

# March 2026

## Volume 14

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# Introducing Pharmac

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

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

## PART I: GENERAL RULES

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General Rules for Section H of the Pharmaceutical Schedule are included in Section A.

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
<b>Antacids and Antiflatulents</b>			
<b>Antacids and Reflux Barrier Agents</b>			
ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETICONE			
Tab 200 mg with magnesium hydroxide 200 mg and simeticone 20 mg			e.g. <i>Mylanta</i>
Oral liq 400 mg with magnesium hydroxide 400 mg and simeticone 30 mg per 5 ml			e.g. <i>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			e.g. <i>Gaviscon Infant</i>
SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE			
Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg			e.g. <i>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
<b>Phosphate Binding Agents</b>			
ALUMINIUM HYDROXIDE			
Tab 600 mg			
CALCIUM CARBONATE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Oral liq 250 mg per ml (100 mg elemental per ml).....	47.30	473 ml	Calcium carbonate PAI
	39.00	500 ml	Roxane
➔ <b>Restricted (RS1698)</b>			
<b>Initiation</b>			
Only when prescribed for patients unable to swallow calcium carbonate tablets or where calcium carbonate tablets are inappropriate..			
<b>Antidiarrhoeals and Intestinal Anti-Inflammatory Agents</b>			
<b>Antipropulsives</b>			
DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE			
Tab 2.5 mg with atropine sulphate 25 mcg			
LOPERAMIDE HYDROCHLORIDE			
Tab 2 mg.....	10.75	400	Nodia
Cap 2 mg – <b>5% DV Feb-26 to 2028</b> .....	12.00	400	<b>Diamide Relief</b>
<b>Rectal and Colonic Anti-Inflammatories</b>			
BUDESONIDE – <b>Restricted</b> see terms <a href="#">on the next page</a>			
↓ Cap modified-release 3 mg – <b>5% DV Dec-25 to 2028</b> .....	33.38	90	<b>Budesonide Te Arai</b>

# ALIMENTARY TRACT AND METABOLISM

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

## ALIMENTARY TRACT AND METABOLISM

	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

#### Antihaemorrhoidal Preparations

CINCHOCAINE HYDROCHLORIDE WITH HYDROCORTISONE			
Oint 5 mg with hydrocortisone 5 mg per g .....	15.00	30 g	Proctosedyl
Suppos 5 mg with hydrocortisone 5 mg per g .....	9.90	12	Proctosedyl
FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE			
Oint 950 mcg with fluocortolone pivalate 920 mcg and cinchocaine hydrochloride 5 mg per g .....	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 – <b>5% DV Jul-26 to 2028</b> .....	11.99	10	<b>Glycopyrronium-AFT</b>
	19.00	5	Robinul
<i>(Robinul Inj 200 mcg per ml, 1 ml ampoule to be delisted 1 July 2026)</i>			
HYOSCINE BUTYLBROMIDE			
Tab 10 mg – <b>5% DV Apr-25 to 2027</b> .....	2.25	20	<b>Hyoscine Butylbromide</b> <b>(Adiramedita)</b>
Inj 20 mg, 1 ml ampoule – <b>5% DV Dec-23 to 2026</b> .....	1.91	5	<b>Spazmol</b>
MEBEVERINE HYDROCHLORIDE			
Tab 135 mg – <b>5% DV Dec-23 to 2026</b> .....	8.50	90	<b>Colofac</b>

#### Antiulcerants

#### Antisecretory and Cytoprotective

MISOPROSTOL			
Tab 200 mcg .....	47.73	120	Cytotec

# ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>H2 Antagonists</b>			
<b>CIMETIDINE</b>			
Tab 200 mg			
Tab 400 mg			
<b>FAMOTIDINE</b>			
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			
<b>RANITIDINE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 150 mg			
⚡ Tab 300 mg			
⚡ Inj 25 mg per ml, 2 ml ampoule			
➔ <b>Restricted (RS1703)</b>			
<b>Initiation</b>			
Either:			
1 For continuation use; or			
2 Routine prevention of allergic reactions..			
<b>Proton Pump Inhibitors</b>			
<b>LANSOPRAZOLE</b>			
Cap 15 mg – 5% DV Feb-25 to 2027 .....	4.04	100	<b>Lanzol Relief</b>
Cap 30 mg – 5% DV Feb-25 to 2027 .....	5.43	100	<b>Lanzol Relief</b>
<b>OMEPRAZOLE</b>			
⚡ Tab dispersible 10 mg			
➔ <b>Restricted (RS1027)</b>			
<b>Initiation</b>			
Only for use in tube-fed patients.			
⚡ Tab dispersible 20 mg			
➔ <b>Restricted (RS1027)</b>			
<b>Initiation</b>			
Only for use in tube-fed patients.			
Cap 10 mg – 5% DV Mar-24 to 2026 .....	2.06	90	Omeprazole Teva <b>Omeprazole actavis 10</b>
Cap 20 mg – 5% DV Mar-24 to 2026 .....	2.02	90	Omeprazole Teva <b>Omeprazole actavis 20</b>
Cap 40 mg – 5% DV Mar-24 to 2026 .....	3.18	90	Omeprazole Teva <b>Omeprazole actavis 40</b>
Powder for oral liq.....	52.00	5 g	Midwest
Inf 40 mg vial – 5% DV Aug-26 to 2029 .....	14.50	5	<b>Omezol IV</b>
Inj 40 mg ampoule with diluent.....	37.38	5	Dr Reddy's Omeprazole
<b>PANTOPRAZOLE</b>			
Tab EC 20 mg – 5% DV May-26 to 2028.....	1.81	90	<b>Panzop Relief</b>
Tab EC 40 mg – 5% DV May-26 to 2028.....	2.70	90	<b>Panzop Relief</b>
Inj 40 mg vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Site Protective Agents</b>			
COLLOIDAL BISMUTH SUBCITRATE			
Tab 120 mg .....	14.51	50	Gastrodenol
SUCRALFATE			
Tab 1 g			
<b>Bile and Liver Therapy</b>			
L-ORNITHINE L-ASPARTATE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Grans for oral liquid 3 g			
→ <b>Restricted (RS1261)</b>			
<b>Initiation</b>			
For patients with chronic hepatic encephalopathy who have not responded to treatment with, or are intolerant to lactulose, or where lactulose is contraindicated.			
RIFAXIMIN – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Tab 550 mg – 5% DV Feb-24 to 2027 .....	625.00	56	<b>Xifaxan</b>
→ <b>Restricted (RS1416)</b>			
<b>Initiation</b>			
For patients with hepatic encephalopathy despite an adequate trial of maximum tolerated doses of lactulose.			
<b>Diabetes</b>			
<b>Alpha Glucosidase Inhibitors</b>			
ACARBOSE			
Tab 50 mg – 5% DV Feb-25 to 2027 .....	11.20	90	<b>Accarb</b>
Tab 100 mg – 5% DV Feb-25 to 2027 .....	17.38	90	<b>Accarb</b>
<b>Hyperglycaemic Agents</b>			
DIAZOXIDE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Cap 25 mg .....	110.00	100	Proglicem
↓ Cap 100 mg .....	280.00	100	Proglicem
↓ Oral liq 50 mg per ml .....	620.00	30 ml	Proglycem
→ <b>Restricted (RS1028)</b>			
<b>Initiation</b>			
For patients with confirmed hypoglycaemia caused by hyperinsulinism.			
GLUCAGON HYDROCHLORIDE			
Inj 1 mg syringe kit.....	32.00	1	Glucagen Hypokit
GLUCOSE [DEXTROSE]			
Tab 1.5 g			
Tab 3.1 g			
Tab 4 g			
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			

# ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Insulin - Intermediate-Acting Preparations</b>			
INSULIN ASPART WITH INSULIN ASPART PROTAMINE			
Inj insulin aspart 30% with insulin aspart protamine 70%, 100 u per ml, 3 ml prefilled pen .....	52.15	5	NovoMix 30 FlexPen
INSULIN 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			
<b>Insulin - Long-Acting Preparations</b>			
INSULIN GLARGINE			
Inj 100 u per ml, 3 ml disposable pen.....	94.50	5	Lantus SoloStar
Inj 100 u per ml, 3 ml cartridge.....	94.50	5	Lantus
Inj 100 u per ml, 10 ml vial.....	63.00	1	Lantus
<b>Insulin - Rapid-Acting Preparations</b>			
INSULIN ASPART			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
Inj 100 u per ml, 3 ml syringe .....	51.19	5	NovoRapid FlexPen
INSULIN GLULISINE			
Inj 100 u per ml, 10 ml vial.....	27.03	1	Apidra
Inj 100 u per ml, 3 ml cartridge.....	46.07	5	Apidra
Inj 100 u per ml, 3 ml disposable pen.....	46.07	5	Apidra Solostar
INSULIN LISPRO			
Inj 100 u per ml, 10 ml vial			
Inj 100 u per ml, 3 ml cartridge			
<b>Insulin - Short-Acting Preparations</b>			
INSULIN NEUTRAL			
Inj human 100 u per ml, 10 ml vial			
Inj human 100 u per ml, 3 ml cartridge			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Oral Hypoglycaemic Agents</b>			
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
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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/1.73m<sup>2</sup> 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 pen .....383.72      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/1.73m<sup>2</sup> 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 (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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/1.73m<sup>2</sup> 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
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## 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 allogenic stem cell or bone marrow transplantation; and
- 2 Treatment for up to 13 weeks.

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

Both:

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

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

**Laxatives**

**Bowel-Cleansing Preparations**

<b>CITRIC ACID WITH MAGNESIUM CARBONATE HYDRATE AND SODIUM PICOSULFATE</b>			
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>
<b>MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE, SODIUM CHLORIDE AND CITRIC ACID WITH MAGNESIUM CARBONATE HYDRATE AND SODIUM PICOSULFATE</b>			
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. Preplit Orange</i>
<b>MACROGOL 3350 WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE</b>			
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 – <b>5% DV Feb-25 to 2027</b> .....			
	16.10	3	<b>Glycoprep Orange</b>
	64.32	12	<b>Glycoprep Orange</b>
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>
<b>MACROGOL 3350 WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE WITH/WITHOUT SODIUM SULFATE, SODIUM ASCORBATE, ASCORBIC ACID</b>			
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 powder for oral soln ascorbic acid 7.54g and sodium ascorbate 48.11g per sach(1) – <b>5% DV Oct-23 to 2026</b> .....			
	18.52	3	<b>Plenvu</b>

**Bulk-Forming Agents**

<b>ISPAGHULA (PSYLLIUM) HUSK</b>			
Powder for oral soln.....			
	22.10	500 g	Konsyl-D
<b>STERCULIA WITH FRANGULA – Restricted:</b> For continuation only			
➔ Powder for oral soln			

**Faecal Softeners**

<b>DOCUSATE SODIUM</b>			
Tab 50 mg – <b>5% DV Feb-24 to 2026</b> .....			
	3.20	100	<b>Coloxyl</b>
Tab 120 mg – <b>5% DV Feb-24 to 2026</b> .....			
	4.98	100	<b>Coloxyl</b>
<b>DOCUSATE SODIUM WITH SENNOSIDES</b>			
Tab 50 mg with sennosides 8 mg – <b>5% DV May-26 to 2028</b> .....			
	3.50	200	Laxsol
	1.50	100	<b>Solax</b>
<i>(Laxsol Tab 50 mg with sennosides 8 mg to be delisted 1 May 2026)</i>			
<b>PARAFFIN</b>			
Oral liquid 1 mg per ml			
Enema 133 ml			
<b>POLOXAMER</b>			
Oral drops 10% – <b>5% DV Feb-24 to 2026</b> .....			
	4.17	30 ml	<b>Coloxyl</b>

# ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## 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	<b>Lax-suppositories Glycerol</b>
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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	<b>Laevolac</b>
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MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE

Powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg			
Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg .....	10.15	30	Molaxole
	12.19		Movicol

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	<b>Micolette</b>
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SODIUM PHOSPHATE WITH PHOSPHORIC ACID

Oral liq 16.4% with phosphoric acid 25.14%			
Enema 10% with phosphoric acid 6.58% .....	3.70	1	Fleet Phosphate Enema

## Stimulant Laxatives

BISACODYL

Tab 5 mg – 5% DV Jul-26 to 2028 .....	10.00	200	Bisacodyl Viatris
	6.28		<b>Bisacodyl-AFT</b>
Suppos 10 mg – 5% DV Feb-25 to 2027 .....	4.14	10	<b>Lax-Suppositories</b>

(Bisacodyl Viatris Tab 5 mg to be delisted 1 July 2026)

SENNOSIDES

Tab 7.5 mg			
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>SODIUM PICOSULFATE – Restricted</b> see terms <a href="#">below</a>			
↓ 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.

# ALIMENTARY TRACT AND METABOLISM

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

*Re-assessment required after 12 months*

All of the following:

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

### Continuation

Metabolic physician

*Re-assessment required after 12 months*

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

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

- ↓ Cap 50 mg
- ↓ Cap 100 mg
- ↓ Inj 10 mg per ml, 5 ml vial

➔ **Restricted (RS1330)**

Metabolic physician or metabolic disorders dietitian

## 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

*Re-assessment required after 6 months*

The patient has a suspected inborn error of metabolism that may respond to coenzyme Q10 supplementation.

### Continuation

Metabolic physician

*Re-assessment required after 24 months*

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

↓ Inj 1 mg per ml, 5 ml vial.....2,234.00 1 Naglazyme

→ **Restricted (RS1795)**

**Initiation**

Metabolic physician

*Re-assessment required after 12 months*

Both:

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

**Continuation**

Metabolic physician

*Re-assessment required after 12 months*

All of the following:

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

HAEM ARGINATE

Inj 25 mg per ml, 10 ml ampoule

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

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

→ **Restricted (RS1546)**

**Initiation**

Metabolic physician

*Limited to 24 weeks treatment*

All of the following:

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

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

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

→ **Restricted (RS1607)**

**Initiation**

Metabolic physician

*Limited to 24 weeks treatment*

All of the following:

continued...

# ALIMENTARY TRACT AND METABOLISM

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

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

⚡ Cap 2 mg – 5% DV Jul-26 to 2028	676.00	60	Nitisinone LogixX Pharma
⚡ Cap 5 mg – 5% DV Jul-26 to 2028	1,302.00	60	Nitisinone LogixX Pharma
⚡ Cap 10 mg – 5% DV Jul-26 to 2028	1,704.00	60	Nitisinone LogixX Pharma

➔ **Restricted** (RS2164)

## Initiation

Patient requires nitisinone for the management of inherited metabolic disorders.

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.

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

- 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.

continued...

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

### Continuation

Metabolic physician

*Re-assessment required after 12 months*

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

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

⚡	Inj 200 unit vial.....	1,072.00	1	Elelyso
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→ **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.

continued...

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

**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.

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

↓ Cap 250 mg.....	2,022.00	100	Trientine Waymade
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➔ **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) – <b>5% DV Feb-24 to 2026</b> .....	7.28	250	<b>Calci-Tab 500</b>
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
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COPPER CHLORIDE – **Restricted** see terms [above](#)

† Inj 0.4 mg per ml, 10 ml vial
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**Fluoride**

SODIUM FLUORIDE
Tab 1.1 mg (0.5 mg elemental)

**Iodine**

POTASSIUM IODATE			
Tab 253 mcg (150 mcg elemental iodine) – <b>5% DV Feb-24 to 2026</b> .....	5.99	90	<b>NeuroTabs</b>

# ALIMENTARY TRACT AND METABOLISM

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

Oral liq 10% with iodine 5%

### Iron

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

⚡ Inj 500 mg per 5 ml vial .....249.99 1 Monofer

➔ **Restricted (RS2175)**

#### Initiation

Patient had previously developed iron-infusion related hypophosphataemia or other severe adverse reaction.

#### FERROUS FUMARATE

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

#### 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

Oral liq 30 mg (6 mg elemental) per ml – **5% DV Feb-26 to 2028** ..... 10.25 250 ml **Ferro-Liquid**

#### 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

*(Venofer Inj 20 mg per ml, 5 ml ampoule to be delisted 1 September 2026)*

#### IRON POLYMALTOSE

Inj 50 mg per ml, 2 ml ampoule .....41.75 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)

	Price		Per	Brand or Generic Manufacturer
	(ex man. \$)	excl. GST)		
<b>MAGNESIUM SULPHATE</b>				
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	<b>Martindale</b>
Inj 100 mg per ml, 50 ml bag				

## 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**

*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.

## 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 220 mg (50 mg elemental) .....	29.14	100	Rugby
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	<b>healthE</b>
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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	<b>Kenalog in Orabase</b>
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Products with Hospital Supply Status (HSS) are in **bold**

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

# ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## 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
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] – <b>Restricted</b> see terms <a href="#">below</a> ⚠ Inj 20 mg per ml, 1 ml syringe ➔ <b>Restricted (RS1175)</b> Otolaryngologist			

## Vitamins

### Multivitamin Preparations

MULTIVITAMIN AND MINERAL SUPPLEMENT – <b>Restricted</b> see terms <a href="#">below</a> ⚠ Cap.....	23.35	180	Clinicians Multivit & Mineral Boost
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➔ **Restricted (RS1498)**

#### Initiation

Limited to 3 months treatment

Both:

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

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

⚠ Cap.....	7.28	30	Clinicians Renal Vit
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➔ **Restricted (RS1499)**

#### Initiation

Either:

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>MULTIVITAMINS</b>			
Tab (BPC cap strength).....	24.00	1,000	Mvite
↓ cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 11 mcg, alpha tocopherol 150 u, phytomenadione 150 mcg, folic acid 0.2 mg, ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 mg, riboflavin 1.7 mg, niacin 20 mg, pyridoxine hydrochloride 1.9 mg, cyanocobalamin 3 mcg, zinc 7.5 mg and biotin 100 mcg			<i>e.g. Vitabdeck</i>
→ <b>Restricted (RS1620)</b>			
<b>Initiation</b>			
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
→ <b>Restricted (RS1178)</b>			
<b>Initiation</b>			
Patient has inborn errors of metabolism.			
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg and glucose 1000 mg, 5 ml ampoule (1)			<i>e.g. Pabrinex IV</i>
Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg, 2 ml ampoule (1)			
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)			
<b>Vitamin A</b>			
<b>RETINOL</b>			
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			
<b>Vitamin B</b>			
<b>HYDROXOCOBALAMIN</b>			
Inj 1 mg per ml, 1 ml ampoule – 5% DV Jul-25 to 2027 .....	3.95	3	<b>Hydroxocobalamin Panpharma</b>
<b>PYRIDOXINE HYDROCHLORIDE</b>			
Tab 25 mg – 5% DV Feb-24 to 2026 .....	3.43	90	<b>Vitamin B6 25</b>
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			

## ALIMENTARY TRACT AND METABOLISM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>THIAMINE HYDROCHLORIDE</b>			
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 .....			
<b>VITAMIN B COMPLEX</b>			
Tab strong, BPC .....	11.25	500	Bplex

### Vitamin C

<b>ASCORBIC ACID</b>			
Tab 100 mg – 5% DV Mar-26 to 2028 .....	16.00	500	<b>Cvite</b>
Tab chewable 250 mg .....			

### Vitamin D

<b>ALFACALCIDOL</b>			
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
<b>CALCITRIOL</b>			
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 .....			
<b>COLECALCIFEROL</b>			
Cap 1.25 mg (50,000 iu) – 5% DV Jun-24 to 2026 .....	3.65	12	<b>Vit.D3</b>
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		Brand or
	(ex man. excl. GST)		Generic
	\$	Per	Manufacturer

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
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## 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) \$	Per	Brand or Generic Manufacturer
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**EPOETIN BETA – Restricted** see terms [below](#)

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

- ↓ 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	<b>Folic Acid Viatrix</b>
Oral liq 50 mcg per ml .....	31.77	25 ml	Biomed
Inj 5 mg per ml, 10 ml vial			

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

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
<b>SODIUM TETRADECYL SULPHATE</b>			
Inj 3%, 2 ml ampoule			
<b>THROMBIN</b>			
Powder			
<b>TRANEXAMIC ACID</b>			
Tab 500 mg – 5% DV May-26 to 2028.....	9.93	60	<b>Mercury Pharma</b>
Inj 100 mg per ml, 5 ml ampoule – 5% DV Mar-25 to 2027.....	5.39	5	<b>Tranexamic-AFT</b>
Inj 100 mg per ml, 10 ml ampoule – 5% DV Mar-25 to 2027.....	7.99	5	<b>Tranexamic-AFT</b>

### 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 initiation 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
<b>MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] – Restricted</b> see terms <a href="#">below</a>			
↓ 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		Brand or
	(ex man. excl. GST)		Generic
	\$	Per	Manufacturer

## Antithrombotics

### Anticoagulants

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

⚡ Inj 250 mg vial

➔ **Restricted (RS1181)**

#### Initiation

Either:

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

#### CITRATE SODIUM

Inj 4% (200 mg per 5 ml), 5 ml ampoule

Inj 46.7% (1.4 g per 3 ml), 3 ml syringe

Inj 46.7% (2.36 g per 5 ml), 5 ml ampoule

#### DABIGATRAN

Cap 75 mg – **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 thrombocytopenia, heparin resistance or heparin intolerance.

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

⚡ Inj 80 mg per ml, 2.5 ml ampoule

➔ **Restricted (RS1183)**

#### Initiation

Haematologist

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

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

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

#### ENOXAPARIN SODIUM

Inj 20 mg in 0.2 ml syringe – **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 thrombocytopenia, heparin resistance or heparin intolerance.

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>HEPARIN SODIUM</b>			
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 .....	164.40	50	Pfizer
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 – <b>5% DV May-26 to 2028</b> .....	406.15	50	<b>Pfizer</b>
<i>(Heparin Sodium Panpharma Inj 5,000 iu per ml, 5 ml vial to be delisted 1 May 2026)</i>			
<b>HEPARINISED SALINE</b>			
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			
<b>PHENINDIONE</b>			
Tab 10 mg			
Tab 25 mg			
Tab 50 mg			
<b>PROTAMINE SULPHATE</b>			
Inj 10 mg per ml, 5 ml ampoule			
<b>RIVAROXABAN</b>			
Tab 10 mg – <b>5% DV Dec-23 to 2026</b> .....	15.60	30	<b>Xarelto</b>
Tab 15 mg – <b>5% DV Dec-23 to 2026</b> .....	14.56	28	<b>Xarelto</b>
Tab 20 mg – <b>5% DV Dec-23 to 2026</b> .....	14.56	28	<b>Xarelto</b>
<b>SODIUM CITRATE WITH SODIUM CHLORIDE AND POTASSIUM CHLORIDE</b>			
Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride 74.6 mcg per ml, 5,000 ml bag			
<b>WARFARIN SODIUM</b>			
Tab 1 mg .....	7.50	100	Marevan
Tab 2 mg			
Tab 3 mg .....	12.00	100	Marevan
Tab 5 mg .....	13.50	100	Marevan
<b>Antiplatelets</b>			
<b>ASPIRIN</b>			
Tab 100 mg – <b>5% DV Jun-24 to 2026</b> .....	12.65	990	<b>Ethics Aspirin EC</b>
Suppos 300 mg			
<b>CLOPIDOGREL</b>			
Tab 75 mg – <b>5% DV Dec-25 to 2028</b> .....	5.07	84	<b>Arrow - Clopid</b>
<b>DIPYRIDAMOLE – Restricted:</b> For continuation only			
➔ Tab 25 mg			
➔ Cap modified-release 200 mg .....	55.13	60	Dipyridamole - Strides
➔ Inj 5 mg per ml, 2 ml ampoule			
<b>EPTIFIBATIDE – Restricted</b> see terms <a href="#">on the next page</a>			
⚡ Inj 2 mg per ml, 10 ml vial.....	180.38	1	Eptifibatide Viatrix
⚡ Inj 750 mcg per ml, 100 ml vial.....	526.50	1	Eptifibatide Viatrix

# BLOOD AND BLOOD FORMING ORGANS

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

*e.g. Aspegic*

➔ **Restricted (RS1689)**

**Initiation**

Both:

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

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

⚡ Tab 90 mg – **5% DV Dec-24 to 2027** .....20.35

56

**Ticagrelor Sandoz**  
Ticagrelor Sandoz S29

➔ **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
- 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\*\*.

continued...

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

continued...

**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

**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
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➔ **Restricted (RS2157)**

**Initiation – Stem cell transplant**

Haematologist

Limited to 3 days treatment

All of the following:

continued...

## BLOOD AND BLOOD FORMING ORGANS

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

### 1 Either:

- 1.1 Patient is to undergo stem cell transplantation; or
- 1.2 Patient is a donor for stem cell transplantation; and

### 2 Patient has not had more than one 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  $20 \times 10^6/L$  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  $> 2 \times 10^9/L$ ; and

3.2.2.1.2 Has a suboptimal peripheral blood CD34 count of less than or equal to  $20 \times 10^6/L$ ; 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 2027 .....	86.60	10	<b>Nivestim</b>
⚡ Inj 300 mcg in 1 ml vial .....	520.00	4	Neupogen
⚡ Inj 480 mcg in 0.5 ml prefilled syringe – 5% DV Dec-24 to 2027 .....	133.72	10	<b>Nivestim</b>

➔ **Restricted (RS1188)**

Haematologist or oncologist

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

⚡ Inj 6 mg per 0.6 ml syringe – 5% DV Feb-26 to 2028 .....	69.50	1	<b>Ziextenzo</b>
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➔ **Restricted (RS1743)**

### Initiation

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

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

## Fluids and Electrolytes

### Intravenous Administration

#### CALCIUM CHLORIDE

Inj 100 mg per ml, 10 ml vial

Inj 100 mg per ml, 50 ml syringe

e.g. *Baxter*

#### CALCIUM GLUCONATE

Inj 10%, 10 ml ampoule

e.g. *Max Health*

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>COMPOUND ELECTROLYTES</b>			
Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, 500 ml bag.....	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
<b>COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]</b>			
Inj sodium 140 mmol/l, 5 mmol/l potassium, 1.5 mmol/l magnesium, 98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l gluconate, glucose 23 mmol/l (5%), 1,000 ml bag .....	239.04	12	Plasma-Lyte 148 & 5% Glucose
<b>COMPOUND SODIUM LACTATE [HARTMANN'S SOLUTION]</b>			
Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, 500 ml bag .....	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
<b>GLUCOSE [DEXTROSE]</b>			
Inj 5%, 1,000 ml bag.....	53.10	10	Fresenius Kabi
Inj 5%, 100 ml bag.....	97.00	50	Fresenius Kabi
Inj 5%, 250 ml bag.....	63.00	30	Fresenius Kabi
Inj 5%, 50 ml bag.....	162.00	60	Baxter Glucose 5%
Inj 5%, 500 ml bag.....	67.40	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 – <b>5% DV Feb-24 to 2026</b> .....	34.75	5	<b>Biomed</b>
Inj 50%, 500 ml bag.....	423.00	18	Baxter Glucose 50%
Inj 50%, 90 ml bottle – <b>5% DV Feb-24 to 2026</b> .....	17.50	1	<b>Biomed</b>
<b>GLUCOSE WITH POTASSIUM CHLORIDE</b>			
Inj 10% glucose with 20 mmol/l potassium chloride, 500 ml bag			
<b>GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE</b>			
Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag			
Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag			
Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, 1,000 ml bag.....	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
<b>GLUCOSE WITH SODIUM CHLORIDE</b>			
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
<b>POTASSIUM CHLORIDE</b>			
Inj 75 mg (1 mmol) per ml, 10 ml ampoule			
Inj 225 mg (3 mmol) per ml, 20 ml ampoule			

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>POTASSIUM CHLORIDE WITH SODIUM CHLORIDE</b>			
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
<b>POTASSIUM DIHYDROGEN PHOSPHATE</b>			
Inj 1 mmol per ml, 10 ml ampoule .....	174.57	10	Hospira
<b>RINGER'S SOLUTION</b>			
Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, 1,000 ml bag.....	227.52	12	Baxter
<b>SODIUM ACETATE</b>			
Inj 4 mmol per ml, 20 ml ampoule			
<b>SODIUM BICARBONATE</b>			
Inj 8.4%, 10 ml vial			
Inj 8.4%, 50 ml vial .....	24.70	1	Biomed
Inj 8.4%, 100 ml vial .....	25.31	1	Biomed
<b>SODIUM CHLORIDE</b>			
Inj 0.9%, 5 ml ampoule – <b>5% DV Feb-26 to 2028</b> .....	4.12	20	<b>Fresenius Kabi</b>
Inj 0.9%, 10 ml ampoule – <b>5% DV Feb-26 to 2028</b> .....	7.50	50	<b>Fresenius Kabi</b>
⚡ Inj 0.9%, 3 ml, prefilled syringe, non-sterile pack – <b>5% DV Jul-26 to 2028</b> .....	12.00	30	BD PosiFlush
	12.60		<b>Polyflush</b>
➔ <b>Restricted (RS1297)</b>			
<b>Initiation</b>			
For use in flushing of in-situ vascular access devices only.			
⚡ Inj 0.9%, 5 ml, prefilled syringe, non-sterile pack – <b>5% DV Jul-26 to 2028</b> .....	12.00	30	BD PosiFlush
	12.60		<b>Polyflush</b>
➔ <b>Restricted (RS1297)</b>			
<b>Initiation</b>			
For use in flushing of in-situ vascular access devices only.			
⚡ Inj 0.9%, 10 ml, prefilled syringe, non-sterile pack – <b>5% DV Jul-26 to 2028</b> .....	11.70	30	BD PosiFlush
	12.60		<b>Polyflush</b>
➔ <b>Restricted (RS1297)</b>			
<b>Initiation</b>			
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 – <b>5% DV Feb-26 to 2028</b> .....	5.20	20	<b>Fresenius Kabi</b>
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			
<i>(BD PosiFlush Inj 0.9%, 3 ml, prefilled syringe, non-sterile pack to be delisted 1 July 2026)</i>			
<i>(BD PosiFlush Inj 0.9%, 5 ml, prefilled syringe, non-sterile pack to be delisted 1 July 2026)</i>			
<i>(BD PosiFlush Inj 0.9%, 10 ml, prefilled syringe, non-sterile pack to be delisted 1 July 2026)</i>			
<b>SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE]</b>			
Inj 1 mmol per ml, 20 ml ampoule .....	59.10	5	Biomed
<b>WATER</b>			
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
<b>Oral Administration</b>			
<b>CALCIUM POLYSTYRENE SULPHONATE</b>			
Powder .....	169.85	300 g	Calcium Resonium Roma
<b>COMPOUND ELECTROLYTES</b>			
Powder for oral soln – <b>5% DV Dec-25 to 2028</b> .....	9.50	50	<b>Electral</b>
<b>COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE]</b>			
Soln with electrolytes .....	6.53	1	Hydralyte - Lemonade
Soln with electrolytes (2 x 500 ml) – <b>5% DV Jul-26 to 2028</b> .....	8.45	1	<b>Pedialyte</b>
<i>(Hydralyte - Lemonade Soln with electrolytes to be delisted 1 July 2026)</i>			
<b>PHOSPHORUS</b>			
Tab eff 500 mg (16 mmol)			
<b>POTASSIUM CHLORIDE</b>			
Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol)			
Tab long-acting 600 mg (8 mmol) – <b>5% DV Feb-26 to 2028</b> .....	16.15	200	<b>Span-K</b>
Oral liq 2 mmol per ml			
<b>SODIUM BICARBONATE</b>			
Cap 840 mg .....	8.52	100	Sodibic
<b>SODIUM CHLORIDE</b>			
Tab 600 mg			
Oral liq 2 mmol/ml			
<b>SODIUM POLYSTYRENE SULPHONATE</b>			
Powder .....	84.65	454 g	Resonium A

## BLOOD AND BLOOD FORMING ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Plasma Volume Expanders</b>			
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 – 5% DV Jul-26 to 2028 .....	4.25	90	Acetec
	1.40		<b>Ipca-Enalapril</b>
Tab 10 mg – 5% DV Jul-26 to 2028 .....	5.50	90	Acetec
	1.58		<b>Ipca-Enalapril</b>
Tab 20 mg – 5% DV Jul-26 to 2028 .....	6.50	90	Acetec
	2.00		<b>Ipca-Enalapril</b>

*(Acetec Tab 5 mg to be delisted 1 July 2026)*

*(Acetec Tab 10 mg to be delisted 1 July 2026)*

*(Acetec Tab 20 mg to be delisted 1 July 2026)*

**LISINOPRIL**

Tab 5 mg – 5% DV Mar-26 to 2028 .....	12.00	90	<b>Teva Lisinopril</b>
Tab 10 mg – 5% DV Mar-26 to 2028 .....	12.00	90	<b>Teva Lisinopril</b>
Tab 20 mg – 5% DV Mar-26 to 2028 .....	16.00	90	<b>Teva Lisinopril</b>

**PERINDOPRIL**

Tab 2 mg – 5% DV Dec-24 to 2027 .....	1.79	30	<b>Coversyl</b>
Tab 4 mg – 5% DV Dec-24 to 2027 .....	2.44	30	<b>Coversyl</b>
Tab 8 mg – 5% DV Dec-24 to 2027 .....	3.94	30	<b>Coversyl</b>

**QUINAPRIL**

Tab 5 mg – 5% DV Mar-25 to 2027 .....	10.24	90	<b>Arrow-Quinapril 5</b>
Tab 10 mg – 5% DV Mar-25 to 2027 .....	12.51	90	<b>Arrow-Quinapril 10</b>
Tab 20 mg – 5% DV Mar-25 to 2027 .....	14.38	90	<b>Arrow-Quinapril 20</b>

**RAMIPRIL**

Cap 1.25 mg – 5% DV Feb-25 to 2027 .....	17.25	90	<b>Tryzan</b>
Cap 2.5 mg – 5% DV Feb-25 to 2027 .....	16.50	90	<b>Tryzan</b>
Cap 5 mg – 5% DV Feb-25 to 2027 .....	16.88	90	<b>Tryzan</b>
Cap 10 mg – 5% DV Feb-25 to 2027 .....	17.63	90	<b>Tryzan</b>

**Angiotensin II Antagonists**

**CANDESARTAN CILEXETIL**

Tab 4 mg – 5% DV Feb-25 to 2027 .....	2.68	90	<b>Candestar</b>
Tab 8 mg – 5% DV Feb-25 to 2027 .....	2.67	90	<b>Candestar</b>
Tab 16 mg – 5% DV Feb-25 to 2027 .....	4.22	90	<b>Candestar</b>
Tab 32 mg – 5% DV Feb-25 to 2027 .....	5.24	90	<b>Candestar</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LOSARTAN POTASSIUM</b>			
Tab 12.5 mg – 5% DV Mar-24 to 2026 .....	2.00	84	<b>Losartan Actavis</b>
Tab 25 mg – 5% DV Mar-24 to 2026 .....	2.29	84	<b>Losartan Actavis</b>
Tab 50 mg – 5% DV Mar-24 to 2026 .....	2.86	84	<b>Losartan Actavis</b>
Tab 100 mg – 5% DV Mar-24 to 2026 .....	4.57	84	<b>Losartan Actavis</b>

## Angiotensin II Antagonists with Diuretics

<b>CANDESARTAN CILEXETIL WITH HYDROCHLOROTHIAZIDE</b>			
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
<b>LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE</b>			
Tab 50 mg with hydrochlorothiazide 12.5 mg – 5% DV Jul-26 to 2028 .....	4.31	30	Arrow-Losartan & Hydrochlorothiazide
	7.25	90	<b>Losartan &amp; Hydrochlorothiazide (Ipc)</b>

(Arrow-Losartan & Hydrochlorothiazide Tab 50 mg with hydrochlorothiazide 12.5 mg to be delisted 1 July 2026)

## Angiotensin II Antagonists with Nephilysin Inhibitors

<b>SACUBITRIL WITH VALSARTAN – Restricted</b> see terms <a href="#">below</a>			
↓ 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

<b>DOXAZOSIN</b>			
Tab 2 mg .....	17.35	500	Doxazosin Clinect
Tab 4 mg .....	20.94	500	Doxazosin Clinect
<b>PHENOXYBENZAMINE HYDROCHLORIDE</b>			
Cap 10 mg			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			

	Price		Per	Brand or Generic Manufacturer
	(ex man. \$	excl. GST)		
<b>PHENTOLAMINE MESYLATE</b>				
Inj 5 mg per ml, 1 ml ampoule				
Inj 10 mg per ml, 1 ml ampoule				
<b>PRAZOSIN</b>				
Tab 1 mg .....	5.53		100	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
<b>TERAZOSIN – Restricted:</b> For continuation only				
➔ Tab 1 mg				

## Antiarrhythmics

<b>ADENOSINE</b>				
Inj 3 mg per ml, 2 ml vial – 5% DV Dec-24 to 2027 .....	34.50		5	<b>Adsigne</b>
↓ Inj 3 mg per ml, 10 ml vial – 5% DV Dec-24 to 2027 .....	100.00		5	<b>Adenosine Baxter</b>
➔ <b>Restricted (RS2158)</b>				

### Initiation

For use in cardiac catheterisation, myocardial perfusion scans, electrophysiology and MRI.

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

↓ Inj 5 mg per ml, 10 ml ampoule

➔ **Restricted (RS1001)**

Cardiologist

<b>AMIODARONE HYDROCHLORIDE</b>				
Tab 100 mg – 5% DV Feb-26 to 2028 .....	4.95		30	<b>Aratac</b>
Tab 200 mg – 5% DV Feb-26 to 2028 .....	5.86		30	<b>Aratac</b>
Inj 50 mg per ml, 3 ml ampoule – 5% DV Feb-26 to 2028 .....	17.96		10	<b>Max Health</b>

<b>ATROPINE SULPHATE</b>				
Inj 600 mcg per ml, 1 ml ampoule – 5% DV Feb-25 to 2027 .....	16.10		10	<b>Hikma Martindale</b>

<b>DIGOXIN</b>				
Tab 62.5 mcg – 5% DV Feb-26 to 2028 .....	8.58		240	<b>Lanoxin PG</b>
Tab 250 mcg – 5% DV Feb-26 to 2028 .....	18.75		240	<b>Lanoxin</b>
Oral liq 50 mcg per ml				
Inj 250 mcg per ml, 2 ml vial				

**DISOPYRAMIDE PHOSPHATE**

Cap 100 mg

<b>FLECAINIDE ACETATE</b>				
Tab 50 mg – 5% DV Dec-23 to 2026 .....	19.95		60	<b>Flecainide BNM</b>
Cap long-acting 100 mg – 5% DV Aug-23 to 2026 .....	35.78		90	<b>Flecainide Controlled Release Teva</b>
Cap long-acting 200 mg – 5% DV Aug-23 to 2026 .....	54.28		90	<b>Flecainide Controlled Release Teva</b>
Inj 10 mg per ml, 15 ml ampoule .....	102.79		5	<b>Almarytm</b>
	108.16			<b>Tambocor</b>
				<b>Tambocor German</b>

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

↓ Tab 5 mg

# CARDIOVASCULAR SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## ➔ Restricted (RS1566)

### Initiation

Both:

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

### MEXILETINE HYDROCHLORIDE

Cap 150 mg .....	162.00	100	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	Viartis
Tab 100 mg – 5% DV Feb-25 to 2027 .....	18.50	500	Atenolol Viartis
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 – 5% DV Aug-26 to 2029 .....	1.97	60	Carvedilol Sandoz
Tab 12.5 mg – 5% DV Aug-26 to 2029 .....	2.03	60	Carvedilol Sandoz
Tab 25 mg – 5% DV Aug-26 to 2029 .....	2.46	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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>METOPROLOL SUCCINATE</b>			
Tab long-acting 23.75 mg – 5% DV Apr-24 to 2026	4.20	90	<b>Myloc CR</b>
Tab long-acting 47.5 mg – 5% DV Apr-24 to 2026	3.65	90	<b>Myloc CR</b>
Tab long-acting 95 mg – 5% DV Apr-24 to 2026	5.24	90	<b>Myloc CR</b>
Tab long-acting 190 mg – 5% DV Apr-24 to 2026	9.76	90	<b>Myloc CR</b>
<b>METOPROLOL TARTRATE</b>			
Tab 50 mg – 1% DV Mar-22 to 2027	5.66	100	<b>IPCA-Metoprolol</b>
Tab 100 mg – 1% DV Mar-22 to 2027	7.55	60	<b>IPCA-Metoprolol</b>
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
<b>NADOLOL</b>			
Tab 40 mg – 1% DV Mar-22 to 2027	19.19	100	<b>Nadolol BNM</b>
Tab 80 mg – 1% DV Mar-22 to 2027	30.39	100	<b>Nadolol BNM</b>
<b>PROPRANOLOL</b>			
Tab 10 mg – 1% DV Mar-22 to 2027	7.04	100	<b>Drofate</b>
Tab 40 mg – 1% DV Mar-22 to 2027	8.75	100	<b>IPCA-Propranolol</b>
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			
<b>SOTALOL</b>			
Tab 80 mg – 5% DV Feb-26 to 2028	40.00	500	<b>Mylan</b>
Tab 160 mg – 5% DV Feb-26 to 2028	20.00	100	<b>Mylan</b>

## Calcium Channel Blockers

### Dihydropyridine Calcium Channel Blockers

#### AMLODIPINE

Tab 2.5 mg – 5% DV Feb-24 to 2026	1.45	90	<b>Vasorex</b>
Tab 5 mg – 5% DV Feb-24 to 2026	1.21	90	<b>Vasorex</b>
Tab 10 mg – 5% DV Feb-24 to 2026	1.31	90	<b>Vasorex</b>

#### FELODIPINE

Tab long-acting 2.5 mg – 5% DV Feb-25 to 2027	2.18	30	<b>Plendil ER</b>
Tab long-acting 5 mg – 5% DV Feb-25 to 2027	6.57	90	<b>Felo 5 ER</b>
Tab long-acting 10 mg – 5% DV Feb-25 to 2027	6.95	90	<b>Felo 10 ER</b>

#### 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.

## CARDIOVASCULAR SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>NIFEDIPINE</b>			
Tab long-acting 10 mg.....	19.42	56	Tensipine MR10
Tab long-acting 20 mg.....	17.72	100	Nyefax Retard
	9.92	56	Valni 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			
<b>NIMODIPINE</b>			
Tab 30 mg – 5% DV Feb-26 to 2028.....	350.00	100	<b>Nimotop</b>
Inj 0.2 mg per ml, 50 ml vial – 5% DV Feb-26 to 2028.....	337.50	5	<b>Nimotop</b>

### Other Calcium Channel Blockers

<b>DILTIAZEM HYDROCHLORIDE</b>			
Tab 30 mg			
Cap long-acting 120 mg – 5% DV Dec-25 to 2028.....	65.35	500	<b>Diltiazem CD Clinect</b>
Cap long-acting 180 mg – 1% DV Mar-22 to 2027.....	7.00	30	<b>Cardizem CD</b>
Cap long-acting 240 mg – 1% DV Mar-22 to 2027.....	9.30	30	<b>Cardizem CD</b>
Inj 5 mg per ml, 5 ml vial			
<b>PERHEXILINE MALEATE</b>			
Tab 100 mg.....	62.90	100	Pexsig
<b>VERAPAMIL HYDROCHLORIDE</b>			
Tab 40 mg.....	7.01	100	Isoptin
Tab 80 mg.....	11.74	100	Isoptin
Tab long-acting 120 mg.....	36.02	100	Isoptin SR
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

<b>CLONIDINE</b>			
Patch 2.5 mg, 100 mcg per day – 5% DV Feb-24 to 2026.....	11.70	4	<b>Mylan</b>
Patch 5 mg, 200 mcg per day – 5% DV Feb-24 to 2026.....	12.80	4	<b>Mylan</b>
Patch 7.5 mg, 300 mcg per day – 5% DV Feb-24 to 2026.....	17.90	4	<b>Mylan</b>
<b>CLONIDINE HYDROCHLORIDE</b>			
Tab 25 mcg – 5% DV Feb-26 to 2028.....	29.74	112	<b>Clonidine Teva</b>
Tab 150 mcg – 5% DV Feb-25 to 2027.....	40.41	100	<b>Catapres</b>
Inj 150 mcg per ml, 1 ml ampoule – 5% DV Jan-25 to 2027.....	14.10	5	<b>Catapres</b>
<b>METHYLDOPA</b>			
Tab 250 mg.....	15.10	100	Methyl dopa Viatrix

### Diuretics

#### Loop Diuretics

<b>BUMETANIDE</b>			
Tab 1 mg.....	16.36	100	Burinex
Inj 500 mcg per ml, 4 ml vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FUROSEMIDE [FRUSEMIDE]</b>			
Tab 40 mg – <b>5% DV Feb-25 to 2027</b> .....	12.80	1,000	<b>IPCA-Frusemide</b>
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 – <b>5% DV Aug-26 to 2028</b> .....	3.97	10	<b>Furosemide-AFT</b>
	2.40	5	Furosemide-Baxter
Inj 10 mg per ml, 25 ml ampoule .....	60.65	6	Lasix

*(Furosemide-Baxter Inj 10 mg per ml, 2 ml ampoule to be delisted 1 August 2026)*

### Osmotic Diuretics

<b>MANNITOL</b>			
Inj 10%, 1,000 ml bag.....	882.84	12	Baxter
Inj 20%, 500 ml bag.....	1,296.00	18	Baxter

### Potassium Sparing Combination Diuretics

<b>AMILORIDE HYDROCHLORIDE WITH FUROSEMIDE</b>			
Tab 5 mg with furosemide 40 mg			
<b>AMILORIDE HYDROCHLORIDE WITH HYDROCHLOROTHIAZIDE</b>			
Tab 5 mg with hydrochlorothiazide 50 mg			

### Potassium Sparing Diuretics

<b>AMILORIDE HYDROCHLORIDE</b>			
Tab 5 mg			
Oral liq 1 mg per ml .....	35.40	25 ml	Biomed

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

↓ Tab 25 mg – <b>5% DV Dec-24 to 2027</b> .....	15.84	30	<b>Inspira</b>
↓ Tab 50 mg – <b>5% DV Dec-24 to 2027</b> .....	25.00	30	<b>Inspira</b>

→ **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.

<b>SPIRONOLACTONE</b>			
Tab 25 mg – <b>5% DV Mar-26 to 2028</b> .....	4.20	100	<b>Spiractin</b>
Tab 100 mg – <b>5% DV Mar-26 to 2028</b> .....	11.40	100	<b>Spiractin</b>
Oral liq 5 mg per ml .....	35.70	25 ml	Biomed

### Thiazide and Related Diuretics

<b>BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]</b>			
Tab 2.5 mg – <b>5% DV Mar-24 to 2026</b> .....	51.50	500	<b>Arrow-Bendrofluazide</b>
Tab 5 mg – <b>5% DV Mar-24 to 2026</b> .....	61.00	500	<b>Arrow-Bendrofluazide</b>
<b>CHLOROTHIAZIDE</b>			
Oral liq 50 mg per ml .....	30.67	25 ml	Biomed
<b>CHLORTALIDONE [CHLORTHALIDONE]</b>			
Tab 25 mg – <b>5% DV Feb-26 to 2028</b> .....	6.95	50	<b>Hygroton</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
INDAPAMIDE			
Tab 2.5 mg – 5% DV Feb-24 to 2026 .....	16.00	90	<b>Dapa-Tabs</b>
METOLAZONE			
Tab 5 mg			

## Vasopressin receptor antagonists

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

↓ Tab 15 mg .....	873.50	28	Jinarc
↓ Tab 30 mg .....	873.50	28	Jinarc
↓ Tab 45 mg + 15 mg .....	1,747.00	56	Jinarc
↓ Tab 60 mg + 30 mg .....	1,747.00	56	Jinarc
↓ Tab 90 mg + 30 mg .....	1,747.00	56	Jinarc

→ **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 m<sup>2</sup> 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 m<sup>2</sup> 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 m<sup>2</sup> 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 m<sup>2</sup>; 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	<b>Bezalip</b>
Tab long-acting 400 mg – 5% DV Mar-25 to 2027 .....	21.54	30	<b>Bezalip Retard</b>

### HMG CoA Reductase Inhibitors (Statins)

ATORVASTATIN			
Tab 10 mg – 5% DV Dec-24 to 2027 .....	0.31	30	<b>Lorstat</b>
	5.16	500	<b>Lorstat</b>
Tab 20 mg – 5% DV Dec-24 to 2027 .....	8.12	500	<b>Lorstat</b>
Tab 40 mg – 5% DV Dec-24 to 2027 .....	13.79	500	<b>Lorstat</b>
Tab 80 mg – 5% DV Dec-24 to 2027 .....	1.52	30	<b>Lorstat</b>
	25.39	500	<b>Lorstat</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PRAVASTATIN</b>			
Tab 10 mg			
Tab 20 mg – 5% DV May-24 to 2026	7.16	100	<b>Clinect</b>
Tab 40 mg – 5% DV May-24 to 2026	12.25	100	<b>Clinect</b>
<b>ROSUVASTATIN – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 5 mg – 5% DV Oct-24 to 2026	4.21	30	Rosuvastatin - Sandoz
	1.29		<b>Rosuvastatin Viatris</b>
↓ Tab 10 mg – 5% DV Oct-24 to 2026	1.69	30	<b>Rosuvastatin Viatris</b>
↓ Tab 20 mg – 5% DV Apr-24 to 2026	2.71	30	<b>Rosuvastatin Viatris</b>
	4.21		Rosuvastatin-Sandoz
↓ Tab 40 mg – 5% DV Apr-24 to 2026	4.55	30	<b>Rosuvastatin Viatris</b>
➔ <b>Restricted (RS1868)</b>			
<b>Initiation – cardiovascular disease risk</b>			
Either:			
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.			
<b>Initiation – familial hypercholesterolemia</b>			
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.			
<b>Initiation – established cardiovascular disease</b>			
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.			
<b>Initiation – recurrent major cardiovascular events</b>			
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.			
<b>SIMVASTATIN</b>			
Tab 10 mg – 5% DV Mar-24 to 2026	1.68	90	<b>Simvastatin Mylan</b>
			Simvastatin Viatris
Tab 20 mg – 5% DV Mar-24 to 2026	2.54	90	<b>Simvastatin Viatris</b>
Tab 40 mg – 5% DV Jun-24 to 2026	4.11	90	<b>Simvastatin Viatris</b>
Tab 80 mg – 5% DV Jun-24 to 2026	8.81	90	<b>Simvastatin Viatris</b>

## Resins

### CHOLESTYRAMINE

Powder for oral liq 4 g

## CARDIOVASCULAR SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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
EZETIMIBE WITH SIMVASTATIN Tab 10 mg with simvastatin 10 mg .....	11.86	30	Zimybe
Tab 10 mg with simvastatin 20 mg .....	12.55	30	Zimybe
Tab 10 mg with simvastatin 40 mg .....	11.55	30	Zimybe
Tab 10 mg with simvastatin 80 mg .....	14.27	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 <a href="#">below</a> ⚠ 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.

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Sympathomimetics</b>			
<b>ADRENALINE</b>			
Inj 1 in 1,000, 1 ml ampoule .....	4.98	5	Aspen Adrenaline
	17.78		DBL Adrenaline
Inj 1 in 1,000, 30 ml vial			
Inj 1 in 10,000, 10 ml ampoule .....	49.00	10	Aspen Adrenaline
	36.18	5	Hospira
Inj 1 in 10,000, 10 ml syringe			
<b>DOBUTAMINE</b>			
Inj 12.5 mg per ml, 20 ml ampoule – 5% DV Dec-24 to 2027 .....	61.13	5	<b>Dobutamine-hameln</b>
<b>DOPAMINE HYDROCHLORIDE</b>			
Inj 40 mg per ml, 5 ml ampoule – 5% DV Feb-25 to 2027 .....	46.38	10	Dopamine Basi <b>Max Health Ltd</b>
<b>EPHEDRINE</b>			
Inj 3 mg per ml, 10 ml syringe – 5% DV Aug-25 to 2026 .....	142.00	10	Ephedrine Aguettant <b>Ephedrine Juno</b>
		10	<b>Max Health</b>
Inj 30 mg per ml, 1 ml ampoule – 5% DV Feb-24 to 2026 .....	34.31		
<b>ISOPRENALINE [ISOPROTERENOL]</b>			
Inj 200 mcg per ml, 1 ml ampoule			
Inj 200 mcg per ml, 5 ml ampoule			
<b>METARAMINOL</b>			
Inj 0.5 mg per ml, 10 ml syringe			
Inj 0.5 mg per ml, 20 ml syringe			
Inj 0.5 mg per ml, 5 ml syringe			
Inj 1 mg per ml, 1 ml ampoule			
Inj 1 mg per ml, 10 ml syringe			
Inj 10 mg per ml, 1 ml ampoule – 5% DV Feb-24 to 2026 .....	53.00	10	<b>Torbay</b>
<b>NORADRENALINE</b>			
Inj 0.06 mg per ml, 100 ml bag			
Inj 0.06 mg per ml, 50 ml syringe			
Inj 0.1 mg per ml, 100 ml bag			
Inj 0.1 mg per ml, 50 ml syringe			
Inj 0.12 mg per ml, 100 ml bag			
Inj 0.12 mg per ml, 50 ml syringe			
Inj 0.16 mg per ml, 50 ml syringe			
Inj 1 mg per ml, 100 ml bag			
Inj 1 mg per ml, 4 ml ampoule – 5% DV Apr-26 to 2028 .....	45.00	10	Noradrenaline BNM
	32.78		<b>Noradrenaline</b> <b>Medsurge</b>
<i>(Noradrenaline BNM Inj 1 mg per ml, 4 ml ampoule to be delisted 1 April 2026)</i>			
<b>PHENYLEPHRINE HYDROCHLORIDE</b>			
Inj 10 mg per ml, 1 ml ampoule .....	310.42	25	Neosynephrine HCL

**Vasodilators**

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

↓ Inj 10 mcg vial

↓ Inj 20 mcg vial

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔ Restricted (RS1992)</b>			
<b>Initiation</b>			
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 ampoule .....	2,030.33	5	Prostin VR
DIAZOXIDE			
Inj 15 mg per ml, 20 ml ampoule			
HYDRALAZINE HYDROCHLORIDE			
⚡ Tab 25 mg			
<b>➔ Restricted (RS1008)</b>			
<b>Initiation</b>			
Either:			
1 For the treatment of refractory hypertension; or			
2 For the treatment of heart failure, in combination with a nitrate, in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers.			
Inj 20 mg ampoule .....	25.90	5	Apresoline
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 – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 5 mg – 5% DV Dec-23 to 2026 .....	200.00	30	Ambrisentan Viartis
⚡ Tab 10 mg – 5% DV Dec-23 to 2026 .....	200.00	30	Ambrisentan Viartis

➔ **Restricted (RS2159)**

### 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

continued...

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

continued...

- 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 ( $\text{dyn s cm}^{-5}$ ); 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; 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 ( $\text{dyn s cm}^{-5}$ ); 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; 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 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
    - 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 ( $\text{dyn s cm}^{-5}$ ); 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; 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

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

Note: \*\* 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 – <b>5% DV Jan-25 to 2027</b> .....	100.00	60	<b>Bosentan Dr Reddy's</b>
↓ Tab 125 mg – <b>5% DV Jan-25 to 2027</b> .....	100.00	60	<b>Bosentan Dr Reddy's</b>

➔ **Restricted (RS2160)**

**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<sup>-5</sup>); 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; 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:

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

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

Note: \*\* 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	<b>Vedafil</b>
↓ Tab 50 mg – 5% DV Dec-24 to 2027 .....	1.45	4	<b>Vedafil</b>
↓ Tab 100 mg – 5% DV Dec-24 to 2027 .....	11.22	12	<b>Vedafil</b>
↓ Inj 0.8 mg per ml, 12.5 ml vial			

→ **Restricted (RS2161)**

**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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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contraindicated or not tolerated).

### 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 ( $\text{dyn cm}^{-5}$ ); 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; 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.

Note: \*\* 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) \$	Brand or Generic Manufacturer
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➔ **Restricted (RS2162)**

**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; 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  $cm^{-5}$ ); and

continued...

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- |  | Price<br>(ex man. excl. GST)<br>\$ | Per | Brand or<br>Generic<br>Manufacturer |
|--|------------------------------------|-----|-------------------------------------|
| 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; 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.

Note: \*\* 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	<b>Vebulis</b>

→ **Restricted (RS2163)**

## 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 A pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm<sup>-5</sup>); and

continued...

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

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; 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  $cm^{-5}$ ); 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; 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 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

continued...

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

- 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\*\*; or
  - 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 ( $\text{dyn s cm}^{-5}$ ); 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; 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 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 iloprost treatment according to a validated PAH risk stratification tool.

continued...

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

Note: \*\* 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
<b>Anti-Infective Preparations</b>			
<b>Antibacterials</b>			
HYDROGEN PEROXIDE			
Crm 1% – 5% DV Jan-26 to 2028 .....	4.89	15 g	<b>Crystaderm</b>
Soln 3% (10 vol)			
MAFENIDE ACETATE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Crm 8.5%			
↓ Powder 5%			
➔ <b>Restricted (RS1299)</b>			
<b>Initiation</b>			
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	<b>Foban</b>
Oint 2% – 5% DV Feb-25 to 2027 .....	1.69	5 g	<b>Foban</b>
SULFADIAZINE SILVER			
Crm 1% .....	10.80	50 g	<b>Flamazine</b>
<b>Antifungals</b>			
AMOROLFINE			
Nail soln 5% – 5% DV Feb-24 to 2026 .....	21.87	5 ml	<b>MycosNail</b>
CICLOPIROX OLAMINE			
Nail soln 8%			
➔ Soln 1% – <b>Restricted:</b> For continuation only			
CLOTRIMAZOLE			
Crm 1% – 5% DV Jul-26 to 2028 .....	1.15	20 g	<b>Clomazol</b>
➔ Soln 1% – <b>Restricted:</b> For continuation only			
ECONAZOLE NITRATE			
Crm 1% – 5% DV Jun-25 to 2027 .....	8.04	20 g	<b>Pevaryl</b>
Foaming soln 1%			
KETOCONAZOLE			
Shampoo 2% – 5% DV May-24 to 2026 .....	4.09	100 ml	<b>Sebizole</b>
METRONIDAZOLE			
Gel 0.75%			
MICONAZOLE NITRATE			
Crm 2% – 5% DV May-24 to 2026 .....	0.90	15 g	<b>Multichem</b>
➔ Lotn 2% – <b>Restricted:</b> For continuation only			
Tinc 2%			
NYSTATIN			
Crm 100,000 u per g			
<b>Antiparasitics</b>			
DIMETHICONE			
Lotn 4% – 5% DV Jun-26 to 2028 .....	4.60	200 ml	<b>healthE Dimethicone 4% Lotion</b>

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

### Antiacne Preparations

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

### Antipruritic Preparations

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

### Barrier Creams and Emollients

#### Barrier Creams

DIMETHICONE Crm 10% pump bottle .....	4.52		460 g	healthE Dimethicone 10%
Crm 5% pump bottle – <b>5% DV Jun-26 to 2028</b> .....	4.14		460 g	<b>Hydralock</b>
	4.30			healthE Dimethicone 5%
Crm 5% tube – <b>5% DV Jun-26 to 2028</b> .....	1.52		100 g	<b>healthE Dimethicone 5%</b>

(healthE Dimethicone 5% Crm 5% pump bottle to be delisted 1 June 2026)

ZINC Crm				e.g. Zinc Cream (Orion-) ;Zinc Cream (PSM)
Oint Paste				e.g. Zinc oxide (PSM)

## DERMATOLOGICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ZINC AND CASTOR OIL</b>			
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.			
<b>ZINC WITH WOOL FAT</b>			
Crm zinc 15.25% with wool fat 4%			<i>e.g. Sudocrem</i>
<b>Emollients</b>			
<b>AQUEOUS CREAM</b>			
Crm 100 g – 5% DV Mar-25 to 2027.....	1.25	100 g	<b>Evara</b>
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	<b>Evara</b>
Note: DV limit applies to the pack sizes of greater than 100 g.			
<b>CETOMACROGOL</b>			
Crm BP, 100 g – 5% DV Jun-25 to 2027.....	0.99	100 g	<b>Cetomacrogol Cream AFT</b>
Crm BP, 500 g – 5% DV Feb-25 to 2027.....	2.29	500 g	<b>Cetomacrogol-AFT</b>
<b>CETOMACROGOL WITH GLYCEROL</b>			
Crm 90% with glycerol 10% – 5% DV Dec-25 to 2028.....	1.92	460 g	<b>Evara</b>
	3.25	920 g	<b>Evara</b>
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.			
<b>EMULSIFYING OINTMENT</b>			
Oint BP – 5% DV Feb-24 to 2026.....	2.30	100 g	<b>Jaychem</b>
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	<b>Evara Emulsifying Ointment</b>
Note: DV limit applies to pack sizes of greater than 200 g.			
<b>GLYCEROL WITH PARAFFIN</b>			
Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10%			<i>e.g. QV cream</i>
<b>OIL IN WATER EMULSION</b>			
Crm, 100 g – 5% DV Apr-25 to 2027.....	1.43	100 g	<b>Fatty Emulsion Cream (Evara)</b>
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	<b>Fatty Emulsion Cream (Evara)</b>
Note: DV limit applies to the pack sizes of greater than 100 g.			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PARAFFIN</b>			
Oint liquid paraffin 50% with white soft paraffin 50% – <b>5% DV Aug-26 to 2028</b> .....	1.84	100 g	White Soft Liquid Paraffin AFT healthE
	1.78		
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, – <b>5% DV Jun-24 to 2026</b> .....	4.74	450 g	<b>EVARA White Soft Paraffin</b>
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>
<i>(White Soft Liquid Paraffin AFT Oint liquid paraffin 50% with white soft paraffin 50% to be delisted 1 August 2026)</i>			
<b>PARAFFIN WITH WOOL FAT</b>			
Lotn liquid paraffin 15.9% with wool fat 0.6%			<i>e.g. AlphaKeri;BK ;DP; Hydroderm Lotn</i>
Lotn liquid paraffin 91.7% with wool fat 3%			<i>e.g. Alpha Keri Bath Oil</i>
<b>UREA</b>			
Crn 10%.....	1.37	100 g	healthE Urea Cream
<b>WOOL FAT</b>			
Crn			
<b>Corticosteroids</b>			
<b>BETAMETHASONE DIPROPIONATE</b>			
Crn 0.05% – <b>5% DV Jul-24 to 2026</b> .....	36.00	50 g	<b>Diprosone</b>
Note: DV limit applies to the pack sizes of greater than 30 g.			
Oint 0.05% – <b>5% DV Jul-24 to 2026</b> .....	36.00	50 g	<b>Diprosone</b>
Note: DV limit applies to the pack sizes of greater than 30 g.			
<b>BETAMETHASONE VALERATE</b>			
Crn 0.1% – <b>5% DV Feb-25 to 2027</b> .....	5.85	50 g	<b>Beta Cream</b>
Oint 0.1% – <b>5% DV Feb-25 to 2027</b> .....	7.90	50 g	<b>Beta Ointment</b>
Lotn 0.1% – <b>5% DV May-25 to 2027</b> .....	30.00	50 ml	<b>Betnovate</b>
<b>CLOBETASOL PROPIONATE</b>			
Crn 0.05% – <b>5% DV Feb-26 to 2028</b> .....	3.75	30 g	<b>Dermol</b>
Oint 0.05% – <b>5% DV Feb-26 to 2028</b> .....	3.68	30 g	<b>Dermol</b>
<b>CLOBETASONE BUTYRATE</b>			
Crn 0.05%			
<b>DIFLUCORTOLONE VALERATE – Restricted:</b> For continuation only			
➔ Crn 0.1%			
➔ Fatty oint 0.1%			
<b>HYDROCORTISONE</b>			
Crn 1%, 30 g – <b>5% DV Jul-26 to 2028</b> .....	1.75	30 g	<b>Ethics</b>
Note: DV limit applies to the pack sizes of less than or equal to 100 g.			
Crn 1%, 500 g – <b>5% DV Feb-26 to 2028</b> .....	20.40	500 g	<b>Noumed</b>
Note: DV limit applies to the pack sizes of greater than 100 g.			
<b>HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN</b>			
Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – <b>5% DV Jun-24 to 2026</b> .....	12.83	250 ml	<b>DP Lotn HC</b>

## DERMATOLOGICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>HYDROCORTISONE BUTYRATE</b>			
Crn 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
<b>METHYLPREDNISOLONE ACEPONATE</b>			
Crn 0.1% – 5% DV Feb-24 to 2026 .....	4.95	15 g	<b>Advantan</b>
Oint 0.1% – 5% DV Feb-24 to 2026 .....	4.95	15 g	<b>Advantan</b>
<b>MOMETASONE FUROATE</b>			
Crn 0.1% – 5% DV Feb-25 to 2027 .....	2.25	15 g	<b>Elocon Alcohol Free</b>
	3.50	50 g	<b>Elocon Alcohol Free</b>
Oint 0.1% – 5% DV Feb-25 to 2027 .....	2.25	15 g	<b>Elocon</b>
	3.50	50 g	<b>Elocon</b>
Lotn 0.1% – 5% DV Feb-25 to 2027 .....	4.99	30 ml	<b>Elocon</b>
<b>TRIAMCINOLONE ACETONIDE</b>			
Crn 0.02% – 5% DV Feb-24 to 2026 .....	6.49	100 g	<b>Aristocort</b>
Oint 0.02% – 5% DV Feb-24 to 2026 .....	6.54	100 g	<b>Aristocort</b>

### Corticosteroids with Anti-Infective Agents

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

↓ Crn 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]

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

HYDROCORTISONE WITH MICONAZOLE

Crn 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

Crn 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%

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
METHOXSALLEN [8-METHOXYPBORALEN] Tab 10 mg Lotn 1.2%			
PIMECROLIMUS – <b>Restricted</b> see terms <a href="#">below</a> ↓ Crm 1% – <b>5% DV Feb-24 to 2026</b> .....	33.00	15 g	<b>Elidel</b>
→ <b>Restricted (RS1781)</b>			
<b>Initiation</b> 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 – <b>5% DV</b> <b>Feb-24 to 2026</b> .....	5.41	500 ml	<b>Pinetarsol</b>
POTASSIUM PERMANGANATE Tab 400 mg Crystals			
TACROLIMUS ↓ Oint 0.1% – <b>5% DV Dec-23 to 2026</b> .....	33.00	30 g	<b>Zematop</b>
→ <b>Restricted (RS1859)</b>			
<b>Initiation</b> 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% – <b>5% DV Feb-25 to 2027</b> .....	12.95	100 ml	<b>Beta Scalp</b>
CLOBETASOL PROPIONATE Scalp app 0.05% – <b>5% DV Feb-26 to 2028</b> .....	6.90	30 ml	<b>Dermol</b>
HYDROCORTISONE BUTYRATE Scalp lotn 0.1% .....	6.57	100 ml	Locoid

### Wart Preparations

PODOPHYLLOTOXIN Soln 0.5% .....	33.60	3.5 ml	Condyline
SILVER NITRATE Sticks with applicator			

### Other Skin Preparations

DIPHEMANIL METILSULFATE Powder 2%			
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## DERMATOLOGICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
IMIQUIMOD			
Crm 5%, 250 mg sachet .....	21.72	24	Padagis Perrigo
SUNSCREEN, PROPRIETARY			
Lotn.....	6.50	200 g	Marine Blue Lotion SPF 50+

### Antineoplastics

FLUOROURACIL SODIUM			
Crm 5% – <b>5% DV Dec-24 to 2027</b> .....	5.56	20 g	<b>Efudix</b>
METHYL AMINOLEVULINATE HYDROCHLORIDE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Crm 16%			
➔ <b>Restricted (RS1127)</b>			
Dermatologist or plastic surgeon			

### Wound Management Products

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

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

<b>ACETIC ACID</b>			
Soln 3%			
Soln 5%			
<b>ACETIC ACID WITH HYDROXYQUINOLINE, GLYCEROL AND RICINOLEIC ACID</b>			
Jelly 0.94% with hydroxyquinoline sulphate 0.025%, glycerol 5% and ricinoleic acid 0.75% with applicator			
<b>CHLORHEXIDINE GLUCONATE</b>			
Crm 1%			
Lotn 1%			
<b>CLOTRIMAZOLE</b>			
Vaginal crm 1% with applicator – <b>5% DV Jul-26 to 2028</b>	4.20	35 g	<b>Clomazol</b>
Vaginal crm 2% with applicator – <b>5% DV Jul-26 to 2028</b>	4.60	20 g	<b>Clomazol</b>
<b>MICONAZOLE NITRATE</b>			
Vaginal crm 2% with applicator	6.89	40 g	Micreme
<b>NYSTATIN</b>			
Vaginal crm 100,000 u per 5 g with applicator(s) – <b>5% DV Feb-24 to 2026</b>	5.70	75 g	<b>Nilstat</b>

**Contraceptives**

**Antiandrogen Oral Contraceptives**

<b>CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL</b>			
Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets – <b>5% DV Feb-24 to 2026</b>	5.08	168	<b>Ginet</b>

**Combined Oral Contraceptives**

<b>ETHINYLOESTRADIOL WITH DESOGESTREL</b>			
Tab 20 mcg with desogestrel 150 mcg			
Tab 30 mcg with desogestrel 150 mcg			
<b>ETHINYLOESTRADIOL WITH LEVONORGESTREL</b>			
Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – <b>5% DV Apr-26 to 2028</b>	2.00	84	<b>Lo-Oralcon 20 ED</b>
Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – <b>5% DV Apr-26 to 2028</b>	2.30	84	<b>Oralcon 30 ED</b>
Tab 20 mcg with levonorgestrel 100 mcg			
Tab 30 mcg with levonorgestrel 150 mcg			
<b>ETHINYLOESTRADIOL WITH NORETHISTERONE</b>			
Tab 35 mcg with norethisterone 1 mg			
Tab 35 mcg with norethisterone 1 mg and 7 inert tab	14.09	84	Brevinor 1/28
Tab 35 mcg with norethisterone 500 mcg			
<b>NORETHISTERONE WITH MESTRANOL</b>			
Tab 1 mg with mestranol 50 mcg			

## GENITO-URINARY SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Contraceptive Devices</b>			
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
<b>Emergency Contraception</b>			
LEVONORGESTREL			
Tab 1.5 mg – 5% DV Jun-26 to 2028 .....	1.31	1	<b>Levonorgestrel -1 (Lupin)</b> Levonorgestrel BNM
	1.75		
<i>(Levonorgestrel BNM Tab 1.5 mg to be delisted 1 June 2026)</i>			
<b>Progestogen-Only Contraceptives</b>			
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	<b>Jadelle</b>
MEDROXYPROGESTERONE ACETATE			
Inj 150 mg per ml, 1 ml syringe .....	10.56	1	Depo-Provera
NORETHISTERONE			
Tab 350 mcg.....	12.25	84	Noriday
	13.23		Noriday 28
<b>Obstetric Preparations</b>			
<b>Antiprogestogens</b>			
MIFEPRISTONE			
Tab 200 mg			
<b>Oxytocics</b>			
CARBOPROST TROMETAMOL			
Inj 250 mcg per ml, 1 ml ampoule			
DINOPROSTONE			
Pessaries 10 mg			
Vaginal gel 1 mg in 3 g.....	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	<b>Oxytocin BNM</b>
Inj 10 iu per ml, 1 ml ampoule – 5% DV Mar-26 to 2028 .....	7.18	5	<b>Oxytocin BNM</b>

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

PROGESTERONE

Cap 100 mg.....	14.85	30	Utrogestan
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TERBUTALINE – **Restricted** see terms [below](#)

↓ Inj 500 mcg ampoule

→ **Restricted (RS1130)**

Obstetrician

**Oestrogens**

OESTRIOL

Crn 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
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→ **Restricted (RS1131)**

**Initiation**

Both:

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

**Alpha-1A Adrenoceptor Blockers**

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

↓ Cap 400 mcg – 5% DV Feb-26 to 2028 .....	28.56	100	Tamsulosin-Rex
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→ **Restricted (RS1132)**

**Initiation**

Both:

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

**Urinary Alkalisers**

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

↓ Oral liq 3 mmol per ml .....	37.49	200 ml	Biomed
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→ **Restricted (RS1133)**

**Initiation**

Both:

- 1 The patient has recurrent calcium oxalate urolithiasis; and
- 2 The patient has had more than two renal calculi in the two years prior to the application.

## GENITO-URINARY SYSTEM

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

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

## 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	<b>Siterone</b>
Tab 100 mg – 5% DV Jul-25 to 2027 .....	31.00	50	<b>Siterone</b>

### TESTOSTERONE

Gel (transdermal) 16.2 mg per g, 88 g – 5% DV Apr-25 to 2027 .....	52.00	60	<b>Testogel</b>
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### TESTOSTERONE CIPIONATE

Inj 100 mg per ml, 10 ml vial.....	97.75	1	<b>Depo-Testosterone</b>
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### 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	<b>Reandron 1000</b>
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## Calcium Homeostasis

### CALCITONIN

Inj 100 iu per ml, 1 ml ampoule .....	121.00	5	<b>Miacalcic</b>
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### CINACALCET – **Restricted** see terms [below](#)

↓ Tab 30 mg – 5% DV Dec-24 to 2027 .....	25.24	28	<b>Cinacalet Devatis</b>
↓ Tab 60 mg – 5% DV Dec-24 to 2027 .....	50.47	28	<b>Cinacalet Devatis</b>

➔ **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 arteriopathy); and
  - 2.2 The patient has symptomatic (e.g. painful skin ulcers) hypercalcaemia (serum calcium greater than or equal to 3 mmol/L); and
  - 2.3 The patient's condition has not responded to previous first-line treatments including bisphosphonates and sodium

continued...

## HORMONE PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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 <b>Zoledronic acid Viatrix</b>
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## 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	<b>Dexamethsone</b>
Tab 4 mg – 5% DV Feb-25 to 2027 .....	3.18	30	<b>Dexamethsone</b>
Oral liq 1 mg per ml .....	53.86	25 ml	Biomed

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>DEXAMETHASONE PHOSPHATE</b>			
Inj 4 mg per ml, 1 ml ampoule – 5% DV Mar-26 to 2028 .....	6.88	10	<b>Dexamethasone Medsurge</b>
Inj 4 mg per ml, 2 ml ampoule – 5% DV Mar-26 to 2028 .....	10.98	10	<b>Dexamethasone Medsurge</b>
<b>FLUDROCORTISONE ACETATE</b>			
Tab 100 mcg – 5% DV Dec-25 to 2028 .....	8.05	100	<b>Florinef</b>
<b>HYDROCORTISONE</b>			
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	<b>Solu-Cortef</b>
<b>METHYLPREDNISOLONE (AS SODIUM SUCCINATE)</b>			
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
<b>METHYLPREDNISOLONE ACETATE</b>			
Inj 40 mg per ml, 1 ml vial.....	47.06	5	Depo-Medrol
<b>PREDNISOLONE</b>			
Oral liq 5 mg per ml – 5% DV Dec-24 to 2027 .....	6.00	30 ml	<b>Redipred</b>
Enema 200 mcg per ml, 100 ml			
<b>PREDNISONE</b>			
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
<b>TRIAMCINOLONE ACETONIDE</b>			
Inj 10 mg per ml, 1 ml ampoule – 10% DV Feb-24 to 2026 .....	21.42	5	<b>Kenacort-A 10</b>
Inj 40 mg per ml, 1 ml ampoule – 5% DV Feb-24 to 2026 .....	52.63	5	<b>Kenacort-A 40</b>
<b>TRIAMCINOLONE HEXACETONIDE</b>			
Inj 20 mg per ml, 1 ml vial			

**Hormone Replacement Therapy**

**Oestrogens**

<b>OESTRADIOL</b>			
Tab 1 mg			
Gel (transdermal) 0.06% (750 mcg/actuation) – 5% DV Nov-24 to 31 Oct 2027 .....	14.25	80 g	<b>Estrogel</b>
Patch 25 mcg per day – 5% DV Dec-25 to 2027 .....	8.89	8	<b>Estradiol TDP Mylan</b>
	16.23		Estradot
Patch 50 mcg per day – 5% DV Dec-25 to 2027 .....	9.26	8	<b>Estradiol TDP Mylan</b>
	15.79		Estradot
Patch 75 mcg per day – 5% DV Dec-25 to 2027 .....	10.33	8	<b>Estradiol TDP Mylan</b>
	16.53		Estradot
Patch 100 mcg per day – 5% DV Dec-25 to 2027 .....	10.59	8	<b>Estradiol TDP Mylan</b>
	16.18		Estradot

## HORMONE PREPARATIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
OESTRADIOL VALERATE			
Tab 1 mg – 5% DV Dec-25 to 2028 .....	12.36	84	<b>Progynova</b>
Tab 2 mg – 5% DV Dec-25 to 2028 .....	12.36	84	<b>Progynova</b>
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 .....	7.54	30	Provera
Tab 5 mg .....	23.15	100	Provera
Tab 10 mg .....	11.10	30	Provera

### Other Endocrine Agents

CABERGOLINE – <b>Restricted</b> see terms <a href="#">below</a>			
⚠ Tab 0.5 mg .....	4.43	2	Dostinex
	17.94	8	Dostinex

➔ **Restricted (RS1855)**

#### Initiation

Any of the following:

- 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 mg .....	29.84	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			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
OESTRIOL			
Tab 2 mg – <b>5% DV Feb-24 to 2026</b> .....	7.70	30	<b>Ovestin</b>

## Other Progestogen Preparations

MEDROXYPROGESTERONE			
Tab 100 mg .....	153.60	100	Provera HD
NORETHISTERONE			
Tab 5 mg .....	5.49	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 ampoule .....	86.25	1	Synacthen UK Synacthen
Inj 1 mg per ml, 1 ml ampoule .....	690.00	1	Synacthen Depot

## GnRH Agonists and Antagonists

BUSERELIN			
Inj 1 mg per ml, 5.5 ml vial			
GONADORELIN			
Inj 100 mcg vial			
GOSERELIN			
Implant 3.6 mg, syringe – <b>5% DV Apr-24 to 2026</b> .....	66.48	1	<b>Zoladex</b>
Implant 10.8 mg, syringe – <b>5% DV Apr-24 to 2026</b> .....	138.23	1	<b>Zoladex</b>
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 – <b>Restricted</b> see terms <a href="#">on the next page</a>			
⚠ Inj 5 mg cartridge – <b>5% DV Feb-25 to 2027</b> .....	80.21	1	<b>Omnitrope</b> Omnitrope AU
⚠ Inj 10 mg cartridge – <b>5% DV Feb-25 to 2027</b> .....	80.21	1	<b>Omnitrope</b>
⚠ Inj 15 mg cartridge – <b>5% DV Feb-25 to 2027</b> .....	139.50	1	<b>Omnitrope</b>

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

**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.

continued...

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

continued...

### **Initiation – short stature without growth hormone deficiency**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

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

### **Continuation – short stature without growth hormone deficiency**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

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

### **Initiation – short stature due to chronic renal insufficiency**

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

*Re-assessment required after 12 months*

All of the following:

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

### **Continuation – short stature due to chronic renal insufficiency**

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

continued...

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

- 4 No serious adverse effect that the patients specialist considers is likely to be attributable to growth hormone has occurred; and
- 5 No malignancy has developed after growth hormone therapy was commenced; and
- 6 The patient has not experienced significant biochemical or metabolic deterioration confirmed by diagnostic results; and
- 7 The patient has not received renal transplantation since starting growth hormone treatment; and
- 8 If the patient requires transplantation, growth hormone prescription should cease before transplantation and a new application should be made after transplantation based on the above criteria.

## Initiation – Prader-Willi syndrome

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

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

## Continuation – Prader-Willi syndrome

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

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

## 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

continued...

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

- 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  $\pm 1SD$  of the mean of the normal range for age and sex; and
- 1.4 The dose of somatropin does not exceed 0.7 mg per day for male patients, or 1 mg per day for female patients; or

- 2 All of the following:

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

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# HORMONE PREPARATIONS

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

The dose of somatotropin 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
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### 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 [below](#)

↓ Tab 50 mg .....	35.00	100	PTU
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→ **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
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### DESMOPRESSIN ACETATE

Tab 100 mcg .....	25.00	30	Minirin
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Tab 200 mcg .....	54.45	30	Minirin
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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
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TERLIPRESSIN			
Inj 0.2 mg per ml, 5 ml vial – <b>5% DV Feb-25 to 2027</b> .....	110.00	5	<b>Terlipressin Ever Pharma</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## 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	<b>DBL Amikacin</b>
➔ <b>Restricted (RS1041)</b>			

Clinical microbiologist, infectious disease specialist or respiratory specialist

GENTAMICIN SULPHATE

Inj 10 mg per ml, 1 ml ampoule	102.60	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
➔ <b>Restricted (RS1603)</b>			

Clinical microbiologist, infectious disease specialist or gastroenterologist

STREPTOMYCIN SULPHATE – **Restricted** see terms [below](#)

⚡ Inj 400 mg per ml, 2.5 ml ampoule			
➔ <b>Restricted (RS1043)</b>			

Clinical microbiologist, infectious disease specialist or respiratory specialist

TOBRAMYCIN

⚡ Powder			
➔ <b>Restricted (RS1475)</b>			

#### Initiation

For addition to orthopaedic bone cement.

⚡ Inj 40 mg per ml, 2 ml vial – 5% DV Dec-24 to 2027	15.50	5	<b>Tobramycin (Viatrix)</b>
➔ <b>Restricted (RS1044)</b>			

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	<b>Tobramycin BNM</b>
➔ <b>Restricted (RS1435)</b>			

#### Initiation

Patient has cystic fibrosis.

### Carbapenems

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

⚡ Inj 1 g vial	70.00	1	Invanz
➔ <b>Restricted (RS1045)</b>			

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
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔ Restricted (RS1046)</b>			
Clinical microbiologist or infectious disease specialist			
MEROPENEM – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 500 mg vial – 5% DV Jun-24 to 2026	33.48	10	<b>Meropenem-AFT</b>
↓ Inj 1 g vial – 5% DV Jun-24 to 2026	44.97	10	<b>Meropenem-AFT</b>
<b>➔ Restricted (RS1047)</b>			
Clinical microbiologist or infectious disease specialist			
<b>Cephalosporins and Cephamycins - 1st Generation</b>			
CEFALEXIN			
Cap 250 mg – 5% DV Jul-26 to 2028	3.90	20	<b>Cefalexin Lupin</b>
	3.85		Cefalexin ABM
Cap 500 mg – 5% DV Jul-26 to 2028	3.33	20	<b>Cefalexin Sandoz</b>
	5.85		Cefalexin 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
<i>(Cefalexin ABM Cap 250 mg to be delisted 1 July 2026)</i>			
<i>(Cefalexin ABM Cap 500 mg to be delisted 1 July 2026)</i>			
CEFAZOLIN			
Inj 500 mg vial – 5% DV Mar-24 to 2026	3.39	5	<b>Cefazolin-AFT</b>
Inj 1 g vial – 5% DV Mar-24 to 2026	3.59	5	<b>Cefazolin-AFT</b>
Inj 2 g vial – 5% DV Mar-24 to 2026	7.09	5	<b>Cefazolin-AFT</b>
<b>Cephalosporins and Cephamycins - 2nd Generation</b>			
CEFACTOR			
Cap 250 mg – 5% DV Feb-26 to 2028	29.73	100	<b>Ranbaxy-Cefaclor</b>
Grans for oral liq 25 mg per ml – 5% DV Feb-26 to 2028	5.83	100 ml	<b>Ranbaxy-Cefaclor</b>
CEFOXITIN			
Inj 1 g vial			
CEFUROXIME			
Tab 250 mg			
Inj 750 mg vial – 5% DV Jun-24 to 2026	8.16	10	<b>Cefuroxime Devatis</b>
Inj 1.5 g vial – 5% DV Jun-24 to 2026	13.01	10	<b>Cefuroxime Devatis</b>
<b>Cephalosporins and Cephamycins - 3rd Generation</b>			
CEFOTAXIME			
Inj 500 mg vial	1.90	1	Cefotaxime Sandoz
Inj 1 g vial – 5% DV Dec-23 to 2026	38.98	10	<b>DBL Cefotaxime</b>
CEFTAZIDIME – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Inj 1 g vial – 5% DV Dec-23 to 2026	25.80	10	<b>Ceftazidime Kabi</b>
<b>➔ Restricted (RS1048)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
CEFTAZIDIME WITH AVIBACTAM – <b>Restricted</b> see terms <a href="#">on the next page</a>			
↓ 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
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➔ **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.

**CEFTRIAOXONE**

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

## Cephalosporins and Cephamycins - 4th Generation

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

⚡ Inj 1 g vial – 5% DV Dec-24 to 2027 .....	3.19	1	<b>Cefepime-AFT</b>
⚡ Inj 2 g vial – 5% DV Dec-24 to 2027 .....	4.99	1	<b>Cefepime-AFT</b>

➔ **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
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➔ **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	<b>Zithromax</b>
⚡ 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
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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	<b>Klacid</b>
	7.31	12	Klaricid
↓ Tab 500 mg – 1% DV Feb-22 to 2027 .....	14.58	14	<b>Klacid</b>
↓ 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	<b>Klacid IV</b>

→ **Restricted (RS1709)**

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

Any of the following:

- 1 Atypical mycobacterial infection; or
- 2 Mycobacterium tuberculosis infection where there is drug resistance or intolerance to standard pharmaceutical agents; or
- 3 Helicobacter pylori eradication; or
- 4 Prophylaxis of infective endocarditis associated with surgical or dental procedures if amoxicillin is contra-indicated.

**Initiation – Tab 500 mg**

Helicobacter pylori eradication.

**Initiation – Infusion**

Any of the following:

- 1 Atypical mycobacterial infection; or
- 2 Mycobacterium tuberculosis infection where there is drug resistance or intolerance to standard pharmaceutical agents; or
- 3 Community-acquired pneumonia.

# INFECTIONS

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

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

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PHENOXYMETHYLPENICILLIN [PENICILLIN V]</b>			
Cap 250 mg – <b>5% DV Feb-25 to 2027</b> .....	7.68	50	<b>Cilicaine VK</b>
Cap 500 mg – <b>5% DV Feb-25 to 2027</b> .....	13.72	50	<b>Cilicaine VK</b>
Grans for oral liq 125 mg per 5 ml – <b>5% DV Feb-26 to 2028</b> .....	5.75	100 ml	<b>AFT</b>
Grans for oral liq 250 mg per 5 ml – <b>5% DV Feb-26 to 2028</b> .....	5.89	100 ml	<b>AFT</b>

**PIPERACILLIN WITH TAZOBACTAM – Restricted see terms [below](#)**

↓ Inj 4 g with tazobactam 0.5 g vial – **5% DV Dec-25 to 2028** ..... 3.15

→ **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

↓ Tab 500 mg – **5% DV Nov-24 to 2026** ..... 3.10

↓ Tab 750 mg – **5% DV Dec-24 to 2026** ..... 4.80

↓ 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

→ **Restricted (RS1055)**

Clinical microbiologist or infectious disease specialist

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

↓ Tab 400 mg ..... 42.00

↓ Inj 1.6 mg per ml, 250 ml bottle – **5% DV Feb-24 to 2026** ..... 413.40

→ **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.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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
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## 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
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➔ **Restricted (RS1277)**

Clinical microbiologist or infectious disease specialist

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CHLORAMPHENICOL – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 1 g vial			
→ <b>Restricted (RS1277)</b>			
Clinical microbiologist or infectious disease specialist			
<b>CLINDAMYCIN – Restricted</b> see terms <a href="#">below</a>			
↓ Cap 150 mg – <b>5% DV Dec-24 to 2027</b> .....	4.94	24	<b>Dalacin C</b>
↓ Oral liq 15 mg per ml			
↓ Inj 150 mg per ml, 4 ml ampoule – <b>5% DV Mar-26 to 2028</b> .....	48.78	10	<b>Dalacin C</b>
→ <b>Restricted (RS1061)</b>			
Clinical microbiologist or infectious disease specialist			
<b>COLISTIN SULPHOMETHATE [COLESTIMETHATE] – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 2 million iu, 10 ml vial.....	216.67	10	Colomycin
→ <b>Restricted (RS1062)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
<b>DAPTOMYCIN – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 500 mg vial.....	115.36	1	Daptomycin Dr Reddy's
→ <b>Restricted (RS1063)</b>			
Clinical microbiologist or infectious disease specialist			
<b>FOSFOMYCIN – Restricted</b> see terms <a href="#">below</a>			
↓ Powder for oral solution, 3 g sachet – <b>5% DV Apr-25 to 2027</b> .....	18.70	1	<b>UroFos</b>
→ <b>Restricted (RS1315)</b>			
Clinical microbiologist or infectious disease specialist			
<b>LINCOMYCIN – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 300 mg per ml, 2 ml vial			
→ <b>Restricted (RS1065)</b>			
Clinical microbiologist or infectious disease specialist			
<b>LINEZOLID – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 600 mg – <b>5% DV Dec-24 to 2027</b> .....	194.60	10	<b>Zyvox</b>
↓ Oral liq 20 mg per ml.....	1,879.00	150 ml	Zyvox
↓ Inj 2 mg per ml, 300 ml bottle – <b>5% DV Dec-24 to 2027</b> .....	155.00	10	<b>Linezolid Kabi</b>
→ <b>Restricted (RS1066)</b>			
Clinical microbiologist or infectious disease specialist			
<b>METHENAMINE (HEXAMINE) HIPPURATE</b>			
Tab 1 g.....	19.95	100	Hiprex
<b>NITROFURANTOIN</b>			
Tab 50 mg – <b>5% DV Dec-24 to 2027</b> .....	22.20	100	<b>Nifuran</b>
Tab 100 mg.....	37.50	100	Nifuran
Cap modified-release 100 mg – <b>5% DV Dec-23 to 2026</b> .....	81.20	100	<b>Macrobid</b>
<b>PIVMECILLINAM – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 200 mg			
→ <b>Restricted (RS1322)</b>			
Clinical microbiologist or infectious disease specialist			
<b>SODIUM FUSIDATE [FUSIDIC ACID] – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 250 mg.....	135.70	36	Fucidin
→ <b>Restricted (RS1064)</b>			
Clinical microbiologist or infectious disease specialist			
<b>SULFADIAZINE SODIUM – Restricted</b> see terms <a href="#">on the next page</a>			
↓ Tab 500 mg			<i>e.g. Sulfadiazin-Heyl; Wockhardt</i>

# INFECTIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔ Restricted (RS1067)</b>			
Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist			
TEICOPLANIN – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 400 mg vial – 5% DV Apr-25 to 2027 .....	38.85	1	<b>Teicoplanin Medsurge</b>
<b>➔ Restricted (RS1068)</b>			
Clinical microbiologist or infectious disease specialist			
TRIMETHOPRIM			
Tab 100 mg			
Tab 300 mg – 5% DV Feb-25 to 2027 .....	27.83	50	<b>TMP</b>
TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE]			
Tab 80 mg with sulphamethoxazole 400 mg – 5% DV Feb-25 to 2027 .....	115.74	500	<b>Trisul</b>
Oral liq 8 mg with sulphamethoxazole 40 mg per ml – 5% DV Aug-25 to 2028 .....	4.95	100 ml	<b>Deprim</b>
Inj 16 mg with sulphamethoxazole 80 mg per ml, 5 ml ampoule			
VANCOMYCIN – <b>Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 500 mg vial – 5% DV Dec-25 to 2026 .....	3.38	1	<b>Vancomycin Viatrix</b>
<b>➔ Restricted (RS1069)</b>			
Clinical microbiologist or infectious disease specialist			
<b>Antifungals</b>			
<b>Imidazoles</b>			
KETOCONAZOLE			
⚡ Tab 200 mg			
<b>➔ Restricted (RS1410)</b>			
Oncologist			
<b>Polyene Antimycotics</b>			
AMPHOTERICIN B			
⚡ Inj (liposomal) 50 mg vial – 5% DV Apr-26 to 2028 .....	3,450.00	10	AmBisome
	125.00	1	<b>Amphotericin Liposomal SUN</b>
<b>➔ Restricted (RS1071)</b>			
<b>Initiation</b>			
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			
<b>➔ Restricted (RS1316)</b>			
Clinical microbiologist, haematologist, infectious disease specialist, oncologist, respiratory specialist or transplant specialist			
<i>(AmBisome Inj (liposomal) 50 mg vial to be delisted 1 April 2026)</i>			
NYSTATIN			
Tab 500,000 u .....	17.09	50	Nilstat
Cap 500,000 u .....	15.47	50	Nilstat

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Triazoles</b>			
FLUCONAZOLE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Cap 50 mg – 5% DV Dec-23 to 2026.....	4.10	28	<b>Mylan</b>
↓ Cap 150 mg – 5% DV Dec-23 to 2026.....	0.45	1	<b>Mylan</b>
↓ Cap 200 mg – 5% DV Dec-23 to 2026.....	8.90	28	<b>Mylan</b>
↓ Oral liquid 50 mg per 5 ml.....	129.02	35 ml	Diffucan
↓ 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
→ <b>Restricted (RS1072)</b>			
Consultant			
ITRACONAZOLE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Cap 100 mg.....	6.83	15	Itraconazole Cresnet Itrazole
↓ Oral liquid 10 mg per ml			
→ <b>Restricted (RS1073)</b>			
Clinical immunologist, clinical microbiologist, dermatologist or infectious disease specialist			
POSACONAZOLE – <b>Restricted</b> see terms <a href="#">below</a>			
↓ Tab modified-release 100 mg – 5% DV Dec-25 to 2028.....	123.60	24	<b>Posaconazole Juno</b>
↓ Oral liq 40 mg per ml – 5% DV Dec-25 to 2028.....	308.26	105 ml	<b>Devatis</b>
→ <b>Restricted (RS2052)</b>			
<b>Initiation</b>			
Haematologist or infectious disease specialist			
<i>Re-assessment required after 6 weeks</i>			
Both:			
1 Either:			
1.1 Patient has acute myeloid leukaemia; or			
1.2 Patient is planned to receive a stem cell transplant and is at high risk for aspergillus infection; and			
2 Patient is to be treated with high dose remission induction therapy or re-induction therapy.			
<b>Continuation</b>			
Haematologist or infectious disease specialist			
<i>Re-assessment required after 6 weeks</i>			
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.			
<b>Initiation – Invasive fungal infection prophylaxis</b>			
Any relevant practitioner			
<i>Re-assessment required after 6 months</i>			
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			

continued...

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

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.

### 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

continued...

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

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	<b>Alchemy Caspofungin</b>
↓ Inj 70 mg vial – 5% DV Mar-26 to 2028 .....	135.00	1	<b>Alchemy Caspofungin</b>

**→ Restricted (RS1076)**
**Initiation**

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

Either:

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

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

↓ 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	<b>Deolate</b>
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**Antimycobacterials**
**Antileprotics**
**CLOFAZIMINE – Restricted** see terms [below](#)

↓ Cap 50 mg

**→ Restricted (RS1077)**

Clinical microbiologist, dermatologist or infectious disease specialist

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

↓ Tab 25 mg .....	268.50	100	Dapsone
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↓ Tab 100 mg .....	329.50	100	Dapsone
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**→ Restricted (RS1078)**

Clinical microbiologist, dermatologist or infectious disease specialist

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Antituberculotics</b>			
<b>BEDAQUILINE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 100 mg .....	3,084.51	24	Sirturo
➔ <b>Restricted (RS1977)</b>			
<b>Initiation – multi-drug resistant tuberculosis</b>			
<i>Limited to 6 months treatment</i>			
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.			
<b>CYCLOSERINE – Restricted</b> see terms <a href="#">below</a>			
⚡ Cap 250 mg .....			
➔ <b>Restricted (RS1079)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
<b>ETHAMBUTOL HYDROCHLORIDE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 100 mg .....			
⚡ Tab 400 mg .....	49.34	56	Myambutol
➔ <b>Restricted (RS1080)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
<b>ISONIAZID – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 100 mg – 5% DV <b>May-25 to 2027</b> .....	94.50	100	Isoniazid Teva
	327.41		<b>Noumed Isoniazid</b>
➔ <b>Restricted (RS1281)</b>			
Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician			
<b>ISONIAZID WITH RIFAMPICIN – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 100 mg with rifampicin 150 mg – 5% DV <b>Feb-25 to 2027</b> .....	89.82	100	<b>Rifinah</b>
⚡ Tab 150 mg with rifampicin 300 mg – 5% DV <b>Feb-25 to 2027</b> .....	179.13	100	<b>Rifinah</b>
⚡ Cap 100 mg with rifampicin 150 mg .....	199.00	100	Rifamazid
➔ <b>Restricted (RS1282)</b>			
Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician			
<b>PARA-AMINOSALICYLIC ACID – Restricted</b> see terms <a href="#">below</a>			
⚡ Grans for oral liq 4 g .....	280.00	30	Paser
➔ <b>Restricted (RS1083)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
<b>PROTIONAMIDE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 250 mg .....	305.00	100	Peteha
➔ <b>Restricted (RS1084)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
<b>PYRAZINAMIDE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 500 mg .....			
➔ <b>Restricted (RS1085)</b>			
Clinical microbiologist, infectious disease specialist or respiratory specialist			
<b>RIFABUTIN – Restricted</b> see terms <a href="#">below</a>			
⚡ Cap 150 mg .....	353.71	30	Mycobutin
➔ <b>Restricted (RS1086)</b>			
Clinical microbiologist, gastroenterologist, infectious disease specialist or respiratory specialist			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>RIFAMPICIN – Restricted</b> see terms <a href="#">below</a>			
↓ Cap 150 mg – <b>5% DV Dec-23 to 2026</b> .....	58.54	100	<b>Rifadin</b>
↓ Cap 300 mg – <b>5% DV Dec-23 to 2026</b> .....	122.06	100	<b>Rifadin</b>
↓ Oral liq 100 mg per 5 ml – <b>5% DV Dec-23 to 2026</b> .....	12.60	60 ml	<b>Rifadin</b>
↓ Inj 600 mg vial – <b>5% DV Dec-23 to 2026</b> .....	134.98	1	<b>Rifadin</b>
➔ <b>Restricted (RS1087)</b>			
Clinical microbiologist, dermatologist, internal medicine physician, paediatrician or public health physician			

## Antiparasitics

### Anthelmintics

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

↓ Tab 200 mg

↓ Tab 400 mg

➔ **Restricted (RS1088)**

Clinical microbiologist or infectious disease specialist

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

↓ Tab 3 mg ..... 17.20

4

Stromectol

➔ **Restricted (RS1283)**

Clinical microbiologist, dermatologist or infectious disease specialist

**MEBENDAZOLE**

Tab 100 mg – **5% DV Dec-24 to 2027** ..... 5.18

6

**Vermox**

Oral liq 100 mg per 5 ml

**PRAZIQUANTEL**

Tab 600 mg

### Antiprotozoals

**ARTEMETHER WITH LUMEFANTRINE – Restricted** see terms [below](#)

↓ Tab 20 mg with lumefantrine 120 mg

➔ **Restricted (RS1090)**

Clinical microbiologist or infectious disease specialist

**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..... 29.50

12

Malarone Junior

↓ Tab 250 mg with proguanil hydrochloride 100 mg..... 72.00

12

Malarone

➔ **Restricted (RS1092)**

Clinical microbiologist or infectious disease specialist

**CHLOROQUINE PHOSPHATE – Restricted** see terms [below](#)

↓ Tab 250 mg

➔ **Restricted (RS1093)**

Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist

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

↓ Tab 250 mg

➔ **Restricted (RS1094)**

Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist

# INFECTIONS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>METRONIDAZOLE</b>			
Tab 200 mg – 5% DV Mar-25 to 2026 .....	25.86	250	<b>Metronidamed</b>
Tab 400 mg – 5% DV Mar-25 to 2026 .....	4.29	21	<b>Metronidamed</b>
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	<b>Baxter</b>
Suppos 500 mg .....	24.48	10	Flagyl
<b>NITAZOXANIDE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 500 mg			
⚡ Oral liq 100 mg per 5 ml			
➔ <b>Restricted (RS1095)</b>			
Clinical microbiologist or infectious disease specialist			
<b>ORNIDAZOLE</b>			
Tab 500 mg – 5% DV Mar-25 to 2027 .....	36.52	10	<b>Arrow-Ornidazole</b>
<b>PENTAMIDINE ISETHIONATE – Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 300 mg vial .....	216.00 638.69	5	Pentacarinat Tillomed
➔ <b>Restricted (RS1096)</b>			
Clinical microbiologist or infectious disease specialist			
<b>PRIMAQUINE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 15 mg			
⚡ Tab 7.5 mg			
➔ <b>Restricted (RS1097)</b>			
Clinical microbiologist or infectious disease specialist			
<b>PYRIMETHAMINE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 25 mg			
➔ <b>Restricted (RS1098)</b>			
Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist			
<b>QUININE DIHYDROCHLORIDE – Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 60 mg per ml, 10 ml ampoule			
⚡ Inj 300 mg per ml, 2 ml vial			
➔ <b>Restricted (RS1099)</b>			
Clinical microbiologist or infectious disease specialist			
<b>SODIUM STIBOGLUCONATE – Restricted</b> see terms <a href="#">below</a>			
⚡ Inj 100 mg per ml, 1 ml vial			
➔ <b>Restricted (RS1100)</b>			
Clinical microbiologist or infectious disease specialist			
<b>SPIRAMYCIN – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 500 mg			
➔ <b>Restricted (RS1101)</b>			
Maternal-foetal medicine specialist			

## Antiretrovirals

### Non-Nucleoside Reverse Transcriptase Inhibitors

➔ **Restricted (RS1898)**

**Initiation – Confirmed HIV**

Patient has confirmed HIV infection.

continued...

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

**Initiation – Prevention of maternal transmission**

Either:

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

**Initiation – Post-exposure prophylaxis following 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 [on the previous page](#)

➔ Tab 600 mg – <b>Restricted:</b> For continuation only .....	65.38	30	Efavirenz Milpharm
† Oral liq 30 mg per ml			

*(Efavirenz Milpharm Tab 600 mg to be delisted 1 November 2026)*

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

† Tab 200 mg .....	770.00	60	Intelence
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NEVIRAPINE – **Restricted** see terms [on the previous page](#)

† Tab 200 mg – <b>5% DV Feb-25 to 2027</b> .....	198.25	60	<b>Nevirapine Viatris</b>
† 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

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
continued...			
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 ( <a href="https://www.ashm.org.au/hiv/hiv-management/pep/">https://www.ashm.org.au/hiv/hiv-management/pep/</a> ).			
<b>Initiation – Percutaneous exposure</b>			
Patient has percutaneous exposure to blood known to be HIV positive.			
ABACAIVR SULPHATE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Tab 300 mg .....	180.00	60	Ziagen
† Oral liq 20 mg per ml			
ABACAIVR SULPHATE WITH LAMIVUDINE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Tab 600 mg with lamivudine 300 mg – 5% DV Feb-26 to 2028 .....	35.00	30	Abacavir/lamivudine Viartis
EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) .....	106.88	30	Viartis
† Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate) .....	106.88	30	TEEVIR
EMTRICITABINE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Cap 200 mg .....	307.20	30	Emtriva
LAMIVUDINE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Tab 150 mg – 5% DV Feb-24 to 2026 .....	98.00	60	Lamivudine Viartis
† Oral liq 10 mg per ml			
STAVUDINE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Cap 30 mg			
† Cap 40 mg			
† Powder for oral soln 1 mg per ml			
ZIDOVDINE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Cap 100 mg .....	152.25	100	Retrovir
† Oral liq 10 mg per ml .....	30.45	200 ml	Retrovir
† Inj 10 mg per ml, 20 ml vial .....	750.00	5	Retrovir IV
ZIDOVDINE WITH LAMIVUDINE – <b>Restricted</b> see terms <a href="#">on the previous page</a>			
† Tab 300 mg with lamivudine 150 mg .....	92.40	60	Lamivudine/Zidovudine Viartis

## 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:

continued...

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

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Any of the following:
  - 2.1 Patient has had 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 [on the previous page](#)

† 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 [on the previous page](#)

† 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 [on the previous page](#)

- † Cap 200 mg
- † Cap 400 mg

LOPINAVIR WITH RITONAVIR – **Restricted** see terms [on the previous page](#)

† Tab 100 mg with ritonavir 25 mg			
† 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			

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

† Tab 100 mg	43.31	30	Norvir
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## 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

continued...

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

- 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 [on the previous page](#)

⚡ Tab 50 mg .....	1,090.00	30	Tivicay
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DOLUTEGRAVIR WITH LAMIVUDINE – **Restricted** see terms [on the previous page](#)

⚡ Tab 50 mg with lamivudine 300 mg.....	1,090.00	30	Dovato
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RALTEGRAVIR POTASSIUM – **Restricted** see terms [on the previous page](#)

⚡ Tab 400 mg .....	1,090.00	60	Isetress
⚡ Tab 600 mg .....	1,090.00	60	Isetress 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
TENOFIVIR DISOPROXIL			
Tab 245 mg (300 mg as a maleate) – 5% DV Dec-25 to 2028 .....	13.80	30	Tenofovir Disoproxil Viatris
Tab 245 mg (300 mg as a fumarate) .....	13.80	30	Ricovir

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

⚡ Tab 90 mg with sofosbuvir 400 mg.....	24,363.46	28	Harvoni
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➡ **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).

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Herpesviridae</b>			
<b>ACICLOVIR</b>			
Tab dispersible 200 mg – 5% DV Feb-26 to 2028 .....	2.05	25	<b>Lovir</b>
Tab dispersible 400 mg – 5% DV Feb-26 to 2028 .....	7.55	56	<b>Lovir</b>
Tab dispersible 800 mg – 5% DV Feb-26 to 2028 .....	7.43	35	<b>Lovir</b>
Inj 250 mg vial – 5% DV Feb-25 to 2027 .....	13.75	5	<b>Aciclovir Injection DBL Aciclovir-Baxter</b>
<b>CIDOFOVIR – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 75 mg per ml, 5 ml vial			
→ <b>Restricted (RS1108)</b>			
Clinical microbiologist, infectious disease specialist, otolaryngologist or oral surgeon			
<b>FOSCARNET SODIUM – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 24 mg per ml, 250 ml bottle			
→ <b>Restricted (RS1109)</b>			
Clinical microbiologist or infectious disease specialist			
<b>GANCICLOVIR – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 500 mg vial .....	380.00	5	<b>Cymevene</b>
→ <b>Restricted (RS1110)</b>			
Clinical microbiologist or infectious disease specialist			
<b>VALACICLOVIR</b>			
Tab 500 mg – 5% DV Feb-25 to 2027 .....	9.64	30	<b>Vaclariv</b>
Tab 1,000 mg – 5% DV Feb-25 to 2027 .....	17.78	30	<b>Vaclariv</b>
<b>VALGANCICLOVIR – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 450 mg – 5% DV Feb-25 to 2027 .....	140.89	60	<b>Valganciclovir Viatrix</b>
→ <b>Restricted (RS2137)</b>			
<b>Initiation – Transplant cytomegalovirus prophylaxis</b>			
<i>Re-assessment required after 3 months</i>			
Patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis.			
<b>Continuation – Transplant cytomegalovirus prophylaxis</b>			
<i>Re-assessment required after 3 months</i>			
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			
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.			
<b>Initiation – Lung transplant cytomegalovirus prophylaxis</b>			
<i>Re-assessment required after 12 months</i>			
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			

continued...

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

- 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](#)

$\downarrow$ Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate) – 5% DV Dec-25 to 2028 .....	13.45	30	<b>Tenofovir Disoproxil Emtricitabine Viatr</b>
$\downarrow$ Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a fumarate).....	13.45	30	Tenofovir Disoproxil Emtricitabine Mylan

➔ **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:
  - 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

continued...

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

continued...

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 [below](#)

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

➔ **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

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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**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.....	1,074.79	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.

**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.

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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**Initiation – Chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV**

*Limited to 6 months treatment*

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

**Initiation – Hepatitis B**

Gastroenterologist, infectious disease specialist or general physician

*Limited to 48 weeks treatment*

All of the following:

- 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 2 Patient is Hepatitis B treatment-naive; and
- 3 ALT > 2 times Upper Limit of Normal; and
- 4 HBV DNA < 10 log<sub>10</sub> 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
- 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

continued...

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

**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
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### Anticholinesterases

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

↓ Inj 10 mg per ml, 15 ml vial

↓ Inj 10 mg per ml, 1 ml ampoule

→ **Restricted (RS1015)**

#### Initiation

For the diagnosis of myasthenia gravis.

NEOSTIGMINE METILSULFATE

Inj 2.5 mg per ml, 1 ml ampoule – <b>5% DV Feb-25 to 2027</b> .....	48.25	10	<b>Max Health</b>
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NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE

Inj 2.5 mg with glycopyrronium bromide 0.5 mg per ml, 1 ml ampoule – <b>5% DV Feb-26 to 2028</b> .....	26.13	10	<b>Max Health</b>
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PYRIDOSTIGMINE BROMIDE

Tab 60 mg .....	50.28	100	Mestinon
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### Antirheumatoid Agents

HYDROXYCHLOROQUINE SULPHATE

Tab 200 mg – <b>5% DV May-25 to 2027</b> .....	7.80	100	<b>Ipca- Hydroxychloroquine</b>
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LEFLUNOMIDE

Tab 10 mg – <b>5% DV Dec-23 to 2026</b> .....	6.00	30	<b>Arava</b>
Tab 20 mg – <b>5% DV Dec-23 to 2026</b> .....	6.00	30	<b>Arava</b>

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 – <b>5% DV Jul-24 to 2026</b> .....	3.10	4	<b>Fosamax</b>
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ALENDRONATE SODIUM WITH COLECALCIFEROL

Tab 70 mg with colecalciferol 5,600 iu – <b>5% DV Jul-24 to 2026</b> .....	1.99	4	<b>Fosamax Plus</b>
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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 – <b>5% DV Feb-26 to 2028</b> .....	3.00	4	<b>Risedronate Sandoz</b>
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ZOLEDRONIC ACID

Inj 5 mg per 100 ml, bag – <b>5% DV Feb-26 to 2028</b> .....	19.45	1	<b>Zoledronic Acid Viatrix</b>
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## 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 pre-filled 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
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(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
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continued...

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

Notes:

- a) 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.
- b) 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.
- c) 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.
- d) 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 .....	490.00	1	Forteo
	200.27		Teriparatide - Teva

➔ **Restricted (RS1143)**

**Initiation**

Limited to 18 months treatment

All of the following:

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

Notes:

- a) 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
- b) 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 trialed so that the patient achieves the minimum requirement of 12 months' continuous therapy.
- c) 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 – <b>5% DV Jun-24 to 2026</b> .....	17.99	1,000	Ipca-Allopurinol
Tab 300 mg – <b>5% DV Jun-24 to 2026</b> .....	22.50	500	Ipca-Allopurinol

# MUSCULOSKELETAL SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BENZBROMARONE – Restricted:</b> For continuation only			
➔ Tab 50 mg			
➔ Tab 100 mg .....	45.00	100	Benzbromaron AL 100
<b>COLCHICINE</b>			
Tab 500 mcg.....	6.30	100	Colgout
<b>FEBUXOSTAT – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 80 mg – 5% DV Jun-24 to 2026 .....	4.73	28	<b>Febuxostat (Teva)</b>
⚡ Tab 120 mg – 5% DV Jun-24 to 2026 .....	11.78	28	<b>Febuxostat (Teva)</b>
➔ <b>Restricted (RS1844)</b>			

## 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

*Re-assessment required after 6 weeks*

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

*Re-assessment required after 6 weeks*

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

### ATRACURIUM BESYLATE

Inj 10 mg per ml, 2.5 ml ampoule – 5% DV Jun-25 to 2026 .....	7.69	5	<b>Medsurge</b>
Inj 10 mg per ml, 5 ml ampoule – 5% DV Jun-25 to 2026 .....	9.86	5	<b>Medsurge</b>

### BACLOFEN

Tab 10 mg – 5% DV Dec-24 to 2027 .....	3.70	100	<b>Pacifen</b>
Oral liq 1 mg per ml			
Inj 0.05 mg per ml, 1 ml ampoule .....	11.55	1	<b>Lioresal Intrathecal</b>
Inj 2 mg per ml, 5 ml ampoule – 5% DV Mar-25 to 2027 .....	490.91	10	<b>Sintetica Baclofen Intrathecal</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CLOSTRIDIUM BOTULINUM TYPE A TOXIN</b>			
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
<b>DANTROLENE</b>			
Cap 25 mg .....	145.77	100	Dantrium
Cap 50 mg .....	77.00	100	Dantrium
Inj 20 mg vial .....	1,143.74	6	Dantrium IV
<b>MIVACURIUM CHLORIDE</b>			
Inj 2 mg per ml, 10 ml ampoule			
<b>ORPHENADRINE CITRATE</b>			
Tab 100 mg – 5% DV Feb-25 to 2027 .....	23.25	100	Norflex
<b>PANCURONIUM BROMIDE</b>			
Inj 2 mg per ml, 2 ml ampoule			
<b>ROCURONIUM BROMIDE</b>			
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>			
<b>SUXAMETHONIUM CHLORIDE</b>			
Inj 50 mg per ml, 2 ml ampoule – 5% DV Feb-24 to 2026 .....	35.40	10	Martindale
<b>VECURONIUM BROMIDE</b>			
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

<b>CELECOXIB</b>			
Cap 100 mg – 5% DV Feb-26 to 2028 .....	3.60	60	Celebrex
Cap 200 mg – 5% DV Jul-26 to 2028 .....	3.20	30	Celecoxib Pfizer
	2.55		Celostea

*(Celecoxib Pfizer Cap 200 mg to be delisted 1 July 2026)*

# MUSCULOSKELETAL SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>DICLOFENAC SODIUM</b>			
Tab EC 25 mg – 5% DV Feb-25 to 2027 .....	2.19	50	<b>Diclofenac Sandoz</b>
Tab 50 mg dispersible .....	1.50	20	Voltaren D
Tab EC 50 mg – 5% DV Feb-25 to 2027 .....	2.19	50	<b>Diclofenac Sandoz</b>
Tab long-acting 75 mg – 5% DV Aug-25 to 2028 .....	10.00	100	<b>Voltaren SR</b>
Inj 25 mg per ml, 3 ml ampoule .....	13.20	5	Voltaren
Suppos 12.5 mg .....	2.04	10	Voltaren
Suppos 25 mg .....	2.44	10	Voltaren
Suppos 50 mg .....	4.22	10	Voltaren
Suppos 100 mg .....	7.00	10	Voltaren
<b>ETORICOXIB – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 30 mg			
↓ Tab 60 mg			
↓ Tab 90 mg			
↓ Tab 120 mg			
➔ <b>Restricted (RS1592)</b>			
<b>Initiation</b>			
For in-vivo investigation of allergy only.			
<b>IBUPROFEN</b>			
Tab 200 mg - 1,000 tablet pack – 1% DV Feb-21 to 2026 .....	21.40	1,000	<b>Relieve</b>
➔ Tab 400 mg – <b>Restricted:</b> For continuation only			
➔ Tab 600 mg – <b>Restricted:</b> For continuation only			
Tab long-acting 800 mg – 5% DV Apr-25 to 2027 .....	3.65	30	<b>Ibuprofen SR BNM</b>
Oral liq 20 mg per ml – 5% DV Apr-25 to 2027 .....	2.85	200 ml	<b>Ethics</b>
Inj 5 mg per ml, 2 ml ampoule			
Inj 10 mg per ml, 2 ml vial			
<b>INDOMETACIN [INDOMETHACIN]</b>			
Cap 25 mg			
Cap 50 mg			
Cap long-acting 75 mg			
Inj 1 mg vial			
Suppos 100 mg			
<b>KETOPROFEN</b>			
Cap long-acting 200 mg .....	12.07	28	<b>Oruvail SR</b>
<i>(Oruvail SR Cap long-acting 200 mg to be delisted 1 October 2026)</i>			
<b>MEFENAMIC ACID – Restricted:</b> For continuation only			
➔ Cap 250 mg			
<b>NAPROXEN</b>			
Tab 250 mg – 5% DV Feb-25 to 2027 .....	39.23	500	<b>Noflam 250</b>
Tab 500 mg – 5% DV Feb-25 to 2027 .....	34.45	250	<b>Noflam 500</b>
Tab long-acting 750 mg – 5% DV Feb-25 to 2027 .....	10.40	28	<b>Naprosyn SR 750</b>
Tab long-acting 1 g – 5% DV Feb-25 to 2027 .....	11.50	28	<b>Naprosyn SR 1000</b>
<b>PARECOXIB</b>			
Inj 40 mg vial – 5% DV Dec-24 to 2027 .....	46.00	10	<b>Dynastat</b>
<b>SULINDAC</b>			
Tab 100 mg			
Tab 200 mg			
<b>TENOXCAM</b>			
Tab 20 mg – 5% DV Feb-26 to 2028 .....	23.50	100	<b>Tilcolit</b>
Inj 20 mg vial .....	9.95	1	<b>AFT</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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**Topical Products for Joint and Muscular Pain**

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

↓ Crm 0.025%.....	9.75	45 g	Zo-Rub Osteo Zostrix
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➔ **Restricted (RS1309)**

**Initiation**

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

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

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

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

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

#### Initiation

Neurologist or respiratory specialist

*Re-assessment required after 6 months*

All of the following:

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

#### Continuation

*Re-assessment required after 18 months*

All of the following:

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

TETRABENAZINE

Tab 25 mg – <b>5% DV Feb-26 to 2028</b> .....	126.02	112	<b>Motetis</b>
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### 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
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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 – <b>5% DV Jul-25 to 2027</b> .....	13.73	100	<b>Entacapone Viatrix</b>
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LEVODOPA WITH BENSERAZIDE</b>			
Tab dispersible 50 mg with benserazide 12.5 mg .....	13.25	100	Madopar Rapid
Cap 50 mg with benserazide 12.5 mg .....	13.75	100	Madopar 62.5
Cap 100 mg with benserazide 25 mg .....	15.80	100	Madopar 125
Cap long-acting 100 mg with benserazide 25 mg .....	22.85	100	Madopar HBS
Cap 200 mg with benserazide 50 mg .....	26.25	100	Madopar 250
<b>LEVODOPA WITH CARBIDOPA</b>			
Tab 100 mg with carbidopa 25 mg – 5% DV Feb-25 to 2027 .....	26.49	100	<b>Sinemet</b>
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	<b>Sinemet CR</b>
Tab 250 mg with carbidopa 25 mg – 5% DV Feb-25 to 2027 .....	39.49	100	<b>Sinemet</b>
<b>LEVODOPA WITH CARBIDOPA AND ENTACAPONE</b>			
Tab 50 mg with carbidopa 12.5 mg and entacapone 200 mg – 5% DV <b>Jul-25 to 2027</b> .....	27.01	100	<b>Stalevo</b>
Tab 100 mg with carbidopa 25 mg and entacapone 200 mg – 5% DV <b>Jul-25 to 2027</b> .....	34.18	100	<b>Stalevo</b>
Tab 150 mg with carbidopa 37.5 mg and entacapone 200 mg – 5% DV <b>Jul-25 to 2027</b> .....	44.96	100	<b>Stalevo</b>
Tab 200 mg with carbidopa 50 mg and entacapone 200 mg – 5% DV <b>Jul-25 to 2027</b> .....	51.23	100	<b>Stalevo</b>
<b>PRAMIPEXOLE HYDROCHLORIDE</b>			
Tab 0.25 mg – 5% DV Dec-25 to 2028 .....	5.23	100	<b>Ramipex</b>
Tab 1 mg – 5% DV Dec-25 to 2028 .....	17.73	100	<b>Ramipex</b>
<b>RASAGILINE</b>			
Tab 1 mg .....	53.50	30	Azilect
<b>ROPINIROLE HYDROCHLORIDE</b>			
Tab 0.25 mg .....	8.83	84	Ropin
Tab 1 mg .....	10.09	84	Ropin
Tab 2 mg .....	12.29	84	Ropin
Tab 5 mg .....	25.94	84	Ropin
<b>SELEGILINE HYDROCHLORIDE – Restricted: For continuation only</b>			
➔ Tab 5 mg .....			
<b>TOLCAPONE</b>			
Tab 100 mg .....	152.38	100	Tasmar

**Anaesthetics**

**General Anaesthetics**

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

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>KETAMINE</b>			
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.....	91.98	5	Ketalar
<b>METHOHEXITAL SODIUM</b>			
Inj 10 mg per ml, 50 ml vial			
<b>PROPOFOL</b>			
Inj 10 mg per ml, 20 ml ampoule – 5% DV Feb-26 to 2028 .....	5.75	5	<b>Fresofol 1% MCT/LCT</b>
Inj 10 mg per ml, 50 ml vial – 5% DV Feb-26 to 2028 .....	27.50	10	<b>Fresofol 1% MCT/LCT</b>
Inj 10 mg per ml, 100 ml vial – 5% DV Feb-26 to 2028 .....	39.90	10	<b>Fresofol 1% MCT/LCT</b>
<b>SEVOFLURANE</b>			
Soln for inhalation 100%, 250 ml bottle .....	930.00	6	Baxter
<b>THIOPENTAL [THIOPENTONE] SODIUM</b>			
Inj 500 mg ampoule			

### Local Anaesthetics

<b>ARTICAINE HYDROCHLORIDE</b>			
Inj 1%			
<b>ARTICAINE HYDROCHLORIDE WITH ADRENALINE</b>			
Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge			
Inj 4% with adrenaline 1:100,000, 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			
<b>BENZOCAINE</b>			
Gel 20%			
<b>BENZOCAINE WITH TETRACAINE HYDROCHLORIDE</b>			
Gel 18% with tetracaine hydrochloride 2%			<i>e.g. ZAP Topical Anaesthetic Gel</i>
<b>BUPIVACAINE HYDROCHLORIDE</b>			
Inj 5 mg per ml, 4 ml ampoule – 5% DV Feb-24 to 2026 .....	62.50	5	<b>Marcaïn Isobaric</b>
Inj 2.5 mg per ml, 20 ml ampoule			
Inj 2.5 mg per ml, 20 ml ampoule sterile pack – 5% DV Feb-24 to 2026 .....	28.00	5	<b>Marcaïn</b>
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			
<b>BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE</b>			
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 – 5% DV Aug-26 to 2029 .....	57.00	5	<b>Marcaïn with Adrenaline</b>
Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial – 5% DV Aug-26 to 2029 .....	61.68	5	<b>Marcaïn with Adrenaline</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BUPIVACAINE HYDROCHLORIDE WITH FENTANYL</b>			
Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag			
Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag .....	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 – <b>5% DV Feb-26 to 2028</b> .....	135.00	5	<b>Bupafen</b>
Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag – <b>5% DV Feb-26 to 2028</b> .....	138.00	5	<b>Bupafen</b>
Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe			
Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe.....	57.35	5	Biomed
<b>BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE</b>			
Inj 0.5% with glucose 8%, 4 ml ampoule – <b>5% DV Dec-25 to 2028</b> .....	21.40	5	<b>Marcaïn Heavy</b>
<b>COCAINE HYDROCHLORIDE</b>			
Paste 5%			
Soln 15%, 2 ml syringe			
Soln 4%, 2 ml syringe.....	30.77	1	Biomed
<b>COCAINE HYDROCHLORIDE WITH ADRENALINE</b>			
Paste 15% with adrenaline 0.06%			
Paste 25% with adrenaline 0.06%			
<b>ETHYL CHLORIDE</b>			
Spray 100%			
<b>LIDOCAINE [LIGNOCAINE]</b>			
Crn 4%.....	7.60	5 g	LMX4
	30.00	30 g	LMX4
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE</b>			
Gel 2%.....	4.87	20 g	Orion
Soln 4%			
Spray 10% – <b>5% DV Feb-26 to 2028</b> .....	82.90	50 ml	<b>Xylocaine</b>
Oral (gel) soln 2% – <b>5% DV Apr-26 to 2028</b> .....	30.80	200 ml	Mucosoothe <b>Xylocaine Viscous</b>
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 – <b>5% DV Feb-26 to 2028</b> .....	65.45	10	<b>Instillagel Lido</b>
<i>(Mucosoothe Oral (gel) soln 2% to be delisted 1 April 2026)</i>			
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE</b>			
Inj 1% with adrenaline 1:100,000, 20 ml vial			
Inj 1% with adrenaline 1:100,000, 5 ml ampoule – <b>5% DV Dec-25 to 2028</b> .....	32.00	10	<b>Xylocaine</b>
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

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE</b>			
Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe .....	20.50	1	Topicaine
<b>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE</b>			
Nasal spray 5% with phenylephrine hydrochloride 0.5%			
<b>LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE</b>			
Crn 2.5% with prilocaine 2.5% .....	45.00	30 g	EMLA
Patch 25 mcg with prilocaine 25 mcg .....	115.00	20	EMLA
Crn 2.5% with prilocaine 2.5%, 5 g .....	45.00	5	EMLA
<b>MEPIVACAINE HYDROCHLORIDE</b>			
Inj 3%, 1.8 ml dental cartridge .....	43.60	50	Scandonest 3%
Inj 3%, 2.2 ml dental cartridge .....	43.60	50	Scandonest 3%
<b>MEPIVACAINE HYDROCHLORIDE WITH ADRENALINE</b>			
Inj 2% with adrenaline 1:100,000, 1.8 ml dental cartridge			
Inj 2% with adrenaline 1:100,000, 2.2 ml dental cartridge			
<b>PRILOCAINE HYDROCHLORIDE</b>			
Inj 0.5%, 50 ml vial .....	100.00	5	Citanest
Inj 2%, 5 ml ampoule			
<b>PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN</b>			
Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge			
Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge			
<b>ROPIVACAINE HYDROCHLORIDE</b>			
Inj 2 mg per ml, 10 ml ampoule – 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
<b>TETRACAINE [AMETHOCAINE] HYDROCHLORIDE</b>			
Gel 4%			

## Analgesics

### Non-Opioid Analgesics

<b>ASPIRIN</b>			
Tab dispersible 300 mg – 5% DV May-24 to 2026 .....	5.65	100	Ethics Aspirin
<b>CAPSAICIN – Restricted see terms below</b>			
⚡ Crm 0.075% .....	11.95	45 g	Zo-Rub HP Zostrix HP
➔ <b>Restricted (RS1145)</b>			
<b>Initiation</b>			
For post-herpetic neuralgia or diabetic peripheral neuropathy.			
<b>METHOXYFLURANE – Restricted see terms on the next page</b>			
⚡ Soln for inhalation 99.9 mg per g, 3 ml bottle .....	276.00	10	Penthrox
⚡ Soln for inhalation 999.9 mg per g, 3 ml bottle with inhaler device and activated carbon chamber .....	54.00	1	Penthrox

↑ 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
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➔ **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	<b>Pacimol</b>
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	<b>Noumed Paracetamol</b>
Oral liq 120 mg per 5 ml .....	3.98	200 ml	Paracetamol (Ethics)
Oral liq 250 mg per 5 ml – 5% DV Jul-26 to 2028 .....	3.18	200 ml	<b>Pamol</b>
↓ Inj 10 mg per ml, 100 ml vial – 5% DV Feb-26 to 2028 .....	15.30	10	<b>Paracetamol Kabi</b>
Suppos 25 mg			
Suppos 50 mg			
Suppos 125 mg – 5% DV Feb-24 to 2026 .....	4.29	10	<b>Gacet</b>
Suppos 250 mg – 5% DV Feb-24 to 2026 .....	5.39	10	<b>Gacet</b>
Suppos 500 mg – 5% DV Feb-24 to 2026 .....	16.55	50	<b>Gacet</b>

➔ **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	<b>Medsurge</b>
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**CODEINE PHOSPHATE**

Tab 15 mg – 5% DV Dec-25 to 2028 .....	5.82	100	<b>Noumed</b>
Tab 30 mg – 5% DV Dec-25 to 2028 .....	6.88	100	<b>Noumed</b>
Tab 60 mg – 5% DV Dec-25 to 2028 .....	13.89	100	<b>Noumed</b>

**DIHYDROCODEINE TARTRATE**

Tab long-acting 60 mg – 5% DV Feb-26 to 2028.....	9.20	60	<b>DHC Continus</b>
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# NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FENTANYL</b>			
Inj 10 mcg per ml, 10 ml syringe – 5% DV Feb-25 to 2027	44.50	5	<b>Biomed Fentanyl</b>
Inj 50 mcg per ml, 2 ml ampoule – 5% DV May-25 to 2027	4.25	10	<b>Boucher and Muir</b>
Inj 50 mcg per ml, 10 ml ampoule – 5% DV May-25 to 2027	9.41	10	<b>Boucher and Muir</b>
Inj 10 mcg per ml, 100 ml bag – 5% DV Feb-24 to 2026	114.25	5	<b>Biomed</b>
Inj 20 mcg per ml, 50 ml syringe – 5% DV Feb-25 to 2027	136.50	5	<b>Biomed</b>
Inj 20 mcg per ml, 100 ml bag			
Patch 12 mcg per hour – 5% DV May-25 to 2027	6.02	5	<b>Fentanyl Sandoz</b>
Patch 25 mcg per hour – 5% DV Dec-24 to 2027	6.91	5	<b>Fentanyl Sandoz</b>
Patch 50 mcg per hour – 5% DV Dec-24 to 2027	9.28	5	<b>Fentanyl Sandoz</b>
Patch 75 mcg per hour – 5% DV Dec-24 to 2027	15.50	5	<b>Fentanyl Sandoz</b>
Patch 100 mcg per hour – 5% DV Dec-24 to 2027	16.37	5	<b>Fentanyl Sandoz</b>
<b>METHADONE HYDROCHLORIDE</b>			
Tab 5 mg	1.45	10	Methadone BNM
Oral liq 2 mg per ml – 5% DV Feb-25 to 2027	7.80	200 ml	<b>Biodone</b>
Oral liq 5 mg per ml – 5% DV Feb-25 to 2027	7.80	200 ml	<b>Biodone Forte</b>
Oral liq 10 mg per ml – 5% DV Feb-25 to 2027	9.65	200 ml	<b>Biodone Extra Forte</b>
Inj 10 mg per ml, 1 ml vial	72.99	10	AFT
<b>MORPHINE HYDROCHLORIDE</b>			
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
<b>MORPHINE SULPHATE</b>			
Tab immediate-release 10 mg	2.80	10	Sevredol
Tab immediate-release 20 mg	5.52	10	Sevredol
Cap long-acting 10 mg – 5% DV Jul-26 to 2028	4.10	10	<b>m-Eslon</b>
Cap long-acting 30 mg – 5% DV Jul-26 to 2028	6.05	10	<b>m-Eslon</b>
Cap long-acting 60 mg – 5% DV Jul-26 to 2028	12.10	10	<b>m-Eslon</b>
Cap long-acting 100 mg – 5% DV Jul-26 to 2028	14.50	10	<b>m-Eslon</b>
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	<b>Biomed</b>
Inj 1 mg per ml, 10 ml syringe – 5% DV Feb-24 to 2026	27.25	5	<b>Biomed</b>
Inj 1 mg per ml, 50 ml syringe – 5% DV Feb-24 to 2026	63.75	5	<b>Biomed</b>
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	<b>Medsurge</b>
Inj 10 mg per ml, 1 ml ampoule – 5% DV Feb-26 to 2028	4.99	5	<b>Medsurge</b>
Inj 10 mg per ml, 100 mg cassette			
Inj 10 mg per ml, 100 ml bag			
Inj 15 mg per ml, 1 ml ampoule – 5% DV Feb-26 to 2028	6.93	5	<b>Medsurge</b>
Inj 30 mg per ml, 1 ml ampoule – 5% DV Feb-26 to 2028	7.28	5	<b>Medsurge</b>
Inj 200 mcg in 0.4 ml syringe			
Inj 300 mcg in 0.3 ml syringe			
<b>MORPHINE TARTRATE</b>			
Inj 80 mg per ml, 1.5 ml ampoule			

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

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

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

**Antidepressants**

**Cyclic and Related Agents**

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

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>CLOMIPRAMINE HYDROCHLORIDE</b>			
Tab 25 mg – 5% DV Jul-25 to 2027 .....	16.99	50	<b>APO Clomipramine</b>
Cap 10 mg .....	35.50	28	Clomipramine Teva
<i>(Clomipramine Teva Cap 10 mg to be delisted 1 April 2026)</i>			
<b>DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Restricted:</b> For continuation only			
➔ Tab 75 mg .....	3.85	30	Dosulepin Viatrix
➔ Cap 25 mg .....	7.83	50	Dosulepin Viatrix
<b>DOXEPIN HYDROCHLORIDE – Restricted:</b> For continuation only			
➔ Cap 10 mg			
➔ Cap 25 mg			
➔ Cap 50 mg			
<b>IMIPRAMINE HYDROCHLORIDE</b>			
Tab 10 mg .....	5.48	50	Tofranil
	6.58	60	Tofranil
Tab 25 mg .....	4.93	28	Imipramine Crescent
	8.80	50	Tofranil
<b>MAPROTIline HYDROCHLORIDE – Restricted:</b> For continuation only			
➔ Tab 25 mg			
➔ Tab 75 mg			
<b>MIANSERIN HYDROCHLORIDE – Restricted:</b> For continuation only			
➔ Tab 30 mg			
<b>NORTRIPTYLINE HYDROCHLORIDE</b>			
Tab 10 mg .....	2.24	50	Allegron
Tab 25 mg .....	2.95	50	Allegron
<b>Monoamine-Oxidase Inhibitors - Non-Selective</b>			
<b>PHENELZINE SULPHATE</b>			
Tab 15 mg			
<b>TRANYLCYPROMINE SULPHATE</b>			
Tab 10 mg			
<b>Monoamine-Oxidase Type A Inhibitors</b>			
<b>MOCLOBEMIDE</b>			
Tab 150 mg – 5% DV Feb-25 to 2027 .....	23.60	60	<b>Aurorix</b>
Tab 300 mg – 5% DV Feb-25 to 2027 .....	38.50	60	<b>Aurorix</b>
<b>Other Antidepressants</b>			
<b>MIRTAZAPINE</b>			
Tab 30 mg – 5% DV Jan-26 to 2028 .....	2.34	30	<b>Noumed</b>
Tab 45 mg – 5% DV Jan-26 to 2028 .....	3.10	30	<b>Noumed</b>
<b>VENLAFAXINE</b>			
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
<b>Selective Serotonin Reuptake Inhibitors</b>			
<b>CITALOPRAM HYDROBROMIDE</b>			
Tab 20 mg – 5% DV May-26 to 2028 .....	3.55	84	<b>Celapram</b>

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ESCITALOPRAM</b>			
Tab 10 mg – 5% DV Apr-24 to 2026 .....	0.79	28	<b>Ipca-Escitalopram</b>
Tab 20 mg – 5% DV Apr-24 to 2026 .....	1.49	28	<b>Ipca-Escitalopram</b>
<b>FLUOXETINE HYDROCHLORIDE</b>			
Tab dispersible 20 mg, scored – 5% DV Mar-26 to 2028 .....	2.37	28	<b>Fluox</b>
Cap 20 mg – 5% DV Mar-26 to 2028 .....	3.50	90	<b>Arrow-Fluoxetine</b>
<b>PAROXETINE</b>			
Tab 20 mg – 5% DV Feb-26 to 2028 .....	4.98	90	<b>Loxamine</b>
<b>SERTRALINE</b>			
Tab 50 mg – 5% DV Apr-26 to 2028 .....	1.24	30	<b>Setrona</b>
Tab 100 mg – 5% DV Apr-26 to 2028 .....	2.00	30	<b>Setrona</b>

**Antiepilepsy Drugs**

**Agents for the Control of Status Epilepticus**

<b>CLONAZEPAM</b>			
Inj 1 mg per ml, 1 ml ampoule			
<b>DIAZEPAM</b>			
Inj 5 mg per ml, 2 ml ampoule .....	27.92	5	Hospira
Rectal tubes 5 mg.....	54.58	5	Stesolid
Rectal tubes 10 mg			
<b>LORAZEPAM</b>			
Inj 2 mg vial			
Inj 4 mg per ml, 1 ml vial			
<b>PARALDEHYDE</b>			
Soln 97%			
Inj 5 ml ampoule			
<b>PHENYTOIN SODIUM</b>			
Inj 50 mg per ml, 5 ml ampoule .....	154.01	5	Hospira

**Control of Epilepsy**

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

# NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>GABAPENTIN</b>			
Note: Gabapentin not to be given in combination with pregabalin			
Cap 100 mg – 1% DV Feb-22 to 2027 .....	6.45	100	<b>Nupentin</b>
Cap 300 mg – 1% DV Feb-22 to 2027 .....	8.45	100	<b>Nupentin</b>
Cap 400 mg – 1% DV Feb-22 to 2027 .....	10.26	100	<b>Nupentin</b>
<b>LACOSAMIDE – Restricted</b> see terms <a href="#">below</a>			
⚡ Tab 50 mg .....	25.04	14	Vimpat
⚡ Tab 100 mg .....	50.06	14	Vimpat
	200.24	56	Vimpat
⚡ Tab 150 mg .....	75.10	14	Vimpat
	300.40	56	Vimpat
⚡ Tab 200 mg .....	400.55	56	Vimpat
⚡ Inj 10 mg per ml, 20 ml vial			
➔ <b>Restricted (RS1988)</b>			
<b>Initiation</b>			
<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.			
<b>Continuation</b>			
Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life compared with that prior to starting lacosamide treatment.			
<b>LAMOTRIGINE</b>			
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
<b>LEVETIRACETAM</b>			
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
<b>PHENOBARBITONE</b>			
Tab 15 mg .....	248.50	500	Noumed Phenobarbitone
Tab 30 mg .....	398.50	500	Noumed Phenobarbitone
<b>PHENYTOIN</b>			
Tab 50 mg			
<b>PHENYTOIN SODIUM</b>			
Cap 30 mg			
Cap 100 mg			
Oral liq 6 mg per ml			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PREGABALIN</b>			
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
<b>PRIMIDONE</b>			
Tab 250 mg			
<b>SODIUM VALPROATE</b>			
Tab 100 mg			
Tab EC 200 mg			
Tab EC 500 mg			
Oral liq 40 mg per ml			
Inj 100 mg per ml, 4 ml vial.....	9.98	1	Epilim IV
<b>STIRIPENTOL – Restricted see terms below</b>			
↓ Cap 250 mg .....	509.29	60	Diacomit
↓ Powder for oral liq 250 mg sachet .....	509.29	60	Diacomit
➔ <b>Restricted (RS1989)</b>			
<b>Initiation</b>			
Paediatric neurologist			
<i>Re-assessment required after 6 months</i>			
Both:			
1 Patient has confirmed diagnosis of Dravet syndrome; and			
2 Seizures have been inadequately controlled by appropriate courses of sodium valproate, clobazam and at least two of the following: topiramate, levetiracetam, ketogenic diet.			
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.			
<b>Continuation</b>			
Paediatric neurologist			
Patient continues to benefit from treatment as measured by reduced seizure frequency from baseline.			
<b>TOPIRAMATE</b>			
Tab 25 mg .....	11.07	60	Arrow-Topiramate Topamax Topiramate Actavis
	26.04		
	11.07		
Tab 50 mg .....	18.81	60	Arrow-Topiramate Topamax Topiramate Actavis
	44.26		
	18.81		
Tab 100 mg .....	31.99	60	Arrow-Topiramate Topamax Topiramate Actavis
	75.25		
	31.99		
Tab 200 mg .....	55.19	60	Arrow-Topiramate Topamax Topiramate Actavis
	129.85		
	55.19		
Cap sprinkle 15 mg.....	20.84	60	Topamax
Cap sprinkle 25 mg.....	26.04	60	Topamax

## NERVOUS SYSTEM

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

↓ Tab 500 mg

↓ Powder for oral soln 500 mg per sachet.....71.58 60 Sabril

(Sabril Powder for oral soln 500 mg per sachet to be delisted 1 May 2026)

→ **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

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

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

**Antinausea and Vertigo Agents**

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

↓ Cap 2 × 80 mg and 1 × 125 mg – **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**

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.

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  
 Medsurge**  
 5.48

*(Baxter Inj 5 mg per ml, 2 ml ampoule to be delisted 1 April 2026)*

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**

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PROCHLORPERAZINE</b>			
Tab buccal 3 mg			
Tab 5 mg – 5% DV Mar-24 to 2026	25.00	250	<b>Nausafix</b>
Inj 12.5 mg per ml, 1 ml ampoule			
Suppos 25 mg			
<b>TROPISETRON</b>			
Inj 1 mg per ml, 2 ml ampoule			
Inj 1 mg per ml, 5 ml ampoule			
<b>Antipsychotic Agents</b>			
<b>General</b>			
<b>AMISULPRIDE</b>			
Tab 100 mg – 5% DV Dec-24 to 2027	5.84	30	<b>Sulprix</b>
Tab 200 mg – 5% DV Dec-24 to 2027	14.47	60	<b>Sulprix</b>
Tab 400 mg – 5% DV Dec-24 to 2027	35.06	60	<b>Sulprix</b>
Oral liq 100 mg per ml			
<b>ARIPIPRAZOLE</b>			
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
<b>CHLORPROMAZINE HYDROCHLORIDE</b>			
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
<b>CLOZAPINE</b>			
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
<b>HALOPERIDOL</b>			
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, 1 ml ampoule – 5% DV Aug-26 to 2029	12.93	10	<b>Serenace</b>

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LEVOMEPRMAZINE</b>			
Tab 25 mg .....	16.10	100	Nozinan
Tab 100 mg .....	41.75	100	Nozinan
<b>LEVOMEPRMAZINE HYDROCHLORIDE</b>			
Inj 25 mg per ml, 1 ml ampoule – <b>5% DV Dec-25 to 2028</b> .....	23.26	10	<b>Wockhardt</b>
<b>LITHIUM CARBONATE</b>			
Tab long-acting 400 mg – <b>5% DV Feb-25 to 2027</b> .....	82.80	100	<b>Priadel</b>
Cap 250 mg .....	35.78	100	Douglas
<b>OLANZAPINE</b>			
Tab 2.5 mg – <b>5% DV Aug-24 to 2026</b> .....	1.40	30	<b>Zypine</b>
Tab 5 mg – <b>5% DV Aug-24 to 2026</b> .....	1.93	30	<b>Zypine</b>
Tab orodispersible 5 mg – <b>5% DV Feb-24 to 2026</b> .....	2.42	28	<b>Zypine ODT</b>
Tab 10 mg – <b>5% DV Aug-24 to 2026</b> .....	1.80	28	<b>Zypine</b>
	1.93	30	<b>Zypine</b>
Tab orodispersible 10 mg – <b>5% DV Feb-24 to 2026</b> .....	2.89	28	Olanzapina Mylan Olanzapina Mylan Pharma <b>Zypine ODT</b>
Inj 10 mg vial			
<b>PERICYAZINE</b>			
Tab 2.5 mg			
Tab 10 mg			
<b>QUETIAPINE</b>			
Tab 25 mg – <b>5% DV Feb-24 to 2026</b> .....	2.36	90	<b>Quetapel</b>
	0.79	30	Quetiapine Viatrix
	13.11	500	Quetiapine Viatrix
Tab 100 mg – <b>5% DV Feb-24 to 2026</b> .....	6.40	90	<b>Quetapel</b>
Tab 200 mg – <b>5% DV Feb-24 to 2026</b> .....	10.97	90	<b>Quetapel</b>
Tab 300 mg – <b>5% DV Feb-24 to 2026</b> .....	15.83	90	<b>Quetapel</b>
<b>RISPERIDONE</b>			
Tab 0.5 mg – <b>5% DV Mar-24 to 2026</b> .....	2.17	60	<b>Risperidone (Teva)</b>
Tab 1 mg – <b>5% DV Mar-24 to 2026</b> .....	2.44	60	<b>Risperidone (Teva)</b>
Tab 2 mg – <b>5% DV Mar-24 to 2026</b> .....	2.72	60	<b>Risperidone (Teva)</b>
Tab 3 mg – <b>5% DV Mar-24 to 2026</b> .....	4.50	60	<b>Risperidone (Teva)</b>
Tab 4 mg – <b>5% DV Mar-24 to 2026</b> .....	6.25	60	Risperdal <b>Risperidone (Teva)</b>
Oral liq 1 mg per ml – <b>5% DV Mar-24 to 2026</b> .....	10.29	30 ml	<b>Risperon</b>
	34.30	100 ml	<b>Risperon</b>
<b>ZIPRASIDONE</b>			
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
<b>ZUCLOPENTHIXOL ACETATE</b>			
Inj 50 mg per ml, 1 ml ampoule			
Inj 50 mg per ml, 2 ml ampoule			
<b>ZUCLOPENTHIXOL HYDROCHLORIDE</b>			
Tab 10 mg .....	31.45	100	Clopixol

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

ARIPIPRAZOLE – **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.

FLUPENTHIXOL DECANOATE

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

HALOPERIDOL DECANOATE

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

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

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

→ **Restricted (RS2165)**

### Initiation

*Re-assessment required after 12 months*

All of the following:

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

continued...

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

- 1.2 All of the following:
  - 1.2.1 The patient has schizophrenia or other psychotic disorder; and
  - 1.2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; 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 the last 12 months; and
- 2 The patient has trialled other funded depot antipsychotics (aripiprazole, risperidone, and paliperidone) unless it is considered clinically inappropriate to use these; and
- 3 The patient continues to have difficulties with adherence on oral antipsychotic treatments; and
- 4 Prescribing clinician has relevant Clinical Director (Mental Health and Addiction services) approval.

**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.

**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.

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PIPOTHIAZINE PALMITATE – Restricted:</b> For continuation only			
➔ Inj 50 mg per ml, 1 ml ampoule			
➔ Inj 50 mg per ml, 2 ml ampoule			
<b>RISPERIDONE – Restricted</b> see terms <a href="#">below</a>			
⚡ 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	<b>Buspirone Viatris</b>
Tab 10 mg – 5% DV Dec-24 to 2027 .....	12.50	100	<b>Buspirone Viatris</b>

### 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	<b>Arrow-Diazepam</b>
Tab 5 mg – 5% DV Mar-24 to 2026 .....	115.00	500	<b>Arrow-Diazepam</b>

⚡ 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	<b>Ativan</b>
Tab 2.5 mg – 5% DV Feb-25 to 2027 .....	13.13	100	<b>Ativan</b>

### OXAZEPAM

Tab 10 mg			
Tab 15 mg			

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

**DIMETHYL FUMARATE – Restricted** see terms [above](#)

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FINGOLIMOD – Restricted</b> see terms <a href="#">on the previous page</a>			
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.			
† Cap 0.5 mg.....	2,200.00	28	Gilenya
<b>GLATIRAMER ACETATE – Restricted</b> see terms <a href="#">on the previous page</a>			
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.			
† Inj 40 mg prefilled syringe.....	1,500.00	12	Copaxone
<b>INTERFERON BETA-1-ALPHA – Restricted</b> see terms <a href="#">on the previous page</a>			
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
<b>INTERFERON BETA-1-BETA – Restricted</b> see terms <a href="#">on the previous page</a>			
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.			
† Inj 8 million iu per ml, 1 ml vial			
<b>NATALIZUMAB – Restricted</b> see terms <a href="#">on the previous page</a>			
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
<b>TERIFLUNOMIDE – Restricted</b> see terms <a href="#">on the previous page</a>			
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	<b>Teriflunomide Sandoz</b>

## 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
  - 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

continued...

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

- 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 activity 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 [below](#)

↓ Tab modified-release 2 mg – 5% DV Dec-24 to 2027 .....	5.80	30	<b>Vigisom</b>
↓ Tab 3 mg			

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

➔ **Restricted (RS1576)**

**Initiation – insomnia secondary to neurodevelopmental disorder**

Psychiatrist, paediatrician, neurologist or respiratory specialist

*Re-assessment required after 12 months*

All of the following:

continued...

## NERVOUS SYSTEM

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

- 1 Patient has been diagnosed with persistent and distressing insomnia secondary to a neurodevelopmental disorder (including, but not limited to, autism spectrum disorder or attention deficit hyperactivity disorder); and
- 2 Behavioural and environmental approaches have been tried or are inappropriate; and
- 3 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day; and
- 4 Patient is aged 18 years or under.

### Continuation – insomnia secondary to neurodevelopmental disorder

Psychiatrist, paediatrician, neurologist or respiratory specialist

*Re-assessment required after 12 months*

All of the following:

- 1 Patient is aged 18 years or under; and
- 2 Patient has demonstrated clinically meaningful benefit from funded modified-release melatonin (clinician determined); and
- 3 Patient has had a trial of funded modified-release melatonin discontinuation within the past 12 months and has had a recurrence of persistent and distressing insomnia; and
- 4 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day.

### Initiation – insomnia where benzodiazepines and zopiclone are contraindicated

Both:

- 1 Patient has insomnia and benzodiazepines and zopiclone are contraindicated; and
- 2 For in-hospital use only.

### MIDAZOLAM

Tab 7.5 mg

Oral liq 2 mg per ml

Inj 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
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### 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
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## Spinal Muscular Atrophy

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

⚡ Inj 12 mg per 5 ml vial .....	120,000.00	1	Spinraza
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➔ Restricted (RS1938)

### 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

continued...

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

continued...

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	<b>APO-Atomoxetine</b>
Cap 18 mg – 5% DV Aug-24 to 2026 .....	45.57	28	<b>APO-Atomoxetine</b>
Cap 25 mg – 5% DV Aug-24 to 2026 .....	44.30	28	<b>APO-Atomoxetine</b>
Cap 40 mg – 5% DV Aug-24 to 2026 .....	46.21	28	<b>APO-Atomoxetine</b>
Cap 60 mg – 5% DV Aug-24 to 2026 .....	51.31	28	<b>APO-Atomoxetine</b>
Cap 80 mg – 5% DV Aug-24 to 2026 .....	65.20	28	<b>APO-Atomoxetine</b>
Cap 100 mg – 5% DV Aug-24 to 2026 .....	65.71	28	<b>APO-Atomoxetine</b>

**CAFFEINE**

Tab 100 mg

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

↓ Tab 5 mg .....	29.80	100	Noumed Dexamfetamine
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→ **Restricted (RS2166)**

### Initiation – ADHD

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

Note: Prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (<https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22> as of April 2025).

### Initiation – Narcolepsy

Neurologist or respiratory specialist

Patient suffers from narcolepsy.

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

↓ Cap 30 mg .....	60.00	30	Vyvanse
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↓ Cap 50 mg .....	60.00	30	Vyvanse
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↓ Cap 70 mg .....	60.00	30	Vyvanse
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→ **Restricted (RS2167)**

### Initiation

Either:

- 1 Patient is currently on treatment with lisdexamfetamine dimesilate and met all the following 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-5 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) for ADHD and has not received sufficient clinical 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.

Note: Prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (<https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22> as of April 2025).

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>METHYLPHENIDATE HYDROCHLORIDE – Restricted</b> see terms <a href="#">below</a>			
↓ 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 (RS2168)**

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

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

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

- 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 treatment adherence difficulties; or
    - 2.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

Note: Prescribing practitioner detail is in the relevant approval notice published in the New Zealand Gazette. Approval notices are located through the 'Medicines (controlled drugs) with restrictions under regulation 22 of the Misuse of Drugs Regulations 1977' section of the Medsafe 'Restrictions on the Supply, Prescribing or Administration of Medicines under the Medicines Act 1981 and Misuse of Drugs Regulations 1977' webpage (<https://www.medsafe.govt.nz/profs/riss/restrict.asp#MedicinesReg22> as of April 2025).

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

Neurologist or respiratory specialist  
Patient suffers from narcolepsy.

**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.

## NERVOUS SYSTEM

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

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

➔ **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
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➔ **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      **Naltraccord**

➔ **Restricted (RS1173)**

**Initiation – Alcohol dependence**

Both:

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

**Initiation – Constipation**

For the treatment of opioid-induced constipation.

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

Patch 7 mg per 24 hours ..... 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 ..... *e.g. Nicorette QuickMist Mouth Spray*

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)

Gum 4 mg ..... 25.98      204      Habitrol (Mint)

Gum 4 mg ..... 25.98      204      Habitrol (Fruit)

Gum 4 mg ..... 25.98      204      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.

## NERVOUS SYSTEM

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>VARENICLINE – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 0.5 mg × 11 and 1 mg × 42 – 5% DV Sep-26 to 2028.....	16.67	53	Champix
	15.99		<b>Pharmacor Varenicline</b>
↓ Tab 1 mg – 5% DV Sep-26 to 2028.....	17.62	56	Champix
	10.99		<b>Pharmacor Varenicline</b>

(Champix Tab 0.5 mg × 11 and 1 mg × 42 to be delisted 1 September 2026)

(Champix Tab 1 mg to be delisted 1 September 2026)

➔ **Restricted (RS1702)**

### Initiation

All of the following:

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

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

### Alkylating Agents

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

↓ Inj 25 mg vial – 5% DV Apr-25 to 2027 .....	50.05	1	<b>Bendamustine Sandoz</b>
↓ Inj 100 mg vial – 5% DV Apr-25 to 2027 .....	200.20	1	<b>Bendamustine Sandoz</b>

➔ **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/m<sup>2</sup> 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...

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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/m<sup>2</sup> 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
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## CHLORAMBUCIL

Tab 2 mg

## CYCLOPHOSPHAMIDE

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

## 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
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## MELPHALAN

Tab 2 mg			
Inj 50 mg vial – 5% DV Dec-23 to 2026 .....	48.25	1	<b>Melpha</b>

## THIOTEPA

Inj 15 mg vial – 5% DV Apr-24 to 2026 .....	398.00	1	<b>Tepadina</b>
Inj 100 mg vial – 5% DV Apr-24 to 2026 .....	1,800.00	1	<b>Tepadina</b>

## Anthracyclines and Other Cytotoxic Antibiotics

### BLEOMYCIN SULPHATE

Inj 15,000 iu vial.....	185.16	1	DBL Bleomycin Sulfate
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### DACTINOMYCIN [ACTINOMYCIN D]

Inj 0.5 mg vial .....	255.00	1	Cosmegen
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>DAUNORUBICIN</b>			
Inj 18.7 mg vial .....	160.75	1	Pfizer
Inj 20 mg vial .....	171.93	1	Cerubidine
<b>DOXORUBICIN HYDROCHLORIDE</b>			
Inj 2 mg per ml, 5 ml vial			
Inj 2 mg per ml, 25 ml vial.....	11.50	1	Doxorubicin Ebewe
Inj 50 mg vial			
Inj 2 mg per ml, 50 ml vial.....	23.00	1	Doxorubicin Ebewe
Inj 2 mg per ml, 100 ml vial.....	69.99	1	Doxorubicin Ebewe
<b>EPIRUBICIN HYDROCHLORIDE</b>			
Inj 2 mg per ml, 5 ml vial.....	25.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 25 ml vial.....	30.00	1	Epirubicin Ebewe
Inj 2 mg per ml, 100 ml vial.....	99.99	1	Epirubicin Ebewe
<b>IDARUBICIN HYDROCHLORIDE</b>			
Inj 5 mg vial .....	109.74	1	Zavedos
Inj 10 mg vial .....	233.64	1	Zavedos
<b>MITOMYCIN C</b>			
Inj 5 mg vial			
Inj 20 mg vial – 5% DV May-26 to 2028.....	1,129.94	1	<b>Teva</b>
<b>MITOZANTRONE</b>			
Inj 2 mg per ml, 10 ml vial.....	97.50	1	Mitozantrone Ebewe
<b>Antimetabolites</b>			
<b>AZACITIDINE – Restricted see terms below</b>			
↓ Inj 100 mg vial – 5% DV Mar-25 to 2027 .....	50.00	1	<b>Azacitidine Dr Reddy's</b>
➔ <b>Restricted (RS2116)</b>			
<b>Initiation</b>			
<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.			
<b>Continuation</b>			
<i>Re-assessment required after 12 months</i>			
No evidence of disease progression.			
<b>CAPECITABINE</b>			
Tab 150 mg – 5% DV Feb-26 to 2028 .....	10.92	60	<b>Capecitabine Viatris</b>
Tab 500 mg – 5% DV Feb-26 to 2028 .....	50.96	120	<b>Capecitabine Viatris</b>
<b>CLADRIBINE</b>			
Inj 2 mg per ml, 5 ml vial			
Inj 1 mg per ml, 10 ml vial.....	749.96	1	Leustatin
<b>CYTARABINE</b>			
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

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FLUDARABINE PHOSPHATE</b>			
Tab 10 mg .....	412.00	20	Fludara Oral
Inj 50 mg vial .....	634.00	5	Fludarabine Ebewe
<b>FLUOROURACIL</b>			
Inj 50 mg per ml, 20 ml vial – 5% DV Dec-24 to 2027 .....	10.51	1	<b>Fluorouracil Accord</b>
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	<b>Fluorouracil Accord</b>
<b>GEMCITABINE HYDROCHLORIDE</b>			
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	<b>DBL Gemcitabine</b>
<b>MERCAPTOPYRINE</b>			
Tab 50 mg – 5% DV Dec-25 to 2028 .....	19.50	25	<b>Puri-nethol</b>
↓ Oral suspension 20 mg per ml.....	428.00	100 ml	Xaluprine Allmercap
<b>➔ Restricted (RS1635)</b>			
<b>Initiation</b>			
Paediatric haematologist or paediatric oncologist			
<i>Re-assessment required after 12 months</i>			
The patient requires a total dose of less than one full 50 mg tablet per day.			
<b>Continuation</b>			
Paediatric haematologist or paediatric oncologist			
<i>Re-assessment required after 12 months</i>			
The patient requires a total dose of less than one full 50 mg tablet per day.			
<b>METHOTREXATE</b>			
Tab 2.5 mg – 5% DV Dec-24 to 2027 .....	7.80	90	<b>Trexate</b>
Tab 10 mg – 5% DV Dec-24 to 2027 .....	26.40	90	<b>Trexate</b>
Inj 2.5 mg per ml, 2 ml vial			
Inj 7.5 mg prefilled syringe – 5% DV Feb-25 to 2027 .....	29.17	1	<b>Methotrexate Sandoz</b>
Inj 10 mg prefilled syringe – 5% DV Feb-25 to 2027 .....	19.09	1	<b>Methotrexate Sandoz</b>
Inj 15 mg prefilled syringe – 5% DV Feb-25 to 2027 .....	24.53	1	<b>Methotrexate Sandoz</b>
Inj 20 mg prefilled syringe – 5% DV Feb-25 to 2027 .....	16.64	1	<b>Methotrexate Sandoz</b>
Inj 25 mg prefilled syringe – 5% DV Feb-25 to 2027 .....	20.72	1	<b>Methotrexate Sandoz</b>
Inj 30 mg prefilled syringe – 5% DV Feb-25 to 2027 .....	55.00	1	<b>Methotrexate Sandoz</b>
Inj 25 mg per ml, 2 ml vial.....	30.00	5	Methotrexate DBL Onco-Vial
Inj 25 mg per ml, 20 ml vial.....	45.00	1	DBL Methotrexate Onco-Vial
Inj 100 mg per ml, 10 ml vial.....	25.00	1	Methotrexate Ebewe
Inj 100 mg per ml, 50 ml vial – 5% DV Dec-23 to 2026 .....	67.99	1	<b>Methotrexate Ebewe</b>
<b>PEMETREXED</b>			
Inj 100 mg vial – 5% DV Apr-25 to 2027 .....	8.99	1	<b>Pemetrexed-AFT</b>
Inj 500 mg vial – 5% DV Apr-25 to 2027 .....	29.99	1	<b>Pemetrexed-AFT</b>
<b>THIOGUANINE</b>			
Tab 40 mg			

### Other Cytotoxic Agents

#### AMSACRINE

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ANAGRELIDE HYDROCHLORIDE</b>			
Cap 0.5 mg			
<b>ARSENIC TRIOXIDE</b>			
Inj 1 mg per ml, 10 ml vial.....	4,817.00	10	Phenasen
<b>BORTEZOMIB – Restricted</b> see terms <a href="#">below</a>			
↓ Inj 3.5 mg vial .....	74.93	1	DBL Bortezomib
➔ <b>Restricted (RS2169)</b>			
<b>Initiation – plasma cell dyscrasia</b>			
The patient has plasma cell dyscrasia, not including Waldenström macroglobulinaemia, requiring treatment.			
<b>Initiation – Waldenström Macroglobulinaemia</b>			
<i>Re-assessment required after 12 months</i>			
Both:			
1 The patient has Waldenström Macroglobulinaemia/Lymphoplasmacytic Lymphoma requiring treatment; and			
2 The patient has not received prior bortezomib treatment.			
<b>Continuation – Waldenström Macroglobulinaemia</b>			
<i>Re-assessment required after 12 months</i>			
Patient has no evidence of clinical disease progression during bortezomib use.			
<b>DACARBAZINE</b>			
Inj 200 mg vial .....	72.11	1	DBL Dacarbazine
<b>ETOPOSIDE</b>			
Cap 50 mg .....	340.73	20	Vepesid
Cap 100 mg .....	340.73	10	Vepesid
Inj 20 mg per ml, 5 ml vial.....	7.90	1	Rex Medical
<b>ETOPOSIDE (AS PHOSPHATE)</b>			
Inj 100 mg vial .....	40.00	1	Etopophos
<b>HYDROXYUREA [HYDROXYCARBAMIDE]</b>			
Cap 500 mg – <b>5% DV Dec-23 to 2026</b> .....	20.72	100	<b>Devatis</b>
<b>IBRUTINIB – Restricted</b> see terms <a href="#">below</a>			
↓ Tab 140 mg .....	3,217.00	30	Imbruvica
↓ Tab 420 mg .....	9,652.00	30	Imbruvica
➔ <b>Restricted (RS2117)</b>			
<b>Initiation – chronic lymphocytic leukaemia (CLL)</b>			
<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.			

continued...

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

**Continuation – chronic lymphocytic leukaemia (CLL)**

*Re-assessment required after 12 months*

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.....	52.57	1	Accord
Inj 20 mg per ml, 25 ml vial.....	262.85	1	Accord

**LENALIDOMIDE (VIATRIS) – Restricted see terms [below](#)**

⚡ Cap 5 mg – 5% DV Feb-25 to 31 Jan 2028.....	76.92	21	<b>Lenalidomide Viatris</b>
⚡ Cap 10 mg – 5% DV Feb-25 to 31 Jan 2028.....	50.30	21	<b>Lenalidomide Viatris</b>
⚡ Cap 15 mg – 5% DV Feb-25 to 31 Jan 2028.....	62.13	21	<b>Lenalidomide Viatris</b>
⚡ Cap 25 mg – 5% DV Feb-25 to 31 Jan 2028.....	65.09	21	<b>Lenalidomide Viatris</b>

➡ **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.....	8,929.84	56	Zejula
	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:

continued...

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

- 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
- 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.

continued...

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

## 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
    - 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
  - 5.2 Patient has received at least two lines\*\* of previous treatment with platinum-based chemotherapy.

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.

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

⚡ Inj 750 iu per ml, 5 ml vial.....	3,973.25	1	Oncaspar LYO
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➔ **Restricted (RS2176)**

## Initiation – Newly diagnosed ALL

*Limited to 15 months treatment*

Both:

- 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

*Limited to 12 months treatment*

Both:

- 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

*Limited to 12 months treatment*

Patient has lymphoma requiring L-asparaginase containing protocol (e.g. SMILE).

## PENTOSTATIN [DEOXYCOFORMYCIN]

Inj 10 mg vial

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

⚡ Cap 1 mg – 5% DV Aug-24 to 31 Jul 2027 .....	47.45	14	<b>Pomolide</b>
	71.18	21	<b>Pomolide</b>
⚡ Cap 2 mg – 5% DV Aug-24 to 31 Jul 2027 .....	94.90	14	<b>Pomolide</b>
	142.35	21	<b>Pomolide</b>
⚡ Cap 3 mg – 5% DV Aug-24 to 31 Jul 2027 .....	142.35	14	<b>Pomolide</b>
	213.53	21	<b>Pomolide</b>
⚡ Cap 4 mg – 5% DV Aug-24 to 31 Jul 2027 .....	189.81	14	<b>Pomolide</b>
	284.71	21	<b>Pomolide</b>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS2045)**

**Initiation – Relapsed/refractory plasma cell dyscrasia**

Any relevant practitioner

*Re-assessment required after 6 months*

Both:

- 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

*Re-assessment required after 12 months*

Patient has no evidence of disease progression.

**PROCARBAZINE HYDROCHLORIDE**

Cap 50 mg .....	980.00	50	Natulan
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**TEMOZOLOMIDE – Restricted see terms below**

↓ Cap 5 mg .....	9.13	5	Temaccord Temozolomide Taro
↓ 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 (RS2170)**

**Initiation – gliomas**

*Re-assessment required after 12 months*

Patient has a glioma.

**Continuation – gliomas**

*Re-assessment required after 12 months*

Treatment remains appropriate and patient is benefitting from treatment.

**Initiation – Neuroendocrine tumours**

*Re-assessment required after 9 months*

All of the following:

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

**Continuation – Neuroendocrine tumours**

*Re-assessment required after 6 months*

Both:

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

**Initiation – ewing's sarcoma**

*Re-assessment required after 9 months*

Patient has relapse or refractory Ewing's sarcoma.

**Continuation – ewing's sarcoma**

*Re-assessment required after 6 months*

Both:

continued...

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

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

### Initiation – Neuroblastoma

*Re-assessment required after 12 months*

Patient has neuroblastoma.

### Continuation – Neuroblastoma

*Re-assessment required after 12 months*

Patient has no evidence of disease progression.

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

*Re-assessment required after 12 months*

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

### TRETINOIN

Cap 10 mg	479.50	100	Vesanoid
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VENETOCLAX – **Restricted** see terms [below](#)

⚡ Tab 14 × 10 mg, 7 × 50 mg, 21 × 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

continued...

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

continued...

- 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.

**Continuation – previously untreated acute myeloid leukaemia**

*Re-assessment required after 6 months*

No evidence of disease progression.

Notes:

- a) 'Acute myeloid leukaemia' includes myeloid sarcoma\*
- b) 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**

**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:

continued...

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

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

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

## Continuation

*Re-assessment required after 6 months*

Both:

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

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..

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 [on the next page](#)

⚡ Cap 50 mg .....	6,320.86	120	Tafinlar
⚡ Cap 75 mg .....	9,481.29	120	Tafinlar

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

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

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

➔ **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)

**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

continued...

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

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 [below](#)

⚡ 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

➔ **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
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➔ **Restricted (RS2146)**

### Initiation

*Re-assessment required after 6 months*

All of the following:

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

- 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	<b>Alchemy</b>
↓ Tab 150 mg – 5% DV Oct-24 to 2027	484.24	30	<b>Alchemy</b>

➔ **Restricted (RS2078)**

**Initiation**

*Re-assessment required after 4 months*

- All of the following:
- 1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
  - 2 There is documentation confirming that the disease expresses activating mutations of EGFR; 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 mg	918.00	30	Iressa
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➔ **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

continued...

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

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	<b>Imatinib-Rex</b>
Cap 400 mg – 5% DV Dec-23 to 2026.....	69.76	30	<b>Imatinib-Rex</b>

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 [below](#)

⚡ Cap 4 mg.....	3,407.40	30	Lenvima
⚡ Cap 10 mg.....	3,407.40	30	Lenvima

➡ **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.

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

**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
  - 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
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→ **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 on the next page**

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

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

⚡ Tab 40 mg .....	9,310.00	30	Tagrisso
⚡ Tab 80 mg .....	9,310.00	30	Tagrisso

➔ **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

continued...

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

continued...

- 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:
      - 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	<b>Pazopanib Teva</b>
↓ Tab 400 mg – 5% DV May-25 to 2027 .....	464.00	30	<b>Pazopanib Teva</b>

➔ **Restricted (RS2089)**

**Initiation**

*Re-assessment required after 3 months*

Either:

continued...

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

- 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 [below](#)

↓ Tab 200 mg .....	1,883.00	21	Kisqali
	3,767.00	42	Kisqali
	5,650.00	63	Kisqali

➔ **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

continued...

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

- 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
- 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 .....	103.11	28	<b>Sunitinib Rex</b>
↓ Cap 25 mg – 5% DV Mar-26 to 2027 .....	203.15	28	<b>Sunitinib Rex</b>
↓ Cap 50 mg – 5% DV May-26 to 2027 .....	694.62	28	Sunitinib Pfizer
	343.19		<b>Sunitinib Rex</b>

*(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

continued...

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

- 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.

### 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:

continued...

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

continued...

- 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
  - 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

continued...

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

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 2026 ..... 24.91      1      **DBL Docetaxel**

### PACLITAXEL

Inj 6 mg per ml, 16.7 ml vial – 5% DV Aug-24 to 2026 ..... 19.59      1      **Anzatax**

Inj 6 mg per ml, 50 ml vial – 5% DV Aug-24 to 2026 ..... 37.89      1      **Anzatax**

## 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 Dextrazoxane 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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Vinca Alkaloids</b>			
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	<b>Vinorelbine Te Arai</b>
Cap 30 mg – 5% DV Feb-26 to 2028.....	42.80	1	<b>Vinorelbine Te Arai</b>
Cap 80 mg – 5% DV Feb-26 to 2028.....	80.00	1	<b>Vinorelbine Te Arai</b>
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:

- 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.

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BICALUTAMIDE</b>			
Tab 50 mg – 5% DV Dec-23 to 2026 .....	4.18	28	<b>Binarex</b>
<b>FLUTAMIDE</b>			
Tab 250 mg .....	119.50	100	Flutamin
<b>FULVESTRANT – Restricted</b> see terms <a href="#">below</a>			
‡ Inj 50 mg per ml, 5 ml prefilled syringe – 5% DV May-26 to 2028 .....	1,068.00 181.00	2	Faslodex <b>Fulvestrant EVER Pharma</b>

(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
- 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	<b>Tamoxifen Sandoz</b>
Tab 20 mg – 5% DV Dec-23 to 2026 .....	5.32	60	<b>Tamoxifen Sandoz</b>

## Aromatase Inhibitors

### ANASTROZOLE

Tab 1 mg – 5% DV Dec-23 to 2026 .....	4.39	30	<b>Anatrole</b>
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### EXEMESTANE

Tab 25 mg – 5% DV Nov-23 to 2026 .....	9.86	30	<b>Pfizer Exemestane</b>
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### LETROZOLE

Tab 2.5 mg – 5% DV Dec-24 to 2027 .....	4.36	28	Accord
	4.67	30	<b>Letrole</b>

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

## 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
- 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 no 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

## ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LANREOTIDE – Restricted</b> see terms <a href="#">on the previous page</a>			
† Inj 60 mg per 0.5 ml, 0.5 ml syringe – 5% DV Aug-25 to 2027.....	382.77	1	<b>Mytolac</b>
	1,543.79		Somatuline Autogel
† Inj 90 mg per 0.5 ml, 0.5 ml syringe – 5% DV Sep-25 to 2027.....	562.92	1	<b>Mytolac</b>
	2,054.40		Somatuline Autogel
† Inj 120 mg per 0.5 ml, 0.5 ml syringe – 5% DV Aug-25 to 2027.....	646.70	1	<b>Mytolac</b>
	2,570.44		Somatuline Autogel
<b>OCTREOTIDE LONG-ACTING – Restricted</b> see terms <a href="#">on the previous page</a>			
† Inj depot 10 mg prefilled syringe – 5% DV Dec-24 to 2027.....	438.40	1	<b>Sandostatin LAR</b>
† Inj depot 20 mg prefilled syringe – 5% DV Dec-24 to 2027.....	583.70	1	<b>Sandostatin LAR</b>
† Inj depot 30 mg prefilled syringe – 5% DV Dec-24 to 2027.....	670.80	1	<b>Sandostatin LAR</b>

### Imaging Agents

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

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

→ **Restricted (RS1565)**

**Initiation – high grade malignant glioma**

All of the following:

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

### Immunosuppressants

#### Calcineurin Inhibitors

**CICLOSPORIN**

Cap 25 mg.....	44.63	50	Neoral
Cap 50 mg.....	88.91	50	Neoral
Cap 100 mg.....	177.81	50	Neoral
Oral liq 100 mg per ml.....	198.13	50 ml	Neoral
Inj 50 mg per ml, 5 ml ampoule.....	276.30	10	Sandimmun

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

‡ Cap 0.5 mg.....	49.60	100	Tacrolimus Sandoz
‡ Cap 0.75 mg.....	99.30	100	Tacrolimus Sandoz
‡ Cap 1 mg.....	84.30	100	Tacrolimus Sandoz
‡ Cap 5 mg.....	248.20	50	Tacrolimus Sandoz
‡ Inj 5 mg per ml, 1 ml ampoule.....			

→ **Restricted (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

continued...

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

2 Either:

- 2.1 Ciclosporin has been trialed 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 (RS2177)**

**Initiation – arthritis - polyarticular course juvenile idiopathic**

*Re-assessment required after 6 months*

Any of the following:

1 Both:

- 1.1 Patient has had a Special Authority approval for adalimumab 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 At least 5 active joints and at least 3 joints with pain, tenderness or a limited range of motion after a 3-month trial of methotrexate at the maximum tolerated dose, unless contraindicated; or
- 3 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate at the maximum tolerated dose, unless contraindicated; or
- 4 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

**Continuation – arthritis - polyarticular course juvenile idiopathic**

*Re-assessment required after 2 years*

Either:

- 1 Following initial treatment, at least a 50% decrease in active joint count from baseline; or
- 2 On subsequent reapplications, at least a continuing 30% improvement in active joint count from baseline.

**Initiation – arthritis - oligoarticular course juvenile idiopathic**

*Re-assessment required after 6 months*

Any of the following:

1 Both:

- 1.1 Patient has had a Special Authority approval for adalimumab for oligoarticular 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 oligoarticular course JIA; or

- 2 At least 2 active joints with pain, tenderness or a limited range of motion, after a 3-month trial of methotrexate at the maximum tolerated dose, unless contraindicated; or
- 3 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, unless contraindicated.

continued...

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## Continuation – arthritis - oligoarticular course juvenile idiopathic

*Re-assessment required after 2 years*

Either:

- 1 Following initial treatment, at least a 50% decrease in active joint count from baseline; or
- 2 On subsequent reapplications, at least a continuing 30% improvement in active joint count from baseline.

## Initiation – arthritis - rheumatoid

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 Patient has had a Special Authority approval for adalimumab for rheumatoid 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 rheumatoid arthritis; or
- 2 All of the following:
  - 2.1 Patient has had rheumatoid arthritis (either confirmed by radiologic imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive); and
  - 2.2 Patient has received insufficient benefit from at least 3 months of methotrexate at a maximum tolerated dose (unless contraindicated); and
  - 2.3 Patient has received insufficient benefit from at least 3 months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses unless contraindicated); and
  - 2.4 Either:
    - 2.4.1 Patient has received insufficient benefit from at least 3 months of methotrexate in combination with the maximum tolerated dose of ciclosporin, unless contraindicated; or
    - 2.4.2 Patient has received insufficient benefit from at least 3 months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate, unless contraindicated; and
  - 2.5 Either:
    - 2.5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 joints; or
    - 2.5.2 Patient has persistent symptoms of poorly controlled and active disease in at least 4 joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip.

## Continuation – arthritis - rheumatoid

*Re-assessment required after 2 years*

Both:

- 1 Either:
  - 1.1 Following initial treatment, at least a 50% decrease in active joint count from baseline; or
  - 1.2 On subsequent reapplications, at least a continuing 30% improvement in active joint count from baseline; and
- 2 Maximum dose 50 mg every 7 days.

## Initiation – ankylosing spondylitis

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 Patient has had a Special Authority approval for adalimumab for ankylosing spondylitis; 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 ankylosing spondylitis; or
- 2 All of the following:
  - 2.1 Patient has a confirmed diagnosis of ankylosing spondylitis; and
  - 2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and

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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 2.3 Patient has bilateral sacroiliitis demonstrated by radiologic imaging; and
- 2.4 Disease has not responded adequately to treatment with two or more NSAID (unless contraindicated) 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 BASDAI score of at least 6 on a 10-point scale completed after 3-month exercise trial before ceasing any previous pharmacological treatment and not more than 1 month before the application.

**Continuation – ankylosing spondylitis**

*Re-assessment required after 2 years*

Both:

- 1 BASDAI has improved from pre-treatment baseline either by at least 4 points on a 10-point scale, or by at least 50%; and
- 2 Maximum dose 50 mg every 7 days.

**Initiation – arthritis - psoriatic**

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 Patient has had a Special Authority approval for adalimumab 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 received insufficient benefit from at least 3 months of methotrexate at maximum tolerated dose unless contraindicated; and
  - 2.2 Patient received insufficient benefit from at least 3 months of sulfasalazine or leflunomide at maximum tolerated dose unless contraindicated; and
  - 2.3 Either:
    - 2.3.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 joints; or
    - 2.3.2 Patient has persistent symptoms of poorly controlled and active disease in at least 4 joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
  - 2.4 Any of the following:
    - 2.4.1 Patient has CRP greater than 15 mg/L measured within one month before the application; or
    - 2.4.2 Patient has an ESR greater than 25 mm per hour measured within one month before the application; or
    - 2.4.3 ESR and CRP not measured as patient is receiving prednisone therapy greater than 5 mg per day received for more than 3 months.

**Continuation – arthritis - psoriatic**

*Re-assessment required after 2 years*

Both:

- 1 Either:
  - 1.1 Following initial treatment, at least a 50% decrease in active joint count from baseline; or
  - 1.2 At least a continuing 30% improvement in active joint count from baseline; and
- 2 Maximum dose 50 mg every 7 days.

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	Price		Per	Brand or Generic Manufacturer
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## Initiation – plaque psoriasis, prior TNF use

Limited to 6 months treatment

All of the following:

- 1 Patient has had a Special Authority approval for adalimumab for plaque psoriasis; and
- 2 Either:
  - 2.1 Patient has experienced intolerable side effects; or
  - 2.2 Patient has received insufficient benefit to meet the renewal criteria for adalimumab for plaque psoriasis; and
- 3 Patient must be reassessed for continuation after 3 doses.

## Initiation – plaque psoriasis, treatment-naïve

Limited to 6 months treatment

All of the following:

- 1 Any of the following:
  - 1.1 Patient has "whole body" severe chronic plaque psoriasis with a PASI score of greater than 10; or
  - 1.2 Patient has plaque psoriasis of the face, or palm of a hand, or sole of a foot; or
  - 1.3 Patient has localised genital or flexural plaque psoriasis with a DLQI score greater than 10; and
- 2 Patient has received insufficient benefit from (see Note), or has experienced intolerable side effects from, at least 3 of the following at maximum tolerated doses (unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
- 3 A PASI assessment or DLQI assessment has been completed for the most recent prior treatment course within 1 month of stopping that treatment; and
- 4 The most recent PASI or DLQI assessment is within 1 month of before the application.

Note: "Insufficient benefit" is defined as: for whole body plaque psoriasis, a PASI score of greater than 10, for 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 2 years

Both:

- 1 Any of the following:
  - 1.1 Both:
    - 1.1.1 Patient had "whole body" plaque psoriasis at the start of treatment; and
    - 1.1.2 Either:
      - 1.1.2.1 Patient has a PASI score which is reduced by 75% or more, or is sustained at this level, compared with the pre-treatment baseline; or
      - 1.1.2.2 Patient has a DLQI improvement of 5 or more, compared with the pre-treatment baseline; or
  - 1.2 Both:
    - 1.2.1 Patient had 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 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, compared to the pre-treatment baseline; or
      - 1.2.2.2 Patient has a reduction of 75% or more in the skin area affected, or sustained at this level, compared to the pre-treatment baseline; or
  - 1.3 Both:
    - 1.3.1 Patient had localised genital or flexural plaque psoriasis at the start of treatment; and
    - 1.3.2 Either:
      - 1.3.2.1 Patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, compared to the pre-treatment baseline; or

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	Price		Brand or
	(ex man.	excl. GST)	Generic
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1.3.2.2 Patient has a DLQI improvement of 5 or more, compared to the pretreatment baseline; and

2 Maximum 50 mg every 7 days.

**Initiation – pyoderma gangrenosum\***

Both:

- 1 Patient has received insufficient benefit from 3 months of conventional therapy including a minimum of 3 pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate). Where conventional pharmaceuticals are contraindicated, a 3-month trial has occurred of those that are not contraindicated; and
- 2 Maximum of 8 doses every 4 months.

Note: Indications marked with \* are unapproved indications.

**Initiation – Still's disease - adult-onset (AOSD)**

Either:

- 1 Both:
  - 1.1 Patient has had a Special Authority approval for adalimumab or tocilizumab for AOSD; 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 new renewal criteria from at least a 3-month trial of adalimumab 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 and received insufficient benefit from at least 6 months of corticosteroids at a dose of at least 0.5 mg/kg prednisone-equivalents, NSAIDs and methotrexate, unless contraindicated; and
  - 2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

**Initiation – undifferentiated spondyloarthritis**

*Re-assessment required after 6 months*

All of the following:

- 1 Patient has undifferentiated peripheral spondyloarthritis\* with active peripheral joint arthritis in at least 4 joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2 Patient has received insufficient benefit from at least 3 months of each of methotrexate, sulfasalazine, 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 within one month before the application; or
  - 3.2 Patient has an ESR greater than 25 mm per hour measured within one month before the application; or
  - 3.3 ESR and CRP not measured as patient is currently receiving prednisone therapy greater than 5 mg per day received for more than three months.

Note: Indications marked with \* are unapproved indications.

**Continuation – undifferentiated spondyloarthritis**

*Re-assessment required after 2 years*

Both:

- 1 Either:
  - 1.1 Following initial treatment, the patient has experienced at least a 50% decrease in active joint count from baseline; or
  - 1.2 Patient has experienced at least a continuing 30% improvement in active joint count from baseline; and
- 2 Maximum 50 mg dose every 7 days.

**Monoclonal Antibodies**

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

↓ Inj 2 mg per ml, 5 ml vial

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➔ **Restricted (RS1202)**

**Initiation**

Either:

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

ADALIMUMAB (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	<b>Amgevita</b>
⚡ Inj 40 mg per 0.8 ml prefilled pen – 5% DV Oct-22 to 31 Jul 2026.....	375.00	2	<b>Amgevita</b>
⚡ Inj 40 mg per 0.8 ml prefilled syringe – 5% DV Oct-22 to 31 Jul 2026.....	375.00	2	<b>Amgevita</b>

➔ **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:

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

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

Any relevant practitioner

*Re-assessment required after 6 months*

All of the following:

- 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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3 A Baseline Fistula Assessment has been completed and is no more than 1 month old at the time of application.

**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.

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

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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.

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## 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 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 and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, 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.

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## 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,

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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:

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

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

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- 1 Any of the following:
  - 1.1 CDAl score has reduced by 100 points from the CDAl score when the patient was initiated on adalimumab; or
  - 1.2 CDAl score is 150 or less; or
  - 1.3 The patient has demonstrated an adequate response to treatment, but CDAl 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 PCDAl score has reduced by 10 points from the PCDAl score when the patient was initiated on adalimumab; or
  - 1.2 PCDAl score is 15 or less; or
  - 1.3 The patient has demonstrated an adequate response to treatment, but PCDAl 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:

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- 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:

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

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- 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.

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## 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
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➔ **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

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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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 vial .....	2,560.00	1	Simulect
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→ **Restricted (RS1203)**

**Initiation**

For use in solid organ transplants.

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

↓ Inj 30 mg per ml, 1 ml prefilled pen .....	3,539.00	1	Fasenra
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→ **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<sup>9</sup> 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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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; and
- 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	<b>Vegzelma</b>
⚡ Inj 25 mg per ml, 16 ml vial – 10% DV Aug-25 to 31 Aug 2028	276.00	1	<b>Vegzelma</b>

➡ **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.

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

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 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 m<sup>2</sup> 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 (RS2178)**

### Initiation – Graft vs host disease

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

### Initiation – arthritis - rheumatoid

*Re-assessment required after 6 months*

All of the following:

- 1 Patient has had a Special Authority approval for adalimumab or etanercept for rheumatoid arthritis; and
- 2 Either:
  - 2.1 Patient has experienced intolerable side effects; or
  - 2.2 Patient has received insufficient benefit to meet the renewal criteria for rheumatoid arthritis; and
- 3 Following initial induction doses, maximum dose 3mg/kg every 8 weeks.

### Continuation – arthritis - rheumatoid

*Re-assessment required after 2 years*

Both:

- 1 Either:
  - 1.1 Following initial treatment, the patient has experienced at least a 50% decrease in active joint count from baseline; or
  - 1.2 Patient has experienced at least a continuing 30% improvement in active joint count from baseline; and
- 2 Maximum dose 3 mg/kg every 8 weeks.

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

*Re-assessment required after 6 months*

All of the following:

- 1 Patient has had a Special Authority approval for adalimumab or etanercept for ankylosing spondylitis; and
- 2 Either:
  - 2.1 Patient has experienced intolerable side effects; or
  - 2.2 Patient has received insufficient benefit to meet the renewal criteria for ankylosing spondylitis; and
- 3 Following initial induction doses, maximum dose 5mg/kg every 6-8 weeks.

**Continuation – ankylosing spondylitis**

*Re-assessment required after 2 years*

Both:

- 1 BASDAI has improved from pre-treatment baseline either by at least 4 points on a 10-point scale, or by at least 50%; and
- 2 Maximum dose 5 mg/kg every 6-8 weeks.

**Initiation – arthritis - psoriatic**

*Re-assessment required after 6 months*

All of the following:

- 1 Patient has had a Special Authority approval for adalimumab or etanercept or secukinumab for psoriatic arthritis; and
- 2 Either:
  - 2.1 Patient has experienced intolerable side effects; or
  - 2.2 Patient has received insufficient benefit to meet the renewal criteria for psoriatic arthritis; and
- 3 Following initial induction doses, maximum dose 5mg/kg every 8 weeks.

**Continuation – arthritis - psoriatic**

*Re-assessment required after 2 years*

Both:

- 1 Either:
  - 1.1 Following initial treatment, at least a 50% decrease in active joint count from baseline; or
  - 1.2 At least a continuing 30% improvement in active joint count from baseline; and
- 2 Maximum dose 5 mg/kg every 8 weeks.

**Initiation – ocular inflammation - severe\***

*Re-assessment required after 4 months*

Either:

- 1 Both:
  - 1.1 Patient has had an initial Special Authority approval for adalimumab for severe ocular inflammation; 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 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 IV corticosteroids followed by high dose oral corticosteroids has been ineffective at controlling symptoms; or
    - 2.2.2 Patient developed new inflammatory symptoms while receiving high dose corticosteroids; or
    - 2.2.3 Patient is aged under 8 years and treatment with high dose oral corticosteroids and other immunosuppressants has been ineffective at controlling symptoms; or
    - 2.2.4 High dose corticosteroids are contraindicated.

Note: Indications marked with \* are unapproved indications.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## Continuation – ocular inflammation - severe\*

*Re-assessment required after 2 years*

Any of the following:

- 1 Patient has received a good clinical response following 3 initial doses; or
- 2 Following each 2 year treatment period, the patient has experienced 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 corticosteroid sparing effect, allowing reduction in prednisone to < 10mg daily, or corticosteroid drops less than twice daily if under 18 years old.

Notes: 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.

Indications marked with \* are unapproved indications.

## Initiation – ocular inflammation - chronic\*

*Re-assessment required after 4 months*

Either:

- 1 Both:
  - 1.1 Patient has had a Special Authority approval for adalimumab for chronic ocular inflammation; 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 chronic ocular inflammation; or
- 2 Both:
  - 2.1 Patient has severe uveitis with a severe risk of vision loss uncontrolled by treatment with corticosteroids and other immunosuppressants; 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 been ineffective or are contraindicated; or
    - 2.2.2 Patient is under 18 years and treatment with methotrexate has been ineffective, is contraindicated or is not tolerated at a therapeutic dose; or
    - 2.2.3 Patient is under 8 years and treatment with corticosteroids or methotrexate has been ineffective, is contraindicated 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.

Note: Indications marked with \* are unapproved indications.

## Continuation – ocular inflammation - chronic\*

*Re-assessment required after 2 years*

Any of the following:

- 1 Patient has received a good clinical response following 3 initial doses; or
- 2 Following each 2 year treatment period, the patient has experienced 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 corticosteroid sparing effect, allowing reduction in prednisone to < 10mg daily, or corticosteroid drops less than twice daily if under 18 years old.

Notes: 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.

Indications marked with \* are unapproved indications.

## Initiation – Pulmonary sarcoidosis

Both:

- 1 Patient has life-threatening pulmonary sarcoidosis that is refractory to other treatments; and

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

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

- 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:

- 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

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

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 Patient had a Special Authority approval for adalimumab, etanercept or secukinumab for 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 plaque psoriasis; or
- 2 All of the following:
  - 2.1 Any of the following:
    - 2.1.1 Patient has "whole body" plaque psoriasis with a PASI score of greater than 10; or
    - 2.1.2 Patient has plaque psoriasis of the face, or palm of a hand or sole of a foot; or
    - 2.1.3 Patient has localised genital or flexural plaque psoriasis with a DLQI score greater than 10; and
  - 2.2 Patient has received insufficient benefit (see Note) or has experienced intolerable side effects from at least 3 of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
  - 2.3 A PASI assessment has been completed for the most recent prior treatment course within 1 month of stopping that treatment; and
  - 2.4 The most recent PASI assessment is within 1 month before the application.

Note: "Insufficient benefit" is defined as: for whole body plaque psoriasis, a PASI score of greater than 10, for 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 2 years*

Both:

- 1 Any of the following:
  - 1.1 Both:
    - 1.1.1 Patient had "whole body" plaque psoriasis at the start of treatment; and
    - 1.1.2 Patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-infliximab baseline; or
  - 1.2 Both:

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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1.2.1 Patient had 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 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 pre-infliximab baseline; or
  - 1.2.2.2 Patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-infliximab baseline; or
- 1.3 Both:
  - 1.3.1 Patient had localised genital or flexural plaque psoriasis at the start of treatment; and
  - 1.3.2 Either:
    - 1.3.2.1 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; or
    - 1.3.2.2 Patient has a DLQI improvement of 5 or more, as compared to the pre-infliximab baseline; and
- 2 Maximum dose 5 mg/kg every 8 weeks.

## Initiation – neurosarcooidosis

Neurologist

*Re-assessment required after 18 months*

All of the following:

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

## Continuation – neurosarcooidosis

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 – Behcet disease

All of the following:

- 1 Patient has severe Behcet disease which is significantly impacting their quality of life; and
- 2 Either:
  - 2.1 Patient has severe ocular, neurological and/or vasculitic symptoms and has received insufficient benefit from 1 or more treatment(s) appropriate for the particular symptom(s); or
  - 2.2 Patient has severe gastrointestinal, rheumatologic and/or mucocutaneous symptoms and has received insufficient benefit from 2 or more treatments appropriate for the particular symptom(s); and
- 3 Following initial loading doses, maximum dose 5mg/kg every 8 weeks.

## Initiation – pyoderma gangrenosum\*

Both:

- 1 Patient has received insufficient benefit from 3 months of conventional therapy including a minimum of 3 pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate). Where conventional pharmaceuticals are contraindicated, a

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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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3-month trial has occurred of those that are not contraindicated; and

2 Maximum of 8 doses every 4 months.

Note: Indications marked with \* are unapproved indications.

**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.

**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

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

- 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  $0.5 \times 10^9$  cells/L in the last 12 months; and

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

continued...

- 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; and
  - 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.

**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
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→ **Restricted (RS2150)**

**Initiation**

*Limited to 6 months treatment*

All of the following:

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

- 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

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

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50 mcg bd or eformoterol 12 mcg bd) for at least 12 months, unless contraindicated or not tolerated; and

6 Either:

- 6.1 Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; or
- 6.2 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral steroids; and

7 Patient has an Asthma Control Test (ACT) score of 10 or less; and

8 Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 26 weeks after the first dose to assess response to treatment.

**Continuation – severe asthma**

Respiratory specialist

*Re-assessment required after 6 months*

Both:

- 1 An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and
- 2 A reduction in the maintenance oral corticosteroid dose or number of exacerbations of at least 50% from baseline.

**Initiation – severe chronic spontaneous urticaria**

Clinical immunologist or dermatologist

*Re-assessment required after 6 months*

All of the following:

- 1 Patient must be aged 12 years or older; and
- 2 Either:
  - 2.1 Both:
    - 2.1.1 Patient is symptomatic with Urticaria Activity Score 7 (UAS7) of 20 or above; and
    - 2.1.2 Patient has a Dermatology life quality index (DLQI) of 10 or greater; and
- 3 Any of the following:
  - 3.1 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and ciclosporin (> 3 mg/kg day) for at least 6 weeks; or
  - 3.2 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and at least 3 courses of systemic corticosteroids (> 20 mg prednisone per day for at least 5 days) in the previous 6 months; or
  - 3.3 Patient has developed significant adverse effects whilst on corticosteroids or ciclosporin; and
- 4 Either:
  - 4.1 Treatment to be stopped if inadequate response\* following 4 doses; or
  - 4.2 Complete response\* to 6 doses of omalizumab.

**Continuation – severe chronic spontaneous urticaria**

Clinical immunologist or dermatologist

*Re-assessment required after 6 months*

Either:

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

Note: \*Inadequate response defined as less than 50% reduction in baseline UAS7 and DLQI score, or an increase in Urticaria Control Test (UCT) score of less than 4 from baseline. Patient is to be reassessed for response after 4 doses of omalizumab. 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 [on the next page](#)

↓ Inj 100 mg per ml, 1 ml vial..... 1,700.00 1 Synagis

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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➔ **Restricted (RS2179)**

**Initiation**

*Re-assessment required after 12 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
        - 2.2.2.2.3 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
      - 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:

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	Price (ex man. excl. GST)		Brand or Generic Manufacturer
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- 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
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➔ **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 [below](#)

↓ Inj 600 mg with trastuzumab 600 mg, 10 ml vial .....	7,707.00	1	Phesgo
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↓ Inj 1,200 mg with trastuzumab 600 mg, 15 ml vial .....	12,894.00	1	Phesgo
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➔ **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

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

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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 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 (RS2180)**

**Initiation – arthritis - rheumatoid - prior TNF inhibitor use**

*Limited to 4 months treatment*

All of the following:

- 1 Patient has had a Special Authority approval for etanercept or adalimumab for rheumatoid arthritis; and
- 2 Either:
  - 2.1 Patient has experienced intolerable side effects; or
  - 2.2 Following at least a 4 month trial of adalimumab or etanercept, the renewal criteria for rheumatoid arthritis were not met; and
- 3 Maximum of two 1000 mg infusions given two weeks apart.

**Initiation – arthritis - rheumatoid - 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 rheumatoid arthritis (either confirmed by radiologic imaging, or the patient is CCP antibody positive); and
- 3 Disease has not responded to at least three months of methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose, unless contraindicated; and
- 4 Disease has not responded to at least 3 months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses), unless contraindicated; and
- 5 Either:
  - 5.1 Disease has not responded to at least 3 months of methotrexate in combination with the maximum tolerated dose of cyclosporin, unless contraindicated; or
  - 5.2 Disease has not responded to at least 3 months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate, unless contraindicated; and
- 6 Either:
  - 6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 joints; or
  - 6.2 Patient has persistent symptoms of poorly controlled and active disease in at least 4 joints from the following: wrist, elbow, knee, ankle, shoulder, or hip; and
- 7 Either:
  - 7.1 Patient has CRP greater than 15 mg/L measured within one month before the application; or
  - 7.2 CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day received for more than 3 months; and
- 8 Maximum of two 1000 mg infusions given two weeks apart.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## Continuation – arthritis - rheumatoid - re-treatment for people who have experienced a partial response to rituximab

*Re-assessment required after 12 months*

All of the following:

- 1 Any of the following:
  - 1.1 Following the initial course of rituximab the patient experienced between a 30% and 50% decrease in active joint count from baseline; or
  - 1.2 Following the second course of rituximab the patient experienced at least a 50% decrease in active joint count from baseline; or
  - 1.3 Following the third and subsequent courses of rituximab, the patient experienced at least a continuing 30% improvement in active joint count from baseline; and
- 2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and
- 3 Maximum of two 1000 mg infusions given two weeks apart.

## Continuation – arthritis - rheumatoid - re-treatment for people who experience a response to rituximab

*Re-assessment required after 12 months*

All of the following:

- 1 Either:
  - 1.1 Following the initial course of rituximab infusions the patient experienced at least a 50% decrease in active joint count from baseline; or
  - 1.2 Following the second and subsequent courses of rituximab, the patient experienced at least a continuing 30% improvement in active joint count from baseline; and
- 2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and
- 3 Maximum of two 1000 mg infusions per course 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 (RS2181)**

## 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

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	(ex man. excl. GST)	Generic
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- 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:

- 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

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

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/m<sup>2</sup> of body surface area per week for a total of

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	Price (ex man. excl. GST)		Brand or Generic Manufacturer
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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/m<sup>2</sup> weekly for 4 weeks) is now planned; or
- 2 All of the following:
  - 2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease\*; and
  - 2.2 An initial response lasting at least 12 months was demonstrated; and
  - 2.3 Patient now requires repeat treatment.

Note: Indications marked with \* are unapproved indications.

**Initiation – warm autoimmune haemolytic anaemia (warm AIHA)**

Haematologist

*Re-assessment required after 8 weeks*

All of the following:

- 1 Patient has warm autoimmune haemolytic anaemia\*; and
- 2 One of the following treatments has been ineffective: steroids (including if patient requires ongoing steroids at doses equivalent to > 5 mg prednisone daily), cytotoxic agents (e.g. cyclophosphamide monotherapy or in combination), intravenous immunoglobulin; and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks.

Note: Indications marked with \* are unapproved indications.

**Continuation – warm autoimmune haemolytic anaemia (warm AIHA)**

Haematologist

*Re-assessment required after 8 weeks*

Either:

- 1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m<sup>2</sup> weekly for 4 weeks) is now planned; or
- 2 All of the following:
  - 2.1 Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia\*; and
  - 2.2 An initial response lasting at least 12 months was demonstrated; and
  - 2.3 Patient now requires repeat treatment.

Note: Indications marked with \* are unapproved indications.

**Initiation – immune thrombocytopenic purpura (ITP)**

Haematologist

*Re-assessment required after 8 weeks*

All of the following:

- 1 Either:
  - 1.1 Patient has immune thrombocytopenic purpura\* with a platelet count of less than or equal to 20,000 platelets per microlitre; or
  - 1.2 Patient has immune thrombocytopenic purpura\* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and
- 2 Any of the following:
  - 2.1 Treatment with steroids and splenectomy have been ineffective; or
  - 2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or

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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy); and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks.

Note: Indications marked with \* are unapproved indications.

### Continuation – immune thrombocytopenic purpura (ITP)

Haematologist

*Re-assessment required after 8 weeks*

Either:

- 1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m<sup>2</sup> weekly for 4 weeks) is now planned; or
- 2 All of the following:
  - 2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura\*; and
  - 2.2 An initial response lasting at least 12 months was demonstrated; and
  - 2.3 Patient now requires repeat treatment.

Note: Indications marked with \* are unapproved indications.

### Initiation – thrombotic thrombocytopenic purpura (TTP)

Haematologist

All of the following:

- 1 The total rituximab dose per cycle would not exceed the equivalent of 375 mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks; and
- 2 Each treatment cycle at least 6 months apart; and
- 3 Either:
  - 3.1 Patient has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or
  - 3.2 Patient has acute idiopathic TTP\* with neurological or cardiovascular pathology.

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/m<sup>2</sup> of body-surface area per week for a total of 4 weeks; and
- 3 Any of the following:
  - 3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months; or

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	Price (ex man. excl. GST)		Brand or Generic Manufacturer
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- 3.2 Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose > 15 g; or
- 3.3 Cyclophosphamide and methotrexate are contraindicated; or
- 3.4 Patient is a female of child-bearing potential; or
- 3.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.

Note: Indications marked with \* are unapproved indications.

**Continuation – ANCA associated vasculitis**

*Re-assessment required after 8 weeks*

All of the following:

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

Note: Indications marked with \* are unapproved indications.

**Initiation – treatment refractory systemic lupus erythematosus (SLE)**

Rheumatologist or nephrologist

All of the following:

- 1 Patient has severe, immediately life- or organ-threatening SLE\*;
- 2 The condition has been refractory to treatment with corticosteroids at a dose of at least 1 mg/kg unless contraindicated; and
- 3 The condition 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 Initial treatment maximum of four 1000 mg infusions; and
- 5 Treatment for relapse following initial partial response to rituximab up to a maximum of two 1000 mg infusions every 6 months.

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)**

*Re-assessment required after 8 weeks*

All of the following:

- 1 Patient is a child with SDNS\* or FRNS\*;
- 2 Treatment with corticosteroids, ciclosporin, and mycophenolate for at least 3 months for each agent has been ineffective, not tolerated, or is contraindicated; and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks.

Note: Indications marked with \* are unapproved indications.

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

*Re-assessment required after 8 weeks*

All of the following:

- 1 Patient who was previously treated with rituximab for nephrotic syndrome\*;
- 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

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	Price (ex man. excl. GST)		Brand or Generic Manufacturer
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- The total rituximab dose used would not exceed the equivalent of 375 mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks.

Note: Indications marked with \* are unapproved indications.

### Initiation – Steroid resistant nephrotic syndrome (SRNS)

*Re-assessment required after 8 weeks*

All of the following:

- Patient is a child with SRNS\* and treatment with corticosteroids, ciclosporin and tacrolimus for at least 3 months for each agent has been ineffective, not tolerated, or is contraindicated; and
- Genetic causes of nephrotic syndrome have been excluded; and
- The total rituximab dose per cycle would not exceed the equivalent of 375 mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks.

Note: Indications marked with \* are unapproved indications.

### Continuation – Steroid resistant nephrotic syndrome (SRNS)

*Re-assessment required after 8 weeks*

All of the following:

- Patient who was previously treated with rituximab for nephrotic syndrome\*; and
- 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
- The total rituximab dose used would not exceed the equivalent of 375 mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks.

Note: Indications marked with \* are unapproved indications.

### Initiation – Neuromyelitis Optica Spectrum Disorder (NMOSD)

All of the following:

- Cumulative dose up to 1500 mg/m<sup>2</sup> body surface area up to 2000 mg total per cycle; and
- Either:
  - Patient has experienced a severe episode or attack of NMOSD (rapidly progressing symptoms with supporting clinical investigations); or
  - All of the following:
    - Patient has experienced a breakthrough attack of NMOSD; and
    - Patient is receiving treatment with mycophenolate unless contraindicated or not tolerated; and
    - Patient is receiving treatment with corticosteroids unless contraindicated or not tolerated; and
- Each treatment cycle at least 6 months apart.

Note: Indications marked with \* are unapproved indications.

### Initiation – refractory myasthenia gravis\*

*Re-assessment required after 2 years*

Both:

- Cumulative dose up to 1500 mg/m<sup>2</sup> body surface area up to 2000 mg total per cycle; and
- Either:
  - Treatment with corticosteroids and at least one other immunosuppressant for a minimum period of 12 months has been ineffective; or
  - Both:
    - Treatment with at least one other immunosuppressant for a period of at least 12 months; and
    - Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects.

Note: Indications marked with \* are unapproved indications.

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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**Continuation – refractory myasthenia gravis\***

*Re-assessment required after 2 years*

All of the following:

- 1 Cumulative dose up to 1500 mg/m<sup>2</sup> body surface area up to 2000 mg total per cycle; and
- 2 An initial response lasting at least 12 months was demonstrated; and
- 3 Either:
  - 3.1 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 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.

Note: Indications marked with \* are unapproved indications.

**Initiation – antisyndetase syndrome**

All of the following:

- 1 Patient has severe, immediately life- or organ-threatening disease, including interstitial lung disease; and
- 2 Either:
  - 2.1 Treatment with at least 3 immunosuppressants (oral corticosteroids, cyclophosphamide, methotrexate, mycophenolate, ciclosporin, azathioprine) has been ineffective controlling active disease; or
  - 2.2 Rapid treatment is required for life threatening complications; and
- 3 Maximum of two 1000 mg infusions every 6 months.

**Initiation – graft versus host disease**

All of the following:

- 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 be effective at controlling active disease; and
- 3 The total rituximab dose used would not exceed the equivalent of 375 mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks.

**Initiation – chronic inflammatory demyelinating polyneuropathy (CIPD)\***

Neurologist

All of the following:

- 1 Either:
  - 1.1 Both:
    - 1.1.1 Treatment with corticosteroids and intravenous immunoglobulin and/or plasma exchange has been ineffective controlling active disease, is not tolerated, or is contraindicated; and
    - 1.1.2 At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) is not tolerated or has been ineffective controlling active disease. If an immunosuppressant is contraindicated, a trial has occurred of one of those which is not contraindicated (unless all are contraindicated); or
  - 1.2 Rapid treatment is required for life threatening complications; and
- 2 Cumulative dose up to 1500 mg/m<sup>2</sup> body surface area up to 2000 mg total per cycle; and
- 3 Each treatment cycle at least 6 months apart.

Note: Indications marked with \* are unapproved indications.

**Initiation – anti-NMDA receptor autoimmune encephalitis\***

All of the following:

- 1 Either:
  - 1.1 Both:

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- 1.1.1 Treatment with corticosteroids and intravenous immunoglobulin and/or plasma exchange has been ineffective controlling active disease, is not tolerated or is contraindicated; and
- 1.1.2 At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has been ineffective controlling active disease, is not tolerated or is contraindicated; or
- 1.2 Rapid treatment is required for life threatening complications; and
- 2 Cumulative dose up to 1500 mg/m<sup>2</sup> body surface area up to 2000 mg total per cycle; and
- 3 Each treatment cycle at least 6 months apart.

Note: Indications marked with \* are unapproved indications.

### 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/m<sup>2</sup> every 8 weeks (maximum of 12 cycles).

### Initiation – Membranous nephropathy

All of the following:

- 1 Either:
  - 1.1 Patient has biopsy-proven primary/idiopathic membranous nephropathy\*; or
  - 1.2 Patient has PLA2 antibodies with no evidence of secondary cause, and an eGFR of > 60ml/min/1.73m<sup>2</sup>; and
- 2 Patient remains at high risk of progression to end-stage kidney disease despite more than 3 months of treatment with conservative measures that include (unless contraindicated or the patient has experienced intolerable side effects) renin-angiotensin system blockade, blood-pressure management, dietary sodium and protein restriction, treatment of dyslipidaemia, and anticoagulation agents; and
- 3 The total rituximab dose per cycle would not exceed the equivalent of 375mg/m<sup>2</sup> of body surface area per week for a total of 4 weeks; and
- 4 Subsequent retreatment only for disease relapse or after partial response.

Note: Indications marked with \* are unapproved indications.

### 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/m<sup>2</sup> 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:

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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1 Patient requires desensitisation prior to mismatched allogenic stem cell transplant\*; and
- 2 Patient would receive no more than two doses at 375 mg/m<sup>2</sup> 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:
  - 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

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

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 (RS2182)**

**Initiation – plaque psoriasis**

*Re-assessment required after 6 months*

Either:

- 1 All of the following:
  - 1.1 Any of the following:
    - 1.1.1 Patient has "whole body" 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
    - 1.1.2 Patient has 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
    - 1.1.3 Patient has 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 DLQI score greater than 10; and
  - 1.2 Patient has received insufficient benefit (see Note) or has experienced intolerable side effects from at least 3 of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
  - 1.3 A PASI assessment or DLQI assessment has been completed for the most recent prior treatment course, within 1 month of stopping that treatment; and
  - 1.4 The most recent PASI or DLQI assessment is within 1 month before the application; or
- 2 All of the following:
  - 2.1 Patient has had a Special Authority approval for adalimumab, etanercept, or infliximab, for plaque psoriasis; and
  - 2.2 Either:
    - 2.2.1 Patient has experienced intolerable side effects; or
    - 2.2.2 Patient has received insufficient benefit to meet the renewal criteria for plaque psoriasis; and
  - 2.3 A PASI assessment or DLQI assessment has been completed for the most recent prior treatment within 1 month of stopping that treatment; and
  - 2.4 The most recent PASI or DLQI assessment is within 1 month before the application.

Note: A treatment course is defined as a minimum of 12 weeks of treatment. "Insufficient benefit" is defined as: for whole body plaque psoriasis, a PASI score of greater than 10; for 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 – plaque psoriasis**

*Re-assessment required after 6 months*

Both:

- 1 Either:
  - 1.1 Both:
    - 1.1.1 Patient's PASI score has reduced by 75% or more compared to pre-secukinumab baseline; and
    - 1.1.2 Patient has a DLQI improvement of 5 or more compared to pre-secukinumab baseline; or
  - 1.2 Both:
    - 1.2.1 Patient had localised genital or flexural plaque psoriasis at the start of treatment; and
    - 1.2.2 Either:

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Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 1.2.2.1 Patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, compared to the pre-secukinumab baseline; or
- 1.2.2.2 Patient has a DLQI improvement of 5 or more, compared to pre-secukinumab baseline; and

2 Maximum dose 300 mg monthly.

**Initiation – ankylosing spondylitis, second-line biologic**

*Re-assessment required after 3 months*

Both:

- 1 Patient has had a Special Authority approval for adalimumab or etanercept for ankylosing spondylitis; and
- 2 Either:
  - 2.1 Patient has experienced intolerable side effects; or
  - 2.2 Patient has received insufficient benefit to meet the renewal criteria for ankylosing spondylitis.

**Continuation – ankylosing spondylitis, second-line biologic**

*Re-assessment required after 6 months*

Both:

- 1 BASDAI has improved from the pre-secukinumab baseline either by at least 4 points on a 10-point scale, or by at least 50%, whichever is less; and
- 2 Maximum dose 300 mg monthly.

**Initiation – arthritis - psoriatic**

*Re-assessment required after 6 months*

Either:

- 1 Both:
  - 1.1 Patient has had a Special Authority approval for adalimumab, etanercept or infliximab 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 received insufficient benefit from at least 3 months of methotrexate at a maximum tolerated dose unless contraindicated; and
  - 2.2 Patient has received insufficient benefit from at least 3 months of sulfasalazine or leflunomide at maximum tolerated doses unless contraindicated; and
  - 2.3 Either:
    - 2.3.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 joints; or
    - 2.3.2 Patient has persistent symptoms of poorly controlled and active disease in at least 4 joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
  - 2.4 Any of the following:
    - 2.4.1 CRP greater than 15 mg/L measured within one month before the application; or
    - 2.4.2 ESR greater than 25 mm per hour measured within one month before the application; or
    - 2.4.3 ESR and CRP not measured as patient is receiving prednisone therapy greater than 5 mg per day received for more than 3 months.

**Continuation – arthritis - psoriatic**

*Re-assessment required after 6 months*

Both:

- 1 Either:
  - 1.1 Following initial treatment, at least a 50% decrease in active joint count from baseline; or
  - 1.2 At least a continuing 30% improvement in active joint count from baseline; and
- 2 Maximum dose 300 mg monthly.

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

↓ Inj 100 mg vial .....	770.57	1	Sylvant
↓ Inj 400 mg vial .....	3,082.33	1	Sylvant

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

**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:

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

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

### 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

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

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

- 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	<b>Herzuma</b>
‡ Inj 440 mg vial – 5% DV Jun-24 to 31 May 2027 .....	293.35	1	<b>Herzuma</b>

➔ **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 he 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

### 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:

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

- 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

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

continued...

- 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\*; and
  - 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
    - 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:

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

- 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
    - 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.

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

## 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
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➡ **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
    - 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:

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

continued...

- 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:
  - 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

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

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 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

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

- 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
- 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:

continued...

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

- 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:
    - 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:

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

- 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.

**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

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

- 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 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
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➡ **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:

- 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

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

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

- 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:

- 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

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

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

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

- 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:
    - 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.

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

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

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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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- 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			
AZATHIOPRINE Tab 25 mg – <b>5% DV Feb-26 to 2028</b> .....	10.15	60	<b>Azamun</b>
Tab 50 mg – <b>5% DV Feb-26 to 2028</b> .....	10.34	100	<b>Azamun</b>
Inj 50 mg vial			
Inj 100 mg vial			

# ONCOLOGY AGENTS AND IMMUNOSUPPRESSANTS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>BACILLUS CALMETTE-GUERIN (BCG) – Restricted</b> see terms <a href="#">below</a>			
‡ Inj 2-8 × 10 <sup>8</sup> CFU vial .....	149.37	1	OncoTICE
‡ Inj 40 mg per ml, vial .....	182.45	3	SII-Onco-BCG
➔ <b>Restricted (RS1206)</b>			
<b>Initiation</b>			
For use in bladder cancer.			
<b>EVEROLIMUS – Restricted</b> see terms <a href="#">below</a>			
‡ Tab 5 mg .....	4,555.76	30	Afinitor
‡ Tab 10 mg .....	6,512.29	30	Afinitor
➔ <b>Restricted (RS2076)</b>			
<b>Initiation</b>			
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.			
<b>Continuation</b>			
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.			
<b>Initiation – renal cell carcinoma</b>			
<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.			
<b>Continuation – renal cell carcinoma</b>			
<i>Re-assessment required after 4 months</i>			
there is no evidence of disease progression.			
<b>MYCOPHENOLATE MOFETIL</b>			
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
<b>PICIBANIL</b>			
Inj 100 mcg vial			

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
SIROLIMUS – <b>Restricted</b> see terms <a href="#">below</a>			
↓ 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 documented 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.

**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

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

- 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

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

**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

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

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.

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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>➔ Restricted (RS1119)</b>			
<b>Initiation</b>			
Both:			
1 RAST or skin test positive; and			
2 Patient has had severe generalised reaction to the sensitising agent.			
<b>Allergy Prophylactics</b>			
BUDESONIDE			
Nasal spray 50 mcg per dose – 5% DV Feb-25 to 2027	2.59	200 dose	<b>SteroClear</b>
Nasal spray 100 mcg per dose – 5% DV Feb-25 to 2027	2.89	200 dose	<b>SteroClear</b>
FLUTICASONE PROPIONATE			
Metered dose nasal spray 50 mcg per dose – 5% DV Aug-26 to 2028	2.57	120 dose	<b>Flixonase Hayfever &amp; Allergy</b>
IPRATROPIUM BROMIDE			
Aqueous nasal spray 0.03%	5.23	15 ml	Univent
SODIUM CROMOGLICATE			
Nasal spray 4%			
<b>Antihistamines</b>			
CETIRIZINE HYDROCHLORIDE			
Tab 10 mg – 5% DV Sep-23 to 2026	1.71	100	<b>Zista</b>
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	<b>Fexaclear</b>
Tab 180 mg – 5% DV Jul-25 to 2027	4.10	30	<b>Fexaclear</b>
LORATADINE			
Tab 10 mg – 5% DV Jun-26 to 2028	6.02	100	Lorafix
	1.59		<b>Loratadine Noumed</b>
Oral liq 1 mg per ml	1.43	100 ml	Haylor Syrup
<i>(Lorafix Tab 10 mg to be delisted 1 June 2026)</i>			
PROMETHAZINE HYDROCHLORIDE			
Tab 10 mg – 5% DV Dec-25 to 2028	2.19	100	<b>Allersoothe</b>
Tab 25 mg – 5% DV Dec-25 to 2028	2.69	100	<b>Allersoothe</b>
Oral liq 1 mg per ml	3.39	100 ml	Allersoothe
Inj 25 mg per ml, 2 ml ampoule	21.09	5	Hospira
<b>Anticholinergic Agents</b>			
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
<b>Anticholinergic Agents with Beta-Adrenoceptor Agonists</b>			
<b>SALBUTAMOL WITH IPRATROPIUM BROMIDE</b>			
Aerosol inhaler 100 mcg with ipratropium bromide 20 mcg per dose			
Nebuliser soln 2.5 mg with ipratropium bromide 0.5 mg per 2.5 ml ampoule.....	11.04	20	Duolin
Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 3.0 ml vial.....	16.56	30	Cipla

## 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

### UMECLIDIINIUM

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    Spiolto Respimat

### UMECLIDIINIUM 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 (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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  $0.3 \times 10^9$  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
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→ **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  $0.3 \times 10^9$  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
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continued...

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

### Continuation – idiopathic pulmonary fibrosis

Respiratory specialist

*Re-assessment required after 12 months*

All of the following:

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

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

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

⚡ 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
<b>Beta-Adrenoceptor Agonists</b>			
<b>SALBUTAMOL</b>			
Oral liq 400 mcg per ml – <b>5% DV May-25 to 2027</b> .....	50.00	150 ml	<b>Ventolin</b>
Inj 500 mcg per ml, 1 ml ampoule			
Inj 1 mg per ml, 5 ml ampoule			
Aerosol inhaler, 100 mcg per dose.....	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
<b>TERBUTALINE SULPHATE</b>			
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
<b>Decongestants</b>			
<b>OXYMETAZOLINE HYDROCHLORIDE</b>			
Aqueous nasal spray 0.25 mg per ml			
Aqueous nasal spray 0.5 mg per ml			
<b>PSEUDOEPHEDRINE HYDROCHLORIDE</b>			
Tab 60 mg			
<b>SODIUM CHLORIDE</b>			
Aqueous nasal spray isotonic			
<b>SODIUM CHLORIDE WITH SODIUM BICARBONATE</b>			
Soln for nasal irrigation			
<b>XYLOMETAZOLINE HYDROCHLORIDE</b>			
Aqueous nasal spray 0.05%			
Aqueous nasal spray 0.1%			
Nasal drops 0.05%			
Nasal drops 0.1%			
<b>Inhaled Corticosteroids</b>			
<b>BECLOMETHASONE DIPROPIONATE</b>			
Aerosol inhaler 50 mcg per dose.....	8.54	200 dose	Beclazone 50
	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
<b>BUDESONIDE</b>			
Nebuliser soln 250 mcg per ml, 2 ml ampoule			
Nebuliser soln 500 mcg per ml, 2 ml ampoule			
Powder for inhalation 100 mcg per dose			
Powder for inhalation 200 mcg per dose			
Powder for inhalation 400 mcg per dose			

# RESPIRATORY SYSTEM AND ALLERGIES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>FLUTICASONE</b>			
Aerosol inhaler 50 mcg per dose.....	7.19	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

<b>MONTELUKAST</b>			
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

<b>EFORMOTEROL FUMARATE</b>			
Powder for inhalation 12 mcg per dose			
<b>EFORMOTEROL FUMARATE DIHYDRATE</b>			
Powder for inhalation 4.5 mcg per dose, breath activated (equivalent to eformoterol fumarate 6 mcg metered dose)			
<b>INDACATEROL</b>			
Powder for inhalation 150 mcg per dose.....	61.00	30 dose	Onbrez Breezhaler
Powder for inhalation 300 mcg per dose.....	61.00	30 dose	Onbrez Breezhaler
<b>SALMETEROL</b>			
Aerosol inhaler 25 mcg per dose.....	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

<b>BUDESONIDE WITH EFORMOTEROL</b>			
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
<b>FLUTICASONE FUROATE WITH VILANTEROL</b>			
Powder for inhalation 100 mcg with vilanterol 25 mcg.....	44.08	30 dose	Breo Ellipta
<b>FLUTICASONE WITH SALMETEROL</b>			
Aerosol inhaler 50 mcg with salmeterol 25 mcg.....	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
<b>Methylxanthines</b>			
<b>AMINOPHYLLINE</b>			
Inj 25 mg per ml, 10 ml ampoule .....	180.00	5	DBL Aminophylline
<b>CAFFEINE CITRATE</b>			
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
<b>THEOPHYLLINE</b>			
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 ampoule .....250.00 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 elexacaftor 50 mg with tezacaftor 25 mg, ivacaftor 37.5 mg (56) and ivacaftor 75 mg (28).....	27,647.39	84	Trikafta
↓ Tab elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (56) and ivacaftor 150 mg (28).....	27,647.39	84	Trikafta

# RESPIRATORY SYSTEM AND ALLERGIES

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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## ➔ 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://nctr-crs.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
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## Pulmonary Surfactants

BERACTANT

Soln 200 mg per 8 ml vial

PORACTANT ALFA

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

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

DOXAPRAM

Inj 20 mg per ml, 5 ml vial

**Sclerosing Agents**

TALC

Powder

Soln (slurry) 100 mg per ml, 50 ml

## SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Anti-Infective Preparations</b>			
<b>Antibacterials</b>			
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
Eye drops 0.5%, single dose			
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
<b>Antifungals</b>			
NATAMYCIN			
Eye drops 5%			
<b>Antivirals</b>			
ACICLOVIR			
Eye oint 3% – 5% DV Feb-25 to 2027 .....	15.89	4.5 g	ViruPOS
<b>Combination Preparations</b>			
CIPROFLOXACIN WITH HYDROCORTISONE			
Ear drops ciprofloxacin 0.2% with 1% hydrocortisone.....	16.30	10 ml	Ciproxin HC Otic
DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN			
Ear/eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml			
DEXAMETHASONE WITH NEOMYCIN SULPHATE AND POLYMYXIN B SULPHATE			
Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per g .....	5.39	3.5 g	Maxitrol
Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per ml .....	4.50	5 ml	Maxitrol
DEXAMETHASONE WITH TOBRAMYCIN			
Eye drops 0.1% with tobramycin 0.3% .....	12.64	5 ml	Tobradex

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUMETASONE PIVALATE WITH CLIQUINOL 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.

**Continuation – Women of child bearing age with diabetic macular oedema**

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

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

## SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
FLUOROMETHOLONE			
Eye drops 0.1% .....	3.09	5 ml	FML
PREDNISOLONE ACETATE			
Eye drops 0.12% .....			
Eye drops 1% .....	7.00	5 ml	Pred Forte
	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

### Diagnostic and Surgical Preparations

#### Diagnostic Dyes

FLUORESCEIN SODIUM			
Eye drops 2%, single dose .....			
Inj 10%, 5 ml vial .....	125.00	12	Fluorescite
Ophthalmic strips 1 mg .....			
FLUORESCEIN SODIUM WITH LIGNOCAINE HYDROCHLORIDE			
Eye drops 0.25% with lignocaine hydrochloride 4%, single dose .....			
LISSAMINE GREEN			
Ophthalmic strips 1.5 mg .....			
ROSE BENGAL SODIUM			
Ophthalmic strips 1% .....			

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

MIXED SALT SOLUTION FOR EYE IRRIGATION

Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 15 ml dropper bottle .....	5.00	15 ml	Balanced Salt Solution
Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 250 ml			<i>e.g. Balanced Salt Solution</i>
Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml 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

SODIUM HYALURONATE [HYALURONIC ACID]

Inj 18 mg per ml, 0.85 ml syringe – <b>5% DV Mar-26 to 2028</b> .....	50.00	1	<b>Healon GV Pro</b>
Inj 23 mg per ml, 0.6 ml syringe – <b>5% DV Mar-26 to 2028</b> .....	60.00	1	<b>Healon 5</b>
Inj 10 mg per ml, 0.85 ml syringe – <b>5% DV Mar-26 to 2028</b> .....	28.50	1	<b>Healon</b>

SODIUM HYALURONATE [HYALURONIC ACID] WITH CHONDROITIN SULPHATE

Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.35 ml syringe and inj 10 mg sodium hyaluronate [hyaluronic acid] per ml, 0.4 ml syringe.....	64.00	1	Duovisc
Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.5 ml syringe and inj 10 mg sodium hyaluronate [hyaluronic acid] per ml, 0.55 ml syringe.....	74.00	1	Duovisc
Inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.75 ml syringe.....	67.00	1	Viscoat

**Other**

- DISODIUM EDETATE
- Inj 150 mg per ml, 20 ml ampoule
  - Inj 150 mg per ml, 20 ml vial
  - Inj 150 mg per ml, 100 ml vial

## SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>RIBOFLAVIN 5-PHOSPHATE</b>			
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**

#### 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**

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
TRAVOPROST			
Eye drops 0.004% – <b>5% DV Dec-24 to 2027</b> .....	6.80	2.5 ml	<b>Travatan</b>

**Sympathomimetics**

APRACLONIDINE			
Eye drops 0.5% .....	19.77	5 ml	lopidine
BRIMONIDINE TARTRATE			
Eye drops 0.2% – <b>5% DV Mar-25 to 2027</b> .....	5.16	5 ml	<b>Arrow-Brimonidine</b>
BRIMONIDINE TARTRATE WITH TIMOLOL MALEATE			
Eye drops 0.2% with timolol 0.5% – <b>5% DV Dec-24 to 2027</b> .....	7.13	5 ml	<b>Combigan</b>

**Mydriatics and Cycloplegics**

**Anticholinergic Agents**

ATROPINE SULPHATE			
Eye drops 0.5%			
Eye drops 1%, single dose			
Eye drops 1% – <b>5% DV Feb-24 to 2026</b> .....	18.27	15 ml	<b>Atropt</b>
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			

**Sympathomimetics**

PHENYLEPHRINE HYDROCHLORIDE			
Eye drops 2.5%, single dose			
Eye drops 10%, single dose			

**Ocular Lubricants**

CARBOMER			
Ophthalmic gel 0.2%			
CARMELLOSE SODIUM			
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			

## SENSORY ORGANS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN Eye oint 42.5% with soft white paraffin 57.3%			
PARAFFIN LIQUID WITH WOOL FAT Eye oint 3% with wool fat 3% .....	3.63	3.5 g	Poly-Visc
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
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## 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
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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
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>DICOBALT EDEATE</b>			
Inj 15 mg per ml, 20 ml ampoule			
<b>DIMERCAPROL</b>			
Inj 50 mg per ml, 2 ml ampoule			
<b>DIMERCAPTOSUCCINIC ACID</b>			
Cap 100 mg			e.g. PCNZ, Optimus Healthcare, Chemet
Cap 200 mg			e.g. PCNZ, Optimus Healthcare, Chemet
<b>SODIUM CALCIUM EDEATE</b>			
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

<b>CHLORHEXIDINE</b>			
Soln 0.1%			
Soln 4%			
Soln 5% .....	15.50	500 ml	healthE
<b>CHLORHEXIDINE WITH CETRIMIDE</b>			
Crm 0.1% with cetrimide 0.5%			
Foaming soln 0.5% with cetrimide 0.5%			
<b>CHLORHEXIDINE WITH ETHANOL</b>			
Soln 0.5% with ethanol 70%			
Soln 2% with ethanol 70%			
Soln 0.5% with ethanol 70%, non-staining (pink) 25 ml .....	1.55	1	healthE
<b>IODINE WITH ETHANOL</b>			
Soln 1% with ethanol 70%			
<b>ISOPROPYL ALCOHOL</b>			
Soln 70%, 500 ml .....	5.65	1	healthE
<b>POVIDONE-IODINE</b>			
↓ Vaginal tab 200 mg			
➔ <b>Restricted (RS1354)</b>			
<b>Initiation</b>			
Rectal administration pre-prostate biopsy.			
Oint 10% .....	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%			
<b>POVIDONE-IODINE WITH ETHANOL</b>			
Soln 10% with ethanol 30%			
Soln 10% with ethanol 70%			

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

Inj 38% w/w (480 mg per ml), 10 ml ampoule .....	410.00	1	Lipiodol Ultra Fluid
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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), 10 ml bottle.....	91.00	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
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Paramagnetic Contrast Media</b>			
<b>GADOBUTROL</b>			
Inj 1 mmol per ml, 15 ml vial			
Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 5 ml prefilled syringe.....	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
<b>GADOTERIC ACID</b>			
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
<b>GADOXETATE DISODIUM</b>			
Inj 181.43 mg per ml (equivalent to 0.25 mmol per ml), 10 ml prefilled syringe.....	300.00	1	Primovist
<b>MEGLUMINE GADOPENTETATE</b>			
Inj 469 mg per ml, 10 ml prefilled syringe.....	95.00	5	Magnevist
Inj 469 mg per ml, 10 ml vial.....	185.00	10	Magnevist
<b>MEGLUMINE IOTROXATE</b>			
Inj 105 mg per ml, 100 ml bottle.....	169.15	100 ml	Biiscopin

**Ultrasound Contrast Media**

<b>PERFLUTREN</b>			
Inj 1.1 mg per ml, 1.5 ml vial.....	180.00	1	Definity
	720.00	4	Definity

**Diagnostic Agents**

<b>ARGININE</b>			
Inj 50 mg per ml, 500 ml bottle			
Inj 100 mg per ml, 300 ml bottle			
<b>HISTAMINE ACID PHOSPHATE</b>			
Nebuliser soln 0.6%, 10 ml vial			
Nebuliser soln 2.5%, 10 ml vial			
Nebuliser soln 5%, 10 ml vial			
<b>MANNITOL</b>			
Powder for inhalation			<i>e.g. Aridol</i>

## VARIOUS

	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			
METHYLTHIONINIUM 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.....	435.00	5	InterPharma

### Irrigation Solutions

CHLORHEXIDINE WITH CETRIMIDE  
 † Irrigation soln 0.015% with cetrime 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 cetrime 0.15%, 100 ml bottle

Irrigation soln 0.015% with cetrime 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 ..... 13.25 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 ..... 24.60 12 Fresenius Kabi

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>WATER</b>			
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 .....	26.40	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 (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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**Cardioplegia Solutions**

**ELECTROLYTES**

- Inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag *e.g. Custodiol-HTK*
  
- Inj aspartic acid 10.43 mg per ml, citric acid 0.22476 mg per ml, glutamic acid 11.53 mg per ml, sodium phosphate 0.1725 mg per ml, potassium chloride 2.15211 mg per ml, sodium citrate 1.80768 mg per ml, sodium hydroxide 6.31 mg per ml and trometamol 11.2369 mg per ml, 364 ml bag *e.g. Cardioplegia Enriched Paed. Soln.*
  
- Inj aspartic acid 8.481 mg per ml, citric acid 0.8188 mg per ml, glutamic acid 9.375 mg per ml, sodium phosphate 0.6285 mg per ml, potassium chloride 2.5 mg per ml, sodium citrate 6.585 mg per ml, sodium hydroxide 5.133 mg per ml and trometamol 9.097 mg per ml, 527 ml bag *e.g. Cardioplegia Enriched Solution*
  
- Inj citric acid 0.07973 mg per ml, sodium phosphate 0.06119 mg per ml, potassium chloride 2.181 mg per ml, sodium chloride 1.788 mg per ml, sodium citrate 0.6412 mg per ml and trometamol 5.9 mg per ml, 523 ml bag *e.g. Cardioplegia Base Solution*
  
- Inj 110 mmol/l sodium, 16 mmol/l potassium, 1.2 mmol/l calcium, 16 mmol/l magnesium and 160 mmol/l chloride, 1,000 ml bag *e.g. Cardioplegia Solution AHB7832*
  
- Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag *e.g. Cardioplegia Electrolyte Solution*

**MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE**

Inj 42.68 mg with sodium aspartate 39.48 mg per ml, 250 ml bottle

**MONOSODIUM L-ASPARTATE**

Inj 14 mmol per 10 ml, 10 ml

**Cold Storage Solutions**

**SODIUM WITH POTASSIUM**

Inj 29 mmol/l with potassium 125 mmol/l, 1,000 ml bag

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

# EXTEMPORANEOUSLY COMPOUNDED PREPARATIONS

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

# 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
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## Food Modules

### Carbohydrate

#### ➔ Restricted (RS1467)

##### Initiation – Use as an additive

Any of the following:

- 1 Cystic fibrosis; or
- 2 Chronic kidney disease; or
- 3 Cancer in children; or
- 4 Cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
- 5 Faltering growth in an infant/child; or
- 6 Bronchopulmonary dysplasia; or
- 7 Premature and post premature infant; or
- 8 Inborn errors of metabolism.

##### Initiation – Use as a module

For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

CARBOHYDRATE SUPPLEMENT – **Restricted** see terms [above](#)

† Powder 96 g carbohydrate per 100 g, can .....	6.72	400 g	Polycal
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### 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)
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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)		Brand or Generic Manufacturer
	\$	Per	

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
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→ **Restricted (RS1212)**

**Initiation**

Both:

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

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 <i>e.g. FM 85</i>
Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet			

## 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...

## SPECIAL FOODS

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

Powder .....24.00 380 g Aptamil Feed Thickener

### GUAR GUM

Powder ..... *e.g. Guarcol*

### MAIZE STARCH

Powder .....8.29 300 g Nutilis

### MALTODEXTRIN WITH XANTHAN GUM

Powder ..... *e.g. Instant Thick*

### MALTODEXTRIN WITH XANTHAN GUM AND ASCORBIC ACID

Powder ..... *e.g. Easy Thick*

## Metabolic Products

➔ **Restricted (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
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### 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 (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

### 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 (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

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Supplements for Phenylketonuria</b>			
AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – <b>Restricted</b> see terms <a href="#">on page 292</a>			
† 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

	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)
<b>GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE – Restricted</b> see terms <a href="#">on page 292</a>			
† 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 Vanilla
† Powder 20 g protein, 4.9 g carbohydrate per 33.4 g sachet.....	936.00	30	PKU GMPro Ultra Lemonade
† Powder 20 g protein, 6.0 g carbohydrate per 35 g sachet.....	930.00	30	PKU GMPro Ultra Vanilla
† Powder 20 g protein, 6.3 g carbohydrate per 35 g sachet.....	930.00	30	PKU sphere20 Lemon
			PKU sphere20 Chocolate
			PKU sphere20 Red Berry
			PKU sphere20 Vanilla
			PKU sphere20 Banana
† Powder 20 g protein, 6.7 g carbohydrate per 35 g sachet.....	930.00	30	
† Liquid (Coffee Mocha), 15 g protein, 3.1 g carbohydrate, 4.6 g fat 250 ml, carton.....	684.45	30	PKU Glytactin RTD 15 Lite
† Liquid (chocolate), 15 g protein, 22 g carbohydrate, 5.3 g fat per 250 ml, carton.....	684.45	30	PKU Glytactin RTD 15
† Liquid (neutral), 10 g protein, 8.5 g carbohydrate per 250 ml carton.....	280.80	18	PKU GMPro LQ
† Liquid (original), 15 g protein, 22 g carbohydrate, 5.3 g fat per 250 ml, carton.....	684.45	30	PKU Glytactin RTD 15
† 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 292](#)

† Powder (neutral) nil added protein and 67 g carbohydrate per 100 g, 400 g can.....	49.29	400 g	Energivit
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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**Supplements for Tyrosinaemia**

AMINO ACID FORMULA (WITHOUT PHENYLALANINE AND TYROSINE) – **Restricted** see terms on [page 292](#)

† 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 292](#)

† 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 292](#)

† Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE – **Restricted** see terms on [page 292](#)

† Liquid, bottle.....	131.80	500 ml	GTO Oil
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**Supplements for Glycogen Storage Disease**

HIGH AMYLOPECTIN CORN-STARCH – **Restricted** see terms on [page 292](#)

† Powder 0 g protein, 53 g carbohydrate, 0 g fat per 60 g sachet.....	241.62	30	Glycosade
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**Supplements for Organic Acidaemias**

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – **Restricted** see terms on [page 292](#)

† 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
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AMINO ACID FORMULA (WITHOUT METHIONINE, THREONINE AND VALINE) – **Restricted** see terms on [page 292](#)

† 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 292](#)

† Powder 1.7 g protein, 1.9 g carbohydrate per 4 g sachet.....	211.45	30	Arginine2000
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CITRULLINE – **Restricted** see terms on [page 292](#)

† Powder 0.8 g protein, 2.9 g carbohydrate per 4 g sachet.....	211.45	30	Citrulline1000
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ISOLEUCINE – **Restricted** see terms on [page 292](#)

† Powder 0.04 g protein, 3.8 g carbohydrate per 4 g sachet.....	141.05	30	Isoleucine50
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
LEUCINE – <b>Restricted</b> see terms <a href="#">on page 292</a>			
† Powder 0.08 g protein, 3.7 g carbohydrate per 4 g sachet.....	141.05	30	Leucine100
PHENYLALANINE – <b>Restricted</b> see terms <a href="#">on page 292</a>			
† Powder 0.04 g protein, 3.8 g carbohydrate per 4 g sachet.....	141.05	30	Phenylalanine50
TYROSINE – <b>Restricted</b> see terms <a href="#">on page 292</a>			
† Powder 0.8 g protein, 2.9 g carbohydrate per 4 g sachet.....	211.45	30	Tyrosine1000
VALINE – <b>Restricted</b> see terms <a href="#">on page 292</a>			
† 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 292](#)

† Powder (neutral), 12.5 g protein, 60 g carbohydrate and 16.4 g fat per 100 g sachet .....	47.01	10	Emsogen
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### Essential Amino Acids

ESSENTIAL AMINO ACID FORMULA – **Restricted** see terms [on page 292](#)

† Powder (neutral) 79 g protein per 100 g, 200 g can .....	313.73	200 g	Essential Amino Acid Mix
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### 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)
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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 Diasion</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 .....	8.40	4	Nutren Diabetes (vanilla)
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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**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.....	45.00	10	Vivonex TEN
AMINO ACID ORAL FEED 0.8 KCAL/ML – <b>Restricted</b> see terms <a href="#">above</a>			
⚡ 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
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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
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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			<i>e.g. Peptamen Junior</i>
⚡ Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can			<i>e.g. 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)
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**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
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➔ **Restricted (RS1470)**

**Initiation**

Any of the following:

continued...

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

HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML – **Restricted** see terms [below](#)

⬇ Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml, bottle .....	12.00	1,000 ml	Nutrison Protein Plus
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➔ **Restricted (RS1327)**

#### Initiation

Both:

- 1 The patient has a high protein requirement; and
- 2 Any of the following:

continued...

## SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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
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→ **Restricted** (RS1327)

#### Initiation

Both:

- 1 The patient has a high protein requirement; and
- 2 Any of the following:
  - 2.1 Patient has liver disease; or
  - 2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
  - 2.3 Patient is fluid restricted; or
  - 2.4 Patient's needs cannot be more appropriately met using high calorie product.

### HIGH PROTEIN ENTERAL FEED 1.28 KCAL/ML – **Restricted** see terms [below](#)

↓ Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat and 1.5 g fibre per 100 ml, bottle .....	12.54	1,000 ml	Nutrison Protein Plus Multi Fibre
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→ **Restricted** (RS1327)

#### Initiation

Both:

- 1 The patient has a high protein requirement; and
- 2 Any of the following:
  - 2.1 Patient has liver disease; or
  - 2.2 Patient is obese (BMI > 30) and is undergoing surgery; or
  - 2.3 Patient is fluid restricted; or
  - 2.4 Patient's needs cannot be more appropriately met using high calorie product.

## Infant Formulas

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

↓ Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can			<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
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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
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**→ 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
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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 malabsorption; or
- 7 Cystic fibrosis; or
- 8 Proven fat malabsorption; or
- 9 Severe intestinal motility disorders causing significant malabsorption; or
- 10 Intestinal failure; or
- 11 For step down from Amino Acid Formula.

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

### Continuation

Both:

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

### FRUCTOSE-BASED FORMULA

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

### LACTOSE-FREE FORMULA

Powder 1.3 g protein, 7.3 g carbohydrate and 3.5 g fat per 100 ml, 900 g can *e.g. Karicare Aptamil Gold De-Lact*

Powder 1.5 g protein, 7.2 g carbohydrate and 3.6 g fat per 100 ml, 900 g can *e.g. S26 Lactose Free*

### 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	Infatrin
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	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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→ **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 trialed 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>
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## 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.

## SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>PAEDIATRIC ENTERAL FEED 0.76 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† 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
<b>PAEDIATRIC ENTERAL FEED 1 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† 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
<b>PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† 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
<b>PAEDIATRIC ORAL FEED 1 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† 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)
<b>PAEDIATRIC ORAL FEED 1.5 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† 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

<b>LOW ELECTROLYTE ORAL FEED – Restricted</b> see terms <a href="#">below</a>			
‡ Powder 7.5 g protein, 57.6 g carbohydrate and 25.9 g fat per 100 g, can .....	64.26	400 g	Kindergen
➔ <b>Restricted (RS1227)</b>			
<b>Initiation</b>			
For children (up to 18 years) with acute or chronic kidney disease.			
<b>LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML</b>			
Liquid 8 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, 220 ml bottle .....	3.31	1	Nepro HP (strawberry) Nepro HP (vanilla)

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>LOW ELECTROLYTE ORAL FEED 2 KCAL/ML – Restricted</b> see terms <a href="#">below</a>			
↓ 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**

<b>HIGH ARGININE ORAL FEED 1.4 KCAL/ML – Restricted</b> see terms <a href="#">below</a>			
↓ 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
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→ **Restricted (RS1415)**

**Initiation**

Maximum of 400 ml as part of an Enhanced Recovery After Surgery (ERAS) protocol 2 to 3 hours before major abdominal surgery.

**Standard Feeds**

→ **Restricted (RS1214)**

**Initiation**

Any of the following:

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.

## SPECIAL FOODS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ENTERAL FEED 1.5 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† 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
<b>ENTERAL FEED 1 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† 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
<b>ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† 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
<b>HIGH PROTEIN ORAL FEED 2.4 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† 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>
<b>ORAL FEED – Restricted</b> see terms <a href="#">on the previous page</a>			
† Powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can .....	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)
<b>ORAL FEED 1 KCAL/ML – Restricted</b> see terms <a href="#">on the previous page</a>			
† Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml carton			<i>e.g. Resource Fruit Beverage</i>

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>ORAL FEED 1.5 KCAL/ML – Restricted</b> see terms <a href="#">on page 305</a>			
† 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 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>			
<b>ORAL FEED WITH FIBRE 1.5 KCAL/ML – Restricted</b> see terms <a href="#">on page 305</a>			
† 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](#)

⚠ 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** ..... 0.00 10 **Infanrix IPV**

➔ **Restricted (RS1387)**

**Initiation**

Any of the following:

- 1 A single dose for children up to the age of 7 who have completed primary immunisation; or
- 2 A course of up to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation; or
- 3 An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
- 4 Five doses will be funded for children requiring solid organ transplantation.

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

DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE –

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

⚠ Inj 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** ..... 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](#)

⚠ Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent – **5% DV Dec-24 to 2027** ..... 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...

Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
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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](http://www.bcgatlas.org/index.php)

**DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – Restricted** see terms [below](#)

<p>↓ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml prefilled syringe – <b>5% DV Dec-24 to 2027</b>.....</p>	0.00	10	<b>Boostrix</b>
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➔ **Restricted (RS1790)**

**Initiation**

Any of the following:

- 1 A single dose for pregnant women in the second or third trimester of each pregnancy; 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;
- 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 – <b>5% DV Dec-24 to 2027</b>.....</p>	0.00	1	<b>Act-HIB</b>
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➔ **Restricted (RS1520)**

**Initiation**

*Therapy limited to 1 dose*

Any of the following:

- 1 For primary vaccination in children; or
- 2 An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or
- 3 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

**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 – <b>5% DV Dec-24 to 2027</b>.....</p>	0.00	1	<b>MenQuadfi</b>
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➔ **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
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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
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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](#)

<p>‡ 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 – <b>5% DV</b></p> <p><b>Dec-24 to 2027</b> .....</p>	0.00	1 10	<b>Prevenar 13</b> <b>Prevenar 13</b>
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➔ **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
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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)		Brand or Generic Manufacturer
	\$	Per	

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 – **5% DV Feb-26 to 30 Sep 2027**.....

0.00	10	<b>Comirnaty (LP.8.1)</b>
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➔ **Restricted (RS2171)**

**Initiation – initial dose**

Up to three doses for previously unvaccinated children aged 6 months – 4 years at high risk of severe illness or highly immunocompromised.

**Continuation – additional dose**

Either:

- 1 One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 6 months to 4 years; or
- 2 One additional dose with the most current variant-matched vaccine every 12 months for children aged 6 months to 4 years old 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	<b>Comirnaty Omicron (JN.1)</b>
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➔ **Restricted (RS2171)**

**Initiation – initial dose**

Up to three doses for previously unvaccinated children aged 6 months – 4 years at high risk of severe illness or highly immunocompromised.

**Continuation – additional dose**

Either:

- 1 One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 6 months to 4 years; or
- 2 One additional dose with the most current variant-matched vaccine every 12 months for children aged 6 months to 4 years old 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 – **5% DV Feb-26 to 30 Sep 2027** .....

0.00	10	<b>Comirnaty (LP.8.1)</b>
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➔ **Restricted (RS2172)**

**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.

**Continuation – additional dose**

Either:

- 1 One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 5 to 11 years old; or
- 2 One additional dose with the most current variant-matched vaccine up to every 12 months for children aged 5 to 11 years old at high-risk of severe illness.

# VACCINES

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<p>⚠ Inj 10 mcg bretovameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap .....</p>	0.00	10	Comirnaty Omicron (JN.1)
<p>➔ <b>Restricted (RS2172)</b></p> <p><b>Initiation – initial dose</b></p> <p>Either:</p> <ol style="list-style-type: none"> <li>1 One dose for previously unvaccinated children aged 5-11 years old; or</li> <li>2 Up to three doses for immunocompromised children aged 5-11 years old.</li> </ol> <p><b>Continuation – additional dose</b></p> <p>Either:</p> <ol style="list-style-type: none"> <li>1 One additional dose with the most current variant-matched vaccine every 6 months for highly immunocompromised children aged 5 to 11 years old; or</li> <li>2 One additional dose with the most current variant-matched vaccine up to every 12 months for children aged 5 to 11 years old at high-risk of severe illness.</li> </ol>			
<p>⚠ Inj 30 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, pre-filled syringe; adult dose – 5% DV Feb-26 to 30 Sep 2027 .....</p>	0.00	10	Comirnaty (LP.8.1)
<p>➔ <b>Restricted (RS2173)</b></p> <p><b>Initiation – initial dose</b></p> <p>Any of the following:</p> <ol style="list-style-type: none"> <li>1 One dose for previously unvaccinated people aged 12-15 years and over 30 years old; or</li> <li>2 Two doses for previously unvaccinated people aged 16-29 years old; or</li> <li>3 Up to three doses for previously unvaccinated immunocompromised people from 12 years old; or</li> <li>4 Up to four doses for people at risk of severe illness aged from 12-29 years.</li> </ol> <p><b>Continuation – additional dose</b></p> <p>Both:</p> <ol style="list-style-type: none"> <li>1 One additional dose with the most current variant-matched vaccine every 6 months, additional dose to be given at least 6 months after last dose; and</li> <li>2 Any of the following:               <ol style="list-style-type: none"> <li>2.1 Previously vaccinated people aged 30 years and over; or</li> <li>2.2 Previously vaccinated immunocompromised people from 12 years; or</li> <li>2.3 Previously vaccinated people at high-risk of severe illness from 12 years.</li> </ol> </li> </ol>			
<p>⚠ Inj 30 mcg bretovameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap .....</p>	0.00	10	Comirnaty Omicron (JN.1)
<p>➔ <b>Restricted (RS2173)</b></p> <p><b>Initiation – initial dose</b></p> <p>Any of the following:</p> <ol style="list-style-type: none"> <li>1 One dose for previously unvaccinated people aged 12-15 years and over 30 years old; or</li> <li>2 Two doses for previously unvaccinated people aged 16-29 years old; or</li> <li>3 Up to three doses for previously unvaccinated immunocompromised people from 12 years old; or</li> <li>4 Up to four doses for people at risk of severe illness aged from 12-29 years.</li> </ol> <p><b>Continuation – additional dose</b></p> <p>Both:</p> <ol style="list-style-type: none"> <li>1 One additional dose with the most current variant-matched vaccine every 6 months, additional dose to be given at least 6 months after last dose; and</li> </ol>			

continued...

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

2 Any of the following:

- 2.1 Previously vaccinated people aged 30 years and over; or
- 2.2 Previously vaccinated immunocompromised people from 12 years; or
- 2.3 Previously vaccinated people at high-risk of severe illness from 12 years.

*(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	<b>Havrix Junior</b>
↓ Inj 1440 ELISA units in 1 ml syringe – 5% DV Dec-24 to 2027 .....	0.00	1	<b>Havrix 1440</b>

→ **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	<b>Engerix-B</b>
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→ **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	<b>Engerix-B</b>
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→ **Restricted (RS2174)**

**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

continued...

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

- 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 chronic kidney disease (CKD) stage 4 or 5 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**  
(2026 formulation)

➔ **Restricted (RS2013)**

**Initiation – People over 65**

The patient is 65 years of age or over.

**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:

continued...

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

- 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 [below](#)

↓ Injection, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml – <b>5% DV Dec-24 to 2027</b> .....	0.00	10	<b>Priorix</b>
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→ **Restricted (RS1487)**

**Initiation – first dose prior to 12 months**

*Therapy limited to 3 doses*

Any of the following:

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

**Initiation – first dose after 12 months**

*Therapy limited to 2 doses*

Any of the following:

continued...

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

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

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	<b>IPOL</b>
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➔ **Restricted (RS1398)**

**Initiation**

*Therapy limited to 3 doses*

Either:

- 1 For partially vaccinated or previously unvaccinated individuals; or
- 2 For revaccination following immunosuppression.

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

**RABIES VACCINE**

Inj 2.5 IU vial with diluent

**ROTAVIRUS ORAL VACCINE – Restricted** see terms [below](#)

† Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, pre-filled oral applicator – 5% DV Dec-24 to 2027 .....	0.00	10	<b>Rotarix</b>
† 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**

*Therapy limited to 2 doses*

Both:

- 1 First dose to be administered in infants aged under 14 weeks of age; and
- 2 No vaccination being administered to children aged 24 weeks or over.

**VARICELLA VACCINE [CHICKENPOX VACCINE]**

† Inj 2000 PFU pre-filled syringe plus vial – 5% DV Dec-24 to 2027 .....	0.00	10	<b>Varilrix</b>
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➔ **Restricted (RS1591)**

**Initiation – primary vaccinations**

*Therapy limited to 1 dose*

Either:

- 1 Any infant born on or after 1 April 2016; or
- 2 For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox).

**Initiation – other conditions**

*Therapy limited to 2 doses*

Any of the following:

- 1 Any of the following:
  - for non-immune patients:
    - 1.1 With chronic liver disease who may in future be candidates for transplantation; or
    - 1.2 With deteriorating renal function before transplantation; or
    - 1.3 Prior to solid organ transplant; or
    - 1.4 Prior to any elective immunosuppression\*; or

continued...

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

- 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 – <b>5% DV Dec-24 to 2027</b> .....	0.00	1	<b>Tubersol</b>
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## PART III: OPTIONAL PHARMACEUTICALS

	Price (ex man. excl. GST) \$	Per	Brand or Generic Manufacturer
<b>Optional Pharmaceuticals</b>			
<b>NOTE:</b>			
In addition to the products expressly listed here in Part III: Optional Pharmaceuticals, a range of hospital medical devices are listed in an addendum to Part III which is available at <a href="http://schedule.pharmac.govt.nz">schedule.pharmac.govt.nz</a> . The Optional Pharmaceuticals listed in the addendum are deemed to be listed in Part III, and the Rules of the Pharmaceutical Schedule applying to products listed in Part III apply to them.			
<b>BETA-HCG LOW SENSITIVITY URINE TEST KIT</b>			
Note: For use in abortion services only.			
Midstream.....	16.28	1 test	CheckTop
<b>BLOOD GLUCOSE DIAGNOSTIC TEST METER</b>			
1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips .....	20.00	1	CareSens N Premier
	10.00		Caresens N Caresens N POP
<b>BLOOD GLUCOSE DIAGNOSTIC TEST STRIP</b>			
Blood glucose test strips.....	10.56	50 test	CareSens N
Test strips.....	10.56	50 test	CareSens PRO
<b>BLOOD KETONE DIAGNOSTIC TEST STRIP</b>			
Test strips.....	15.50	10 strip	KetoSens
<b>DUAL BLOOD GLUCOSE AND BLOOD KETONE DIAGNOSTIC TEST METER</b>			
Meter with 50 lancets, a lancing device, and 10 blood glucose diagnostic test strips .....	20.00	1	CareSens Dual
<b>MASK FOR SPACER DEVICE</b>			
Small.....	2.70	1	e-chamber Mask
<b>PEAK FLOW METER</b>			
Low Range .....	9.54	1	Mini-Wright AFS Low Range
Normal Range .....	9.54	1	Mini-Wright Standard
<b>PREGNANCY TEST - HCG URINE</b>			
Cassette – 5% DV Mar-25 to 2027 .....	16.00	40 test	<b>David One Step Cassette Pregnancy Test</b>
<b>SODIUM NITROPRUSSIDE</b>			
Test strip.....	22.00	50 strip	Ketostix
<b>SPACER DEVICE</b>			
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

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