior to 12 months <i>Therapy limited to 3 doses</i> Any of the following: <ol style="list-style-type: none"> 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 <i>Therapy limited to 2 doses</i> Any of the following: <ol style="list-style-type: none"> 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 – 5% DV Dec-24 to 2027 0.00 1 IPOL			
➔ Restricted (RS1398) Initiation <i>Therapy limited to 3 doses</i> Either: <ol style="list-style-type: none"> 1 For partially vaccinated or previously unvaccinated individuals; or 2 For revaccination following immunosuppression. Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.			
RABIES VACCINE Inj 2.5 IU vial with diluent			
ROTAVIRUS ORAL VACCINE – Restricted see terms below ⚡ Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator – 5% DV Dec-24 to 2027 0.00 10 Rotarix ⚡ Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, squeezable tube 0.00 10 Rotarix ⚡ Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, squeezable tube (PVC free) 0.00 10 Rotarix			
➔ Restricted (RS1590) Initiation <i>Therapy limited to 2 doses</i> Both: <ol style="list-style-type: none"> 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] ⚡ Inj 2000 PFU prefilled syringe plus vial – 5% DV Dec-24 to 2027 0.00 10 Varilrix ➔ Restricted (RS1591) Initiation – primary vaccinations <i>Therapy limited to 1 dose</i> Either: <ol style="list-style-type: none"> 1 Any infant born on or after 1 April 2016; or 2 For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella 			

continued...

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

continued...

infection (chickenpox).

Initiation – other conditions

Therapy limited to 2 doses

Any of the following:

- 1 Any of the following:
 - for non-immune patients:
 - 1.1 With chronic liver disease who may in future be candidates for transplantation; or
 - 1.2 With deteriorating renal function before transplantation; or
 - 1.3 Prior to solid organ transplant; or
 - 1.4 Prior to any elective immunosuppression*; or
 - 1.5 For post exposure prophylaxis who are immune competent inpatients; or
- 2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist; or
- 3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist; or
- 4 For HIV positive patients non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist; or
- 5 For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella; or
- 6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella; or
- 7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] – **Restricted** see terms [below](#)

↓ Inj 50 mcg per 0.5 ml vial plus vial.....	0.00	1	Shingrix
		10	Shingrix

→ **Restricted (RS2039)**

Initiation – people aged 18 years and over (Shingrix)

Therapy limited to 2 doses

Any of the following:

- 1 Pre- and post-haematopoietic stem cell transplant or cellular therapy; or
- 2 Pre- or post-solid organ transplant; or
- 3 Haematological malignancies; or
- 4 People living with poorly controlled HIV infection; or
- 5 Planned or receiving disease modifying anti-rheumatic drugs (DMARDs – targeted synthetic, biologic, or conventional synthetic) for polymyalgia rheumatica, systemic lupus erythematosus or rheumatoid arthritis; or
- 6 End stage kidney disease (CKD 4 or 5); or
- 7 Primary immunodeficiency.

Diagnostic Agents

TUBERCULIN PPD [MANTOUX] TEST

Inj 5 TU per 0.1 ml, 1 ml vial – 5% DV Dec-24 to 2027	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 schedule.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.			
BETA-HCG LOW SENSITIVITY URINE TEST KIT			
Note: For use in abortion services only.			
Midstream.....	16.28	1 test	CheckTop
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.....	2.70	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 – 5% DV Mar-25 to 2027	16.00	40 test	David One Step Cassette Pregnancy Test
SODIUM NITROPRUSSIDE			
Test strip.....	22.00	50 strip	Ketostix
SPACER DEVICE			
220 ml (single patient)	3.65	1	e-chamber Turbo
510 ml (single patient)	5.95	1	e-chamber La Grande
800 ml.....	6.50	1	Volumatic

- Symbols -

Xaluprine	153
8-methoxy-psoralen	71

- A -

A-Scabies	68
Abacavir sulphate	105
Abacavir sulphate with lamivudine	105
Abacavir/lamivudine Viatris	105
Abciximab	184
Abilify Maintena	137
Abiraterone acetate	173
Acarbose	9
Accarb	9
Acetazolamide	281
Acetec	44
Acetic acid Extemporaneously Compounded Preparations	292
Genito-Urinary	74
Acetic acid with hydroxyquinoline, glycerol and ricinoleic acid	74
Acetic acid with propylene glycol	283
Acetylcholine chloride	282
Acetylcysteine	284
Aciclovir Infections	108
Sensory	277
Aciclovir-Baxter	108
Acid Citrate Dextrose A	36
Acidex	5
Acipimox	53
Acitretin	71
Act-HIB	314
Actemra	239
Actinomycin D	151
Adalimumab (Amgevita)	185
Adalimumab (Humira - alternative brand)	194
Adapalene	68
Adcetris	204
Adenosine	46
Adenosine Baxter	46
Adrenaline Cardiovascular	53
Respiratory	267
Adsine	46
Advantan	70
Advate	35
Adynovate	35
Aerrane	122
Afinitor	261
Aflibercept	201

Agents Affecting the Renin-Angiotensin System	44
Agents for Parkinsonism and Related Disorders	121
Agents Used in the Treatment of Poisonings	284
Ajmaline	46
Albalon	279
Albendazole	102
Alchemy Caspofungin	100
Alchemy Oxaliplatin	160
Alchemy Oxybutynin	77
Aldurazyme	19
Alecensa	160
Alectinib	160
Alendronate sodium	114
Alendronate sodium with colecalciferol	114
Alfacalcidol	28
Alfamino	305
Alfamino Junior	305
Alfentanil	126
Alglucosidase alfa	17
Allegron	129
Allerfix	279
Allerpro Syneo 1	307
Allerpro Syneo 2	307
Allersoothe	268
Allmercap	153
Allopurinol	116
Almarytm	46
Alpha tocopheryl	28
Alpha tocopheryl acetate	29
Alpha-Adrenoceptor Blockers	45
Alphamox 125	93
Alphamox 250	93
Alprolix	34
Alprostadil	54
Alprostadil hydrochloride	54
Alteplase	39
Alum	292
Aluminium chloride	32
Aluminium hydroxide	5
Aluminium hydroxide with magnesium hydroxide and simeticone	5
Alyacen	74
Amantadine hydrochloride	121
AmBisome	98
Ambrisentan	55
Ambrisentan Viatris	55
Amethocaine Nervous	125
Sensory	280

Amgevita	185
Amikacin	89
Amiloride hydrochloride	50
Amiloride hydrochloride with furosemide	50
Amiloride hydrochloride with hydrochlorothiazide	50
Aminolevulinic acid hydrochloride	176
Aminophylline	274
Amiodarone hydrochloride	46
Amisulpride	135
Amitriptyline	128
Amlodipine	48
Amorolfine	67
Amoxicillin	93
Amoxicillin with clavulanic acid	93
Amoxiclav Devatis Forte	93
Amphotericin B Alimentary	25
Infections	98
Amphotericin Liposomal SUN	98
Amsacrine	153
Amyl nitrite	284
Anabolic Agents	78
Anaesthetics	122
Anagrelide hydrochloride	154
Analgesics	125
Anastrozole	175
Anatrole	175
Androgen Agonists and Antagonists	78
Anoro Ellipta	269
Antabuse	148
Antacids and Antiflatulents	5
Anti-Infective Agents	74
Anti-Infective Preparations Dermatological	67
Sensory	277
Anti-Inflammatory Preparations	278
Antiacne Preparations	68
Antiallergy Preparations	267
Antianaemics	30
Antiarrhythmics	46
Antibacterials	89
Anticholinergic Agents	268
Anticholinesterases	114
Antidepressants	128
Antidiarrhoeals and Intestinal Anti-Inflammatory Agents	5
Antiepilepsy Drugs	130
Antifibrinolytics, Haemostatics and Local Sclerosants	32
Antifibrotics	270

Antifungals.....	97	Arrow-Losartan & Hydrochlorothiazide.....	45	Azithromycin.....	91
Antihypotensives.....	47	Arrow-Norfloxacin.....	95	Azopt.....	281
Antimigraine Preparations.....	133	Arrow-Ornidazole.....	103	AZT.....	106
Antimycobacterials.....	101	Arrow-Quinapril 10.....	44	Aztreonam.....	95
Antinausea and Vertigo Agents.....	134	Arrow-Quinapril 20.....	44	- B -	
Antiparasitics.....	102	Arrow-Quinapril 5.....	44	Bacillus calmette-guerin (BCG).....	261
Antipruritic Preparations.....	68	Arrow-Roxithromycin.....	93	Bacillus calmette-guerin vaccine.....	313
Antipsychotic Agents.....	135	Arrow-Timolol.....	281	Baclofen.....	117
Antiretrovirals.....	104	Arrow-Topiramate.....	133	Bacterial and Viral Vaccines.....	313
Antirheumatoid Agents.....	114	Arrow-Tramadol.....	128	Bacterial Vaccines.....	313
Antiseptics and Disinfectants.....	286	Arsenic trioxide.....	154	Balanced Salt Solution.....	280
Antispasmodics and Other Agents Altering Gut Motility.....	7	Artemether with lumefantrine.....	103	Barium sulphate.....	287
Antithrombotics.....	36	Artesunate.....	103	Barrier Creams and Emollients.....	68
Antithymocyte globulin (equine).....	260	Articaine hydrochloride.....	123	Basiliximab.....	202
Antithymocyte globulin (rabbit).....	260	Articaine hydrochloride with adrenaline.....	123	BCG Vaccine AJV.....	313
Antulcerants.....	7	Asacol.....	6	BD PosiFlush.....	42
Antivirals.....	107	Ascorbic acid		Beclazone 100.....	272
Anxiolytics.....	139	Alimentary.....	28	Beclazone 250.....	272
Anzatax.....	172	Extemporaneously Compounded Preparations.....	292	Beclazone 50.....	272
Apidra.....	10	Aspen Adrenaline.....	53	Beclomethasone dipropionate.....	272
Apidra Solostar.....	10	Aspirin		Bedaquiline.....	101
APO Clomipramine.....	129	Blood.....	37	Bee venom.....	267
APO Health Macrogol.....	16	Nervous.....	125	Bendamustine hydrochloride.....	150
APO-Atomoxetine.....	144	Asthalin.....	272	Bendamustine Sandoz.....	150
APO-Candesartan HCTZ 16/12.5.....	45	Atazanavir sulphate.....	106	Bendrofluazide.....	50
APO-Candesartan HCTZ 32/12.5.....	45	Atazanavir Viatrix.....	106	Bendroflumethiazide [Bendrofluazide].....	50
Apomorphine hydrochloride.....	121	Atenolol.....	47	Benralizumab.....	202
Apraclonidine.....	282	Atenolol Viatrix.....	47	Benzathine benzylpenicillin.....	93
Aprepitant.....	134	Atenolol-AFT.....	47	Benzatropine mesylate.....	121
Apresoline.....	55	Atenzolizumab.....	249	Benzbromaron AL 100.....	116
Aprotinin.....	32	ATGAM.....	260	Benzbromaron.....	116
Aptamil Feed Thickener.....	297	Ativan.....	139	Benzetacil.....	93
Aqueous cream.....	69	Atomoxetine.....	144	Benzocaine.....	123
Arachis oil [Peanut oil].....	292	Atorvastatin.....	51	Benzocaine with tetracaine hydrochloride.....	123
Aratac.....	46	Atovaquone with proguanil hydrochloride.....	103	Benzoic.....	292
Arava.....	114	Atracurium besylate.....	117	Benzoyl peroxide.....	68
Arginine		Atropine sulphate		Benzotrop.....	121
Alimentary.....	18	Cardiovascular.....	46	Benzydamine hydrochloride.....	25
Various.....	288	Sensory.....	282	Benzydamine hydrochloride with cetylpyridinium chloride.....	25
Arginine2000.....	301	Atropt.....	282	Benzylpenicillin sodium [Penicillin G].....	93
Argipressin [Vasopressin].....	88	Augmentin.....	93	Beractant.....	275
Aripiprazole.....	135, 137	Aurorix.....	129	Besponsa.....	216
Aripiprazole Sandoz.....	135	Avastin.....	204	Beta Cream.....	70
Aristocort.....	70	Avelox.....	94	Beta Ointment.....	70
Arrotex-Prazosin S29.....	45	Avonex.....	141	Beta Scalp.....	72
Arrow - Clopid.....	37	Axitinib.....	160	Beta-Adrenoceptor Agonists.....	272
Arrow - Lattim.....	282	Azacitidine.....	152	Beta-Adrenoceptor Blockers.....	47
Arrow-Amtripytyline.....	128	Azacitidine Dr Reddy's.....	152	Beta-hCG low sensitivity urine test kit.....	324
Arrow-Bendrofluazide.....	50	Azactam.....	95	Betadine.....	286
Arrow-Brimonidine.....	282	Azamun.....	261	Betahistine dihydrochloride.....	134
Arrow-Diazepam.....	139	Azathioprine.....	261		
Arrow-Fluoxetine.....	130	Azilect.....	122		

Betaine	18	Bplex.....	28	Calcium Resonium	43
Betamethasone	79	Brentuximab vedotin.....	204	Calogen (neutral).....	295
Betamethasone dipropionate.....	70	Breo Ellipta.....	273	Calogen (strawberry).....	295
Betamethasone dipropionate with calcipotriol.....	71	Brevinor 1/28.....	74	Candesartan cilexetil.....	44
Betamethasone sodium phosphate with betamethasone acetate.....	79	Breztri Aerosphere.....	269	Candesartan cilexetil with hydrochlorothiazide	45
Betamethasone valerate.....	70, 72	Bricanyl Turbuhaler.....	272	Candestar.....	44
Betamethasone valerate with clicloquinol.....	71	Brimonidine tartrate.....	282	Capecitabine.....	152
Betamethasone valerate with sodium fusidate [Fusidic acid].....	71	Brimonidine tartrate with timolol maleate.....	282	Capecitabine Viatrix.....	152
Betaxolol.....	281	Brinzolamide.....	281	Capsaicin	
Betnovate.....	70	Bromocriptine	121	Musculoskeletal	120
Bevacizumab.....	203	Budesonide		Nervous.....	125
Bevacizumab (Ocular).....	204	Alimentary.....	5	Captopril.....	44
Bexsero.....	315	Respiratory.....	268, 272	Carbachol.....	282
Bezafibrate.....	51	Budesonide Te Arai.....	5	Carbamazepine	130
Bezalip.....	51	Budesonide with eformoterol.....	273	Carbasorb-X.....	285
Bezalip Retard.....	51	Budesonide with glycopyrronium and eformoterol.....	269	Carbimazole	87
Bicalutamide.....	174	Bumetanide	49	Carbomer.....	283
Bicillin LA.....	93	Bupafen.....	124	Carboplatin.....	160
BiCNU.....	151	Bupivacaine hydrochloride	123	Carboplatin Accord.....	160
BiCNU S29.....	151	Bupivacaine hydrochloride with adrenaline.....	123	Carboprost trometamol.....	75
Bile and Liver Therapy.....	9	Bupivacaine hydrochloride with fentanyl.....	124	Carboxymethylcellulose	
Bilisopin.....	288	Bupivacaine hydrochloride with glucose.....	124	Alimentary.....	25
Bimatoprost.....	282	Buprenorphine Naloxone BNM.....	147	Extemporaneously Compounded Preparations	292
Binarex.....	174	Buprenorphine with naloxone.....	147	Cardinol LA.....	48
Binocrit.....	30	Bupropion hydrochloride.....	148	Cardizem CD.....	49
Biocon.....	47	Burinex.....	49	CareSens Dual.....	324
Biodone.....	127	Buserelin.....	82	Caresens N.....	324
Biodone Extra Forte.....	127	Buspirone hydrochloride.....	139	Caresens N POP.....	324
Biodone Forte.....	127	Buspirone Viatrix.....	139	Caresens N Premier.....	324
Biotin.....	18	Busulfan.....	151	CareSens PRO.....	324
Bisacodyl.....	16			Carglumic acid.....	18
Bisacodyl Viatrix.....	16			Carmellose sodium with pectin and gelatine.....	
Bismuth subgallate.....	292			Alimentary.....	25
Bismuth subnitrate and iodoform paraffin.....	290			Sensory.....	283
Bisoprolol fumarate.....	47			Carmustine.....	151
Bivalirudin.....	36			Carvedilol.....	47
Bleomycin sulphate.....	151			Carvedilol Sandoz.....	47
Blood glucose diagnostic test meter.....	324			Caspofungin.....	100
Blood glucose diagnostic test strip.....	324			Catapres.....	49
Blood ketone diagnostic test strip.....	324			Cefaclor.....	90
Bonney's blue dye.....	289			Cefalexin.....	90
Boostrix.....	314			Cefalexin Lupin.....	90
Boric acid.....	292			Cefalexin Sandoz.....	90
Bortezomib.....	154			Cefazolin.....	90
Bosentan.....	58			Cefazolin-AFT.....	90
Bosentan Dr Reddy's.....	58			Cefepime.....	91
Botox.....	117			Cefepime-AFT.....	91
Botulism antitoxin.....	284			Cefotaxime.....	90
				Cefotaxime Sandoz.....	90
				Cefoxitin.....	90
				Ceftaroline fosamil.....	91
				Ceftazidime.....	90
				Ceftazidime Kabi.....	90

- C -

Ceftazidime with avibactam.....	90	Cidofovir.....	108	Clotrimazole	
Ceftriaxone.....	91	Cilicaine VK.....	94	Dermatological.....	67
Ceftriaxone-AFT.....	91	Cimetidine.....	8	Genito-Urinary.....	74
Cefuroxime.....	90	Cinacalcet.....	78	Clove oil.....	292
Cefuroxime Devatis.....	90	Cinacalcet Devatis.....	78	Clozapine.....	136
Celapram.....	130	Cinchocaine hydrochloride with		Clozaril.....	136
Celebrex.....	118	hydrocortisone.....	7	Clustran.....	134
Celecoxib.....	118	Ciprofloxacin		Co-trimoxazole.....	97
Celecoxib Pfizer.....	118	Infections.....	94	Coal tar.....	292
Celiprolol.....	47	Sensory.....	277	Coal tar with salicylic acid and	
CellCept.....	261	Ciprofloxacin Kabi.....	94	sulphur.....	71
Centrally-Acting Agents.....	49	Ciprofloxacin Teva.....	277	Cocaine hydrochloride.....	124
Cephalexin ABM.....	90	Ciprofloxacin with		Cocaine hydrochloride with	
Cerazette.....	75	hydrocortisone.....	277	adrenaline.....	124
Cerobact.....	93	Ciproxin HC Otic.....	277	Codeine phosphate	
Cetirizine hydrochloride.....	268	Cisplatin.....	160	Extemporaneously Compounded	
Cetomacrogol.....	69	Cisplatin Accord.....	160	Preparations.....	292
Cetomacrogol Cream AFT.....	69	Citalopram hydrobromide.....	130	Nervous.....	126
Cetomacrogol with glycerol.....	69	Citanest.....	125	Coenzyme Q10.....	18
Cetomacrogol-AFT.....	69	Citrate sodium.....	36	Colchicine.....	117
Cetrimide.....	292	Citric acid.....	292	Colecalciferol.....	28
Cetuximab.....	205	Citric acid with magnesium carbonate		Colestimethate.....	96
Champix.....	149	hydrate and sodium		Colestipol hydrochloride.....	52
Charcoal.....	285	picosulfate.....	15	Colestyramine.....	52
CheckTop.....	324	Citric acid with sodium		Colestyramine - Mylan.....	52
Chemotherapeutic Agents.....	150	bicarbonate.....	287	Colgout.....	117
Chickenpox vaccine.....	322	Citrulline1000.....	301	Colifoam.....	6
Chlorafast.....	277	Cladribine.....	152	Colistin sulphomethate	
Chloral hydrate.....	142	Clarithromycin.....	92	[Colestimethate].....	96
Chlorambucil.....	151	Clexane.....	36	Collodion flexible.....	292
Chloramphenicol		Clexane Forte.....	36	Colloidal bismuth subcitrate.....	9
Infections.....	96	Clindamycin.....	96	Colofac.....	7
Sensory.....	277	Clinicians.....	28	Colomycin.....	96
Chlorhexidine.....	286	Clinicians Multivit & Mineral		Colony-Stimulating Factors.....	40
Chlorhexidine gluconate		Boost.....	26	Coloxyl.....	15
Alimentary.....	25	Clinicians Renal Vit.....	26	Combigan.....	282
Extemporaneously Compounded		Clobazam.....	130	Comirnaty (LP.8.1).....	318
Preparations.....	292	Clobetasol propionate.....	70, 72	Comirnaty Omicron	
Genito-Urinary.....	74	Clobetasone butyrate.....	70	(JN.1).....	318-319
Chlorhexidine with		Clofazimine.....	101	Compound electrolytes.....	41, 43
cetrimide.....	286, 289	Clomazol		Compound electrolytes with glucose	
Chlorhexidine with ethanol.....	286	Dermatological.....	67	[Dextrose].....	41, 43
Chloroform.....	292	Genito-Urinary.....	74	Compound hydroxybenzoate.....	292
Chloroquine phosphate.....	103	Clomifene citrate.....	82	Compound sodium lactate	
Chlorothiazide.....	50	Clomipramine hydrochloride.....	129	[Hartmann's solution].....	41
Chlorpheniramine maleate.....	268	Clomipramine Teva.....	129	Concerta.....	146
Chlorpromazine hydrochloride.....	135	Clonazepam.....	130-131, 139	Condyline.....	72
Chlorsig.....	277	Clonidine.....	49	Contraceptives.....	74
Chlortalidone [Chlorthalidone].....	50	Clonidine hydrochloride.....	49	Contrast Media.....	287
Chlorthalidone.....	50	Clonidine Teva.....	49	Copaxone.....	141
Choice 380 7med Nsha Silver/copper		Clopidogrel.....	37	Copper.....	23
Short.....	75	Clopine.....	136	Copper chloride.....	23
Cholestyramine.....	52	Clopixol.....	137, 139	Corticotrelin (ovine).....	82
Choriogonadotropin alfa.....	83	Clostridium botulinum type A		Corticosteroids	
Ciclopirox olamine.....	67	toxin.....	117	Dermatological.....	70
Ciclosporin.....	177				

Hormone Preparations.....	79	DBL Acetylcysteine.....	284	Dexmedetomidine Viatris.....	122
Cosentyx.....	236	DBL Adrenaline.....	53	Dexmethsone.....	79
Cosmegen.....	151	DBL Amikacin.....	89	Dexrazoxane.....	173
Coversyl.....	44	DBL Aminophylline.....	274	Dextrose	
COVID-19 vaccine.....	318	DBL Bleomycin Sulfate.....	151	Alimentary.....	9
Creon 10000.....	14	DBL Bortezomib.....	154	Blood.....	41, 43
Creon 25000.....	14	DBL Carboplatin.....	160	Extemporaneously Compounded	
Creon Micro.....	14	DBL Cefotaxime.....	90	Preparations.....	292
Crizotinib.....	161	DBL Dacarbazine.....	154	Dextrose with sodium citrate and	
Crotamiton.....	68	DBL Desferrioxamine Mesylate for Inj		citric acid [Acid Citrate Dextrose	
Crystaderm.....	67	BP.....	285	A].....	36
Cu 375 Standard.....	75	DBL Docetaxel.....	172	DHC Continus.....	126
Curam Duo 500/125.....	93	DBL Ergometrine.....	75	Diabetes.....	9
Curosulf.....	275	DBL Gemcitabine.....	153	Diacomit.....	132
Cvite.....	28	DBL Gentamicin.....	89	Diagnostic Agents	
Cyclizine hydrochloride.....	134	DBL Leucovorin Calcium.....	173	Vaccines.....	323
Cyclizine lactate.....	134	DBL Methotrexate Onco-Vial.....	153	Various.....	288
Cyclogyl.....	282	DBL Naloxone Hydrochloride.....	284	Diagnostic and Surgical	
Cyclonex.....	151	DBL Pethidine Hydrochloride.....	128	Preparations.....	280
Cyclopentolate hydrochloride.....	282	DBL Vincristine Sulfate.....	173	Diamide Relief.....	5
Cyclophosphamide.....	151	Decongestants.....	272	Diasip (strawberry).....	302
Cycloserine.....	101	Decongestants and		Diasip (vanilla).....	302
Cymevene.....	108	Antiallergics.....	279	Diatrizoate meglumine with sodium	
Cyproheptadine hydrochloride.....	268	Decozol.....	25	amidotrizoate.....	287
Cyproterone acetate.....	78	Deferasirox.....	285	Diatrizoate sodium.....	287
Cyproterone acetate with		Deferiprone.....	285	Diazepam.....	130, 139
ethinyloestradiol.....	74	Defibrotide.....	36	Diazoxide	
Cystadane.....	18	Definity.....	288	Alimentary.....	9
Cysteamine hydrochloride.....	292	Demeclocycline hydrochloride.....	95	Cardiovascular.....	54
Cytarabine.....	152	Denosumab.....	115	Dichlorobenzyl alcohol with	
Cytotec.....	7	Deolate.....	101	amylmetacresol.....	25
- D -					
D-Penamine.....	114	Deoxycoformycin.....	157	Diclofenac Devatis.....	279
Dabigatran.....	36	Depo-Medrol.....	80	Diclofenac Sandoz.....	119
Dabrafenib.....	161	Depo-Provera.....	75	Diclofenac sodium	
Dacarbazine.....	154	Depo-Testosterone.....	78	Musculoskeletal.....	119
Dactinomycin [Actinomycin D].....	151	Deprim.....	97	Sensory.....	279
Daivobet.....	71	Dermol.....	70, 72	Dicobalt edetate.....	286
Daivonex.....	71	Desferrioxamine mesilate.....	285	Diffucan.....	98
Dalacin C.....	96	Desflurane.....	122	Diffucortolone valerate.....	70
Danaparoid.....	36	Desmopressin.....	88	Digestives Including Enzymes.....	14
Dantrium.....	118	Desmopressin acetate.....	88	Digoxin.....	46
Dantrium IV.....	118	Desmopressin-PH&T.....	88	Digoxin immune Fab.....	284
Dantrolene.....	118	Desogestrel.....	75	Dihydrocodeine tartrate.....	126
Daonil.....	11	Dexamethasone		Dihydroergotamine mesylate.....	133
Dapa-Tabs.....	50	Hormone Preparations.....	79	Diltiazem CD Clinect.....	49
Dapsone.....	101	Sensory.....	278	Diltiazem hydrochloride.....	49
Daptomycin.....	96	Dexamethasone phosphate.....	80	Dimercaprol.....	286
Daptomycin Dr Reddy's.....	96	Dexamethasone with framycetin and		Dimercaptosuccinic acid.....	286
Darunavir.....	106	gramicidin.....	277	Dimethicone.....	67-68
Darunavir Viatris.....	106	Dexamethasone with neomycin		Dimethyl fumarate.....	141
Dasatinib.....	162	sulphate and polymyxin B		Dimethyl sulfoxide.....	290
Dasatinib-Teva.....	162	sulphate.....	277	Dinoprostone.....	75
Daunorubicin.....	152	Dexamethasone with		Dipentum.....	7
David One Step Cassette Pregnancy		tobramycin.....	278	Diphenamil metilsulfate.....	72
Test.....	324	Dexamfetamine sulfate.....	145	Diphenoxylate hydrochloride with	
		Dexmedetomidine.....	122	atropine sulphate.....	5

Diphtheria antitoxin.....	285	Drofate.....	48	EMLA.....	125
Diphtheria, tetanus and pertussis vaccine.....	314	Droperidol.....	134	Empagliflozin.....	13
Diphtheria, tetanus, pertussis and polio vaccine.....	313	Droperidol Panpharma.....	134	Empagliflozin with metformin hydrochloride.....	13
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine.....	313	Drugs Affecting Bone Metabolism.....	114	Emsogen.....	302
Diprosone.....	70	Dual blood glucose and blood ketone diagnostic test meter.....	324	Emtricitabine.....	105
Dipyridamole.....	38	Dulaglutide.....	11	Emtricitabine with tenofovir disoproxil.....	109
Dipyridamole - Strides.....	38	Dulcolax SP Drop.....	17	Emtriva.....	105
Disodium edetate.....	281	Duocal Super Soluble Powder.....	296	Emulsifying ointment.....	69
Disodium hydrogen phosphate with sodium dihydrogen phosphate.....	292	Duolin.....	269	Enalapril maleate.....	44
Disopyramide phosphate.....	46	DuoResp Spiromax.....	273	Enbrel.....	177
Disulfiram.....	148	Duovisc.....	281	Endocrine Therapy.....	173
Dithranol.....	292	Duride.....	53	Endoxan.....	151
Diuretics.....	49	Durvalumab.....	250	Energivit.....	300
Dobutamine.....	53	Dynastat.....	119	Engerix-B.....	319
Dobutamine-hameln.....	53	Dysport.....	117	Enhertu.....	244
Docetaxel.....	172			Enlax XR.....	129
Docusate sodium		- E -		Enoxaparin sodium.....	36
Alimentary.....	15	e-chamber La Grande.....	324	Enstilar.....	71
Sensory.....	283	e-chamber Mask.....	324	Ensure (Chocolate).....	311
Docusate sodium with sennosides.....	15	e-chamber Turbo.....	324	Ensure (Vanilla).....	311
Dolutegravir.....	107	E-Mycin.....	93	Ensure Plus (Banana).....	312
Dolutegravir with lamivudine.....	107	E-Z-Gas II.....	287	Ensure Plus (Chocolate).....	312
Domperidone.....	134	Easiphen Liquid.....	300	Ensure Plus (Fruit of the forest).....	312
Domperidone Viatrix.....	134	Econazole nitrate.....	67	Ensure Plus (Vanilla).....	312
Donepezil hydrochloride.....	147	Edrophonium chloride.....	114	Ensure Plus HN.....	311
Dopamine Basi.....	54	Efavirenz.....	104	Ensure Plus HN RTH.....	311
Dopamine hydrochloride.....	54	Efavirenz Milpharm.....	104	Ensure Plus HN RTH.....	304
Dornase alfa.....	274	Efavirenz with emtricitabine and tenofovir disoproxil.....	105	Entacapone.....	121
Dortiompt.....	281	Eformoterol fumarate.....	273	Entacapone Viatrix.....	121
Dorzolamide.....	281	Eformoterol fumarate dihydrate.....	273	Entecavir.....	107
Dorzolamide with timolol.....	281	Eftrenonacog alfa [Recombinant factor IX].....	34	Entecavir (Rex).....	107
Dostinex.....	81	Efudix.....	72	Entrectinib.....	163
Dosulepin [Dothiepin] hydrochloride.....	129	Elaprase.....	19	Entresto 24/26.....	45
Dosulepin Viatrix.....	129	Elecare (Unflavoured).....	305	Entresto 49/51.....	45
Dotarem.....	288	Elecare (Vanilla).....	305	Entresto 97/103.....	45
Dothiepin.....	129	Elecare LCP (Unflavoured).....	305	Entyvio.....	247
Dovato.....	107	Electral.....	43	Enzymes.....	116
Doxapram.....	276	Electrolytes.....	291	Ephedrine.....	54
Doxazosin.....	45	Elelyso.....	21	Ephedrine Aguetant.....	54
Doxazosin Clinect.....	45	Elemental 028 Extra (grapefruit).....	303	Ephedrine Juno.....	54
Doxepin hydrochloride.....	129	Elemental 028 Extra (pineapple & orange).....	303	Epilim IV.....	132
Doxine.....	95	Elemental 028 Extra (summer fruits).....	303	Epipen.....	267
Doxorubicin Ebewe.....	152	Elemental 028 Extra (summer fruits).....	303	Epipen Jr.....	267
Doxorubicin hydrochloride.....	152	Elexacaftor with tezacaftor, ivacaftor and ivacaftor.....	274	Epirubicin Ebewe.....	152
Doxycycline.....	95	Elidel.....	71	Epirubicin hydrochloride.....	152
DP Lotn HC.....	70	Elocon.....	70	Eplerenone.....	50
DP-Captopril.....	44	Elocon Alcohol Free.....	70	Epoetin alfa.....	30
Dr Reddy's Omeprazole.....	8	Eltrombopag.....	32	Epoetin beta.....	31
		Emend Tri-Pack.....	134	Epoprostenol.....	61
		Emicizumab.....	33	Eptacog alfa [Recombinant factor VIIa].....	34
				Eptifibatide.....	38
				Eptifibatide Viatrix.....	38

Erbix	205	Famotidine	8	Fludarabine Ebewe	153
Ergometrine maleate	75	Famotidine Hovid MY	8	Fludarabine phosphate	153
Erlotinib	163	Faricimab	206	Fludrocortisone acetate	80
Ertapenem	89	Fasenra	202	Fluids and Electrolytes	41
Erythrocin IV	93	Faslodex	174	Flumazenil	284
Erythromycin (as ethylsuccinate)	93	Fatty Emulsion Cream (Evara)	69	Flumazenil-Baxter	284
Erythromycin (as lactobionate)	93	Febuxostat	117	Flumetasone pivalate with clioquinol	278
Erythromycin (as stearate)	93	Febuxostat (Teva)	117	Fluocortolone caproate with fluocortolone pivalate and cinchocaine	7
Esbriet	271	FEIBA NF	34	Fluorescein sodium	280
Escitalopram	130	Felo 10 ER	48	Fluorescein sodium with lignocaine hydrochloride	280
Esmolol hydrochloride	47	Felo 5 ER	48	Fluorescein sodium	280
Essential Amino Acid Mix	302	Felodipine	48	Fluorometholone	279
Estradiol TDP Mylan	81	Fentanyl	127	Fluorouracil	153
Estradot	81	Fentanyl Sandoz	127	Fluorouracil Accord	153
Estrogel	81	Ferinject	24	Fluorouracil sodium	72
Etanercept	177	Ferodan	24	Fluox	130
Ethambutol hydrochloride	101	Ferric subsulfate	33	Fluoxetine hydrochloride	130
Ethanol	284	Feriprox	285	Flupenthixol decanoate	138
Ethanol with glucose	284	Ferro-F-Tabs	24	Flutamide	174
Ethanol, dehydrated	284	Ferro-Liquid	24	Flutamin	174
Ethics Aspirin	125	Ferro-tab	23	Fluticasone	273
Ethics Aspirin EC	37	Ferrograd	24	Fluticasone furoate with umeclidinium and vilanterol	270
Ethinylestradiol with desogestrel	74	Ferrosig	24	Fluticasone furoate with vilanterol	273
Ethinylestradiol with levonorgestrel	74	Ferrous fumarate	23	Fluticasone propionate	268
Ethinylestradiol with norethisterone	74	Ferrous fumarate with folic acid	24	Fluticasone with salmeterol	273
Ethosuximide	131	Ferrous gluconate with ascorbic acid	24	Flynn	90
Ethyl chloride	124	Ferrous sulfate	24	FML	279
Etomidate	122	Ferrous sulfate with ascorbic acid	24	Foban	67
Etopophos	154	Fexaclear	268	Folic acid	31
Etoposide	154	Fexofenadine hydrochloride	268	Folic Acid multichem	31
Etoposide (as phosphate)	154	Filgrastim	40	Folic Acid Viatrix	31
Etoricoxib	119	Finasteride	76	Fondaparinux sodium	36
Etravirine	105	Fingolimod	141	Food Modules	295
Eurofolic	173	Firazyr	267	Food/Fluid Thickeners	296
Evara	68-69	Flagyl	103	Fortijuice (Apple)	312
Evara Emulsifying Ointment	69	Flagyl-S	103	Fortijuice (Orange)	312
EVARA White Soft Paraffin	69	Flamazine	67	Fortijuice (Strawberry)	312
Everet	131	Flecainide acetate	46	Fortini (Strawberry)	309
Everolimus	261	Flecainide BNM	46	Fortini (Vanilla)	309
Evista	115	Flecainide Controlled Release Teva	46	Fortini Multi Fibre (chocolate)	309
Evrysdi	144	Fleet Phosphate Enema	16	Fortini Multi Fibre (strawberry)	309
Exemestane	175	Flixonase Hayfever & Allergy	268	Fortini Multi Fibre (unflavoured)	309
Exjade	285	Flixotide	273	Fortini Multi Fibre (vanilla)	309
Extemporaneously Compounded Preparations	292	Flixotide Accuhaler	273	Fortisip (Banana)	312
Eylea	201	Florinef	80	Fortisip (Chocolate)	312
Ezetimibe	52	Fluanxol	138	Fortisip (Strawberry)	312
Ezetimibe Sandoz	52	Flucil	93	Fortisip (Vanilla)	312
Ezetimibe with simvastatin	53	Flucloxacillin	93	Fortisip Multi Fibre (chocolate)	312
- F -		Flucloxin	93	Fortisip Multi Fibre	
Factor eight inhibitor bypassing fraction	34	Fluconazole	98		
		Fluconazole-Baxter	98		
		Flucytosine	101		
		Fludara Oral	153		

(strawberry)	312	Glizide.....	11	HCU Explore 5.....	298
Fortisip Multi Fibre (vanilla)	312	Glucagen Hypokit	9	HCU Express 15.....	298
Fosamax.....	114	Glucagon hydrochloride.....	9	HCU Lophlex LQ.....	298
Fosamax Plus.....	114	Glucerna Select.....	302	Healon.....	281
Foscarnet sodium.....	108	Glucose [Dextrose]		Healon 5.....	281
Fosfomycin.....	96	Alimentary.....	9	Healon GV.....	281
Framycetin sulphate.....	277	Blood.....	41	Healon GV Pro.....	281
Fresofol 1% MCT/LCT.....	123	Extemporaneously Compounded		healthE Calamine Aqueous.....	68
Frusemide.....	49	Preparations.....	292	healthE Dimethicone 10%.....	68
Fucidin.....	96	Glucose with potassium chloride.....	41	healthE Dimethicone 4% Lotion.....	67
Fucithalmic.....	277	Glucose with potassium chloride and		healthE Dimethicone 5%.....	68
Fulvestrant.....	174	sodium chloride.....	41	healthE Glycerol BP Liquid.....	293
Fulvestrant EVER Pharma.....	174	Glucose with sodium chloride.....	42	healthE Urea Cream.....	70
Funglin.....	25	Glucose with sucrose and		Hemilbra.....	33
Furosemide [Frusemide].....	49	fructose.....	9	Heparin sodium.....	37
Furosemide-Baxter.....	49	Glycerin with sodium saccharin.....	293	Heparin Sodium Panpharma.....	37
Fusidic acid		Glycerin with sucrose.....	293	Heparinised saline.....	37
Dermatological.....	67, 71	Glycerol		Heparon Junior.....	304
Infections.....	96	Alimentary.....	16	Hepatitis A vaccine.....	319
Sensory.....	277	Extemporaneously Compounded		Hepatitis B recombinant	
- G -		Preparations.....	293	vaccine.....	319
GA Explore 5.....	297	Glycerol with paraffin.....	69	Herzuma.....	243
GA1 Anamix Infant.....	297	Glyceryl trinitrate		Hikma.....	46
GA1 Anamix Junior.....	297	Alimentary.....	7	Hikma Acetylcysteine.....	284
Gabapentin.....	131	Cardiovascular.....	53	Hiprex.....	96
Gacet.....	126	Glycine.....	289	Histaclear.....	268
Gadobutrol.....	288	Glycoprep Orange.....	15	Histamine acid phosphate.....	288
Gadoteric acid.....	288	Glycopyrronium.....	269	Holoxan.....	151
Gadovist 1.0.....	288	Glycopyrronium bromide.....	7	Hormone Replacement Therapy.....	81
Gadoxetate disodium.....	288	Glycopyrronium with		HPV.....	320
Galsulfase.....	19	indacaterol.....	269	Humalog Mix 25.....	10
Galvumet.....	11	Glycosade.....	301	Humalog Mix 50.....	10
Galvus.....	11	Glytactin Bettermilk.....	300	Human Milk Fortifier.....	296
Ganciclovir.....	108	Gonadorelin.....	82	Human papillomavirus (6, 11, 16, 18,	
Gardasil 9.....	320	Goserelin.....	82	31, 33, 45, 52 and 58) vaccine	
Gastrodenol.....	9	Granisetron.....	134	[HPV].....	320
Gastrografin.....	287	GTO Oil.....	301	Humatin.....	89
Gazyva.....	218	- H -		Humira.....	194
Gefitinib.....	164	Habitrol.....	148	HumiraPen.....	194
Gelatine, succinylated.....	43	Habitrol (Fruit).....	148	Hyaluronic acid	
Gelofusine.....	43	Habitrol (Mint).....	148	Alimentary.....	26
Gemcitabine Hydrochloride.....	153	Haem arginate.....	19	Sensory.....	281, 283
Gemtuzumab ozogamicin.....	207	Haemophilus influenzae type B		Hyaluronic acid with lidocaine	
Gentamicin sulphate		vaccine.....	314	[lignocaine].....	26
Infections.....	89	Haldol.....	138	Hyaluronidase.....	116
Sensory.....	277	Haldol Concentrate.....	138	Hydralazine hydrochloride.....	54
Gestrinone.....	82	Haloperidol.....	136	Hydralyte - Lemonade.....	43
Gilenya.....	141	Haloperidol decanoate.....	138	Hydrocortisone	
Ginet.....	74	Hartmann's solution.....	41	Dermatological.....	70
Glatiramer acetate.....	141	Harvoni.....	108	Extemporaneously Compounded	
Glaucoma Preparations.....	281	Havrix 1440.....	319	Preparations.....	293
Glecaprevir with pibrentasvir.....	108	Havrix Junior.....	319	Hormone Preparations.....	80
Glibenclamide.....	11	Haylor Syrup.....	268	Hydrocortisone acetate.....	6
Gliclazide.....	11	HCU Anamix Infant.....	298	Hydrocortisone acetate with	
Gliolan.....	176	HCU Anamix Junior.....	298	pramoxine hydrochloride.....	6
Glipizide.....	11	HCU Anamix Junior LQ.....	298	Hydrocortisone and paraffin liquid	

and lanolin.....	70	Indomethacin.....	119	Iressa.....	164
Hydrocortisone butyrate.....	70, 72	Infanrix IPV.....	313	Irinotecan hydrochloride.....	154
Hydrocortisone with miconazole.....	71	Infanrix-hexa.....	313	Iron (as ferric carboxymaltose).....	24
Hydrocortisone with natamycin and neomycin.....	71	Infatrin.....	307	Iron (as sucrose).....	24
Hydrogen peroxide.....	67	Infliximab.....	207	Iron polymaltose.....	24
Hydroxocobalamin.....		Influenza vaccine.....	320	Irrigation Solutions.....	289
Alimentary.....	27	Influvac Tetra (2025 formulation).....	320	Isentress.....	107
Various.....	284	Inhaled Corticosteroids.....	272	Isentress HD.....	107
Hydroxocobalamin Panpharma.....	27	Inlyta.....	160	Ismo 20.....	53
hydroxycarbamide.....	154	Inotuzumab ozogamicin.....	216	Ismo 40 Retard.....	53
Hydroxychloroquine sulphate.....	114	Inresa.....	24	Isoflurane.....	122
Hydroxyurea.....		Inspira.....	50	Isoleucine50.....	301
[hydroxycarbamide].....	154	Instillagel Lido.....	124	Isoniazid.....	102
Hygroton.....	50	Insulin aspart.....	10	Isoniazid Teva.....	102
Hyl-Fresh.....	283	Insulin aspart with insulin aspart protamine.....	10	Isoniazid with rifampicin.....	102
Hyoscine butylbromide.....	7	Insulin degludec with insulin aspart.....	10	Isoprenaline [Isoproterenol].....	54
Hyoscine Butylbromide (Adiramedica).....	7	Insulin glargine.....	10	Isopropyl alcohol.....	286
Hyoscine hydrobromide.....	134	Insulin glulisine.....	10	Isoproterenol.....	54
Hyperuricaemia and Antigout.....	116	Insulin isophane.....	10	Isoptin.....	49
HypoPak Glucose.....	9	Insulin lispro.....	10	Isoptin SR.....	49
Hypromellose.....	280, 283	Insulin lispro with insulin lispro protamine.....	10	Isopto Carpine.....	282
Hypromellose with dextran.....	283	Insulin neutral.....	10	Isosorbide mononitrate.....	53
- I -		Insulin neutral with insulin isophane.....	10	Isotretinoin.....	68
Ibiamox.....	93	Intelence.....	105	Ispaghula (psyllium) husk.....	15
Ibrutinib.....	154	Interferon alfa-2b.....	111	Isradipine.....	48
Ibuprofen.....	119	Interferon beta-1-alpha.....	141	Itch-Soothe.....	68
Ibuprofen SR BNM.....	119	Interferon beta-1-beta.....	141	Itraconazole.....	98
Icatibant.....	267	Interferon gamma.....	111	Itraconazole Crescent.....	98
Idarubicin hydrochloride.....	152	Intra-uterine device.....	75	Itrazole.....	98
Idarucizumab.....	34	Invanz.....	89	Ivabradine.....	46
Idursulfase.....	19	Invega Sustenna.....	138	Ivacaftor.....	275
Ifosfamide.....	151	Invega Trinza.....	138	Ivermectin.....	102
Ilomedin.....	63	Iodine.....	87	- J -	
Iloprost.....	63	Iodine with ethanol.....	286	Jadelle.....	75
Imaging Agents.....	176	Iodised oil.....	287	Jakavi.....	169
Imatinib mesilate.....	164	Iodixanol.....	287	Jardimet.....	13
Imatinib-Rex.....	164	Iohexol.....	287	Jardiance.....	13
Imbruvica.....	154	Iopidine.....	282	Jaydess.....	75
Imfinzi.....	250	Ioscan.....	287	Jevity HiCal RTH.....	311
Imipenem with cilastatin.....	89	IpcA-Allopurinol.....	116	Jevity RTH.....	311
Imipenem+Cilastatin RBX.....	89	IpcA-Bisoprolol.....	47	Jinarc.....	50
Imipramine Crescent.....	129	IpcA-Ciprofloxacin.....	94	- K -	
Imipramine hydrochloride.....	129	IpcA-Donepezil.....	147	Kadcyla.....	245
Imiquimod.....	72	IpcA-Escitalopram.....	130	Kalydeco.....	275
Immune Modulators.....	111	IPCA-Frusemide.....	49	Kenacomb.....	278
Immunosuppressants.....	177	IpcA-Hydroxychloroquine.....	114	Kenacort-A 10.....	80
Impact Advanced Recovery.....	310	IPCA-Metoprolol.....	47	Kenacort-A 40.....	80
Incruse Ellipta.....	269	IPCA-Propranolol.....	48	Kenalog in Orabase.....	25
Indacaterol.....	273	Ipilimumab.....	251	Ketalar.....	123
Indapamide.....	50	IPOL.....	322	Ketamine.....	123
Indigo carmine.....	289	Ipratropium bromide.....	268	Ketocal 3:1 (Unflavoured).....	308
Indinavir.....	106			Ketocal 4:1 (Unflavoured).....	308
Indocyanine green.....	289			Ketocal 4:1 (Vanilla).....	308
Indometacin [Indomethacin].....	119			Ketoconazole.....	
				Dermatological.....	67
				Infections.....	97

Ketoprofen	119	Leustatin	152	Lomide	279
Ketorolac trometamol	279	Levetiracetam	131	Lomustine	151
KetoSens	324	Levetiracetam-AFT	131	Long-Acting Beta-Adrenoceptor Agonists	273
Ketostix	324	Levocabastine	279	Loniten	55
Keytruda	253	Levocarnitine	20	Loperamide hydrochloride	5
Kindergen	309	Levodopa with benserazide	122	Lopinavir with ritonavir	106
Kisqali	168	Levodopa with carbidopa	122	Lopinavir/Ritonavir Mylan	106
Klacid	92	Levodopa with carbidopa and entacapone	122	Lorafix	268
Klacid IV	92	Levomepromazine	136	Loratadine	268
Klaricid	92	Levomepromazine hydrochloride	136	Lorazepam	130, 139
Kogenate FS	35	Levonorgestrel	75	Lormetazepam	142
Konakion MM	35	Levonorgestrel BNM	75	Lorstat	51
Konakion MM Paediatric	35	Levosimendan	53	Losartan Actavis	44
Konsyl-D	15	Levothyroxine	87	Losartan potassium	44
Kuvan	20	Lidocaine [Lignocaine]	124	Losartan potassium with hydrochlorothiazide	45
- L -		Lidocaine [Lignocaine] hydrochloride	124	Lovir	108
L-ornithine L-aspartate	9	Lidocaine [Lignocaine] hydrochloride with adrenaline	124	Loxamine	130
Labetalol	47	Lidocaine [Lignocaine] hydrochloride with adrenaline and tetracaine hydrochloride	125	Lucrin Depot 1-month	83
Lacosamide	131	Lidocaine [Lignocaine] hydrochloride with phenylephrine hydrochloride	125	Lucrin Depot 3-month	83
Lactose	293	Lidocaine [Lignocaine] with prilocaine	125	LumaCina	289
Lactulose	16	Lidocaine-Baxter	124	Lumigan	282
Laevolac	16	lignocaine Alimentary	26	Lynparza	156
Lamictal	131	Nervous	124-125	Lyrca	132
Lamivudine	105, 107	Lincomycin	96	Lysine acetylsalicylate [Lysine asprin]	38
Lamivudine Viatris	105	Linezolid	96	Lysine asprin	38
Lamivudine/Zidovudine Viatris	106	Linezolid Kabi	96	- M -	
Lamotrigine	131	Lioresal Intrathecal	117	m-Eslon	127
Lanoxin	46	Liothyronine sodium	87	Mabthera	223
Lanoxin PG	46	Lipid-Modifying Agents	51	Macrobid	96
Lanreotide	176	Lipiodol Ultra Fluid	287	Macrogl 3350 with ascorbic acid, potassium chloride, sodium chloride and citric acid with magnesium carbonate hydrate and sodium picosulfate	15
Lansoprazole	8	Liquigen	295	Macrogl 3350 with potassium chloride and sodium chloride	15
Lantus	10	Liraglutide	12	Macrogl 3350 with potassium chloride and sodium chloride with/ without sodium sulfate, sodium ascorbate, ascorbic acid	15
Lantus SoloStar	10	Lisdexamfetamine dimesilate	145	Macrogl 3350 with potassium chloride, sodium bicarbonate and sodium chloride	16
Lanzol Relief	8	Lisinopril	44	Madopar 125	122
Lapatinib	164	Liessamine green	280	Madopar 250	122
Largactil	135	Lithium carbonate	136	Madopar 62.5	122
Laronidase	19	LMX4	124	Madopar HBS	122
Lasix	49	Lo-Oralcon 20 ED	74	Madopar Rapid	122
Latanoprost	282	Local Preparations for Anal and Rectal Disorders	7	Mafenide acetate	67
Latanoprost with timolol	282	Locasol	307	Magnesium amino acid chelate	24
Lax-Suppositories	16	Locoid	70, 72	Magnesium chloride	24
Lax-suppositories Glycerol	16	Locoid Crelo	70	Magnesium hydroxide Alimentary	24
Laxatives	15	Locoid Lipocream	70		
Laxsol	15	Lodoxamide	279		
Ledipasvir with sofosbuvir	108	Logem	131		
Leflunomide	114				
Lenalidomide (Viatris)	155				
Lenalidomide Viatris	155				
Lenvatinib	164				
Lenvima	164				
Letrole	175				
Letrozole	175				
Leucine100	302				
Leukotriene Receptor Antagonists	273				
Leuporelin acetate	83				

Extemporaneously Compounded Preparations.....	293	Mepolizumab.....	216	Metoprolol IV Mylan.....	47
Magnesium oxide.....	24	Mercaptopurine.....	153	Metoprolol IV Viatris.....	47
Magnesium oxide with magnesium aspartate, magnesium amino acid chelate and magnesium citrate.....	24	Meropenem.....	90	Metoprolol succinate.....	47
Magnesium sulphate.....	24	Meropenem-AFT.....	90	Metoprolol tartrate.....	47
Magnevist.....	288	Mesalazine.....	6	Metronidamed.....	103
Malarone.....	103	Mesna.....	173	Metronidazole.....	
Malarone Junior.....	103	Mestinon.....	114	Dermatological.....	67
Malathion [Maldison].....	68	Metabolic Disorder Agents.....	17	Infections.....	103
Maldison.....	68	Metabolic Products.....	297	Metypapone.....	82
Mannitol.....		Metaraminol.....	54	Mexiletine hydrochloride.....	47
Cardiovascular.....	49	Metformin hydrochloride.....	11	Miacalcic.....	78
Various.....	288	Metformin Viatris.....	11	Mianserin hydrochloride.....	129
Mantoux.....	323	Methacholine chloride.....	289	Micolette.....	16
Maprotiline hydrochloride.....	129	Methadone BNM.....	127	Miconazole.....	25
Marcaïn.....	123	Methadone hydrochloride.....		Miconazole nitrate.....	
Marcaïn Heavy.....	124	Extemporaneously Compounded Preparations.....	293	Dermatological.....	67
Marcaïn Isobaric.....	123	Nervous.....	127	Genito-Urinary.....	74
Marcaïn with Adrenaline.....	123	Methenamine (Hexamine) hippurate.....	96	Micreme.....	74
Marevan.....	37	Methohexital sodium.....	123	Micreme H.....	71
Marine Blue Lotion SPF 50+.....	72	Methopt.....	283	Microlut.....	75
Mask for spacer device.....	324	Methotrexate.....	153	Midazolam.....	143
Mavret.....	108	Methotrexate DBL Onco-Vial.....	153	Midazolam-Baxter.....	143
Maxidex.....	278	Methotrexate Ebewe.....	153	Midazolam-Pfizer.....	143
Maxitrol.....	277	Methotrexate Sandoz.....	153	Midodrine.....	47
MCT Oil.....	295	Methoxsalen.....		Midostaurin.....	166
Measles, mumps and rubella vaccine.....	321	[8-methoxypsoralen].....	71	Mifepristone.....	75
Mebendazole.....	103	Methoxyflurane.....	125	Milrinone.....	55
Mebeverine hydrochloride.....	7	Methyl aminolevulinate hydrochloride.....	72	Milrinone-Baxter.....	55
Medac.....	151	Methyl hydroxybenzoate.....	293	Minerals.....	23
Medrol.....	80	Methylcellulose.....	293	Mini-Wright AFS Low Range.....	324
Medroxyprogesterone.....	82	Methylcellulose with glycerin and sodium saccharin.....	293	Mini-Wright Standard.....	324
Medroxyprogesterone acetate.....		Methylcellulose with glycerin and sucrose.....	293	Minidiab.....	11
Genito-Urinary.....	75	Methyldopa.....	49	Minims Prednisolone.....	279
Hormone Preparations.....	81	Methyldopa Viatris.....	49	Minirin.....	88
Mefenamic acid.....	119	Methylene blue.....	289	Minirin Melt.....	88
Mefloquine.....	103	Methylnaltrexone bromide.....	16	Minocycline.....	95
Meglumine gadopentetate.....	288	Methylphenidate ER - Teva.....	146	Minoxidil.....	55
Meglumine iotroxate.....	288	Methylphenidate hydrochloride.....	146	Mirena.....	75
Mekinst.....	171	Methylphenidate Sandoz XR.....	146	Miro-Amoxicillin.....	93
Melatonin.....	142	Methylprednisolone (as sodium succinate).....	80	Mirtazapine.....	129
Melpha.....	151	Methylprednisolone aceponate.....	70	Misoprostol.....	7
Melphalan.....	151	Methylprednisolone acetate.....	80	Mitomycin C.....	152
Meningococcal (A, C, Y and W-135) conjugate vaccine.....	314	Methylthioninium chloride [Methylene blue].....	289	Mitozantrone.....	152
Meningococcal B multicomponent vaccine.....	315	Methylxanthines.....	274	Mitozantrone Ebewe.....	152
MenQuadfi.....	314	Metoclopramide Actavis 10.....	135	Mivacurium chloride.....	118
Menthol.....	293	Metoclopramide hydrochloride.....	135	Mixed salt solution for eye irrigation.....	280
Mepivacaine hydrochloride.....	125	Metoclopramide hydrochloride with paracetamol.....	133	MMA/PA Anamix Infant.....	301
Mepivacaine hydrochloride with adrenaline.....	125	Metolazone.....	50	MMA/PA Anamix Junior.....	301
				MMA/PA Explore 5.....	301
				MMA/PA Express 15.....	301
				Moclobemide.....	129
				Modafinil.....	146
				Modafinil Max Health.....	146
				Molaxole.....	16
				Mometasone furoate.....	70

Monogen.....	303	Naltrexone hydrochloride.....	148	Drugs.....	118
Monosodium glutamate with sodium aspartate.....	291	Naphazoline hydrochloride.....	279	Nonacog gamma, [Recombinant factor IX].....	35
Monosodium l-aspartate.....	291	Naprosyn SR 1000.....	119	Noradrenaline.....	54
Montelukast.....	273	Naprosyn SR 750.....	119	Noradrenaline BNM.....	54
Montelukast Viatris.....	273	Naproxen.....	119	Norethindrone - CDC.....	75
Morocotocog alfa [Recombinant factor VIII].....	35	Natalizumab.....	141	Norethisterone	
Morphine hydrochloride.....	127	Natamycin.....	277	Genito-Urinary.....	75
Morphine sulphate.....	127	Natulan.....	157	Hormone Preparations.....	82
Morphine tartrate.....	127	Nausafix.....	135	Norethisterone with mestranol.....	74
Motetis.....	121	Nausicalm.....	134	Norflex.....	118
Mouth and Throat.....	25	Nefopam hydrochloride.....	126	Norflexacin.....	95
Movapo.....	121	Neo-Mercazole.....	87	Noriday.....	75
Movicol.....	16	Neocate Gold (Unflavoured).....	305	Noriday 28.....	75
Moxifloxacin.....	94	Neocate Junior Unflavoured.....	305	Normison.....	143
Moxifloxacin Kabi.....	94	Neocate Junior Vanilla.....	305	Norpress.....	129
Mozobil.....	40	Neocate SYNEO.....	305	Nortriptyline hydrochloride.....	129
MSUD Anamix Infant.....	298	Neoral.....	177	Norvir.....	107
MSUD Anamix Junior.....	298	Neostigmine metilsulfate.....	114	Noumed Dexamfetamine.....	145
MSUD Anamix Junior LQ.....	298	Neostigmine metilsulfate with glycopyrronium bromide.....	114	Noumed Isoniazid.....	102
MSUD Explore 5.....	298	Neosynephrine HCL.....	54	Noumed Paracetamol.....	126
MSUD Express 15.....	298	Nepro HP (strawberry).....	309	Noumed Pethidine.....	128
MSUD Lophlex LQ 20.....	298	Nepro HP (vanilla).....	309	Noumed Phenobarbitone.....	131
MSUD Maxamum.....	298	Neulumex.....	287	Novadoz.....	151
Mucolytics and Expectorants.....	274	Neupogen.....	40	Novasource Renal (Vanilla).....	310
Mucosoolthe.....	124	NeuroTabs.....	23	Novatretin.....	71
Multiple Sclerosis Treatments.....	140	Nevirapine.....	105	NovoMix 30 FlexPen.....	10
Multivitamin and mineral supplement.....	26	Nevirapine Viatris.....	105	NovoRapid FlexPen.....	10
Multivitamin renal.....	26	Nicardipine hydrochloride.....	48	NovoSeven RT.....	34
Multivitamins.....	27	Nicorandil.....	55	Nozinan.....	136
Mupirocin.....	67	Nicotine.....	148	Nucala.....	216
Muscle Relaxants and Related Agents.....	117	Nifedipine.....	48	Nuelin.....	274
Mvite.....	27	Nifuran.....	96	Nuelin-SR.....	274
Myambutol.....	101	Nilotinib.....	166	Nupentin.....	131
Mycobutin.....	102	Nilstat.....		Nusinersen.....	143
MycoNail.....	67	Alimentary.....	26	Nutilis.....	297
Mycophenolate mofetil.....	261	Genito-Urinary.....	74	Nutren Diabetes (vanilla).....	302
Mydriacyl.....	282	Infections.....	98	Nutrini Energy Multi Fibre.....	309
Mydriatics and Cycloplegics.....	282	Nimenrix.....	315	Nutrini Energy RTH.....	309
Mylan (24 hr release).....	48	Nimodipine.....	48	Nutrini Low Energy Multi Fibre RTH.....	309
Mylan Clomiphen.....	82	Nimotop.....	48	Nutrini Peptisorb Energy.....	306
Mylan Italy (24 hr release).....	48	Nintedanib.....	270	Nutrini RTH.....	309
Myleran.....	151	Niraparib.....	155	Nutrison 800 Complete Multi Fibre.....	311
Myloc CR.....	47	Nirmatrelvir with ritonavir.....	110	Nutrison Advanced Peptisorb.....	303
Mylotarg.....	207	Nitazoxanide.....	103	Nutrison Concentrated.....	304
Myozyme.....	17	Nitrates.....	53	Nutrison Energy.....	311
Mytolac.....	176	Nitroderm TTS 10.....	53	Nutrison Energy Multi Fibre.....	311
- N -		Nitroderm TTS 5.....	53	Nutrison Multi Fibre.....	311
Nadolol.....	48	Nitrofurantoin.....	96	Nutrison Protein Intense.....	305
Nadolol BNM.....	48	Nitrolingual Pump Spray.....	53	Nutrison Protein Plus.....	304
Naglazyme.....	19	Nivestim.....	40	Nutrison Protein Plus Multi Fibre.....	305
Naloxone hydrochloride.....	284	Nivolumab.....	251	Nutrison RTH.....	311
Naltraccord.....	148	Nodia.....	5	Nyefax Retard.....	48
		Noflam 250.....	119		
		Noflam 500.....	119		
		Non-Steroidal Anti-Inflammatory			

Nystatin		Opdivo	251	Pamol	126
Alimentary	26	Optional Pharmaceuticals	324	Pancreatic enzyme	14
Dermatological	67	Ora-Blend	293	Pancuronium bromide	118
Genito-Urinary	74	Ora-Blend SF	293	Pantoprazole	8
Infections	98	Ora-Plus	293	Panzop Relief	8
- O -					
Obinutuzumab	218	Ora-Sweet	293	Papaverine hydrochloride	55
Obstetric Preparations	75	Ora-Sweet SF	293	Paper wasp venom	267
Ocrelizumab	141	Oralcon 30 ED	74	Para-aminosalicylic Acid	102
Ocrevus	141	Oramorph	127	Paracetamol	126
Ocrevus SC	141	Oramorph CDC S29	127	Paracetamol (Ethics)	126
Octasa	6	Oratane	68	Paracetamol Kabi	126
Octocog alfa [Recombinant factor VIII] (Advate)	35	Ornidazole	103	Paracetamol with codeine	128
Octocog alfa [Recombinant factor VIII] (Kogenate FS)	35	Orphenadrine citrate	118	Paraffin	
Octreotide	175	Oruvail SR	119	Alimentary	15
Octreotide Long-Acting	176	Osetamivir	110	Dermatological	69
Ocular Lubricants	283	Osimeitinib	166	Extemporaneously Compounded Preparations	293
Oestradiol	81–82	Osmolite RTH	311	Paraffin liquid with soft white paraffin	283
Oestradiol valerate	81	Other Cardiac Agents	53	Paraffin liquid with wool fat	283
Oestradiol with norethisterone acetate	81	Other Endocrine Agents	81	Paraffin with wool fat	69
Oestriol		Other Oestrogen Preparations	82	Paraldehyde	130
Genito-Urinary	76	Other Otological Preparations	283	Parocoxib	119
Hormone Preparations	82	Other Progestogen Preparations	82	Paromomycin	89
Oestrogens	76	Other Skin Preparations	72	Paroxetine	130
Oestrogens (conjugated equine)	81	Ovestin		Paser	102
Oestrogens with medroxyprogesterone acetate	81	Genito-Urinary	76	Patent blue V	289
Ofev	270	Hormone Preparations	82	Paxam	139
Oil in water emulsion	69	Oxaliplatin	160	Paxlovid	110
Oily phenol [Phenol oily]	7	Oxandrolone	78	Paxtine	130
Olanzapine	136, 138	Oxazepam	140	Pazopanib	168
Olaparib	156	Oxpentifylline	55	Pazopanib Teva	168
Olive oil	293	Oxybuprocaine hydrochloride	280	Peak flow meter	324
Olopatadine	279	Oxybutynin	77	Peanut oil	292
Olopatadine Teva	279	Oxycodone Amneal	128	Pediasure (chocolate)	309
Olisalazine	7	Oxycodone hydrochloride	128	Pediasure (strawberry)	309
Omalizumab	218	Oxycodone Lucis S29	128	Pediasure (vanilla)	309
Omeprazole	8	Oxycodone Sandoz	128	Pediasure Plus	309
Omeprazole actavis 10	8	Oxymetazoline hydrochloride	272	Pediasure RTH	309
Omeprazole actavis 20	8	Oxytocin	75	Pegaspargase	157
Omeprazole actavis 40	8	Oxytocin BNM	75	Pegasys	111
Omeprazole Teva	8	Oxytocin with ergometrine maleate	76	Pegasys (S29)	111
Omezol IV	8	Ozurdex	278	Pegfilgrastim	40
Omnipaque	287	- P -			
Omnitrope	83	Pacifen	117	Pegylated interferon alfa-2a	111
Omnitrope AU	83	Pacimol	126	Pembrolizumab	253
Onbrez Breezhaler	273	Pacitaxel	172	Pemetrexed	153
Oncaspar LYO	157	Padagis	72	Pemetrexed-AFT	153
OncoTICE	261	Paediatric Seravit	27	Penicillamine	114
Ondansetron	135	Palbociclib	167	Penicillin G	93
Ondansetron-AFT	135	Palbociclib Pfizer	167	Penicillin V	94
One-Alpha	28	Paliperidone	138	Pentacarinat	103
		Paliperidone palmitate	138	Pentagastrin	82
		Palivizumab	220	Pentamidine isethionate	103
		Pamidronate disodium	114	Pentasa	6
		Pamisol	114	Pentostatin [Deoxycoformycin]	157
				Pentoxifylline [Oxpentifylline]	55

Peptamen OS 1.0 (Vanilla).....	303	Pinetarsol.....	71	Poloxamer.....	15
Pepti-Junior.....	307	Pioglitazone.....	11	Poly-Tears.....	283
Perflutren.....	288	Piperacillin with tazobactam.....	94	Poly-Visc.....	283
Perhexiline maleate.....	49	Pipothiazine palmitate.....	139	Polycal.....	295
Pericyazine.....	136	PipTaz-AFT.....	94	Polyethylene glycol 400 and propylene glycol.....	283
Perindopril.....	44	Pirfenidone.....	271	Polyhexamethylene biguanide.....	293
Periset.....	135	Pituitary and Hypothalamic Hormones and Analogues.....	82	Polyvinyl alcohol with povidone.....	283
Periset ODT.....	135	Pivmecillinam.....	96	Pomalidomide.....	157
Perjeta.....	221	Pizotifen.....	134	Pomolide.....	157
Permethrin.....	68	PKU Anamix Infant.....	299	Poractant alfa.....	275
Perrigo.....	72	PKU Anamix Junior.....	299	Posaconazole.....	98
Pertuzumab.....	221	PKU Anamix Junior LQ (Berry).....	299	Posaconazole Juno.....	98
Pertuzumab with trastuzumab.....	221	PKU Anamix Junior LQ (Orange).....	299	Potassium chloride.....	42–43
Peteha.....	102	PKU Build 10.....	300	Potassium chloride with sodium chloride.....	42
Pethidine hydrochloride.....	128	PKU Build 20 Chocolate.....	300	Potassium citrate.....	76
Pevaryl.....	67	PKU Build 20 Raspberry Lemonade.....	300	Potassium dihydrogen phosphate.....	42
Pexsig.....	49	PKU Build 20 Smooth.....	300	Potassium iodate Alimentary.....	23
Pfizer Exemestane.....	175	PKU Build 20 Vanilla.....	300	Hormone Preparations.....	87
Pheburane.....	21	PKU Explore 10.....	299	Potassium iodate with iodine.....	23
Phenase.....	154	PKU Explore 5.....	299	Potassium perchlorate.....	87
Phenelzine sulphate.....	129	PKU Express 20.....	299	Potassium permanganate.....	72
Phenindione.....	37	PKU First Spoon.....	299	Povidone K30.....	293
Phenobarbitone.....	131, 143	PKU Glytactin RTD 15.....	300	Povidone-iodine.....	286
Phenobarbitone sodium.....	293	PKU Glytactin RTD 15 Lite.....	300	Povidone-iodine with ethanol.....	286
Phenol.....		PKU GMPPro LQ.....	300	Pradaxa.....	36
Extemporaneously Compounded Preparations.....	293	PKU GMPPro Mix-In.....	300	Pralidoxime chloride.....	284
Various.....	290	PKU GMPPro Ultra Lemonade.....	300	Pralidoxime iodide.....	284
Phenol oily.....	7	PKU GMPPro Ultra Vanilla.....	300	Pramipexole hydrochloride.....	122
Phenol with ioxaglic acid.....	290	PKU Lophlex LQ 10.....	299	Pravastatin.....	51
Phenothrin.....	68	PKU Lophlex LQ 20.....	299–300	Praxbind.....	34
Phenoxybenzamine hydrochloride.....	45	PKU Lophlex Powder.....	299	Praziquantel.....	103
Phenoxyethylpenicillin [Penicillin V].....	94	PKU Lophlex Sensations 20 (berries).....	300	Prazosin.....	45
Phentolamine mesylate.....	45	PKU Restore Powder.....	299	Prazosin Mylan.....	45
Phenylalanine50.....	302	PKU sphere20 Banana.....	300	Pred Forte.....	279
Phenylephrine hydrochloride Cardiovascular.....	54	PKU sphere20 Chocolate.....	300	Prednisolone.....	80
Sensory.....	283	PKU sphere20 Lemon.....	300	Prednisolone acetate.....	279
Phenytoin.....	131	PKU sphere20 Red Berry.....	300	Prednisolone sodium phosphate.....	279
Phenytoin sodium.....	130, 132	PKU sphere20 Vanilla.....	300	Prednisolone- AFT.....	279
Phesgo.....	221	PKU Start.....	299	Prednisone.....	80
Phlexy 10.....	299	Plasma-Lyte 148.....	41	Prednisone Clinect.....	80
Phosphorus.....	43	Plasma-Lyte 148 & 5% Glucose.....	41	Pregabalin.....	132
Phytomenadione.....	35	Plendil ER.....	48	Pregabalin Pfizer.....	132
Picibanil.....	262	Plenvu.....	15	Pregnancy test - hCG urine.....	324
Pilocarpine hydrochloride.....	282	Plerixafor.....	40	preOp.....	310
Pilocarpine nitrate Extemporaneously Compounded Preparations.....	293	Pneumococcal (PCV13) conjugate vaccine.....	316	Presolol.....	47
Sensory.....	282	Pneumococcal (PPV23) polysaccharide vaccine.....	317	Prevenar 13.....	316
Pimafucort.....	71	Pneumovax 23.....	317	Priadel.....	136
Pimecrolimus.....	71	Podophyllotoxin.....	72	Prilocaine hydrochloride.....	125
Pine tar with trolamine laurilsulfate and fluorescein.....	71	Polidocanol.....	33	Prilocaine hydrochloride with felypressin.....	125
		Poliomyelitis vaccine.....	322	Primaquine.....	103

Primidone	132	Raloxifene.....	115	Risperidone	137, 139
Primolut N.....	82	Raltegravir potassium.....	107	Risperidone (Teva).....	137
Primovist.....	288	Ramipex	122	Risperon	137
Priorix	321	Ramipril	44	Ritalin	146
Probenecid	117	Ranbaxy-Cefaclor.....	90	Ritalin LA	146
Procaine penicillin.....	94	Ranibizumab.....	222	Ritonavir	107
Procarbazine hydrochloride.....	157	Ranitidine.....	8	Rituximab (mabthera).....	223
Prochlorperazine	135	Rapamune.....	262	Rituximab (riximyo).....	225
Proctosedyl.....	7	Rasagiline.....	122	Rivaroxaban	37
Procydiline hydrochloride.....	121	Rasburicase.....	117	Rivastigmine	147
Progesterone	76	Readi-CAT 2.....	287	Rivastigmine Patch BNM 10.....	147
Proglicem.....	9	Reandron 1000.....	78	Rivastigmine Patch BNM 5.....	147
Proglycem.....	9	Recombinant factor IX.....	34-35	Riximyo.....	225
Progynova	81	Recombinant factor VIIa.....	34	RIXUBIS	35
Prolia	115	Recombinant factor VIII.....	35	Rizamelt.....	134
Promethazine hydrochloride.....	268	Rectogesic.....	7	RizatRIPTAN	134
Propafenone hydrochloride.....	47	Red back spider antivenom.....	285	Robinul	7
Propamidine isethionate.....	277	Redipred	80	Rocuronium bromide	118
Propofol	123	Relenza Rotadisk	110	Ropin	122
Propranolol	48	Relistor	16	Ropinirole hydrochloride.....	122
Propylthiouracil	87	Remdesivir.....	111	Ropivacaine hydrochloride.....	125
Prostin E2	75	Remicade.....	207	Ropivacaine Kabi.....	125
Prostin VR	54	Remifentanil.....	128	Rose bengal sodium.....	280
Protamine sulphate.....	37	Remifentanil-AFT.....	128	Rosemont	128
Protifar.....	296	Renilon 7.5 (apricot).....	310	Rosuvastatin.....	51
Protionamide	102	Renilon 7.5 (caramel).....	310	Rosuvastatin Viatris.....	51
Protirelin	88	Resonium A.....	43	Rosuvastatin-Sandoz.....	51
Proveblue	289	Resource Beneprotein.....	296	Rotarix	322
Provera	81	Respiratory Stimulants	276	Rotavirus oral vaccine	322
Provera HD.....	82	Retinol	27	Roxithromycin.....	93
Proxymetacaine hydrochloride.....	280	Retinol Palmitate	283	Rozlytrek.....	163
Pseudoephedrine hydrochloride.....	272	ReTrieve	68	Rubifen	146
Psoriasis and Eczema Preparations	71	Retrovir	106	Rubifen SR.....	146
PTU	87	Retrovir IV.....	106	Ruriocetocog alfa pegol [Recombinant factor VIII].....	35
Pulmonary Surfactants	275	Revolade	32	Ruxolitinib	169
Pulmozyme.....	274	Ribociclib	168	Rydapt	166
Puri-nethol	153	Riboflavin.....	20	Ryzodeg 70/30 Penfill.....	10
Pyrazinamide.....	102	Riboflavin 5-phosphate.....	281		
Pyridostigmine bromide	114	Ricit	76	- S -	
Pyridoxal-5-phosphate.....	20	Ricovir.....	107	S26 LBW Gold RTF.....	308
Pyridoxine hydrochloride.....	27	Rifabutin	102	Sabril	133
Pyridoxine multichem	27	Rifadin	102	Sacubitril with valsartan.....	45
Pyrimethamine.....	104	Rifamazid.....	102	SalAir	272
Pytazen SR.....	38	Rifampicin.....	102	Salazopyrin.....	7
- Q -		Rifaximin.....	9	Salazopyrin EN.....	7
Quetapel.....	136	Rifinah	102	Salbutamol.....	272
Quetiapine	136	Rilutek.....	121	Salbutamol with ipratropium bromide.....	269
Quetiapine Viatris.....	136	Riluzole	121	Salicylic acid	293
Quinapril	44	Ringer's solution	42	Salmeterol	273
Quinine dihydrochloride.....	104	Rinvoq	263	Salmonella typhi vaccine	318
Qvar	272	Riodine	286	Sandimmun	177
- R -		Risdiplam.....	144	Sandomigran	134
RA-Morph	127	Risedronate Sandoz.....	114	Sandostatin LAR.....	176
Rabies vaccine	322	Risedronate sodium.....	114	Sapropterin Dihydrochloride.....	20
		Risperdal	137	Scalp Preparations	72
		Risperdal Consta.....	139		

Scandonest 3%	125	Sodium benzoate.....	21	Solifenacin succinate Max Health	77
Sclerosing Agents.....	276	Sodium bicarbonate Blood.....	42-43	Solu-Cortef	80
Scopolamine Transdermal System Viatrix.....	134	Extemporaneously Compounded Preparations	293	Solu-Medrol	80
Sebizole.....	67	Sodium calcium edetate	286	Solu-Medrol Act-O-Vial.....	80
Secretin pentahydrochloride.....	289	Sodium chloride Blood.....	42-43	Somatropin	83
Secukinumab	236	Respiratory.....	272, 275	Sotalol	48
Sedatives and Hypnotics	142	Various	289	Sotalol Viatrix.....	48
Seebri Breezhaler.....	269	Sodium chloride with sodium bicarbonate.....	272	Soya oil.....	284
Selegiline hydrochloride	122	Sodium citrate	5	Spacer device.....	324
Selenium.....	25	Alimentary.....	5	Span-K.....	43
Sennosides.....	16	Extemporaneously Compounded Preparations	294	Spazmol.....	7
Serc	134	Sodium citrate with sodium chloride and potassium chloride.....	37	Specialised Formulas	302
Serenace	136	Sodium citrate with sodium lauryl sulphoacetate	16	Spinal Muscular Atrophy.....	143
Seretide	273	Sodium citro-tartrate	77	Spinraza	143
Seretide Accuhaler	273	Sodium cromoglicate Alimentary.....	7	Spiocto Respimat	269
Serevent	273	Respiratory.....	268	Spiractin.....	50
Serevent Accuhaler	273	Sensory.....	279	Spiramycin.....	104
Sertraline	130	Sodium dihydrogen phosphate [Sodium acid phosphate].....	43	Spiriva.....	269
Setrona	130	Sodium fluoride.....	23	Spiriva Respimat	269
Sevoflurane	123	Sodium fusidate [Fusidic acid] Dermatological.....	67	Spiroonolactone.....	50
Sevredol	127	Infections.....	96	Stalevo.....	122
Shingles vaccine.....	323	Sensory.....	277	Standard Feeds.....	310
Shingrix.....	323	Sodium hyaluronate [Hyaluronic acid] Alimentary.....	26	Staphlex.....	93
SII-Onco-BCG	261	Sensory.....	281, 283	Starch	294
Sildenafil	60	Sodium hyaluronate [Hyaluronic acid] with chondroitin sulphate.....	281	Stavudine.....	106
Siltuximab	239	Sodium hydroxide.....	290	Stelara	246
Silver diamine fluoride	26	Sodium hypochlorite.....	287	Stemcula with frangula	15
Silver nitrate Dermatological.....	72	Sodium metabisulfite	294	SteroClear	268
Extemporaneously Compounded Preparations	293	Sodium nitrite.....	284	Stesolid.....	130
Simdax.....	53	Sodium nitroprusside Cardiovascular	55	Stimulants / ADHD Treatments	144
Simeticone.....	5	Optional Pharmaceuticals	324	Stiripentol.....	132
Simulect.....	202	Sodium phenylbutyrate.....	21	Streptomycin sulphate.....	89
Simvastatin	52	Sodium phosphate with phosphoric acid.....	16	Stromectol	102
Simvastatin Mylan	52	Sodium picosulfate	17	Sucrafate	9
Simvastatin Viatrix.....	52	Sodium polystyrene sulphonate	43	Sucrose	126
Sincalide	289	Sodium stibogluconate	104	Sugammadex	118
Sinemet	122	Sodium tetradecyl sulphate	34	Sugammadex BNM	118
Sinemet CR	122	Sodium thiosulfate	284	Sulfadiazine silver.....	67
Sintetica Baclofen Intrathecal.....	117	Sodium valproate.....	132	Sulfadiazine sodium	97
Sirolimus	262	Sodium with potassium.....	291	Sulfasalazine	7
Sirturo	101	Solax.....	15	Sulindac.....	119
Siterone	78	Solifenacin succinate.....	77	Sulphacetamide sodium	277
Slow-Lopresor	47			Sulphur	294
Snake antivenom.....	285			Sulprix.....	135
Sodibic.....	43			Sumagran.....	134
Sodium acetate.....	42			Sumatriptan	134
Sodium acid phosphate	43			Sunitinib	170
Sodium alginate with magnesium alginate.....	5			Sunitinib Pfizer.....	170
Sodium alginate with sodium bicarbonate and calcium carbonate.....	5			Sunitinib Rex	170
Sodium aurothiomalate.....	114			Sunscreen, proprietary	72

(Vanilla)	311	Teriflunomide Sandoz	141	Tolvaptan	50
Suxamethonium chloride	118	Teriparatide	116	Topamax	133
Sylvant	239	Teriparatide - Teva	116	Topamine	26
Symbicort Turbuhaler	273	Teripressin	88	Topical	125
Symmetrel	121	Teripressin Ever Pharma	88	Topical Products for Joint and Muscular Pain	120
Sympathomimetics	53	Testogel	78	Topiramate	133
Synacthen	82	Testosterone	78	Topiramate Actavis	133
Synacthen Depot	82	Testosterone cypionate	78	Torbay	54
Synagis	220	Testosterone esters	78	Tramadol hydrochloride	128
Synermox	93	Testosterone undecanoate	78	Tramal 100	128
Syntometrine	76	Tetrabenazine	121	Tramal 50	128
Syrup	294	Tetracaine [Amethocaine] hydrochloride Nervous	125	Tramal SR 100	128
Systane Unit Dose	283	Sensory	280	Tramal SR 150	128
- T -					
Tacrolimus		Tetracosactide [Tetracosactrin]	82	Trametinib	171
Dermatological	72	Tetracosactrin	82	Trandate	47
Oncology	177	Tetracycline	95	Tranexamic acid	34
Tacrolimus Sandoz	177	Teva Lisinopril	44	Tranexamic-AFT	34
Tafinlar	161	Thalidomide	158	Tranylcypromine sulphate	129
Tagitol V	287	Thalomid	158	Trastuzumab (Herzuma)	243
Tagrisso	166	Theobroma oil	294	Trastuzumab deruxtecan	244
Talc	276	Theophylline	274	Trastuzumab emtansine	245
Taliglucerase alfa	21	Thiamine hydrochloride	28	Travatan	282
Tambocor	46	Thiamine multichem	28	Travoprost	282
Tambocor German	46	Thioguanine	153	Treatments for Dementia	147
Tamoxifen citrate	175	Thiopental [Thiopentone] sodium	123	Treatments for Substance Dependence	147
Tamoxifen Sandoz	175	Thiopentone	123	Trelegy Ellipta	270
Tamsulosin hydrochloride	76	Thiotepa	151	Tretinoin	
Tamsulosin-Rex	76	Thrombin	34	Dermatological	68
Tasigna	166	Thyroid and Antithyroid Preparations	87	Oncology	159
Tasmar	122	Thyrotropin alfa	82	Trexate	153
Taurine	22	Ticagrelor	38	Tri-sodium citrate	294
TCu 380 Plus Normal	75	Ticagrelor Sandoz	38	Triamcinolone acetonide	
Tecentriq	249	Ticarcillin with clavulanic acid	94	Alimentary	25
Tecfidera	141	Ticlopidine	39	Dermatological	70
TEEVIR	105	Tigecycline	95	Hormone Preparations	80
Tegretol	130	Tilcotil	119	Triamcinolone acetonide with gramicidin, neomycin and nystatin	278
Tegretol CR	130	Tillomed	103	Triamcinolone acetonide with neomycin sulphate, gramicidin and nystatin	71
Teicoplanin	97	Timolol	281	Triamcinolone hexacetone	80
Temaccord	158	Tiotropium bromide	269	Triazolam	143
Temazepam	143	Tiotropium bromide with olodaterol	269	Trichloroacetic acid	294
Temozolomide	158	Tivicay	107	Trientine	23
Temozolomide Taro	158	TMP	97	Trientine Waymade	23
Tenecteplase	39	Tobradex	278	Trikafra	274
Tenofovir disoproxil	107	Tobramycin		Trimethoprim	97
Tenofovir Disoproxil Emtricitabine Viatri	109	Infections	89	Trimethoprim with sulphamethoxazole [Co-trimoxazole]	97
Tenofovir Disoproxil Viatri	107	Sensory	277	Triovir	105
Tenoxicam	119	Tobramycin (Viatri)	89	Trisul	97
Tensipine MR10	48	Tobramycin BNM	89		
Tepadina	151	Tobrex	277		
Terazosin	46	Tocilizumab	239		
Terbinafine	101	Tofranil	129		
Terbutaline	76	Tolcapone	122		
Terbutaline sulphate	272				
Teriflunomide	141				

Trometamol	290	Varicella vaccine [Chickenpox vaccine]	322	Volumatic	324
Tropicamide	282	Varicella zoster vaccine [Shingles vaccine]	323	Voriconazole	99
Tropisetron	135	Varilrix	322	Vttack	99
Trulicity	11	Vasodilators	54	Vyvanse	145
Tryzan	44	Vasopressin	88	- W -	
Tuberculin PPD [Mantoux] test	323	Vasopressin Agents	88	Warfarin sodium	37
Tubersol	323	Vasorex	48	Wart Preparations	72
Two Cal HN	304	Vebulis	63	Water	
TYR Anamix Infant	301	Vecure	118	Blood	43
TYR Anamix Junior	301	Vecuronium bromide	118	Various	290
TYR Anamix Junior LQ	301	Vedafil	60	White Soft Liquid Paraffin AFT	69
TYR Explore 5	301	Vedolizumab	247	Wool fat	
TYR Lophlex LQ 20	301	Vegzelma	203	Dermatological	70
TYR Sphere 20	301	Veklury	111	Extemporaneously Compounded Preparations	294
Tyrosine1000	302	Veleti	61	- X -	
Tysabri	141	Venclexta	159	Xalkori	161
- U -		Venetoclax	159	Xanthan	294
UK Cipla	272	Venlafaxine	129	Xarelto	37
UK Synacthen	82	Venofer	24	Xgeva	115
Ultibro Breezhaler	269	VENOX	267	Xifaxan	9
Ultraproct	7	Ventolin	272	XMET Maxamum	298
Umeclidinium	269	Vepesid	154	Xolair	218
Umeclidinium with vilanterol	269	Verapamil hydrochloride	49	XP Maxamum	299
Univent	268	Vermox	103	Xylocaine	124
Upadacitinib	263	Versacloz	136	Xylocaine Viscous	124
Ural	77	Vesanoid	159	Xylometazoline hydrochloride	272
Urea		Vexazone	11	Xyntha	35
Dermatological	70	Vfend	99	- Y -	
Extemporaneously Compounded Preparations	294	Victoza	12	Yellow jacket wasp venom	267
Urex Forte	49	Vigabatrin	133	Yervoy	251
UroFos	96	Vigisom	142	- Z -	
Urografin	287	Vildagliptin	11	Zanamivir	110
Urokinase	39	Vildagliptin with metformin hydrochloride	11	Zarontin	131
Urologicals	76	Vimpat	131	Zavedos	152
Uromitexan	173	Vinblastine sulphate	173	Zavicefta	90
Ursodeoxycholic acid	14	Vincristine sulphate	173	Zeffix	107
Ursosan	14	Vinorelbine	173	Zejula	155
Ustekinumab	246	Vinorelbine Te Arai	173	Zematop	72
Utrogestan	76	Viral Vaccines	318	Zetlam	107
- V -		Viramune Suspension	105	Ziagen	105
Vabysmo	206	ViruPOS	277	Zidovudine [AZT]	106
Vaclovir	108	Viscoat	281	Zidovudine [AZT] with lamivudine	106
Valaciclovir	108	Visipaque	287	Ziextenzo	40
Valganciclovir	108	Vit.D3	28	Zimbye	53
Valganciclovir Viatris	108	VitA-POS	283	Zinc	
Valine50	302	Vital	303	Alimentary	25
Vancomycin	97	Vitamin B complex	28	Dermatological	68
Vancomycin Viatris	97	Vitamin B6 25	27	Zinc and castor oil	68
Vanilla SiIQ HD	287	Vitamins	26	Zinc chloride	25
Vanilla SiIQ MD	287	Vivonex TEN	303	Zinc oxide	294
Varenicline	149	Voltaren	119	Zinc sulphate	25
Varibar - Honey	287	Voltaren D	119	Zinc with wool fat	69
Varibar - Nectar	287	Voltaren SR	119	Zincaps	25
Varibar - Pudding	287			Zinfozo	91
Varibar - Thin Liquid	287				

Ziprasidone.....	137
Zista.....	268
Zithromax.....	91
Zo-Rub HP.....	125
Zo-Rub Osteo.....	120
Zoladex.....	82
Zoledronic acid	
Hormone Preparations.....	79
Musculoskeletal	114
Zoledronic Acid Injection Mylan.....	79
Zoledronic acid Viatris	
Hormone Preparations.....	79
Musculoskeletal	114
Zopiclone.....	143
Zopiclone Actavis	143
Zostrix.....	120
Zostrix HP.....	125
Zuclopenthixol acetate.....	137
Zuclopenthixol decanoate.....	139
Zuclopenthixol hydrochloride.....	137
Zusdone.....	137
Zyban.....	148
Zypine.....	136
Zypine ODT	136
Zyprexa Relprevv	138
Zytiga.....	173
Zyvox.....	96









