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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://www.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 | |

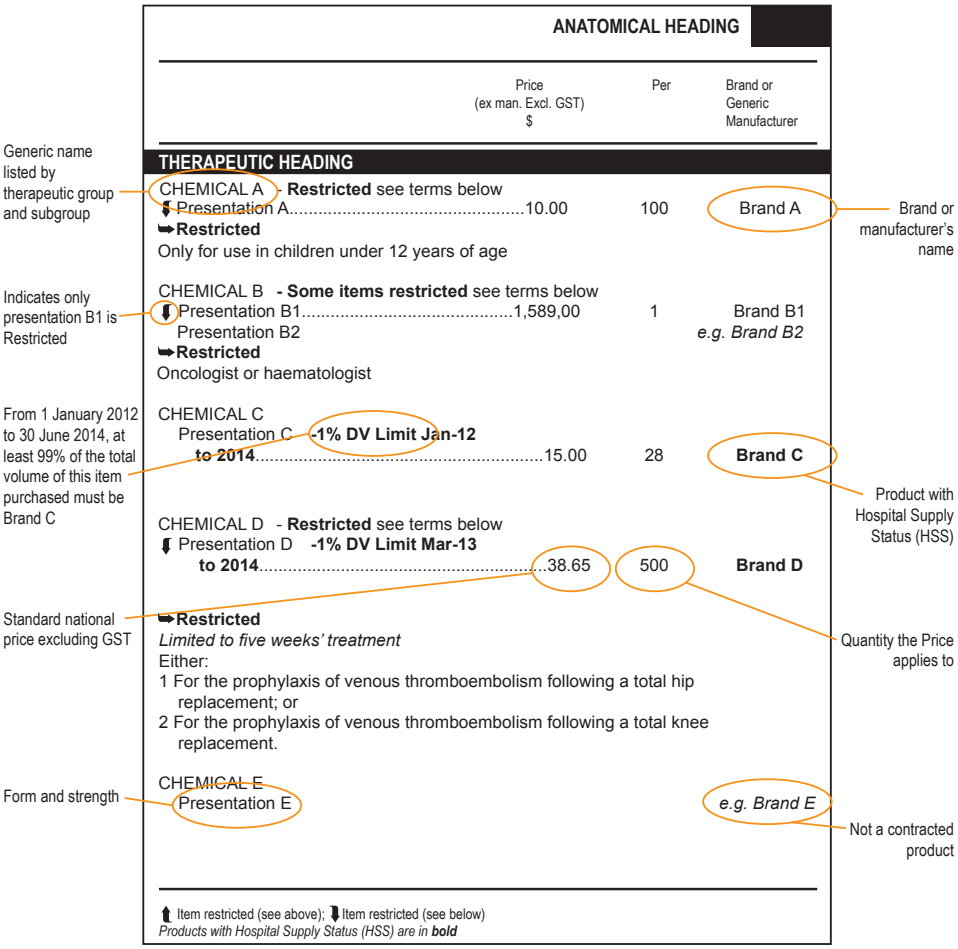
**Abbreviations**

| | | |
|---|---|---|
| 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**



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

Read the General Rules : https://www.pharmac.govt.nz/section-a.

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

# Antacids and Antiflatulents

## Antacids and Reflux Barrier Agents

ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE AND SIMETICONE
- Tab 200 mg with magnesium hydroxide 200 mg and simeticone 20 mg — *e.g. Mylanta*
- Oral liq 400 mg with magnesium hydroxide 400 mg and simeticone 30 mg per 5 ml — *e.g. Mylanta Double Strength*

SIMETICONE
- Oral drops 100 mg per ml
- Oral drops 20 mg per 0.3 ml
- 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. Gaviscon Infant*

SODIUM ALGINATE WITH SODIUM BICARBONATE AND CALCIUM CARBONATE
- Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg — *e.g. Gaviscon Double Strength*
- Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml ..... 5.50 — 500 ml — Acidex

SODIUM CITRATE
- Oral liq 8.8% (300 mmol/l) – **5% DV Jan-22 to 2024** ..... 25.00 — 90 ml — **Biomed**

## Phosphate Binding Agents

ALUMINIUM HYDROXIDE
- Tab 600 mg

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

➥ **Restricted** (RS1698)

**Initiation**

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

# Antidiarrhoeals and Intestinal Anti-Inflammatory Agents

## Antipropulsives

DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE
- Tab 2.5 mg with atropine sulphate 25 mcg

LOPERAMIDE HYDROCHLORIDE
- Tab 2 mg ..... 10.75 — 400 — Nodia
- Cap 2 mg – **5% DV Jan-23 to 2025** ..... 7.25 — 400 — **Diamide Relief**

## Rectal and Colonic Anti-Inflammatories

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

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

➥ **Restricted** (RS1723)

**Initiation – Crohn's disease**

Both:

1 Mild to moderate ileal, ileocaecal or proximal Crohn's disease; and
2 Any of the following:
- 2.1 Diabetes; or
- 2.2 Cushingoid habitus; or
- 2.3 Osteoporosis where there is significant risk of fracture; or
- 2.4 Severe acne following treatment with conventional corticosteroid therapy; or
- 2.5 History of severe psychiatric problems associated with corticosteroid treatment; or
- 2.6 History of major mental illness (such as bipolar affective disorder) where the risk of conventional corticosteroid treatment causing relapse is considered to be high; or
- 2.7 Relapse during pregnancy (where conventional corticosteroids are considered to be contraindicated).

**Initiation – Collagenous and lymphocytic colitis (microscopic colitis)**

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

**Initiation – Gut Graft versus Host disease**

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

**Initiation – non-cirrhotic autoimmune hepatitis**

*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) | 26.55 | 21.1 g | Colifoam |
| HYDROCORTISONE ACETATE WITH PRAMOXINE HYDROCHLORIDE | | | |
| Topical Aerosol foam, 1% with pramoxine hydrochloride 1% | | | |
| MESALAZINE | | | |
| Tab EC 400 mg | 49.50 | 100 | Asacol |
| Tab long-acting 500 mg – **1% DV Jul-20 to 2023** | 56.10 | 100 | **Pentasa** |
| Tab 800 mg | 85.50 | 90 | Asacol |
| Modified release granules 1 g | 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 |



⬆ 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 |
|---|---|---|---|
| OLSALAZINE | | | |
| Tab 500 mg | 93.37 | 100 | Dipentum |
| Cap 250 mg | 53.00 | 100 | Dipentum |
| PREDNISOLONE SODIUM | | | |
| Rectal foam 20 mg per dose (14 applications) | 74.10 | 1 | Essential Prednisolone |
| SODIUM CROMOGLICATE | | | |
| Cap 100 mg | | | |
| SULFASALAZINE | | | |
| Tab 500 mg | 14.00 | 100 | Salazopyrin |
| Tab EC 500 mg | 15.53 | 100 | Salazopyrin EN |

## Local Preparations for Anal and Rectal Disorders

### Antihaemorrhoidal Preparations

| | | | |
|---|---|---|---|
| CINCHOCAINE HYDROCHLORIDE WITH HYDROCORTISONE | | | |
| Oint 5 mg with hydrocortisone 5 mg per g | 15.00 | 30 g | Proctosedyl |
| Suppos 5 mg with hydrocortisone 5 mg per g | 9.90 | 12 | Proctosedyl |
| FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE | | | |
| Oint 950 mcg with fluocortolone pivalate 920 mcg and cinchocaine hydrochloride 5 mg per g | 11.06 | 30 g | Ultraproct |
| Suppos 630 mcg with fluocortolone pivalate 610 mcg and cinchocaine hydrochloride 1 mg | 7.30 | 12 | Ultraproct |

### Management of Anal Fissures

| | | | |
|---|---|---|---|
| GLYCERYL TRINITRATE | | | |
| Oint 0.2% – **5% DV Sep-21 to 2024** | 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 | 65.45 | 10 | Max Health |
| HYOSCINE BUTYLBROMIDE | | | |
| Tab 10 mg – **1% DV Oct-20 to 2023** | 6.35 | 100 | **Buscopan** |
| Inj 20 mg, 1 ml ampoule – **1% DV Jul-20 to 2023** | 6.35 | 5 | **Buscopan** |
| MEBEVERINE HYDROCHLORIDE | | | |
| Tab 135 mg – **1% DV Jul-20 to 2023** | 9.20 | 90 | **Colofac** |

## Antiulcerants

### Antisecretory and Cytoprotective

| | | | |
|---|---|---|---|
| MISOPROSTOL | | | |
| Tab 200 mcg | 41.50 | 120 | Cytotec |

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

## H2 Antagonists

CIMETIDINE
- Tab 200 mg
- Tab 400 mg

FAMOTIDINE
- Tab 20 mg
- Tab 40 mg
- Inj 10 mg per ml, 2 ml vial
- Inj 10 mg per ml, 4 ml vial

RANITIDINE – **Restricted** see terms below
- ⬇ Tab 150 mg
- ⬇ Tab 300 mg
- ⬇ Inj 25 mg per ml, 2 ml ampoule

➥ **Restricted** (RS1703)
**Initiation**
Either:
1 For continuation use; or
2 Routine prevention of allergic reactions..

## Proton Pump Inhibitors

LANSOPRAZOLE

| | | | |
|---|---|---|---|
| Cap 15 mg – **5% DV Dec-21 to 2024** | 4.20 | 100 | **Lanzol Relief** |
| Cap 30 mg – **5% DV Dec-21 to 2024** | 5.26 | 100 | **Lanzol Relief** |

OMEPRAZOLE
- ⬇ Tab dispersible 10 mg

➥ **Restricted** (RS1027)
**Initiation**
Only for use in tube-fed patients.
- ⬇ Tab dispersible 20 mg

➥ **Restricted** (RS1027)
**Initiation**
Only for use in tube-fed patients.

| | | | |
|---|---|---|---|
| Cap 10 mg – **1% DV Aug-21 to 2023** | 1.94 | 90 | **Omeprazole actavis 10** |
| Cap 20 mg – **1% DV Aug-21 to 2023** | 1.86 | 90 | **Omeprazole actavis 20** |
| Cap 40 mg – **1% DV Aug-21 to 2023** | 3.11 | 90 | **Omeprazole actavis 40** |
| Powder for oral liq | 42.50 | 5 g | Midwest |
| Inj 40 mg ampoule with diluent – **5% DV Jan-23 to 2025** | 37.38 | 5 | **Dr Reddy's Omeprazole** |
| Inj 40 mg vial – **5% DV Jan-23 to 2025** | 11.95 | 5 | **Omezol IV** |

PANTOPRAZOLE

| | | | |
|---|---|---|---|
| Tab EC 20 mg | 2.02 | 100 | Panzop Relief |
| Tab EC 40 mg | 2.85 | 100 | Panzop Relief |
| Inj 40 mg vial | | | |

## Site Protective Agents

COLLOIDAL BISMUTH SUBCITRATE

| | | | |
|---|---|---|---|
| Tab 120 mg | 14.51 | 50 | Gastrodenol |

SUCRALFATE
- Tab 1 g



⬆ 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 |
|---|---|---|---|

## Bile and Liver Therapy

L-ORNITHINE L-ASPARTATE – **Restricted** see terms below
⬇ Grans for oral liquid 3 g
➥ **Restricted** (RS1261)
**Initiation**
For patients with chronic hepatic encephalopathy who have not responded to treatment with, or are intolerant to lactulose, or where lactulose is contraindicated.

RIFAXIMIN – **Restricted** see terms below
⬇ Tab 550 mg – **1% DV Mar-21 to 2023** ..... 625.00 | 56 | **Xifaxan**
➥ **Restricted** (RS1416)
**Initiation**
For patients with hepatic encephalopathy despite an adequate trial of maximum tolerated doses of lactulose.

## Diabetes

### Alpha Glucosidase Inhibitors

ACARBOSE
Tab 50 mg – **5% DV Dec-21 to 2024** ..... 8.95 | 90 | **Accarb**
Tab 100 mg – **5% DV Dec-21 to 2024** ..... 15.29 | 90 | **Accarb**

### Hyperglycaemic Agents

DIAZOXIDE – **Restricted** see terms below
⬇ 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
➥ **Restricted** (RS1028)
**Initiation**
For patients with confirmed hypoglycaemia caused by hyperinsulinism.

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

GLUCOSE [DEXTROSE]
Tab 1.5 g
Tab 3.1 g
Tab 4 g
Oral soln 15 g per 80 ml sachet – **1% DV Jan-22 to 2023** ..... 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

### Insulin - Intermediate-Acting Preparations

INSULIN ASPART WITH INSULIN ASPART PROTAMINE
Inj insulin aspart 30% with insulin aspart protamine 70%, 100 u per ml, 3 ml prefilled pen ..... 52.15 | 5 | NovoMix 30 FlexPen

INSULIN ISOPHANE
Inj insulin human 100 u per ml, 10 ml vial
Inj insulin human 100 u per ml, 3 ml cartridge

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| INSULIN LISPRO WITH INSULIN LISPRO PROTAMINE | | | |
| Inj insulin lispro 25% with insulin lispro protamine 75%, 100 u per ml, 3 ml cartridge | 42.66 | 5 | Humalog Mix 25 |
| Inj insulin lispro 50% with insulin lispro protamine 50%, 100 u per ml, 3 ml cartridge | 42.66 | 5 | Humalog Mix 50 |
| INSULIN NEUTRAL WITH INSULIN ISOPHANE | | | |
| Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 10 ml vial | | | |
| Inj insulin neutral 30% with insulin isophane 70%, 100 u per ml, 3 ml cartridge | | | |
| Inj insulin neutral 40% with insulin isophane 60%, 100 u per ml, 3 ml cartridge | | | |
| Inj insulin neutral 50% with insulin isophane 50%, 100 u per ml, 3 ml cartridge | | | |

## Insulin - Long-Acting Preparations

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

## Insulin - Rapid-Acting Preparations

| | | | |
|---|---|---|---|
| INSULIN ASPART | | | |
| Inj 100 u per ml, 10 ml vial | | | |
| Inj 100 u per ml, 3 ml cartridge | | | |
| Inj 100 u per ml, 3 ml syringe | 51.19 | 5 | NovoRapid FlexPen |
| INSULIN GLULISINE | | | |
| Inj 100 u per ml, 10 ml vial | 27.03 | 1 | Apidra |
| Inj 100 u per ml, 3 ml cartridge | 46.07 | 5 | Apidra |
| Inj 100 u per ml, 3 ml disposable pen | 46.07 | 5 | Apidra Solostar |
| INSULIN LISPRO | | | |
| Inj 100 u per ml, 10 ml vial | | | |
| Inj 100 u per ml, 3 ml cartridge | | | |

## Insulin - Short-Acting Preparations

| | | | |
|---|---|---|---|
| INSULIN NEUTRAL | | | |
| Inj human 100 u per ml, 10 ml vial | | | |
| Inj human 100 u per ml, 3 ml cartridge | | | |

## Oral Hypoglycaemic Agents

| | | | |
|---|---|---|---|
| GLIBENCLAMIDE | | | |
| Tab 5 mg – **5% DV Jan-22 to 2024** | 7.50 | 100 | **Daonil** |
| GLICLAZIDE | | | |
| Tab 80 mg – **1% DV Nov-20 to 2023** | 15.18 | 500 | **Glizide** |
| GLIPIZIDE | | | |
| Tab 5 mg – **5% DV Mar-22 to 2024** | 4.58 | 100 | **Minidiab** |



⬆ 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 |
|---|---|---|---|
| METFORMIN HYDROCHLORIDE | | | |
| Tab immediate-release 500 mg – **1% DV Mar-22 to 2024** | 14.74 | 1,000 | **Metformin Mylan** |
| Tab immediate-release 850 mg – **1% DV Mar-22 to 2024** | 11.28 | 500 | **Metformin Mylan** |
| PIOGLITAZONE | | | |
| Tab 15 mg – **5% DV Jan-22 to 2024** | 6.80 | 90 | **Vexazone** |
| Tab 30 mg – **5% DV Jan-22 to 2024** | 7.30 | 90 | **Vexazone** |
| Tab 45 mg – **5% DV Jan-22 to 2024** | 12.25 | 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

➦ **Restricted** (RS1857)
**Initiation**
Any of the following:

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

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

a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.
b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m2 in the presence of diabetes, without alternative cause.

| | | | |
|---|---|---|---|
| DULAGLUTIDE – **Restricted** see terms above | | | |
| Note: Not to be given in combination with a funded SGLT-2 inhibitor. | | | |
| ⬆ Inj 1.5 mg per 0.5 ml prefilled pen | 115.23 | 4 | Trulicity |

## SGLT2 Inhibitors

➦ **Restricted** (RS1852)
**Initiation**
Any of the following:

continued…

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

continued…

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

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

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

b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m2 in the presence of diabetes, without alternative cause.

EMPAGLIFLOZIN – **Restricted** see terms on the previous page

Note: Not to be given in combination with a funded GLP-1 agonist.

| | | | | |
|---|---|---|---|---|
| ⬆ | 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

Note: Not to be given in combination with a funded GLP-1 agonist.

| | | | | |
|---|---|---|---|---|
| ⬆ | 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 |

## 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) – **5% DV Jun-22 to 2024** | 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) – **5% DV Jun-22 to 2024** | 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 on the next page

| | | | | |
|---|---|---|---|---|
| ⬇ | Cap 250 mg – **1% DV Oct-20 to 2023** | 32.95 | 100 | **Ursosan** |



⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
*e.g. Brand* indicates brand example only. It is not a contracted product.

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

➥ **Restricted** (RS1824)

**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**

*Limited to 6 months* treatment

Both:

1 The patient is enrolled in the Children's Oncology Group AALL1732 trial; and
2 The patient has leukaemia/lymphoma and is receiving inotuzumab ozogamicin.

## Laxatives

### Bowel-Cleansing Preparations

CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE

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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE AND SODIUM CHLORIDE | | | |
| Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet – **5% DV Aug-22 to 01 Jan 2024** | 218.88 | 48 | Glycoprep-C |
| | 13.68 | 3 | **Glycoprep-O** |
| Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 210 g sachet | | | *e.g. Glycoprep-O* |
| Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 210 g sachet. | | | *e.g. Glycoprep-C* |
| *(Glycoprep-C Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 70 g sachet to be delisted 1 November 2022)* | | | |
| *(e.g. Glycoprep-C Powder for oral soln 755.68 mg with ascorbic acid 85.16 mg, potassium chloride 10.55 mg, sodium chloride 37.33 mg and sodium sulphate 80.62 mg per g, 210 g sachet. to be delisted 1 November 2022)* | | | |
| MACROGOL 3350 WITH ASCORBIC ACID, POTASSIUM CHLORIDE, SODIUM CHLORIDE AND CITRIC ACID WITH MAGNESIUM OXIDE AND SODIUM PICOSULFATE | | | |
| Powder for oral soln 52.9 g with ascorbic acid 6 g, potassium chloride 740 mg, sodium chloride 2.6 g and sodium sulphate 5.6 g per sachet (1) and powder for oral soln citric acid 12 g with magnesium oxide 3.5 g and sodium picosulfate 10 mg per sachet (2) | | | *e.g. Prepkit-C* |
| 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 oxide 3.5 g and sodium picosulfate 10 mg per sachet (2) | | | *e.g. Prepkit-O* |
| MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE, SODIUM CHLORIDE AND SODIUM SULPHATE | | | |
| Powder for oral soln 59 g with potassium chloride 0.7425 g, sodium bicarbonate 1.685 g, sodium chloride 1.465 g and sodium sulphate 5.685 g per sachet | 14.31 | 4 | Klean Prep |

## Bulk-Forming Agents

| | | | |
|---|---|---|---|
| ISPAGHULA (PSYLLIUM) HUSK | | | |
| Powder for oral soln – **1% DV Nov-20 to 2023** | 12.20 | 500 g | **Konsyl-D** |
| STERCULIA WITH FRANGULA – **Restricted:** For continuation only | | | |
| ➥ Powder for oral soln | | | |

## Faecal Softeners

| | | | |
|---|---|---|---|
| DOCUSATE SODIUM | | | |
| Tab 50 mg – **1% DV Oct-20 to 2023** | 2.31 | 100 | **Coloxyl** |
| Tab 120 mg – **1% DV Oct-20 to 2023** | 3.13 | 100 | **Coloxyl** |
| DOCUSATE SODIUM WITH SENNOSIDES | | | |
| Tab 50 mg with sennosides 8 mg – **5% DV Nov-22 to 2025** | 3.50 | 200 | **Laxsol** |
| PARAFFIN | | | |
| Oral liquid 1 mg per ml | | | |
| Enema 133 ml | | | |
| POLOXAMER | | | |
| Oral drops 10% – **1% DV Nov-20 to 2023** | 3.98 | 30 ml | **Coloxyl** |



⬆ 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 |
|---|---|---|---|

## Opioid Receptor Antagonists - Peripheral

METHYLNALTREXONE BROMIDE – **Restricted** see terms below

⬇ Inj 12 mg per 0.6 ml vial ..... 36.00 — 1 — Relistor
246.00 — 7 — Relistor

➥ **Restricted** (RS1601)
**Initiation – Opioid induced constipation**
Both:
1 The patient is receiving palliative care; and
2 Either:
2.1 Oral and rectal treatments for opioid induced constipation are ineffective; or
2.2 Oral and rectal treatments for opioid induced constipation are unable to be tolerated.

## Osmotic Laxatives

GLYCEROL
Suppos 1.27 g
Suppos 2.55 g
Suppos 3.6 g ..... 9.25 — 20 — PSM
Suppos 4 g – **5% DV Feb-23 to 2025** ..... 10.39 — 20 — **Lax-suppositories Glycerol**

Note: DV limit applies to glycerol suppository presentations.
*(Any Suppos 1.27 g to be delisted 1 February 2023)*
*(Any Suppos 2.55 g to be delisted 1 February 2023)*
*(PSM Suppos 3.6 g to be delisted 1 February 2023)*

LACTULOSE
Oral liq 10 g per 15 ml ..... 3.33 — 500 ml — Laevolac

MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE
Powder for oral soln 6.563 g with potassium chloride 23.3 mg, sodium bicarbonate 89.3 mg and sodium chloride 175.4 mg
Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – **1% DV Oct-20 to 2023** ..... 6.70 — 30 — **Molaxole**

SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE
Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml ..... 29.98 — 50 — Micolette

SODIUM PHOSPHATE WITH PHOSPHORIC ACID
Oral liq 16.4% with phosphoric acid 25.14%
Enema 10% with phosphoric acid 6.58% ..... 2.50 — 1 — Fleet Phosphate Enema

## Stimulant Laxatives

BISACODYL
Tab 5 mg – **5% DV Jan-23 to 2025** ..... 5.80 — 200 — **Bisacodyl Viatris**
Pharmacy Health
Suppos 10 mg – **5% DV Dec-21 to 2024** ..... 3.69 — 10 — **Lax-Suppositories**
*(Pharmacy Health Tab 5 mg to be delisted 1 January 2023)*

SENNOSIDES
Tab 7.5 mg

SODIUM PICOSULFATE – **Restricted** see terms on the next page

⬇ Oral soln 7.5 mg per ml ..... 7.40 — 30 ml — Dulcolax SP Drop

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

➥ **Restricted** (RS1843)
**Initiation**
Both:

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

## Metabolic Disorder Agents

ALGLUCOSIDASE ALFA – **Restricted** see terms below
⬇ Inj 50 mg vial ..... 1,142.60 1 Myozyme
➥ **Restricted** (RS1793)
**Initiation**
Metabolic physician
*Re-assessment required after 12 months*
All of the following:

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

**Continuation**
Metabolic physician
*Re-assessment required after 12 months*
All of the following:

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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ARGININE | | | |
| Tab 1,000 mg | | | |
| Cap 500 mg | | | |
| Powder | | | |
| Inj 500 mg per ml, 10 ml vial | | | |
| Inj 600 mg per ml, 25 ml vial | | | |
| BETAINE – **Restricted** see terms below | | | |
| ⬇ Powder for oral soln | 575.00 | 180 g | Cystadane |

➥ **Restricted** (RS1794)

**Initiation**

Metabolic physician

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

LARONIDASE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 100 U per ml, 5 ml vial | 1,335.16 | 1 | Aldurazyme |

➥ **Restricted** (RS1607)

**Initiation**

Metabolic physician

*Limited to 24 weeks* treatment

All of the following:

continued…

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

continued…

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

LEVOCARNITINE – **Restricted** see terms below
⬇ Tab 500 mg
⬇ Cap 250 mg
⬇ Cap 500 mg
⬇ Oral liq 500 mg per 10 ml
⬇ Oral soln 1,000 mg per 10 ml
⬇ Oral soln 1,100 mg per 15 ml
⬇ Inj 200 mg per ml, 5 ml vial
➥ **Restricted** (RS1035)
Neurologist, metabolic physician or metabolic disorders dietitian

PYRIDOXAL-5-PHOSPHATE – **Restricted** see terms below
⬇ Tab 50 mg
➥ **Restricted** (RS1331)
Neurologist, metabolic physician or metabolic disorders dietitian

RIBOFLAVIN – **Restricted** see terms below
⬇ Tab 100 mg
⬇ Cap 100 mg
➥ **Restricted** (RS1833)
**Initiation**
Metabolic physician or neurologist
*Re-assessment required after 6 months*
The patient has a suspected inborn error of metabolism that may respond to riboflavin supplementation.
**Continuation**
Metabolic physician or neurologist
*Re-assessment required after 24 months*
Both:

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

SAPROPTERIN DIHYDROCHLORIDE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab soluble 100 mg | 1,452.70 | 30 | Kuvan |

➥ **Restricted** (RS1796)
**Initiation**
Metabolic physician
*Re-assessment required after 1 month*
All of the following:

continued…

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

continued…

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

**Continuation**
Metabolic physician
*Re-assessment required after 12 months*
All of the following:

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

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

SODIUM PHENYLBUTYRATE – **Some items restricted** see terms below
Tab 500 mg
⬇ Grans 483 mg per g ..... 2,016.00 — 174 g — Pheburane
Oral liq 250 mg per ml
Inj 200 mg per ml, 10 ml ampoule
➥ **Restricted** (RS1797)
**Initiation**
Metabolic physician
*Re-assessment required after 12 months*
For the chronic management of a urea cycle disorder involving a deficiency of carbamylphosphate synthetase, ornithine transcarbamylase or argininosuccinate synthetase.
**Continuation**
Metabolic physician
*Re-assessment required after 12 months*
The treatment remains appropriate and the patient is benefiting from treatment.

TALIGLUCERASE ALFA – **Restricted** see terms on the next page
⬇ Inj 200 unit vial ..... 1,072.00 — 1 — Elelyso


⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
*e.g. Brand* indicates brand example only. It is not a contracted product.

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

➥ **Restricted** (RS1897)
**Initiation**
Metabolic physician
*Re-assessment required after 12 months*
All of the following:

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

Note: Indication marked with * is an unapproved indication
**Continuation**
Metabolic physician or any relevant practitioner on the recommendation of a metabolic physician
*Re-assessment required after 3 years*
All of the following:

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

TAURINE – **Restricted** see terms below
⬇ Cap 500 mg
⬇ Cap 1,000 mg
⬇ Powder
➥ **Restricted** (RS1834)
**Initiation**
Metabolic physician
*Re-assessment required after 6 months*
The patient has a suspected specific mitochondrial disorder that may respond to taurine supplementation.
**Continuation**
Metabolic physician
*Re-assessment required after 24 months*
Both:

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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| TRIENTINE DIHYDROCHLORIDE | | | |
| Cap 300 mg | | | |

# Minerals

## Calcium

| | | | |
|---|---|---|---|
| CALCIUM CARBONATE | | | |
| Tab 1.25 g (500 mg elemental) – **1% DV May-21 to 2023** | 6.69 | 250 | **Calci-Tab 500** |
| Tab eff 1.25 g (500 mg elemental) | | | |
| Tab eff 1.75 g (1 g elemental) | | | |

## Fluoride

| | | | |
|---|---|---|---|
| SODIUM FLUORIDE | | | |
| Tab 1.1 mg (0.5 mg elemental) | | | |

## Iodine

| | | | |
|---|---|---|---|
| POTASSIUM IODATE | | | |
| Tab 253 mcg (150 mcg elemental iodine) – **1% DV Oct-20 to 2023** | 4.58 | 90 | **NeuroTabs** |
| POTASSIUM IODATE WITH IODINE | | | |
| Oral liq 10% with iodine 5% | | | |

## Iron

| | | | |
|---|---|---|---|
| FERROUS FUMARATE | | | |
| Tab 200 mg (65 mg elemental) – **5% DV May-22 to 2024** | 3.04 | 100 | **Ferro-tab** |
| FERROUS FUMARATE WITH FOLIC ACID | | | |
| Tab 310 mg (100 mg elemental) with folic acid 350 mcg – **5% DV Aug-22 to 2024** | 5.98 | 100 | **Ferro-F-Tabs** |
| FERROUS GLUCONATE WITH ASCORBIC ACID | | | |
| Tab 170 mg (20 mg elemental) with ascorbic acid 40 mg | | | |
| FERROUS SULFATE | | | |
| Tab long-acting 325 mg (105 mg elemental) – **5% DV Jan-23 to 2025** | 2.55 | 30 | **Ferrograd** |
| Oral liq 30 mg (6 mg elemental) per ml – **5% DV Jan-23 to 2025** | 13.10 | 500 ml | **Ferodan** |
| FERROUS SULFATE WITH ASCORBIC ACID | | | |
| Tab long-acting 325 mg (105 mg elemental) with ascorbic acid 500 mg | | | |
| IRON (AS FERRIC CARBOXYMALTOSE) – **Restricted** see terms below | | | |
| ⬇ Inj 50 mg per ml, 10 ml vial | 150.00 | 1 | Ferinject |

➥ **Restricted** (RS1417)

**Initiation**

Treatment with oral iron has proven ineffective or is clinically inappropriate.

| | | | |
|---|---|---|---|
| IRON (AS SUCROSE) | | | |
| Inj 20 mg per ml, 5 ml ampoule | 100.00 | 5 | Venofer |
| IRON POLYMALTOSE | | | |
| Inj 50 mg per ml, 2 ml ampoule | 34.50 | 5 | Ferrosig |

## Magnesium

| | | | |
|---|---|---|---|
| MAGNESIUM AMINO ACID CHELATE | | | |
| Cap 750 mg (150 mg elemental) | | | |



⬆ 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 |
|---|---|---|---|
| MAGNESIUM CHLORIDE | | | |
| Inj 1 mmol per 1 ml, 100 ml bag | | | |
| MAGNESIUM HYDROXIDE | | | |
| Tab 311 mg (130 mg elemental) | | | |
| Suspension 8% | | | |
| MAGNESIUM OXIDE | | | |
| Cap 663 mg (400 mg elemental) | | | |
| Cap 696 mg (420 mg elemental) | | | |
| MAGNESIUM OXIDE WITH MAGNESIUM ASPARTATE, MAGNESIUM AMINO ACID CHELATE AND MAGNESIUM CITRATE | | | |
| Cap 500 mg with magnesium aspartate 100 mg, magnesium amino acid chelate 100 mg and magnesium citrate 100 mg (360 mg elemental magnesium) | | | |
| MAGNESIUM SULPHATE | | | |
| Inj 100 mg per ml, 40 ml bag | | | |
| Inj 0.4 mmol per ml, 250 ml bag | | | |
| Inj 2 mmol per ml, 5 ml ampoule – **1% DV Jul-21 to 2023** | 25.53 | 10 | **Martindale** |
| Inj 100 mg per ml, 50 ml bag | | | |

## Zinc

| | | | |
|---|---|---|---|
| ZINC | | | |
| Oral liq 5 mg per 5 drops | | | |
| ZINC CHLORIDE | | | |
| Inj 5.3 mg per ml (5.1 mg per ml elemental), 2 ml ampoule | | | |
| ZINC SULPHATE | | | |
| Cap 137.4 mg (50 mg elemental) | 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%

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

DICHLOROBENZYL ALCOHOL WITH AMYLMETACRESOL
- Lozenge 1.2 mg with amylmetacresol 0.6 mg

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| TRIAMCINOLONE ACETONIDE | | | |
| Paste 0.1% – **1% DV Nov-20 to 2023** | 5.33 | 5 g | **Kenalog in Orabase** |

## Oropharyngeal Anti-Infectives

| | | | |
|---|---|---|---|
| AMPHOTERICIN B | | | |
| Lozenge 10 mg | 5.86 | 20 | Fungilin |
| MICONAZOLE | | | |
| Oral gel 20 mg per g – **5% DV Dec-21 to 2024** | 4.74 | 40 g | **Decozol** |
| NYSTATIN | | | |
| Oral liquid 100,000 u per ml – **1% DV Oct-20 to 2023** | 1.76 | 24 ml | **Nilstat** |

## Other Oral Agents

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

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

# Vitamins

## Multivitamin Preparations

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

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

| | | | |
|---|---|---|---|
| MULTIVITAMIN RENAL – **Restricted** see terms below | | | |
| ⬇ Cap | 6.49 | 30 | Clinicians Renal Vit |

➥ **Restricted** (RS1499)
**Initiation**
Either:
1 The patient has chronic kidney disease and is receiving either peritoneal dialysis or haemodialysis; or
2 The patient has chronic kidney disease grade 5, defined as patient with an estimated glomerular filtration rate of < 15 ml/min/1.73m$^2$ body surface area (BSA).

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| MULTIVITAMINS | | | |
| Tab (BPC cap strength) – **5% DV Feb-23 to 2025** | 18.50 | 1,000 | **Mvite** |
| ⬇ cap vitamin A 2500 u, betacarotene 3 mg, cholecalciferol 11 mcg, alpha tocopherol 150 u, phytomenadione 150 mcg, folic acid 0.2 mg, ascorbic acid 100 mg, thiamine 1.5 mg, pantothenic acid 12 mg, riboflavin 1.7 mg, niacin 20 mg, pyridoxine hydrochloride 1.9 mg, cyanocobalamin 3 mg, zinc 7.5 mg and biotin 100 mcg | | | *e.g. Vitabdeck* |
| ➥ **Restricted** (RS1620) | | | |
| **Initiation** | | | |
| Any of the following: | | | |
| 1 Patient has cystic fibrosis with pancreatic insufficiency; or | | | |
| 2 Patient is an infant or child with liver disease or short gut syndrome; or | | | |
| 3 Patient has severe malabsorption syndrome. | | | |
| ⬇ Powder vitamin A 3200 mcg with vitamin D 100 mcg, vitamin E 54.2 mg, vitamin C 400 mg, vitamin K1 108 mcg thiamine 3.2 mg, riboflavin 4.4 mg, niacin 41 mg, vitamin B6 3.6 mg, folic acid 600 mcg, vitamin B12 9 mcg, biotin 120 mcg, pantothenic acid 24 mg, choline 1250 mg and inositol 700 mg | | | *e.g. Paediatric Seravit* |
| ➥ **Restricted** (RS1178) | | | |
| **Initiation** | | | |
| Patient has inborn errors of metabolism. | | | |
| Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg and glucose 1000 mg, 5 ml ampoule (1) | | | *e.g. Pabrinex IV* |
| Inj thiamine hydrochloride 250 mg with riboflavin 4 mg and pyridoxine hydrochloride 50 mg, 5 ml ampoule (1) and inj ascorbic acid 500 mg with nicotinamide 160 mg, 2 ml ampoule (1) | | | *e.g. Pabrinex IM* |
| Inj thiamine hydrochloride 500 mg with riboflavin 8 mg and pyridoxine hydrochloride 100 mg, 10 ml ampoule (1) and inj ascorbic acid 1000 mg with nicotinamide 320 mg and glucose 2000 mg, 10 ml ampoule (1) | | | *e.g. Pabrinex IV* |

## Vitamin A

RETINOL

Tab 10,000 iu
Cap 25,000 iu
Oral liq 150,000 iu per ml
Oral liq 666.7 mcg per 2 drops, 10 ml
Oral liq 5,000 iu per drop, 30 ml

## Vitamin B

| | | | |
|---|---|---|---|
| HYDROXOCOBALAMIN | | | |
| Inj 1 mg per ml, 1 ml ampoule – **5% DV Nov-22 to 2024** | 2.46 | 3 | **Hydroxocobalamin Panpharma** |
| | 2.84 | | Neo-B12 |

*(Neo-B12 Inj 1 mg per ml, 1 ml ampoule to be delisted 1 November 2022)*

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PYRIDOXINE HYDROCHLORIDE | | | |
| Tab 25 mg – **1% DV Oct-20 to 2023** | 2.70 | 90 | **Vitamin B6 25** |
| Tab 50 mg | 23.45 | 500 | Pyridoxine multichem |
| Inj 100 mg per ml, 2 ml vial | | | |
| Inj 100 mg per ml, 1 ml ampoule | | | |
| Inj 100 mg per ml, 30 ml vial | | | |
| THIAMINE HYDROCHLORIDE | | | |
| Tab 50 mg | 7.09 | 100 | Max Health |
| Tab 100 mg | | | |
| Inj 100 mg per ml, 1 ml vial | | | *e.g. Benerva* |
| Inj 100 mg per ml, 2 ml vial | | | |
| VITAMIN B COMPLEX | | | |
| Tab strong, BPC | 7.15 | 500 | Bplex |

## Vitamin C

| | | | |
|---|---|---|---|
| ASCORBIC ACID | | | |
| Tab 100 mg – **5% DV Feb-23 to 2025** | 12.50 | 500 | **Cvite** |
| Tab chewable 250 mg | | | |

## Vitamin D

| | | | |
|---|---|---|---|
| ALFACALCIDOL | | | |
| Cap 0.25 mcg | 26.32 | 100 | One-Alpha |
| Cap 1 mcg | 87.98 | 100 | One-Alpha |
| Oral drops 2 mcg per ml | 60.68 | 20 ml | One-Alpha |
| CALCITRIOL | | | |
| Cap 0.25 mcg – **5% DV Dec-22 to 2025** | 7.89 | 100 | **Calcitriol-AFT** |
| Cap 0.5 mcg – **5% DV Dec-22 to 2025** | 13.68 | 100 | **Calcitriol-AFT** |
| Oral liq 1 mcg per ml | | | |
| Inj 1 mcg per ml, 1 ml ampoule | | | |
| COLECALCIFEROL | | | |
| Cap 1.25 mg (50,000 iu) – **1% DV Feb-21 to 2023** | 2.95 | 12 | **Vit.D3** |
| Oral liq 188 mcg per ml (7,500 iu per ml) | 9.00 | 4.8 ml | Puria |

## Vitamin E

ALPHA TOCOPHERYL – **Restricted** see terms below

⬇ Oral liq 156 u per ml

➥ **Restricted** (RS1632)

**Initiation – Cystic fibrosis**

Both:

1 Cystic fibrosis patient; and

2 Either:

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

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

**Initiation – Osteoradionecrosis**

For the treatment of osteoradionecrosis.

continued…

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

continued…

**Initiation – Other indications**

All of the following:

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

ALPHA TOCOPHERYL ACETATE – **Restricted** see terms below

⬇ Cap 100 u
⬇ Cap 500 u
⬇ Oral liq 156 u per ml

➥ **Restricted** (RS1176)

**Initiation – Cystic fibrosis**

Both:

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

**Initiation – Osteoradionecrosis**

For the treatment of osteoradionecrosis.

**Initiation – Other indications**

All of the following:

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

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

## Antianaemics

### Hypoplastic and Haemolytic

EPOETIN ALFA – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 1,000 iu in 0.5 ml syringe | 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 Either:
  3.1 Both:
    3.1.1 Patient does not have diabetes mellitus; and
    3.1.2 Glomerular filtration rate is less than or equal to 30ml/min; or
  3.2 Both:
    3.2.1 Patient has diabetes mellitus; and
    3.2.2 Glomerular filtration rate is less than or equal to 45ml/min; and
4 Patient is on haemodialysis or peritoneal dialysis.

**Initiation – myelodysplasia***

*Re-assessment required after 2 months*

All of the following:

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

**Continuation – myelodysplasia***

*Re-assessment required after 12 months*

All of the following:

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

**Initiation – all other indications**

Haematologist

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

Note: Indications marked with * are unapproved indications

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

EPOETIN BETA – **Restricted** see terms below

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

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

➥ **Restricted** (RS1661)

**Initiation – chronic renal failure**

All of the following:

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

**Initiation – myelodysplasia***

*Re-assessment required after 12 months*

All of the following:

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

**Continuation – myelodysplasia***

*Re-assessment required after 2 months*

All of the following:

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

**Initiation – all other indications**

Haematologist.

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

*Note: Indications marked with * are unapproved indications.

## Megaloblastic

FOLIC ACID

| | | | |
|---|---|---|---|
| Tab 0.8 mg | 26.60 | 1,000 | Folic Acid multichem |
| Tab 5 mg – **1% DV Dec-21 to 2024** | 5.82 | 100 | **Folic Acid Mylan** |
| Oral liq 50 mcg per ml | 27.82 | 25 ml | Biomed |
| Inj 5 mg per ml, 10 ml vial | | | |

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

## Antifibrinolytics, Haemostatics and Local Sclerosants

ALUMINIUM CHLORIDE – **Restricted** see terms below

⬇ Topical soln 20% w/v *e.g. Driclor*

➥ **Restricted** (RS1500)

**Initiation**

For use as a haemostatis agent.

APROTININ – **Restricted** see terms below

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

➥ **Restricted** (RS1332)

**Initiation**

Cardiac anaesthetist

Either:

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

ELTROMBOPAG – **Restricted** see terms below

⬇ Tab 25 mg ..... 1,550.00 28 Revolade

⬇ Tab 50 mg ..... 3,100.00 28 Revolade

➥ **Restricted** (RS1648)

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

Haematologist

*Re-assessment required after 6 weeks*

All of the following:

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

**Initiation – idiopathic thrombocytopenic purpura - preparation for splenectomy**

Haematologist

*Limited to 6 weeks* treatment

The patient requires eltrombopag treatment as preparation for splenectomy.

**Continuation – idiopathic thrombocytopenic purpura - post-splenectomy**

Haematologist

*Re-assessment required after 12 months*

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

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

**Initiation – idiopathic thrombocytopenic purpura contraindicated to splenectomy**

Haematologist

*Re-assessment required after 3 months*

All of the following:

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

continued…



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

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

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

continued…

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** (RS1780)
**Initiation**
Haematologist
*Re-assessment required after 6 months*
All of the following:

1 Patient has severe congenital haemophilia A and history of bleeding and bypassing agent usage within the last six months; and
2 Either:
2.1 Patient has had greater than or equal to 6 documented and treated spontaneous bleeds within the last 6 months if on an on-demand bypassing agent regimen; or

continued…

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

continued…

2.2 Patient has had greater than or equal to 2 documented and treated spontaneous bleeds within the last 6 months if on a bypassing agent prophylaxis regimen; and

3 Patient has a high-titre inhibitor to Factor VIII (greater than or equal to 5 Bethesda units per ml) which has persisted for six months or more; and

4 There is no immediate plan for major surgery within the next 12 months; and

5 Either:

5.1 Patient has failed immune tolerance induction (ITI) after an initial period of 12 months; or

5.2 The Haemophilia Treaters Group considers the patient is not a suitable candidate for ITI; and

6 Treatment is to be administered at a maximum dose of 3 mg/kg weekly for 4 weeks followed by the equivalent of 1.5 mg/kg weekly.

**Continuation**

Haematologist

*Re-assessment required after 6 months*

Both:

1 Patient has had no more than two spontaneous and clinically significant treated bleeds after the end of the loading dose period (i.e. after the first four weeks of treatment until the end of the 24-week treatment period); and

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

FERRIC SUBSULFATE

| | | | |
|---|---|---|---|
| Gel 25.9% | | | |
| Soln 500 ml | | | |

POLIDOCANOL

| | | | |
|---|---|---|---|
| Inj 0.5%, 30 ml vial | | | |

SODIUM TETRADECYL SULPHATE

| | | | |
|---|---|---|---|
| Inj 3%, 2 ml ampoule | | | |

THROMBIN

| | | | |
|---|---|---|---|
| Powder | | | |

TRANEXAMIC ACID

| | | | |
|---|---|---|---|
| Tab 500 mg | 9.45 | 60 | Mercury Pharma |
| Inj 100 mg per ml, 5 ml ampoule – **5% DV Dec-21 to 2024** | 5.95 | 5 | **Tranexamic-AFT** |
| Inj 100 mg per ml, 10 ml ampoule – **5% DV Dec-21 to 2024** | 5.95 | 5 | **Tranexamic-AFT** |

## Anticoagulant Reversal Agents

IDARUCIZUMAB – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 50 mg per ml, 50 ml vial | 4,250.00 | 2 | Praxbind |

➥ **Restricted** (RS1535)

**Initiation**

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

## Blood Factors

EFTRENONACOG ALFA [RECOMBINANT FACTOR IX] – **Restricted** see terms on the next page

| | | | |
|---|---|---|---|
| ⬇ 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 |

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

➥ **Restricted** (RS1684)

**Initiation**

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

EPTACOG ALFA [RECOMBINANT FACTOR VIIA] – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 1 mg syringe | 1,178.30 | 1 | NovoSeven RT |
| ⬇ Inj 2 mg syringe | 2,356.60 | 1 | NovoSeven RT |
| ⬇ Inj 5 mg syringe | 5,891.50 | 1 | NovoSeven RT |
| ⬇ Inj 8 mg syringe | 9,426.40 | 1 | NovoSeven RT |

➥ **Restricted** (RS1704)

**Initiation**

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

FACTOR EIGHT INHIBITOR BYPASSING FRACTION – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 500 U | 1,315.00 | 1 | FEIBA NF |
| ⬇ Inj 1,000 U | 2,630.00 | 1 | FEIBA NF |
| ⬇ Inj 2,500 U | 6,575.00 | 1 | FEIBA NF |

➥ **Restricted** (RS1705)

**Initiation**

For patients with haemophilia. Preferred Brand of bypassing agent for > 14 days predicted use. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

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

| | | | |
|---|---|---|---|
| ⬇ Inj 250 iu prefilled syringe | 287.50 | 1 | Xyntha |
| ⬇ Inj 500 iu prefilled syringe | 575.00 | 1 | Xyntha |
| ⬇ Inj 1,000 iu prefilled syringe | 1,150.00 | 1 | Xyntha |
| ⬇ Inj 2,000 iu prefilled syringe | 2,300.00 | 1 | Xyntha |
| ⬇ Inj 3,000 iu prefilled syringe | 3,450.00 | 1 | Xyntha |

➥ **Restricted** (RS1706)

**Initiation**

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

NONACOG GAMMA, [RECOMBINANT FACTOR IX] – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 500 iu vial | 435.00 | 1 | RIXUBIS |
| ⬇ Inj 1,000 iu vial | 870.00 | 1 | RIXUBIS |
| ⬇ Inj 2,000 iu vial | 1,740.00 | 1 | RIXUBIS |
| ⬇ Inj 3,000 iu vial | 2,610.00 | 1 | RIXUBIS |

➥ **Restricted** (RS1679)

**Initiation**

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

OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (ADVATE) – **Restricted** see terms on the next page

| | | | |
|---|---|---|---|
| ⬇ Inj 250 iu vial | 210.00 | 1 | Advate |
| ⬇ Inj 500 iu vial | 420.00 | 1 | Advate |
| ⬇ Inj 1,000 iu vial | 840.00 | 1 | Advate |
| ⬇ Inj 1,500 iu vial | 1,260.00 | 1 | Advate |
| ⬇ Inj 2,000 iu vial | 1,680.00 | 1 | Advate |
| ⬇ Inj 3,000 iu vial | 2,520.00 | 1 | Advate |

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

➥ **Restricted** (RS1707)

**Initiation**

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

OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (KOGENATE FS) – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 250 iu vial | 237.50 | 1 | Kogenate FS |
| ⬇ Inj 500 iu vial | 475.00 | 1 | Kogenate FS |
| ⬇ Inj 1,000 iu vial | 950.00 | 1 | Kogenate FS |
| ⬇ Inj 2,000 iu vial | 1,900.00 | 1 | Kogenate FS |
| ⬇ Inj 3,000 iu vial | 2,850.00 | 1 | Kogenate FS |

➥ **Restricted** (RS1708)

**Initiation**

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

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

| | | | |
|---|---|---|---|
| ⬇ Inj 250 iu vial | 300.00 | 1 | Adynovate |
| ⬇ Inj 500 iu vial | 600.00 | 1 | Adynovate |
| ⬇ Inj 1,000 iu vial | 1,200.00 | 1 | Adynovate |
| ⬇ Inj 2,000 iu vial | 2,400.00 | 1 | Adynovate |

➥ **Restricted** (RS1682)

**Initiation**

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

### Vitamin K

PHYTOMENADIONE

| | | | |
|---|---|---|---|
| Inj 2 mg in 0.2 ml ampoule | 8.00 | 5 | Konakion MM |
| Inj 10 mg per ml, 1 ml ampoule | 9.21 | 5 | Konakion MM |

## Antithrombotics

### Anticoagulants

BIVALIRUDIN – **Restricted** see terms below

⬇ Inj 250 mg vial

➥ **Restricted** (RS1181)

**Initiation**

Either:

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

CITRATE SODIUM

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

DABIGATRAN

| | | | |
|---|---|---|---|
| Cap 75 mg | 76.36 | 60 | Pradaxa |
| Cap 110 mg | 76.36 | 60 | Pradaxa |
| Cap 150 mg | 76.36 | 60 | Pradaxa |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| DANAPAROID – **Restricted** see terms below | | | |
| ⬇ Inj 750 u in 0.6 ml ampoule | | | |
| ➥ **Restricted** (RS1182) | | | |
| **Initiation** | | | |
| For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance. | | | |
| DEFIBROTIDE – **Restricted** see terms below | | | |
| ⬇ Inj 80 mg per ml, 2.5 ml ampoule | | | |
| ➥ **Restricted** (RS1183) | | | |
| **Initiation** | | | |
| Haematologist | | | |
| Patient has moderate or severe sinusoidal obstruction syndrome as a result of chemotherapy or regimen-related toxicities. | | | |
| DEXTROSE WITH SODIUM CITRATE AND CITRIC ACID [ACID CITRATE DEXTROSE A] | | | |
| Inj 24.5 mg with sodium citrate 22 mg and citric acid 7.3 mg per ml, 100 ml bag | | | |
| ENOXAPARIN SODIUM | | | |
| Inj 20 mg in 0.2 ml syringe | 31.28 | 10 | Clexane |
| Inj 40 mg in 0.4 ml ampoule | | | |
| Inj 40 mg in 0.4 ml syringe | 42.49 | 10 | Clexane |
| Inj 60 mg in 0.6 ml syringe | 60.67 | 10 | Clexane |
| Inj 80 mg in 0.8 ml syringe | 80.89 | 10 | Clexane |
| Inj 100 mg in 1 ml syringe | 101.30 | 10 | Clexane |
| Inj 120 mg in 0.8 ml syringe | 125.87 | 10 | Clexane Forte |
| Inj 150 mg in 1 ml syringe | 143.86 | 10 | Clexane Forte |
| FONDAPARINUX SODIUM – **Restricted** see terms below | | | |
| ⬇ Inj 2.5 mg in 0.5 ml syringe | | | |
| ⬇ Inj 7.5 mg in 0.6 ml syringe | | | |
| ➥ **Restricted** (RS1184) | | | |
| **Initiation** | | | |
| For use in heparin-induced thrombocytopaenia, heparin resistance or heparin intolerance. | | | |
| HEPARIN SODIUM | | | |
| Inj 100 iu per ml, 250 ml bag | | | |
| Inj 1,000 iu per ml, 1 ml ampoule | 245.26 | 50 | Hospira |
| Inj 1,000 iu per ml, 5 ml ampoule | 72.84 | 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 | 289.05 | 50 | Pfizer |
| HEPARINISED SALINE | | | |
| Inj 10 iu per ml, 5 ml ampoule | 65.48 | 50 | Pfizer |
| Inj 100 iu per ml, 2 ml ampoule | | | |
| Inj 100 iu per ml, 5 ml ampoule | | | |
| PHENINDIONE | | | |
| Tab 10 mg | | | |
| Tab 25 mg | | | |
| Tab 50 mg | | | |
| PROTAMINE SULPHATE | | | |
| Inj 10 mg per ml, 5 ml ampoule | | | |
| RIVAROXABAN | | | |
| Tab 10 mg | 83.10 | 30 | Xarelto |
| Tab 15 mg | 77.56 | 28 | Xarelto |
| Tab 20 mg | 77.56 | 28 | Xarelto |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| SODIUM CITRATE WITH SODIUM CHLORIDE AND POTASSIUM CHLORIDE | | | |
| Inj 4.2 mg with sodium chloride 5.7 mg and potassium chloride 74.6 mcg per ml, 5,000 ml bag | | | |
| WARFARIN SODIUM | | | |
| Tab 1 mg | 6.46 | 100 | Marevan |
| Tab 2 mg | | | |
| Tab 3 mg | 10.03 | 100 | Marevan |
| Tab 5 mg | 11.48 | 100 | Marevan |

## Antiplatelets

| | | | |
|---|---|---|---|
| ASPIRIN | | | |
| Tab 100 mg | 1.95 | 90 | Ethics Aspirin EC |
| | 10.80 | 990 | Ethics Aspirin EC |
| Suppos 300 mg | | | |
| CLOPIDOGREL | | | |
| Tab 75 mg | 4.60 | 84 | Clopidogrel Multichem |
| DIPYRIDAMOLE | | | |
| Tab 25 mg | | | |
| Tab long-acting 150 mg | 10.90 | 60 | Pytazen SR |
| Inj 5 mg per ml, 2 ml ampoule | | | |
| EPTIFIBATIDE – **Restricted** see terms below | | | |
| ⬇ Inj 2 mg per ml, 10 ml vial | 138.75 | 1 | Integrilin |
| | 180.38 | | Mylan |
| ⬇ Inj 750 mcg per ml, 100 ml vial | 405.00 | 1 | Integrilin |

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

⬇ Inj 500 mg *e.g. Aspegic*

➥ **Restricted** (RS1689)

**Initiation**

Both:

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

TICAGRELOR – **Restricted** see terms below

⬇ Tab 90 mg 90.00 56 Brilinta

➥ **Restricted** (RS1774)

**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.

continued…

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

continued…

**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**.

**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.

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

TICLOPIDINE

Tab 250 mg

## Fibrinolytic Agents

ALTEPLASE

Inj 2 mg vial

Inj 10 mg vial

Inj 50 mg vial

TENECTEPLASE

Inj 50 mg vial

UROKINASE

Inj 5,000 iu vial

Inj 10,000 iu vial

Inj 50,000 iu vial

Inj 100,000 iu vial

Inj 250,000 iu vial

Inj 500,000 iu vial

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

## Colony-Stimulating Factors

### Drugs Used to Mobilise Stem Cells

PLERIXAFOR – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 20 mg per ml, 1.2 ml vial | 8,740.00 | 1 | Mozobil |

➥ **Restricted** (RS1536)

**Initiation – Autologous stem cell transplant**

Haematologist

*Limited to 3 days* treatment

All of the following:

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

### Granulocyte Colony-Stimulating Factors

FILGRASTIM – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 300 mcg in 0.5 ml prefilled syringe – **5% DV Dec-21 to 2024** | 96.22 | 10 | **Nivestim** |
| ⬇ | Inj 300 mcg in 1 ml vial | 520.00 | 4 | Neupogen |
| ⬇ | Inj 480 mcg in 0.5 ml prefilled syringe – **5% DV Dec-21 to 2024** | 148.58 | 10 | **Nivestim** |

➥ **Restricted** (RS1188)

Haematologist or oncologist

PEGFILGRASTIM – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 6 mg per 0.6 ml syringe | 1,080.00 | 1 | Neulastim |

➥ **Restricted** (RS1743)

**Initiation**

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

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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Fluids and Electrolytes** | | | |
| **Intravenous Administration** | | | |
| CALCIUM CHLORIDE | | | |
| Inj 100 mg per ml, 10 ml vial | | | |
| Inj 100 mg per ml, 50 ml syringe | | | *e.g. Baxter* |
| CALCIUM GLUCONATE | | | |
| Inj 10%, 10 ml ampoule | | | *e.g. Max Health* |
| COMPOUND ELECTROLYTES | | | |
| Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, 500 ml bag | 44.10 | 18 | Plasma-Lyte 148 |
| Inj sodium 140 mmol/l, potassium 5 mmol/l, magnesium 1.5 mmol/l, chloride 98 mmol/l, acetate 27 mmol/l, gluconate 23 mmol/l, 1,000 ml bag | 27.24 | 12 | Plasma-Lyte 148 |
| COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] | | | |
| Inj sodium 140 mmol/l, 5 mmol/l potassium, 1.5 mmol/l magnesium, 98 mmol/l chloride, 27 mmol/l acetate and 23 mmol/l gluconate, glucose 23 mmol/l (5%), 1,000 ml bag | 211.92 | 12 | Plasma-Lyte 148 & 5% Glucose |
| COMPOUND SODIUM LACTATE [HARTMANN'S SOLUTION] | | | |
| Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, 500 ml bag | 23.40 | 18 | Baxter |
| Inj sodium 131 mmol/l with potassium 5 mmol/l, calcium 2 mmol/l, bicarbonate 29 mmol/l, chloride 111 mmol/l, 1,000 ml bag | 15.72 | 12 | Baxter |
| GLUCOSE [DEXTROSE] | | | |
| Inj 5%, 1,000 ml bag | 16.80 | 10 | Fresenius Kabi |
| Inj 5%, 100 ml bag | 77.50 | 50 | Fresenius Kabi |
| Inj 5%, 250 ml bag | 52.50 | 30 | Fresenius Kabi |
| Inj 5%, 50 ml bag | 143.40 | 60 | Baxter Glucose 5% |
| Inj 5%, 500 ml bag | 24.00 | 20 | Fresenius Kabi |
| Inj 10%, 1,000 ml bag | 111.96 | 12 | Baxter Glucose 10% |
| Inj 10%, 500 ml bag | 109.98 | 18 | Baxter Glucose 10% |
| Inj 50%, 10 ml ampoule – **1% DV Nov-20 to 2023** | 30.65 | 5 | **Biomed** |
| Inj 50%, 500 ml bag | 337.32 | 18 | Baxter Glucose 50% |
| Inj 50%, 90 ml bottle – **1% DV Nov-20 to 2023** | 15.00 | 1 | **Biomed** |
| GLUCOSE WITH POTASSIUM CHLORIDE | | | |
| Inj 10% glucose with 20 mmol/l potassium chloride, 500 ml bag | | | |
| GLUCOSE WITH POTASSIUM CHLORIDE AND SODIUM CHLORIDE | | | |
| Inj 2.5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 3,000 ml bag | | | |
| Inj 10% glucose with potassium chloride 10 mmol/l and sodium chloride 15 mmol/l, 500 ml bag | | | |
| Inj 4% glucose with potassium chloride 20 mmol/l and sodium chloride 0.18%, 1,000 ml bag | 203.40 | 12 | Baxter |
| Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.45%, 1,000 ml bag | 159.96 | 12 | Baxter |
| Inj 5% glucose with potassium chloride 20 mmol/l and sodium chloride 0.9%, 1,000 ml bag | 282.72 | 12 | Baxter |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| GLUCOSE WITH SODIUM CHLORIDE | | | |
| Inj glucose 2.5% with sodium chloride 0.45%, 500 ml bag | | | |
| Inj 4% glucose and sodium chloride 0.18%, 1,000 ml bag | 163.32 | 12 | Baxter |
| Inj 5% glucose and sodium chloride 0.45%, 1,000 ml bag | 163.20 | 12 | Baxter |
| Inj 5% glucose and sodium chloride 0.9%, 1,000 ml bag | 173.40 | 12 | Baxter |
| POTASSIUM CHLORIDE | | | |
| Inj 75 mg (1 mmol) per ml, 10 ml ampoule | | | |
| Inj 225 mg (3 mmol) per ml, 20 ml ampoule | | | |
| POTASSIUM CHLORIDE WITH SODIUM CHLORIDE | | | |
| Inj 10 mmol potassium chloride with 0.29% sodium chloride, 100 ml bag | 476.64 | 48 | Baxter |
| Inj 20 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag | 163.08 | 12 | Baxter |
| Inj 40 mmol potassium chloride with 0.9% sodium chloride, 1,000 ml bag | 253.32 | 12 | Baxter |
| Inj 40 mmol potassium chloride with 0.9% sodium chloride, 100 ml bag | 772.32 | 48 | Baxter |
| POTASSIUM DIHYDROGEN PHOSPHATE | | | |
| Inj 1 mmol per ml, 10 ml ampoule | 174.57 | 10 | Hospira |
| RINGER'S SOLUTION | | | |
| Inj sodium 147 mmol/l with potassium 4 mmol/l, calcium 2.2 mmol/l, chloride 156 mmol/l, 1,000 ml bag | | | |
| SODIUM ACETATE | | | |
| Inj 4 mmol per ml, 20 ml ampoule | | | |
| SODIUM BICARBONATE | | | |
| Inj 8.4%, 10 ml vial | | | |
| Inj 8.4%, 50 ml vial | 21.40 | 1 | Biomed |
| Inj 8.4%, 100 ml vial | 21.95 | 1 | Biomed |
| SODIUM CHLORIDE | | | |
| Inj 0.9%, 5 ml ampoule – **5% DV Jan-23 to 2025** | 4.00 | 20 | **Fresenius Kabi** |
| Inj 0.9%, 10 ml ampoule – **5% DV Jan-23 to 2025** | 5.25 | 50 | **Fresenius Kabi** |
| ⬇ Inj 0.9%, 3 ml syringe, non-sterile pack | 168.00 | 480 | BD PosiFlush |
| ➥ **Restricted** (RS1297) | | | |
| **Initiation** | | | |
| For use in flushing of in-situ vascular access devices only. | | | |
| ⬇ Inj 0.9%, 5 ml syringe, non-sterile pack | 169.92 | 480 | BD PosiFlush |
| ➥ **Restricted** (RS1297) | | | |
| **Initiation** | | | |
| For use in flushing of in-situ vascular access devices only. | | | |
| ⬇ Inj 0.9%, 10 ml syringe, non-sterile pack | 177.60 | 480 | BD PosiFlush |
| ➥ **Restricted** (RS1297) | | | |
| **Initiation** | | | |
| For use in flushing of in-situ vascular access devices only. | | | |



⬆ 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 |
|---|---|---|---|
| Inj 0.9%, 20 ml ampoule – **5% DV Jan-23 to 2025** | 5.00 | 20 | **Fresenius Kabi** |
| Inj 23.4% (4 mmol/ml), 20 ml ampoule | 35.50 | 5 | Biomed |
| Inj 0.45%, 500 ml bag | 71.28 | 18 | Baxter |
| Inj 3%, 1,000 ml bag | 91.20 | 12 | Baxter |
| Inj 0.9%, 50 ml bag | 109.80 | 60 | Baxter |
| | 137.25 | 75 | Baxter-Viaflo |
| Inj 0.9%, 100 ml bag | 78.24 | 48 | Baxter |
| | 97.80 | 60 | Baxter-Viaflo |
| Inj 0.9%, 250 ml bag | 44.64 | 24 | Baxter |
| Inj 0.9%, 500 ml bag | 22.14 | 18 | Baxter |
| Inj 0.9%, 1,000 ml bag | 15.12 | 12 | Baxter |
| Inj 1.8%, 500 ml bottle | | | |
| SODIUM DIHYDROGEN PHOSPHATE [SODIUM ACID PHOSPHATE] | | | |
| Inj 1 mmol per ml, 20 ml ampoule | 48.70 | 5 | Biomed |
| WATER | | | |
| Inj 10 ml ampoule | 7.19 | 50 | Pfizer |
| Inj 20 ml ampoule – **5% DV Jan-23 to 2025** | 5.00 | 20 | **Fresenius Kabi** Multichem |
| Inj 250 ml bag | | | |
| Inj 500 ml bag | | | |
| Inj, 1,000 ml bag | 19.08 | 12 | Baxter |
| *(Multichem Inj 20 ml ampoule to be delisted 1 January 2023)* | | | |

## Oral Administration

| | | | |
|---|---|---|---|
| CALCIUM POLYSTYRENE SULPHONATE | | | |
| Powder | 169.85 | 300 g | Calcium Resonium |
| COMPOUND ELECTROLYTES | | | |
| Powder for oral soln – **5% DV Dec-22 to 2025** | 9.53 | 50 | **Electral** |
| COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] | | | |
| Soln with electrolytes (2 × 500 ml) | 6.55 | 1,000 ml | Pedialyte - Bubblegum |
| PHOSPHORUS | | | |
| Tab eff 500 mg (16 mmol) | | | |
| POTASSIUM CHLORIDE | | | |
| Tab eff 548 mg (14 mmol) with chloride 285 mg (8 mmol) | | | |
| Tab long-acting 600 mg (8 mmol) | 8.90 | 200 | Span-K |
| Oral liq 2 mmol per ml | | | |
| SODIUM BICARBONATE | | | |
| Cap 840 mg | 8.52 | 100 | Sodibic |
| SODIUM CHLORIDE | | | |
| Tab 600 mg | | | |
| Oral liq 2 mmol/ml | | | |
| SODIUM POLYSTYRENE SULPHONATE | | | |
| Powder | 84.65 | 454 g | Resonium A |

## Plasma Volume Expanders

| | | | |
|---|---|---|---|
| GELATINE, SUCCINYLATED | | | |
| Inj 4%, 500 ml bag | 129.00 | 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 ..... 94.99 — 95 ml — Capoten

➥ **Restricted** (RS1263)

**Initiation**

Any of the following:

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

CILAZAPRIL – **Restricted:** For continuation only

➥ Tab 0.5 mg ..... 2.09 — 90 — Zapril
➥ Tab 2.5 mg ..... 4.80 — 90 — Zapril
➥ Tab 5 mg ..... 8.35 — 90 — Zapril

ENALAPRIL MALEATE

Tab 5 mg ..... 1.82 — 100 — Acetec
Tab 10 mg ..... 2.02 — 100 — Acetec
Tab 20 mg ..... 2.42 — 100 — Acetec

LISINOPRIL

Tab 5 mg – **5% DV Oct-22 to 2025** ..... 11.07 — 90 — **Ethics Lisinopril**
Tab 10 mg – **5% DV Oct-22 to 2025** ..... 11.67 — 90 — **Ethics Lisinopril**
Tab 20 mg – **5% DV Oct-22 to 2025** ..... 14.69 — 90 — **Ethics Lisinopril**

PERINDOPRIL

Tab 2 mg – **5% DV Jan-22 to 2024** ..... 1.58 — 30 — **Coversyl**
Tab 4 mg – **5% DV Jan-22 to 2024** ..... 2.95 — 30 — **Coversyl**

QUINAPRIL

Tab 5 mg – **5% DV Feb-22 to 2024** ..... 5.97 — 90 — **Arrow-Quinapril 5**
Tab 10 mg – **5% DV Feb-22 to 2024** ..... 5.18 — 90 — **Arrow-Quinapril 10**
Tab 20 mg – **5% DV Feb-22 to 2024** ..... 7.95 — 90 — **Arrow-Quinapril 20**

### ACE Inhibitors with Diuretics

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

➥ Tab 10 mg with hydrochlorothiazide 12.5 mg – **5% DV Mar-22 to 2024** ..... 4.10 — 30 — **Accuretic 10**
➥ Tab 20 mg with hydrochlorothiazide 12.5 mg – **5% DV Mar-22 to 2024** ..... 5.25 — 30 — **Accuretic 20**

### Angiotensin II Antagonists

CANDESARTAN CILEXETIL

Tab 4 mg – **5% DV Dec-21 to 2024** ..... 2.00 — 90 — **Candestar**
Tab 8 mg – **5% DV Dec-21 to 2024** ..... 2.28 — 90 — **Candestar**
Tab 16 mg – **5% DV Dec-21 to 2024** ..... 3.31 — 90 — **Candestar**
Tab 32 mg – **5% DV Dec-21 to 2024** ..... 5.26 — 90 — **Candestar**



⬆ 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 |
|---|---|---|---|
| LOSARTAN POTASSIUM | | | |
| Tab 12.5 mg – **1% DV Jan-21 to 2023** | 1.56 | 84 | **Losartan Actavis** |
| Tab 25 mg – **1% DV Jan-21 to 2023** | 1.84 | 84 | **Losartan Actavis** |
| Tab 50 mg – **1% DV Jan-21 to 2023** | 2.25 | 84 | **Losartan Actavis** |
| Tab 100 mg – **1% DV Jan-21 to 2023** | 3.50 | 84 | **Losartan Actavis** |

## Angiotensin II Antagonists with Diuretics

| | | | |
|---|---|---|---|
| LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE | | | |
| Tab 50 mg with hydrochlorothiazide 12.5 mg – **5% DV Jan-23 to 2025** | 4.00 | 30 | **Arrow-Losartan & Hydrochlorothiazide** |

## Angiotensin II Antagonists with Neprilysin Inhibitors

SACUBITRIL WITH VALSARTAN – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 24.3 mg with valsartan 25.7 mg | 190.00 | 56 | Entresto 24/26 |
| ⬇ Tab 48.6 mg with valsartan 51.4 mg | 190.00 | 56 | Entresto 49/51 |
| ⬇ Tab 97.2 mg with valsartan 102.8 mg | 190.00 | 56 | Entresto 97/103 |

➥ **Restricted** (RS1738)

**Initiation**

*Re-assessment required after 12 months*

All of the following:

1 Patient has heart failure; and

2 Any of the following:

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

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

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

3 Either:

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

3.2 An ECHO is not reasonably practical, and in the opinion of the treating practitioner the patient would benefit from treatment; and

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

**Continuation**

*Re-assessment required after 12 months*

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

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

## Alpha-Adrenoceptor Blockers

| | | | |
|---|---|---|---|
| DOXAZOSIN | | | |
| Tab 2 mg | 17.35 | 500 | Doxazosin Clinect |
| Tab 4 mg | 20.94 | 500 | Doxazosin Clinect |
| PHENOXYBENZAMINE HYDROCHLORIDE | | | |
| Cap 10 mg | | | |
| Inj 50 mg per ml, 1 ml ampoule | | | |
| Inj 50 mg per ml, 2 ml ampoule | | | |
| PHENTOLAMINE MESYLATE | | | |
| Inj 5 mg per ml, 1 ml ampoule | | | |
| Inj 10 mg per ml, 1 ml ampoule | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PRAZOSIN | | | |
| Tab 1 mg | 5.53 | 100 | Arrotex-Prazosin S29 |
| Tab 2 mg | 7.00 | 100 | Arrotex-Prazosin S29 |
| Tab 5 mg | 11.70 | 100 | Arrotex-Prazosin S29 |
| TERAZOSIN – **Restricted:** For continuation only | | | |
| ➥ Tab 1 mg | | | |

## Antiarrhythmics

| | | | |
|---|---|---|---|
| ADENOSINE | | | |
| Inj 3 mg per ml, 2 ml vial | 62.73 | 6 | Adenocor |
| ⬇ Inj 3 mg per ml, 10 ml vial | | | |
| ➥ **Restricted** (RS1266) | | | |
| **Initiation** | | | |
| For use in cardiac catheterisation, electrophysiology and MRI. | | | |
| AJMALINE – **Restricted** see terms below | | | |
| ⬇ Inj 5 mg per ml, 10 ml ampoule | | | |
| ➥ **Restricted** (RS1001) | | | |
| Cardiologist | | | |
| AMIODARONE HYDROCHLORIDE | | | |
| Tab 100 mg – **5% DV Dec-22 to 2025** | 3.49 | 30 | **Aratac** |
| Tab 200 mg – **5% DV Dec-22 to 2025** | 4.49 | 30 | **Aratac** |
| Inj 50 mg per ml, 3 ml ampoule – **5% DV Dec-22 to 2025** | 15.22 | 10 | **Max Health** |
| ATROPINE SULPHATE | | | |
| Inj 600 mcg per ml, 1 ml ampoule – **5% DV Jan-22 to 2024** | 15.09 | 10 | **Martindale** |
| DIGOXIN | | | |
| Tab 62.5 mcg – **5% DV Jan-23 to 2025** | 7.80 | 240 | **Lanoxin PG** |
| Tab 250 mcg – **5% DV Jan-23 to 2025** | 16.90 | 240 | **Lanoxin** |
| Oral liq 50 mcg per ml | | | |
| Inj 250 mcg per ml, 2 ml vial | | | |
| DISOPYRAMIDE PHOSPHATE | | | |
| Cap 100 mg | | | |
| FLECAINIDE ACETATE | | | |
| Tab 50 mg | 19.95 | 60 | Flecainide BNM |
| Cap long-acting 100 mg | 39.51 | 90 | Flecainide Controlled Release Teva |
| Cap long-acting 200 mg | 61.06 | 90 | Flecainide Controlled Release Teva |
| Inj 10 mg per ml, 15 ml ampoule | 100.00 | 5 | Tambocor |
| IVABRADINE – **Restricted** see terms below | | | |
| ⬇ Tab 5 mg | | | |
| ➥ **Restricted** (RS1566) | | | |
| **Initiation** | | | |
| Both: | | | |
| 1 Patient is indicated for computed tomography coronary angiography; and | | | |
| 2 Either: | | | |
| 2.1 Patient has a heart rate of greater than 70 beats per minute while taking a maximally tolerated dose of beta blocker; or | | | |
| 2.2 Patient is unable to tolerate beta blockers. | | | |

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

## Antihypotensives

MIDODRINE – **Restricted** see terms below
⬇ Tab 2.5 mg
⬇ Tab 5 mg
➥ **Restricted** (RS1427)
**Initiation**
Patient has disabling orthostatic hypotension not due to drugs.

## Beta-Adrenoceptor Blockers

| | | | |
|---|---|---|---|
| ATENOLOL | | | |
| Tab 50 mg – **5% DV Jan-22 to 2024** | 9.33 | 500 | **Mylan Atenolol** |
| Tab 100 mg – **5% DV Jan-22 to 2024** | 14.20 | 500 | **Mylan Atenolol** |
| Oral liq 5 mg per ml | 49.85 | 300 ml | Atenolol-AFT |
| BISOPROLOL FUMARATE | | | |
| Tab 2.5 mg – **1% DV Apr-21 to 2023** | 1.84 | 90 | **Bisoprolol Mylan** |
| Tab 5 mg – **1% DV Apr-21 to 2023** | 2.55 | 90 | **Bisoprolol Mylan** |
| | 1.72 | 30 | Bosvate |
| Tab 10 mg – **1% DV Apr-21 to 2023** | 3.62 | 90 | **Bisoprolol Mylan** |
| CARVEDILOL | | | |
| Tab 6.25 mg | 2.24 | 60 | Carvedilol Sandoz |
| Tab 12.5 mg | 2.30 | 60 | Carvedilol Sandoz |
| Tab 25 mg | 2.95 | 60 | Carvedilol Sandoz |
| CELIPROLOL – **Restricted:** For continuation only | | | |
| ➥ Tab 200 mg | | | |
| ESMOLOL HYDROCHLORIDE | | | |
| Inj 10 mg per ml, 10 ml vial | | | |
| LABETALOL | | | |
| Tab 50 mg | | | |
| Tab 100 mg – **1% DV Sep-20 to 2024** | 14.50 | 100 | **Trandate** |
| Tab 200 mg – **1% DV Sep-20 to 2024** | 27.00 | 100 | **Trandate** |
| Inj 5 mg per ml, 20 ml ampoule | | | |
| METOPROLOL SUCCINATE | | | |
| Tab long-acting 23.75 mg | 1.45 | 30 | Betaloc CR |
| Tab long-acting 47.5 mg | 1.43 | 30 | Betaloc CR |
| Tab long-acting 95 mg | 2.15 | 30 | Betaloc CR |
| Tab long-acting 190 mg | 4.27 | 30 | Betaloc CR |
| METOPROLOL TARTRATE | | | |
| Tab 50 mg – **1% DV Mar-22 to 2024** | 5.66 | 100 | **IPCA-Metoprolol** |
| Tab 100 mg – **1% DV Mar-22 to 2024** | 7.55 | 60 | **IPCA-Metoprolol** |
| Tab long-acting 200 mg | 23.40 | 28 | Slow-Lopresor |
| Inj 1 mg per ml, 5 ml vial | 26.50 | 5 | Metoprolol IV Mylan |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| NADOLOL | | | |
| Tab 40 mg – **1% DV Mar-22 to 2024** | 19.19 | 100 | **Nadolol BNM** |
| Tab 80 mg – **1% DV Mar-22 to 2024** | 30.39 | 100 | **Nadolol BNM** |
| PROPRANOLOL | | | |
| Tab 10 mg – **1% DV Mar-22 to 2024** | 7.04 | 100 | **Drofate** |
| Tab 40 mg – **1% DV Mar-22 to 2024** | 8.75 | 100 | **IPCA-Propranolol** |
| Cap long-acting 160 mg | 18.17 | 100 | Cardinol LA |
| Oral liq 4 mg per ml | | | |
| Inj 1 mg per ml, 1 ml ampoule | | | |
| SOTALOL | | | |
| Tab 80 mg – **5% DV Jan-23 to 2025** | 37.50 | 500 | **Mylan** |
| Tab 160 mg – **5% DV Jan-23 to 2025** | 14.00 | 100 | **Mylan** |

## Calcium Channel Blockers

### Dihydropyridine Calcium Channel Blockers

| | | | |
|---|---|---|---|
| AMLODIPINE | | | |
| Tab 2.5 mg – **1% DV Jun-21 to 2023** | 1.08 | 90 | **Vasorex** |
| Tab 5 mg – **1% DV Jun-21 to 2023** | 0.96 | 90 | **Vasorex** |
| Tab 10 mg – **1% DV Jun-21 to 2023** | 1.19 | 90 | **Vasorex** |
| FELODIPINE | | | |
| Tab long-acting 2.5 mg | 1.45 | 30 | Plendil ER |
| Tab long-acting 5 mg – **5% DV Jan-22 to 2024** | 4.07 | 90 | **Felo 5 ER** |
| Tab long-acting 10 mg – **5% DV Jan-22 to 2024** | 4.32 | 90 | **Felo 10 ER** |
| ISRADIPINE | | | |
| Tab 2.5 mg | | | |
| Cap 2.5 mg | | | |
| NICARDIPINE HYDROCHLORIDE – **Restricted** see terms below | | | |
| ⬇ Inj 2.5 mg per ml, 10 ml vial | | | |
| ➥ **Restricted** (RS1699) | | | |
| **Initiation** | | | |
| Anaesthetist, intensivist, cardiologist or paediatric cardiologist | | | |
| Any of the following: | | | |
| 1 Patient has hypertension requiring urgent treatment with an intravenous agent; or | | | |
| 2 Patient has excessive ventricular afterload; or | | | |
| 3 Patient is awaiting or undergoing cardiac surgery using cardiopulmonary bypass. | | | |
| NIFEDIPINE | | | |
| Tab long-acting 10 mg | 18.80 | 56 | Tensipine MR10 |
| Tab long-acting 20 mg | 17.72 | 100 | Nyefax Retard |
| Tab long-acting 30 mg | 34.10 | 100 | Mylan (24 hr release) |
| | 4.78 | 14 | Mylan Italy (24 hr release) |
| Tab long-acting 60 mg | 52.81 | 100 | Mylan (24 hr release) |
| Cap 5 mg | | | |
| NIMODIPINE | | | |
| Tab 30 mg – **5% DV Dec-22 to 2025** | 350.00 | 100 | **Nimotop** |
| Inj 200 mcg per ml, 50 ml vial | 67.50 | 1 | Nimotop |



⬆ 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 |
|---|---|---|---|
| **Other Calcium Channel Blockers** | | | |
| DILTIAZEM HYDROCHLORIDE | | | |
| Tab 30 mg | | | |
| Cap extended-release 120 mg | 44.40 | 100 | Accord |
| Cap long-acting 120 mg | 33.42 | 500 | Apo-Diltiazem CD |
| Cap long-acting 180 mg – **1% DV Mar-22 to 2024** | 7.00 | 30 | **Cardizem CD** |
| Cap long-acting 240 mg – **1% DV Mar-22 to 2024** | 9.30 | 30 | **Cardizem CD** |
| Inj 5 mg per ml, 5 ml vial | | | |
| PERHEXILINE MALEATE | | | |
| Tab 100 mg | 62.90 | 100 | Pexsig |
| VERAPAMIL HYDROCHLORIDE | | | |
| Tab 40 mg | 7.01 | 100 | Isoptin |
| Tab 80 mg | 11.74 | 100 | Isoptin |
| Tab long-acting 120 mg | 36.02 | 100 | Isoptin SR |
| Tab long-acting 240 mg | 15.12 | 30 | Isoptin SR |
| Inj 2.5 mg per ml, 2 ml ampoule | 25.00 | 5 | Isoptin |
| **Centrally-Acting Agents** | | | |
| CLONIDINE | | | |
| Patch 2.5 mg, 100 mcg per day – **1% DV Nov-20 to 2023** | 10.34 | 4 | **Mylan** |
| Patch 5 mg, 200 mcg per day – **1% DV Nov-20 to 2023** | 13.18 | 4 | **Mylan** |
| Patch 7.5 mg, 300 mcg per day – **1% DV Nov-20 to 2023** | 16.93 | 4 | **Mylan** |
| CLONIDINE HYDROCHLORIDE | | | |
| Tab 25 mcg – **5% DV Nov-22 to 2025** | 8.75 | 112 | Clonidine BNM |
| | 29.32 | | **Clonidine Teva** |
| Tab 150 mcg – **5% DV Jan-22 to 2024** | 37.07 | 100 | **Catapres** |
| Inj 150 mcg per ml, 1 ml ampoule – **5% DV Jan-22 to 2024** | 29.68 | 10 | **Medsurge** |
| *(Clonidine BNM Tab 25 mcg to be delisted 1 November 2022)* | | | |
| METHYLDOPA | | | |
| Tab 250 mg | 15.10 | 100 | Methyldopa Mylan |
| **Diuretics** | | | |
| **Loop Diuretics** | | | |
| BUMETANIDE | | | |
| Tab 1 mg | 16.36 | 100 | Burinex |
| Inj 500 mcg per ml, 4 ml vial | | | |
| FUROSEMIDE [FRUSEMIDE] | | | |
| Tab 40 mg – **1% DV Mar-21 to 2024** | 8.00 | 1,000 | **IPCA-Frusemide** |
| Tab 500 mg | 25.00 | 50 | Urex Forte |
| Oral liq 10 mg per ml | 11.20 | 30 ml | Lasix |
| Inj 10 mg per ml, 2 ml ampoule – **5% DV Jan-23 to 2025** | 2.40 | 5 | **Furosemide-Baxter** |
| Inj 10 mg per ml, 25 ml ampoule | 60.65 | 6 | Lasix |
| **Osmotic Diuretics** | | | |
| MANNITOL | | | |
| Inj 10%, 1,000 ml bag | 747.24 | 12 | Baxter |
| Inj 20%, 500 ml bag | 1,096.92 | 18 | Baxter |

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

## Potassium Sparing Combination Diuretics

AMILORIDE HYDROCHLORIDE WITH FUROSEMIDE
Tab 5 mg with furosemide 40 mg

AMILORIDE HYDROCHLORIDE WITH HYDROCHLOROTHIAZIDE
Tab 5 mg with hydrochlorothiazide 50 mg

## Potassium Sparing Diuretics

AMILORIDE HYDROCHLORIDE
Tab 5 mg
Oral liq 1 mg per ml ..... 32.10 — 25 ml — Biomed

EPLERENONE – **Restricted** see terms below
⬇ Tab 25 mg – **5% DV Jun-22 to 2024** ..... 18.50 — 30 — **Inspra**
⬇ Tab 50 mg – **5% DV Jun-22 to 2024** ..... 25.00 — 30 — **Inspra**
➥ **Restricted** (RS1640)
**Initiation**
Both:
1 Patient has heart failure with ejection fraction less than 40%; and
2 Either:
2.1 Patient is intolerant to optimal dosing of spironolactone; or
2.2 Patient has experienced a clinically significant adverse effect while on optimal dosing of spironolactone.

SPIRONOLACTONE
Tab 25 mg – **5% DV Sep-22 to 2025** ..... 3.68 — 100 — **Spiractin**
Tab 100 mg – **5% DV Sep-22 to 2025** ..... 10.65 — 100 — **Spiractin**
Oral liq 5 mg per ml ..... 30.60 — 25 ml — Biomed

## Thiazide and Related Diuretics

BENDROFLUMETHIAZIDE [BENDROFLUAZIDE]
Tab 2.5 mg – **1% DV Dec-20 to 2023** ..... 20.00 — 500 — **Arrow-Bendrofluazide**
Tab 5 mg – **1% DV Dec-20 to 2023** ..... 34.55 — 500 — **Arrow-Bendrofluazide**

CHLOROTHIAZIDE
Oral liq 50 mg per ml ..... 27.82 — 25 ml — Biomed

CHLORTALIDONE [CHLORTHALIDONE]
Tab 25 mg ..... 6.50 — 50 — Hygroton

INDAPAMIDE
Tab 2.5 mg – **1% DV Nov-20 to 2023** ..... 10.45 — 90 — **Dapa-Tabs**

METOLAZONE
Tab 5 mg

# Lipid-Modifying Agents

## Fibrates

BEZAFIBRATE
Tab 200 mg – **5% DV Feb-22 to 2024** ..... 19.46 — 90 — **Bezalip**
Tab long-acting 400 mg – **5% DV Feb-22 to 2024** ..... 21.21 — 30 — **Bezalip Retard**


⬆ 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 |
|---|---|---|---|
| **HMG CoA Reductase Inhibitors (Statins)** | | | |
| ATORVASTATIN | | | |
| Tab 10 mg – **5% DV Dec-21 to 2024** | 6.16 | 500 | **Lorstat** |
| Tab 20 mg – **5% DV Dec-21 to 2024** | 9.24 | 500 | **Lorstat** |
| Tab 40 mg – **5% DV Dec-21 to 2024** | 14.92 | 500 | **Lorstat** |
| Tab 80 mg – **5% DV Dec-21 to 2024** | 26.54 | 500 | **Lorstat** |
| PRAVASTATIN | | | |
| Tab 10 mg | | | |
| Tab 20 mg – **1% DV Apr-21 to 2023** | 2.11 | 28 | **Pravastatin Mylan** |
| Tab 40 mg – **1% DV Apr-21 to 2023** | 3.61 | 28 | **Pravastatin Mylan** |
| ROSUVASTATIN – **Restricted** see terms below | | | |
| ⬇ Tab 5 mg – **1% DV May-22 to 2023** | 1.70 | 30 | **Rosuvastatin Viatris** |
| ⬇ Tab 10 mg – **1% DV May-22 to 2023** | 2.42 | 30 | **Rosuvastatin Viatris** |
| ⬇ Tab 20 mg – **1% DV May-22 to 2023** | 3.92 | 30 | **Rosuvastatin Viatris** |
| ⬇ Tab 40 mg – **1% DV May-22 to 2023** | 5.28 | 30 | **Rosuvastatin Viatris** |

➥ **Restricted** (RS1868)

**Initiation – cardiovascular disease risk**

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.

**Initiation – familial hypercholesterolemia**

Both:

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

**Initiation – established cardiovascular disease**

Both:

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

**Initiation – recurrent major cardiovascular events**

Both:

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

| | | | |
|---|---|---|---|
| SIMVASTATIN | | | |
| Tab 10 mg – **1% DV Nov-20 to 2023** | 1.23 | 90 | **Simvastatin Mylan** |
| Tab 20 mg – **1% DV Nov-20 to 2023** | 2.03 | 90 | **Simvastatin Mylan** |
| Tab 40 mg – **1% DV Nov-20 to 2023** | 3.58 | 90 | **Simvastatin Mylan** |
| Tab 80 mg – **1% DV Nov-20 to 2023** | 7.12 | 90 | **Simvastatin Mylan** |

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

## Resins

CHOLESTYRAMINE
Powder for oral liq 4 g

COLESTIPOL HYDROCHLORIDE
Grans for oral liq 5 g

## Selective Cholesterol Absorption Inhibitors

EZETIMIBE – **Restricted** see terms below
⬇ Tab 10 mg – **1% DV Oct-20 to 2023** ..... 1.95 — 30 — **Ezetimibe Sandoz**
➥ **Restricted** (RS1005)
**Initiation**
All of the following:
1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and
2 Patient's LDL cholesterol is 2.0 mmol/litre or greater; and
3 Any of the following:
3.1 The patient has rhabdomyolysis (defined as muscle aches and creatine kinase more than 10 × normal) when treated with one statin; or
3.2 The patient is intolerant to both simvastatin and atorvastatin; or
3.3 The patient has not reduced their LDL cholesterol to less than 2.0 mmol/litre with the use of the maximal tolerated dose of atorvastatin.

EZETIMIBE WITH SIMVASTATIN – **Restricted** see terms below
⬇ Tab 10 mg with simvastatin 10 mg ..... 5.15 — 30 — Zimybe
⬇ Tab 10 mg with simvastatin 20 mg ..... 6.15 — 30 — Zimybe
⬇ Tab 10 mg with simvastatin 40 mg ..... 7.15 — 30 — Zimybe
⬇ Tab 10 mg with simvastatin 80 mg ..... 8.15 — 30 — Zimybe
➥ **Restricted** (RS1006)
**Initiation**
All of the following:
1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and
2 Patient's LDL cholesterol is 2.0 mmol/litre or greater; and
3 The patient has not reduced their LDL cholesterol to less than 2.0 mmol/litre with the use of the maximal tolerated dose of atorvastatin.

## Other Lipid-Modifying Agents

ACIPIMOX
Cap 250 mg

## 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 ..... 6.09 — 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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ISOSORBIDE MONONITRATE | | | |
| Tab 20 mg – **1% DV Nov-20 to 2023** | 19.55 | 100 | **Ismo 20** |
| Tab long-acting 40 mg – **1% DV Nov-20 to 2023** | 8.20 | 30 | **Ismo 40 Retard** |
| Tab long-acting 60 mg – **1% DV Nov-20 to 2023** | 9.25 | 90 | **Duride** |

## Other Cardiac Agents

LEVOSIMENDAN – **Restricted** see terms below

⬇ Inj 2.5 mg per ml, 5 ml vial

⬇ Inj 2.5 mg per ml, 10 ml vial

➥ **Restricted** (RS1007)

**Initiation – Heart transplant**

Either:

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

2 For the treatment of heart failure following heart transplant.

**Initiation – Heart failure**

Cardiologist or intensivist

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

## Sympathomimetics

| | | | |
|---|---|---|---|
| ADRENALINE | | | |
| Inj 1 in 1,000, 1 ml ampoule | 4.98 | 5 | Aspen Adrenaline |
| | 10.76 | | DBL Adrenaline |
| Inj 1 in 1,000, 30 ml vial | | | |
| Inj 1 in 10,000, 10 ml ampoule | 49.00 | 10 | Aspen Adrenaline |
| | 27.00 | 5 | Hospira |
| Inj 1 in 10,000, 10 ml syringe | | | |
| DOBUTAMINE | | | |
| Inj 12.5 mg per ml, 20 ml ampoule – **5% DV Dec-21 to 2024** | 61.13 | 5 | **Dobutamine-hameln** |
| DOPAMINE HYDROCHLORIDE | | | |
| Inj 40 mg per ml, 5 ml ampoule – **5% DV Jan-22 to 2024** | 38.65 | 10 | **Max Health Ltd** |
| EPHEDRINE | | | |
| Inj 3 mg per ml, 10 ml syringe | | | |
| Inj 30 mg per ml, 1 ml ampoule – **1% DV Oct-20 to 2023** | 30.63 | 10 | **Max Health** |
| ISOPRENALINE [ISOPROTERENOL] | | | |
| Inj 200 mcg per ml, 1 ml ampoule | | | |
| Inj 200 mcg per ml, 5 ml ampoule | | | |
| METARAMINOL | | | |
| Inj 0.5 mg per ml, 10 ml syringe | | | |
| Inj 0.5 mg per ml, 20 ml syringe | | | |
| Inj 0.5 mg per ml, 5 ml syringe | | | |
| Inj 1 mg per ml, 1 ml ampoule | | | |
| Inj 1 mg per ml, 10 ml syringe | | | |
| Inj 10 mg per ml, 1 ml ampoule – **1% DV Jan-21 to 2023** | 55.20 | 10 | **Torbay** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| NORADRENALINE | | | |
| Inj 0.06 mg per ml, 100 ml bag | | | |
| Inj 0.06 mg per ml, 50 ml syringe | | | |
| Inj 0.1 mg per ml, 100 ml bag | | | |
| Inj 0.1 mg per ml, 50 ml syringe | | | |
| Inj 0.12 mg per ml, 100 ml bag | | | |
| Inj 0.12 mg per ml, 50 ml syringe | | | |
| Inj 0.16 mg per ml, 50 ml syringe | | | |
| Inj 1 mg per ml, 100 ml bag | | | |
| Inj 1 mg per ml, 4 ml ampoule | 45.00 | 10 | Noradrenaline BNM |
| PHENYLEPHRINE HYDROCHLORIDE | | | |
| Inj 10 mg per ml, 1 ml ampoule | 142.07 | 25 | Neosynephrine HCL |

## Vasodilators

| | | | |
|---|---|---|---|
| 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 | | | |

➥ **Restricted** (RS1008)

**Initiation**

Either:

1 For the treatment of refractory hypertension; or

2 For the treatment of heart failure, in combination with a nitrate, in patients who are intolerant or have not responded to ACE inhibitors and/or angiotensin receptor blockers.

| | | | |
|---|---|---|---|
| Inj 20 mg ampoule | 25.90 | 5 | Apresoline |
| MILRINONE | | | |
| Inj 1 mg per ml, 10 ml ampoule – **5% DV Dec-21 to 2024** | 71.00 | 10 | **Milrinone-Baxter** |
| MINOXIDIL | | | |
| Tab 10 mg | 70.00 | 100 | Loniten |
| NICORANDIL | | | |
| Tab 10 mg | 25.57 | 60 | Ikorel |
| Tab 20 mg | 32.28 | 60 | Ikorel |
| PAPAVERINE HYDROCHLORIDE | | | |
| Inj 30 mg per ml, 1 ml vial | | | |
| Inj 12 mg per ml, 10 ml ampoule | 257.12 | 5 | Hospira |
| PENTOXIFYLLINE [OXPENTIFYLLINE] | | | |
| Tab 400 mg | | | |
| SODIUM NITROPRUSSIDE | | | |
| Inj 50 mg vial | | | |

## Endothelin Receptor Antagonists

| | | | |
|---|---|---|---|
| AMBRISENTAN – **Restricted** see terms on the next page | | | |
| ⬇ Tab 5 mg – **1% DV Mar-21 to 2023** | 1,550.00 | 30 | **Ambrisentan Mylan** |
| ⬇ Tab 10 mg – **1% DV Mar-21 to 2023** | 1,550.00 | 30 | **Ambrisentan Mylan** |
| | | | Mylan |

*(Ambrisentan Mylan Tab 10 mg to be delisted 1 March 2023)*



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

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

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

➥ **Restricted** (RS1621)

**Initiation**

Either:

1 For use in patients with a valid Special Authority approval for ambrisentan by the Pulmonary Arterial Hypertension Panel; or

2 In-hospital stabilisations in emergency situations.

BOSENTAN – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 62.5 mg – **5% DV Dec-21 to 2024** | 119.85 | 60 | **Bosentan Dr Reddy's** |
| ⬇ | Tab 125 mg – **5% DV Dec-21 to 2024** | 119.85 | 60 | **Bosentan Dr Reddy's** |

➥ **Restricted** (RS1622)

**Initiation – Pulmonary arterial hypertension**

*Re-assessment required after 6 months*

Either:

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

2 In-hospital stabilisation in emergency situations.

**Continuation – Pulmonary arterial hypertension**

*Re-assessment required after 6 months*

Any of the following:

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

2 Both:
- 2.1 Bosentan is to be used as PAH dual therapy; and

continued…

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

continued…

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

3 Both:

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

3.2 Any of the following:

3.2.1 Patient is on the lung transplant list; or

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

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

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

## Phosphodiesterase Type 5 Inhibitors

SILDENAFIL – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 25 mg – **5% DV Jan-22 to 2024** | 0.85 | 4 | **Vedafil** |
| ⬇ | Tab 50 mg – **5% DV Jan-22 to 2024** | 1.70 | 4 | **Vedafil** |
| ⬇ | Tab 100 mg – **5% DV Jan-22 to 2024** | 10.20 | 12 | **Vedafil** |
| ⬇ | Inj 0.8 mg per ml, 12.5 ml vial | | | |

➥ **Restricted** (RS1798)

**Initiation – tablets Raynaud's Phenomenon**

All of the following:

1 Patient has Raynaud's phenomenon; and

2 Patient has severe digital ischaemia (defined as severe pain requiring hospital admission or with a high likelihood of digital ulceration; digital ulcers; or gangrene); and

3 Patient is following lifestyle management (proper body insulation, avoidance of cold exposure, smoking cessation support, avoidance of sympathomimetic drugs); and

4 Patient has persisting severe symptoms despite treatment with calcium channel blockers and nitrates (unless contraindicated or not tolerated).

**Initiation – tablets Pulmonary arterial hypertension**

Any of the following:

1 All of the following:

1.1 Patient has pulmonary arterial hypertension (PAH); and

1.2 Any of the following:

1.2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or

1.2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications; or

1.2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and

1.3 Any of the following:

1.3.1 PAH is in NYHA/WHO functional class II; or

1.3.2 PAH is in NYHA/WHO functional class III; or

1.3.3 PAH is in NYHA/WHO functional class IV; and

1.4 Either:

1.4.1 All of the following:

1.4.1.1 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and

1.4.1.2 Either:

1.4.1.2.1 Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or

1.4.1.2.2 Patient is peri Fontan repair; and

continued…

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

continued…

1.4.1.3 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm-5); or

1.4.2 Testing for PCWP, PAPm, or PVR cannot be performed due to the patient's young age; or

2 For use in neonatal units for persistent pulmonary hypertension of the newborn (PPHN); or

3 In-hospital stabilisation in emergency situations.

**Initiation – tablets other conditions**

Any of the following:

1 For use in weaning patients from inhaled nitric oxide; or

2 For perioperative use in cardiac surgery patients; or

3 For use in intensive care as an alternative to nitric oxide; or

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

**Initiation – injection**

Both:

1 For use in the treatment of pulmonary hypertension in infants or children being treated in paediatric intensive care units and neonatal intensive care units when the enteral route is not accessible; and

2 Any of the following:

2.1 For perioperative use following cardiac surgery; or

2.2 For use in persistent pulmonary hypertension of the newborn (PPHN); or

2.3 For use in congenital diaphragmatic hernia.

## Prostacyclin Analogues

EPOPROSTENOL – **Restricted** see terms below

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

➥ **Restricted** (RS1624)

**Initiation**

Either:

1 For use in patients with a valid Special Authority approval for epoprostenol by the Pulmonary Arterial Hypertension Panel; or

2 In-hospital stabilisation in emergency situations.

ILOPROST

| | | | | |
|---|---|---|---|---|
| | Inj 50 mcg in 0.5 ml ampoule | 305.00 | 5 | Clinect |
| ⬇ | Nebuliser soln 10 mcg per ml, 2 ml | 740.10 | 30 | Ventavis |

➥ **Restricted** (RS1625)

**Initiation**

Any of the following:

1 For use in patients with a valid Special Authority approval for iloprost by the Pulmonary Arterial Hypertension Panel; or

2 For diagnostic use in catheter laboratories; or

3 For use following mitral or tricuspid valve surgery; or

4 In-hospital stabilisation in emergency situations.

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

## Anti-Infective Preparations

### Antibacterials

HYDROGEN PEROXIDE
- Crm 1% — 8.56 — 15 g — Crystaderm
- Soln 3% (10 vol)

MAFENIDE ACETATE – **Restricted** see terms below
- ⬇ Powder 50 g sachet

➥ **Restricted** (RS1299)

**Initiation**

For the treatment of burns patients.

MUPIROCIN
- Oint 2%

SODIUM FUSIDATE [FUSIDIC ACID]
- Crm 2% – **5% DV Dec-21 to 2024** — 1.59 — 5 g — **Foban**
- Oint 2% – **5% DV Dec-21 to 2024** — 1.59 — 5 g — **Foban**

SULFADIAZINE SILVER
- Crm 1% — 10.80 — 50 g — Flamazine

### Antifungals

AMOROLFINE
- Nail soln 5% – **1% DV Oct-20 to 2023** — 14.93 — 5 ml — **MycoNail**

CICLOPIROX OLAMINE
- Nail soln 8%
- ➥ Soln 1% – **Restricted:** For continuation only

CLOTRIMAZOLE
- Crm 1% — 0.77 — 20 g — Clomazol
- ➥ Soln 1% – **Restricted:** For continuation only

ECONAZOLE NITRATE
- ➥ Crm 1% – **Restricted:** For continuation only
- Foaming soln 1%

KETOCONAZOLE
- Shampoo 2% – **1% DV Nov-20 to 2023** — 3.23 — 100 ml — **Sebizole**

METRONIDAZOLE
- Gel 0.75%

MICONAZOLE NITRATE
- Crm 2% – **1% DV Feb-21 to 2023** — 0.81 — 15 g — **Multichem**
- ➥ Lotn 2% – **Restricted:** For continuation only
- Tinc 2%

NYSTATIN
- Crm 100,000 u per g

### Antiparasitics

DIMETHICONE
- Lotn 4% – **5% DV Dec-22 to 2025** — 4.25 — 200 ml — **healthE Dimethicone 4% Lotion**



⬆ 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 |
|---|---|---|---|
| MALATHION [MALDISON] | | | |
| Lotn 0.5% | | | |
| Shampoo 1% | | | |
| PERMETHRIN | | | |
| Crm 5% – **1% DV Nov-20 to 2023** | 5.75 | 30 g | **Lyderm** |
| Lotn 5% – **1% DV Nov-20 to 2023** | 3.99 | 30 ml | **A-Scabies** |
| PHENOTHRIN | | | |
| Shampoo 0.5% | | | |

## Antiacne Preparations

| | | | |
|---|---|---|---|
| ADAPALENE | | | |
| Crm 0.1% | | | |
| Gel 0.1% | | | |
| BENZOYL PEROXIDE | | | |
| Soln 5% | | | |
| ISOTRETINOIN | | | |
| Cap 5 mg – **5% DV Mar-22 to 2024** | 11.26 | 60 | **Oratane** |
| Cap 10 mg – **5% DV Mar-22 to 2024** | 18.75 | 120 | **Oratane** |
| Cap 20 mg – **5% DV Mar-22 to 2024** | 26.73 | 120 | **Oratane** |
| TRETINOIN | | | |
| Crm 0.05% – **5% DV Jan-22 to 2024** | 15.57 | 50 g | **ReTrieve** |

## Antipruritic Preparations

| | | | |
|---|---|---|---|
| CALAMINE | | | |
| Crm, aqueous, BP – **5% DV May-22 to 2024** | 1.08 | 100 g | **Calamine-AFT** |
| CROTAMITON | | | |
| Crm 10% – **5% DV Dec-21 to 2024** | 3.29 | 20 g | **Itch-Soothe** |

## Barrier Creams and Emollients

### Barrier Creams

| | | | |
|---|---|---|---|
| DIMETHICONE | | | |
| Crm 5% tube – **5% DV Dec-22 to 2025** | 1.47 | 100 g | **healthE Dimethicone 5%** |
| Crm 5% pump bottle – **5% DV Dec-22 to 2025** | 4.30 | 500 ml | **healthE Dimethicone 5%** |
| Crm 10% pump bottle | 4.52 | 500 ml | healthE Dimethicone 10% |
| ZINC | | | |
| Crm | | | *e.g. Zinc Cream (Orion-) ;Zinc Cream (PSM)* |
| Oint | | | *e.g. Zinc oxide (PSM)* |
| Paste | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ZINC AND CASTOR OIL | | | |
| Crm | 1.63 | 20 g | Orion |
| Oint | 4.65 | 500 g | Boucher |
| 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. | | | |
| ZINC WITH WOOL FAT | | | |
| Crm zinc 15.25% with wool fat 4% | | | *e.g. Sudocrem* |

## Emollients

| | | | |
|---|---|---|---|
| AQUEOUS CREAM | | | |
| Crm 100 g | | | |
| Note: DV limit applies to the pack sizes of 100 g or less. | | | |
| Crm 500 g – **5% DV Jul-22 to 2024** | 1.73 | 500 g | Boucher **GEM Aqueous Cream** |
| Note: DV limit applies to the pack sizes of greater than 100 g. | | | |
| *(Boucher Crm 500 g to be delisted 1 October 2022)* | | | |
| CETOMACROGOL | | | |
| Crm BP, 500 g – **5% DV May-22 to 2024** | 1.99 | 500 g | **Cetomacrogol-AFT** |
| Crm BP, 100 g | | | |
| CETOMACROGOL WITH GLYCEROL | | | |
| Crm 90% with glycerol 10%, | 1.65 | 100 g | healthE |
| Note: DV limit applies to the pack sizes of 100 g or less. | | | |
| Crm 90% with glycerol 10% | 2.35 | 500 ml | Boucher |
| | 3.10 | 1,000 ml | Boucher |
| | 2.35 | 500 ml | Evara |
| | 3.10 | 1,000 ml | Evara |
| Note: DV limit applies to the pack sizes of greater than 100 g. | | | |
| *(Boucher Crm 90% with glycerol 10% to be delisted 1 March 2023)* | | | |
| EMULSIFYING OINTMENT | | | |
| Oint BP – **1% DV Oct-20 to 2023** | 1.84 | 100 g | **Jaychem** |
| Note: DV limit applies to pack sizes of less than 200 g. | | | |
| Oint BP, 500 g – **1% DV Mar-21 to 2023** | 3.40 | 500 g | **Emulsifying Ointment ADE** |
| Note: DV limit applies to pack sizes of greater than 200 g. | | | |
| GLYCEROL WITH PARAFFIN | | | |
| Crm glycerol 10% with white soft paraffin 5% and liquid paraffin 10% | | | *e.g. QV cream* |
| OIL IN WATER EMULSION | | | |
| Crm, 500 g – **5% DV Sep-22 to 2025** | 2.04 | 500 g | **Fatty Cream AFT** |
| Note: DV limit applies to the pack sizes of greater than 100 g. | | | |
| Crm, 100 g – **5% DV Aug-22 to 2024** | 1.59 | 1 | **healthE Fatty Cream** |
| Note: DV limit applies to the pack sizes of 100 g or less. | | | |
| PARAFFIN | | | |
| Oint liquid paraffin 50% with white soft paraffin 50% | 1.97 | 100 g | healthE |
| Note: DV limit applies to the pack sizes of 100 g or greater. | | | |
| 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, | 4.99 | 450 g | healthE |
| Yellow soft | | | |
| Lotn liquid paraffin 85% | | | *e.g QV Bath Oil* |



⬆ 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 |
|---|---|---|---|
| PARAFFIN WITH WOOL FAT | | | |
| Lotn liquid paraffin 15.9% with wool fat 0.6% | | | *e.g. AlphaKeri;BK ;DP; Hydroderm Lotn* |
| Lotn liquid paraffin 91.7% with wool fat 3% | | | *e.g. Alpha Keri Bath Oil* |
| UREA | | | |
| Crm 10% | 1.37 | 100 g | healthE Urea Cream |
| WOOL FAT | | | |
| Crm | | | |

## Corticosteroids

| | | | |
|---|---|---|---|
| BETAMETHASONE DIPROPIONATE | | | |
| Crm 0.05% – **1% DV Feb-21 to 2023** | 36.00 | 50 g | **Diprosone** |
| Note: DV limit applies to the pack sizes of greater than 30 g. | | | |
| Oint 0.05% – **1% DV Feb-21 to 2023** | 36.00 | 50 g | **Diprosone** |
| Note: DV limit applies to the pack sizes of greater than 30 g. | | | |
| BETAMETHASONE VALERATE | | | |
| Crm 0.1% – **5% DV Jan-22 to 2024** | 4.53 | 50 g | **Beta Cream** |
| Oint 0.1% – **5% DV Jan-22 to 2024** | 5.84 | 50 g | **Beta Ointment** |
| Lotn 0.1% – **5% DV Mar-22 to 2024** | 25.00 | 50 ml | **Betnovate** |
| CLOBETASOL PROPIONATE | | | |
| Crm 0.05% – **5% DV Jan-23 to 2025** | 2.40 | 30 g | **Dermol** |
| Oint 0.05% – **5% DV Jan-23 to 2025** | 2.33 | 30 g | **Dermol** |
| CLOBETASONE BUTYRATE | | | |
| Crm 0.05% | | | |
| DIFLUCORTOLONE VALERATE – **Restricted:** For continuation only | | | |
| ➥ Crm 0.1% | | | |
| ➥ Fatty oint 0.1% | | | |
| HYDROCORTISONE | | | |
| Crm 1%, 100 g | 3.70 | 100 g | Hydrocortisone (PSM) |
| Note: DV limit applies to the pack sizes of less than or equal to 100 g. | | | |
| Crm 1%, 500 g – **1% DV Dec-20 to 31 Oct 2022** | 17.15 | 500 g | **Hydrocortisone (PSM)** |
| HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN | | | |
| Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – **1% DV Oct-20 to 2023** | 10.57 | 250 ml | **DP Lotn HC** |
| HYDROCORTISONE BUTYRATE | | | |
| Crm 0.1% | 4.85 | 100 g | Locoid Lipocream |
| Oint 0.1% – **5% DV Dec-21 to 2024** | 10.28 | 100 g | **Locoid** |
| Milky emul 0.1% – **5% DV Dec-21 to 2024** | 12.33 | 100 ml | **Locoid Crelo** |
| METHYLPREDNISOLONE ACEPONATE | | | |
| Crm 0.1% – **1% DV Dec-20 to 2023** | 4.46 | 15 g | **Advantan** |
| Oint 0.1% – **1% DV Dec-20 to 2023** | 4.46 | 15 g | **Advantan** |
| MOMETASONE FUROATE | | | |
| Crm 0.1% – **5% DV Feb-22 to 2024** | 1.95 | 15 g | **Elocon Alcohol Free** |
| | 3.10 | 50 g | **Elocon Alcohol Free** |
| Oint 0.1% – **5% DV Feb-22 to 2024** | 1.95 | 15 g | **Elocon** |
| | 2.90 | 50 g | **Elocon** |
| Lotn 0.1% – **5% DV Feb-22 to 2024** | 4.50 | 30 ml | **Elocon** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| TRIAMCINOLONE ACETONIDE | | | |
| Crm 0.02% – **1% DV Nov-20 to 2023** | 6.30 | 100 g | **Aristocort** |
| Oint 0.02% – **1% DV Nov-20 to 2023** | 6.35 | 100 g | **Aristocort** |

## Corticosteroids with Anti-Infective Agents

BETAMETHASONE VALERATE WITH CLIOQUINOL – **Restricted** see terms below

⬇ Crm 0.1% with clioquiniol 3%

➥ **Restricted** (RS1125)

**Initiation**

Either:

1 For the treatment of intertrigo; or

2 For continuation use.

BETAMETHASONE VALERATE WITH SODIUM FUSIDATE [FUSIDIC ACID]

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

HYDROCORTISONE WITH MICONAZOLE

| | | | |
|---|---|---|---|
| Crm 1% with miconazole nitrate 2% – **5% DV Dec-21 to 2024** | 1.89 | 15 g | **Micreme H** |

HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN

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

TRIAMCINOLONE ACETONIDE WITH NEOMYCIN SULPHATE, GRAMICIDIN AND NYSTATIN

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

## Psoriasis and Eczema Preparations

ACITRETIN

| | | | |
|---|---|---|---|
| Cap 10 mg – **1% DV Oct-20 to 2023** | 17.86 | 60 | **Novatretin** |
| Cap 25 mg – **1% DV Oct-20 to 2023** | 41.36 | 60 | **Novatretin** |

BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL

| | | | |
|---|---|---|---|
| Foam spray 500 mcg with calcipotriol 50 mcg per g | 59.95 | 60 g | Enstilar |
| Gel 500 mcg with calcipotriol 50 mcg per g – **5% DV Dec-21 to 2024** | 39.35 | 60 g | **Daivobet** |
| Oint 500 mcg with calcipotriol 50 mcg per g – **5% DV Dec-21 to 2024** | 15.90 | 30 g | **Daivobet** |

CALCIPOTRIOL

| | | | |
|---|---|---|---|
| Oint 50 mcg per g | 40.00 | 120 g | Daivonex |

COAL TAR WITH SALICYLIC ACID AND SULPHUR

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

METHOXSALEN [8-METHOXYPSORALEN]

Tab 10 mg

Lotn 1.2%

PIMECROLIMUS – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Crm 1% – **1% DV Mar-21 to 2023** | 28.50 | 15 g | **Elidel** |

➥ **Restricted** (RS1781)

**Initiation**

Dermatologist, paediatrician or ophthalmologist

Both:

1 Patient has atopic dermatitis on the eyelid; and

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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCEIN | | | |
| Soln 2.3% with trolamine laurilsulfate and fluorescein sodium – **1% DV Nov-20 to 2023** | 4.44 | 500 ml | **Pinetarsol** |
| POTASSIUM PERMANGANATE | | | |
| Tab 400 mg | | | |
| Crystals | | | |
| TACROLIMUS | | | |
| ⬇ Oint 0.1% – **1% DV Mar-22 to 2023** | 33.00 | 30 g | **Zematop** |
| ➥ **Restricted** (RS1859) | | | |
| **Initiation** | | | |
| Dermatologist or paediatrician | | | |
| Both: | | | |
| 1 Patient has atopic dermatitis on the face; and | | | |
| 2 Patient has at least one of the following contraindications to topical corticosteroids: periorificial dermatitis, rosacea, documented epidermal atrophy or documented allergy to topical corticosteroids. | | | |

## Scalp Preparations

| | | | |
|---|---|---|---|
| BETAMETHASONE VALERATE | | | |
| Scalp app 0.1% – **5% DV Jan-22 to 2024** | 9.84 | 100 ml | **Beta Scalp** |
| CLOBETASOL PROPIONATE | | | |
| Scalp app 0.05% – **5% DV Jan-23 to 2025** | 6.26 | 30 ml | **Dermol** |
| HYDROCORTISONE BUTYRATE | | | |
| Scalp lotn 0.1% – **5% DV Dec-21 to 2024** | 6.57 | 100 ml | **Locoid** |

## Wart Preparations

| | | | |
|---|---|---|---|
| IMIQUIMOD | | | |
| Crm 5%, 250 mg sachet | 21.72 | 24 | Perrigo |
| PODOPHYLLOTOXIN | | | |
| Soln 0.5% | 33.60 | 3.5 ml | Condyline |
| SILVER NITRATE | | | |
| Sticks with applicator | | | |

## Other Skin Preparations

| | | | |
|---|---|---|---|
| DIPHEMANIL METILSULFATE | | | |
| Powder 2% | | | |
| SUNSCREEN, PROPRIETARY | | | |
| Lotn | 5.10 | 200 g | Marine Blue Lotion SPF 50+ |

### Antineoplastics

| | | | |
|---|---|---|---|
| FLUOROURACIL SODIUM | | | |
| Crm 5% – **5% DV Dec-21 to 2024** | 6.95 | 20 g | **Efudix** |
| METHYL AMINOLEVULINATE HYDROCHLORIDE – **Restricted** see terms below | | | |
| ⬇ Crm 16% | | | |
| ➥ **Restricted** (RS1127) | | | |
| Dermatologist or plastic surgeon | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Wound Management Products** | | | |
| CALCIUM GLUCONATE | | | |
| Gel 2.5% | | | *e.g. Orion* |



⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
*e.g. Brand* indicates brand example only. It is not a contracted product.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Anti-Infective Agents** | | | |
| ACETIC ACID | | | |
| Soln 3% | | | |
| Soln 5% | | | |
| ACETIC ACID WITH HYDROXYQUINOLINE, GLYCEROL AND RICINOLEIC ACID | | | |
| Jelly 0.94% with hydroxyquinoline sulphate 0.025%, glycerol 5% and ricinoleic acid 0.75% with applicator | | | |
| CHLORHEXIDINE GLUCONATE | | | |
| Crm 1% | | | |
| Lotn 1% | | | |
| CLOTRIMAZOLE | | | |
| Vaginal crm 1% with applicator | 2.50 | 35 g | Clomazol |
| Vaginal crm 2% with applicator | 3.00 | 20 g | Clomazol |
| MICONAZOLE NITRATE | | | |
| Vaginal crm 2% with applicator – **1% DV Nov-20 to 2023** | 6.89 | 40 g | **Micreme** |
| NYSTATIN | | | |
| Vaginal crm 100,000 u per 5 g with applicator(s) – **1% DV Oct-20 to 2023** | 4.00 | 75 g | **Nilstat** |
| **Contraceptives** | | | |
| **Antiandrogen Oral Contraceptives** | | | |
| CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL | | | |
| Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets – **1% DV Apr-21 to 2023** | 4.98 | 168 | **Ginet** |
| **Combined Oral Contraceptives** | | | |
| ETHINYLOESTRADIOL WITH DESOGESTREL | | | |
| Tab 20 mcg with desogestrel 150 mcg | | | |
| Tab 30 mcg with desogestrel 150 mcg | | | |
| ETHINYLOESTRADIOL WITH LEVONORGESTREL | | | |
| Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets | 2.18 | 84 | Microgynon 20 ED |
| Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets | 1.77 | 84 | Levlen ED |
| Tab 20 mcg with levonorgestrel 100 mcg | | | |
| Tab 30 mcg with levonorgestrel 150 mcg | | | |
| ETHINYLOESTRADIOL WITH NORETHISTERONE | | | |
| Tab 35 mcg with norethisterone 1 mg | | | |
| Tab 35 mcg with norethisterone 1 mg and 7 inert tab | 6.95 | 84 | Brevinor 1/28 |
| Tab 35 mcg with norethisterone 500 mcg | | | |
| NORETHISTERONE WITH MESTRANOL | | | |
| Tab 1 mg with mestranol 50 mcg | | | |
| **Contraceptive Devices** | | | |
| INTRA-UTERINE DEVICE | | | |
| IUD 29.1 mm length × 23.2 mm width | 18.45 | 1 | Choice TT380 Short |
| IUD 33.6 mm length × 29.9 mm width | 18.45 | 1 | Choice TT380 Standard |
| IUD 35.5 mm length × 19.6 mm width | 15.50 | 1 | Choice Load 375 |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Emergency Contraception** | | | |
| LEVONORGESTREL | | | |
| Tab 1.5 mg | 4.95 | 1 | Postinor-1 |
| **Progestogen-Only Contraceptives** | | | |
| LEVONORGESTREL | | | |
| Tab 30 mcg | 16.50 | 84 | Microlut |
| Subdermal implant (2 × 75 mg rods) – **1% DV Dec-20 to 2023** | 106.92 | 1 | **Jadelle** |
| Intra-uterine device 52 mg – **1% DV Nov-19 to 31 Oct 2022** | 269.50 | 1 | **Mirena** |
| Intra-uterine device 13.5 mg – **1% DV Nov-19 to 31 Oct 2022** | 215.60 | 1 | **Jaydess** |
| MEDROXYPROGESTERONE ACETATE | | | |
| Inj 150 mg per ml, 1 ml syringe | 7.98 | 1 | Depo-Provera |
| NORETHISTERONE | | | |
| Tab 350 mcg – **5% DV Mar-22 to 2024** | 12.25 | 84 | **Noriday 28** |
| **Obstetric Preparations** | | | |
| **Antiprogestogens** | | | |
| MIFEPRISTONE | | | |
| Tab 200 mg | | | |
| **Oxytocics** | | | |
| CARBOPROST TROMETAMOL | | | |
| Inj 250 mcg per ml, 1 ml ampoule | | | |
| DINOPROSTONE | | | |
| Pessaries 10 mg | | | |
| Vaginal gel 1 mg in 3 g | 56.86 | 1 | Prostin E2 |
| Vaginal gel 2 mg in 3 g | 69.77 | 1 | Prostin E2 |
| ERGOMETRINE MALEATE | | | |
| Inj 500 mcg per ml, 1 ml ampoule | 160.00 | 5 | DBL Ergometrine |
| OXYTOCIN | | | |
| Inj 5 iu per ml, 1 ml ampoule | 3.98 | 5 | Oxytocin BNM |
| Inj 10 iu per ml, 1 ml ampoule | 4.98 | 5 | Oxytocin BNM |
| OXYTOCIN WITH ERGOMETRINE MALEATE | | | |
| Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule – **5% DV Dec-22 to 2025** | 32.40 | 5 | **Syntometrine** |
| **Tocolytics** | | | |
| PROGESTERONE – **Restricted** see terms below | | | |
| ⬇ Cap 100 mg | 16.50 | 30 | Utrogestan |

➥ **Restricted** (RS1533)

**Initiation**

Gynaecologist or obstetrician

*Re-assessment required after 12 months*

Both:

continued…

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

continued…

1 For the prevention of pre-term labour*; and
2 Either:
2.1 The patient has a short cervix on ultrasound (defined as < 25mm at 16 to 28 weeks); or
2.2 The patient has a history of pre-term birth at less than 28 weeks.

**Continuation**
Gynaecologist or obstetrician
*Re-assessment required after 12 months*
All of the following:

1 For the prevention of pre-term labour*; and
2 Treatment is required for second or subsequent pregnancy; and
3 Either:
3.1 The patient has a short cervix on ultrasound (defined as < 25mm at 16 to 28 weeks); or
3.2 The patient has a history of pre-term birth at less than 28 weeks.

Note: Indications marked with * are unapproved indications.

TERBUTALINE – **Restricted** see terms below
⬇ Inj 500 mcg ampoule
➥ **Restricted** (RS1130)
Obstetrician

## Oestrogens

OESTRIOL

| | | | |
|---|---|---|---|
| Crm 1 mg per g with applicator – **1% DV Oct-20 to 2023** | 6.62 | 15 g | **Ovestin** |
| Pessaries 500 mcg – **1% DV Oct-20 to 2023** | 6.86 | 15 | **Ovestin** |

## Urologicals

### 5-Alpha Reductase Inhibitors

FINASTERIDE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 5 mg – **1% DV Apr-21 to 2023** | 4.81 | 100 | **Ricit** |

➥ **Restricted** (RS1131)
**Initiation**
Both:

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

### Alpha-1A Adrenoceptor Blockers

TAMSULOSIN HYDROCHLORIDE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Cap 400 mcg – **5% DV Jan-23 to 2025** | 22.31 | 100 | **Tamsulosin-Rex** |

➥ **Restricted** (RS1132)
**Initiation**
Both:

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

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

## Urinary Alkalisers

POTASSIUM CITRATE – **Restricted** see terms below

⬇ Oral liq 3 mmol per ml ..... 31.80 — 200 ml — Biomed

➥ **Restricted** (RS1133)

**Initiation**

Both:

1 The patient has recurrent calcium oxalate urolithiasis; and

2 The patient has had more than two renal calculi in the two years prior to the application.

SODIUM CITRO-TARTRATE

Grans eff 4 g sachets – **1% DV Oct-20 to 2023** ..... 2.22 — 28 — **Ural**

## Urinary Antispasmodics

OXYBUTYNIN

Tab 5 mg ..... 5.42 — 100 — Alchemy Oxybutynin

Oral liq 5 mg per 5 ml

SOLIFENACIN SUCCINATE

Tab 5 mg – **5% DV Dec-21 to 2024** ..... 2.05 — 30 — **Solifenacin Mylan**

Tab 10 mg – **5% DV Dec-21 to 2024** ..... 3.72 — 30 — **Solifenacin Mylan**

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

## Anabolic Agents

OXANDROLONE
⬇ Tab 2.5 mg
➥ **Restricted** (RS1302)
**Initiation**
For the treatment of burns patients.

## Androgen Agonists and Antagonists

| | | | |
|---|---|---|---|
| CYPROTERONE ACETATE | | | |
| Tab 50 mg – **5% DV Jan-22 to 2024** | 14.37 | 50 | **Siterone** |
| Tab 100 mg – **5% DV Jan-22 to 2024** | 28.03 | 50 | **Siterone** |
| TESTOSTERONE | | | |
| Patch 5 mg per day | 90.00 | 30 | Androderm |
| TESTOSTERONE CIPIONATE | | | |
| Inj 100 mg per ml, 10 ml vial | 85.00 | 1 | Depo-Testosterone |
| TESTOSTERONE ESTERS | | | |
| Inj testosterone decanoate 100 mg, testosterone isocarproate 60 mg, testosterone phenylpropionate 60 mg and testosterone propionate 30 mg per ml, 1 ml ampoule | | | |
| TESTOSTERONE UNDECANOATE | | | |
| ➥ Cap 40 mg – **Restricted:** For continuation only | 21.00 | 60 | Andriol Testocaps |
| Inj 250 mg per ml, 4 ml vial | 86.00 | 1 | Reandron 1000 |

## Calcium Homeostasis

| | | | |
|---|---|---|---|
| CALCITONIN | | | |
| Inj 100 iu per ml, 1 ml ampoule | 121.00 | 5 | Miacalcic |
| CINACALCET – **Restricted** see terms below | | | |
| ⬇ Tab 30 mg – **5% DV Apr-22 to 2024** | 42.06 | 28 | **Cinacalet Devatis** |
| ⬇ Tab 60 mg – **5% DV Apr-22 to 2024** | 84.12 | 28 | **Cinacalet Devatis** |

➥ **Restricted** (RS1540)
**Initiation**
Nephrologist or endocrinologist
*Re-assessment required after 6 months*
Either:

1 All of the following:
- 1.1 The patient has been diagnosed with a parathyroid carcinoma (see Note); and
- 1.2 The patient has persistent hypercalcaemia (serum calcium greater than or equal to 3 mmol/L) despite previous first-line treatments including sodium thiosulfate (where appropriate) and bisphosphonates; and
- 1.3 The patient is symptomatic; or

2 All of the following:
- 2.1 The patient has been diagnosed with calciphylaxis (calcific uraemic arteriolopathy); and
- 2.2 The patient has symptomatic (e.g. painful skin ulcers) hypercalcaemia (serum calcium greater than or equal to 3 mmol/L); and
- 2.3 The patient's condition has not responded to previous first-line treatments including bisphosphonates and sodium

continued…

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

continued…

thiosulfate.

**Continuation**

Nephrologist or endocrinologist

Both:

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

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

ZOLEDRONIC ACID

⬇ Inj 4 mg per 5 ml, vial – **5% DV Dec-21 to 2024** ..... 18.00 — 1 — **Zoledronic acid Mylan**
Zoledronic acid Viatris

➥ **Restricted** (RS1883)

**Initiation – bone metastases**

Any of the following:

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

**Initiation – early breast cancer***

All of the following:

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

Note: Indications marked with * are unapproved indications.

**Initiation – symptomatic hypercalcaemia***

Any relevant practitioner

Patient has symptomatic hypercalcaemia.

Note: Indications marked with * are unapproved indications.

## 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 Jan-22 to 2024** ..... 1.50 — 30 — **Dexmethsone**
Tab 4 mg – **5% DV Jan-22 to 2024** ..... 2.65 — 30 — **Dexmethsone**
Oral liq 1 mg per ml ..... 48.15 — 25 ml — Biomed

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| DEXAMETHASONE PHOSPHATE | | | |
| Inj 4 mg per ml, 1 ml ampoule – **5% DV Feb-23 to 2025** | 9.25 | 10 | Dexamethasone Phosphate Panpharma |
| | 7.86 | | **Hameln** |
| Inj 4 mg per ml, 2 ml ampoule – **5% DV Feb-23 to 2025** | 16.37 | 10 | Dexamethasone Phosphate Panpharma |
| | 13.10 | | **Hameln** |
| *(Dexamethasone Phosphate Panpharma Inj 4 mg per ml, 1 ml ampoule to be delisted 1 February 2023)* | | | |
| *(Dexamethasone Phosphate Panpharma Inj 4 mg per ml, 2 ml ampoule to be delisted 1 February 2023)* | | | |
| FLUDROCORTISONE ACETATE | | | |
| Tab 100 mcg – **5% DV Dec-22 to 2025** | 11.46 | 100 | **Florinef** |
| HYDROCORTISONE | | | |
| Tab 5 mg | 8.10 | 100 | Douglas |
| Tab 20 mg | 20.32 | 100 | Douglas |
| Inj 100 mg vial – **5% DV Nov-21 to 2024** | 4.38 | 1 | **Solu-Cortef** |
| METHYLPREDNISOLONE (AS SODIUM SUCCINATE) | | | |
| Tab 4 mg | 112.00 | 100 | Medrol |
| Tab 100 mg | 223.10 | 20 | Medrol |
| Inj 40 mg vial | 22.30 | 1 | Solu-Medrol Act-O-Vial |
| Inj 125 mg vial | 34.10 | 1 | Solu-Medrol Act-O-Vial |
| Inj 500 mg vial | 26.88 | 1 | Solu-Medrol Act-O-Vial |
| Inj 1 g vial | 32.84 | 1 | Solu-Medrol |
| METHYLPREDNISOLONE ACETATE | | | |
| Inj 40 mg per ml, 1 ml vial | 47.06 | 5 | Depo-Medrol |
| PREDNISOLONE | | | |
| Oral liq 5 mg per ml – **5% DV Dec-21 to 2024** | 6.00 | 30 ml | **Redipred** |
| Enema 200 mcg per ml, 100 ml | | | |
| PREDNISONE | | | |
| Tab 1 mg | 18.58 | 500 | Apo-Prednisone Prednisone Clinect |
| Tab 2.5 mg | 21.04 | 500 | Apo-Prednisone Prednisone Clinect |
| Tab 5 mg | 19.30 | 500 | Apo-Prednisone Prednisone Clinect |
| Tab 20 mg | 50.51 | 500 | Apo-Prednisone Prednisone Clinect |
| *(Apo-Prednisone Tab 1 mg to be delisted 1 November 2022)* | | | |
| *(Apo-Prednisone Tab 2.5 mg to be delisted 1 November 2022)* | | | |
| *(Apo-Prednisone Tab 5 mg to be delisted 1 November 2022)* | | | |
| *(Apo-Prednisone Tab 20 mg to be delisted 1 November 2022)* | | | |
| TRIAMCINOLONE ACETONIDE | | | |
| Inj 10 mg per ml, 1 ml ampoule – **5% DV Apr-21 to 2023** | 20.80 | 5 | **Kenacort-A 10** |
| Inj 40 mg per ml, 1 ml ampoule – **1% DV Apr-21 to 2023** | 51.10 | 5 | **Kenacort-A 40** |
| TRIAMCINOLONE HEXACETONIDE | | | |
| Inj 20 mg per ml, 1 ml vial | | | |

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

## Hormone Replacement Therapy

### Oestrogens

OESTRADIOL

Tab 1 mg

| | | | |
|---|---|---|---|
| Patch 25 mcg per day | 6.12 | 8 | Estradot |
| Patch 50 mcg per day | 7.04 | 8 | Estradot |
| Patch 75 mcg per day | 7.91 | 8 | Estradot |
| Patch 100 mcg per day | 7.91 | 8 | Estradot |

OESTRADIOL VALERATE

| | | | |
|---|---|---|---|
| Tab 1 mg | 12.36 | 84 | Progynova |
| Tab 2 mg | 12.36 | 84 | Progynova |

OESTROGENS (CONJUGATED EQUINE)

Tab 300 mcg

Tab 625 mcg

### Progestogen and Oestrogen Combined Preparations

OESTRADIOL WITH NORETHISTERONE ACETATE

Tab 1 mg with 0.5 mg norethisterone acetate

Tab 2 mg with 1 mg norethisterone acetate

Tab 2 mg with 1 mg norethisterone acetate (10), and tab 2 mg oestradiol (12) and tab 1 mg oestradiol (6)

OESTROGENS WITH MEDROXYPROGESTERONE ACETATE

Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate

Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate

### Progestogens

MEDROXYPROGESTERONE ACETATE

| | | | |
|---|---|---|---|
| Tab 2.5 mg | 4.69 | 30 | Provera |
| Tab 5 mg | 17.50 | 100 | Provera |
| Tab 10 mg | 8.94 | 30 | Provera |

## Other Endocrine Agents

CABERGOLINE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 0.5 mg | 3.75 | 2 | Dostinex |
| | 15.20 | 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 |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| GESTRINONE | | | |
| Cap 2.5 mg | | | |
| METYRAPONE | | | |
| Cap 250 mg | | | |
| PENTAGASTRIN | | | |
| Inj 250 mcg per ml, 2 ml ampoule | | | |

## Other Oestrogen Preparations

| | | | |
|---|---|---|---|
| ETHINYLOESTRADIOL – **Restricted:** For continuation only | | | |
| ➥ Tab 10 mcg | 17.60 | 100 | NZ Medical and Scientific |
| *(NZ Medical and Scientific Tab 10 mcg to be delisted 1 February 2023)* | | | |
| OESTRADIOL | | | |
| Implant 50 mg | | | |
| OESTRIOL | | | |
| Tab 2 mg – **1% DV Sep-20 to 2023** | 7.00 | 30 | **Ovestin** |

## Other Progestogen Preparations

| | | | |
|---|---|---|---|
| MEDROXYPROGESTERONE | | | |
| Tab 100 mg | 116.15 | 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 | | | |

### Adrenocorticotropic Hormones

| | | | |
|---|---|---|---|
| TETRACOSACTIDE [TETRACOSACTRIN] | | | |
| Inj 250 mcg per ml, 1 ml ampoule | 75.00 | 1 | Synacthen |
| Inj 1 mg per ml, 1 ml ampoule | 690.00 | 1 | Synacthen Depot |

### GnRH Agonists and Antagonists

| | | | |
|---|---|---|---|
| BUSERELIN | | | |
| Inj 1 mg per ml, 5.5 ml vial | | | |
| GONADORELIN | | | |
| Inj 100 mcg vial | | | |
| GOSERELIN | | | |
| Implant 3.6 mg, syringe – **1% DV May-21 to 2023** | 65.68 | 1 | **Teva** |
| Implant 10.8 mg, syringe – **1% DV May-21 to 2023** | 122.37 | 1 | **Teva** |
| 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 |

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

## Gonadotrophins

CHORIOGONADOTROPIN ALFA
Inj 250 mcg in 0.5 ml syringe

## Growth Hormone

SOMATROPIN – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 5 mg cartridge – **5% DV Jan-22 to 2024** | 69.75 | 1 | **Omnitrope** |
| ⬇ | Inj 10 mg cartridge – **5% DV Jan-22 to 2024** | 69.75 | 1 | **Omnitrope** |
| ⬇ | Inj 15 mg cartridge – **5% DV Jan-22 to 2024** | 139.50 | 1 | **Omnitrope** |

➥ **Restricted** (RS1826)

**Initiation – growth hormone deficiency in children**
Endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*
Either:

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

**Continuation – growth hormone deficiency in children**
Endocrinologist or paediatric endocrinologist
*Re-assessment required after 12 months*
All of the following:

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

**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.

continued…

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

continued…

**Continuation – Turner syndrome**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

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

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

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

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

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

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

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

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

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

*Re-assessment required after 12 months*

All of the following:

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

continued…

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

continued…

6.2 The patient has received a renal transplant and has received < 5mg/ $m^2$ /day of prednisone or equivalent for at least 6 months.

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

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

*Re-assessment required after 12 months*

All of the following:

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

**Initiation – Prader-Willi syndrome**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

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

**Continuation – Prader-Willi syndrome**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

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

continued…

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

continued…

6 The patient has not developed type II diabetes or uncontrolled obesity as defined by BMI that has increased by greater than or equal to 0.5 standard deviations in the preceding 12 months.

**Initiation – adults and adolescents**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

All of the following:

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

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

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

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

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

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

**Continuation – adults and adolescents**

Endocrinologist or paediatric endocrinologist

*Re-assessment required after 12 months*

Any of the following:

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

continued…

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

continued…

3.4 The patient's serum IGF-I is more than 1 standard deviation below the mean for age and sex; and

3.5 The patient has poor quality of life, as defined by a score of 16 or more using the disease-specific quality of life questionnaire for adult growth hormone deficiency (QoL-AGHDA®).

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

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

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

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

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

## Thyroid and Antithyroid Preparations

CARBIMAZOLE

Tab 5 mg – **5% DV Sep-22 to 2025** ..... 7.56 100 **Neo-Mercazole**

IODINE

Soln BP 50 mg per ml

LEVOTHYROXINE

Tab 25 mcg

Tab 50 mcg

Tab 100 mcg

LIOTHYRONINE SODIUM

⬇ Tab 20 mcg

➥ **Restricted** (RS1301)

**Initiation**

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

Inj 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

➥ **Restricted** (RS1276)

**Initiation**

Both:

1 The patient has hyperthyroidism; and

2 The patient is intolerant of carbimazole or carbimazole is contraindicated.

Note: Propylthiouracil is not recommended for patients under the age of 18 years unless the patient is pregnant and other treatments are contraindicated.

PROTIRELIN

Inj 100 mcg per ml, 2 ml ampoule

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

## Vasopressin Agents

ARGIPRESSIN [VASOPRESSIN]
- Inj 20 u per ml, 1 ml ampoule

DESMOPRESSIN
- Wafer 120 mcg ..... 47.00 — 30 — Minirin Melt

DESMOPRESSIN ACETATE
- Tab 100 mcg ..... 25.00 — 30 — Minirin
- Tab 200 mcg ..... 54.45 — 30 — Minirin
- Nasal spray 10 mcg per dose – **1% DV Nov-20 to 2023** ..... 27.95 — 6 ml — **Desmopressin-PH&T**
- Inj 4 mcg per ml, 1 ml ampoule
- Inj 15 mcg per ml, 1 ml ampoule
- Nasal drops 100 mcg per ml

TERLIPRESSIN
- Inj 0.1 mg per ml, 8.5 ml ampoule ..... 450.00 — 5 — Glypressin
- Inj 1 mg per 8.5 ml ampoule ..... 215.00 — 5 — Glypressin

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

## Antibacterials

### Aminoglycosides

AMIKACIN – **Restricted** see terms below

⬇ Inj 5 mg per ml, 10 ml syringe

⬇ Inj 5 mg per ml, 5 ml syringe ..... 19.43 — 1 — Biomed

⬇ Inj 15 mg per ml, 5 ml syringe

⬇ Inj 250 mg per ml, 2 ml vial – **5% DV Dec-21 to 2024** ..... 199.95 — 5 — **DBL Amikacin**

➥ **Restricted** (RS1041)

Clinical microbiologist, infectious disease specialist or respiratory specialist

GENTAMICIN SULPHATE

Inj 10 mg per ml, 1 ml ampoule ..... 95.00 — 5 — DBL Gentamicin

Inj 40 mg per ml, 2 ml ampoule ..... 17.50 — 10 — Pfizer

PAROMOMYCIN – **Restricted** see terms below

⬇ Cap 250 mg ..... 126.00 — 16 — Humatin

➥ **Restricted** (RS1603)

Clinical microbiologist, infectious disease specialist or gastroenterologist

STREPTOMYCIN SULPHATE – **Restricted** see terms below

⬇ Inj 400 mg per ml, 2.5 ml ampoule

➥ **Restricted** (RS1043)

Clinical microbiologist, infectious disease specialist or respiratory specialist

TOBRAMYCIN

⬇ Powder

➥ **Restricted** (RS1475)

**Initiation**

For addition to orthopaedic bone cement.

⬇ Inj 40 mg per ml, 2 ml vial – **5% DV Jan-22 to 2024** ..... 18.50 — 5 — **Tobramycin Mylan**

➥ **Restricted** (RS1044)

Clinical microbiologist, infectious disease specialist or respiratory specialist

⬇ Inj 100 mg per ml, 5 ml vial

➥ **Restricted** (RS1044)

Clinical microbiologist, infectious disease specialist or respiratory specialist

⬇ Solution for inhalation 60 mg per ml, 5 ml – **1% DV May-21 to 2023** ..... 395.00 — 56 dose — **Tobramycin BNM**

➥ **Restricted** (RS1435)

**Initiation**

Patient has cystic fibrosis.

### Carbapenems

ERTAPENEM – **Restricted** see terms below

⬇ Inj 1 g vial ..... 70.00 — 1 — Invanz

➥ **Restricted** (RS1045)

Clinical microbiologist or infectious disease specialist

IMIPENEM WITH CILASTATIN – **Restricted** see terms below

⬇ Inj 500 mg with 500 mg cilastatin vial ..... 60.00 — 1 — Imipenem+Cilastatin RBX

➥ **Restricted** (RS1046)

Clinical microbiologist or infectious disease specialist



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

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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| MEROPENEM – **Restricted** see terms below | | | |
| ⬇ Inj 500 mg vial – **1% DV Apr-21 to 2023** | 33.92 | 10 | **Meropenem-AFT** |
| ⬇ Inj 1 g vial – **1% DV Apr-21 to 2023** | 45.04 | 10 | **Meropenem-AFT** |
| ➥ **Restricted** (RS1047) | | | |
| Clinical microbiologist or infectious disease specialist | | | |

## Cephalosporins and Cephamycins - 1st Generation

| | | | |
|---|---|---|---|
| CEFALEXIN | | | |
| Cap 250 mg | 3.33 | 20 | Cephalexin ABM |
| Cap 500 mg | 5.95 | 20 | Cephalexin ABM |
| Grans for oral liq 25 mg per ml – **5% DV Jan-23 to 2025** | 8.75 | 100 ml | Cefalexin Sandoz |
| | 7.88 | | **Flynn** |
| Grans for oral liq 50 mg per ml – **5% DV Jan-23 to 2025** | 11.75 | 100 ml | Cefalexin Sandoz |
| | 10.38 | | **Flynn** |
| *(Cefalexin Sandoz Grans for oral liq 25 mg per ml to be delisted 1 January 2023)* | | | |
| *(Cefalexin Sandoz Grans for oral liq 50 mg per ml to be delisted 1 January 2023)* | | | |
| CEFAZOLIN | | | |
| Inj 500 mg vial – **1% DV Nov-20 to 2023** | 3.39 | 5 | **AFT** |
| Inj 1 g vial – **1% DV Nov-20 to 2023** | 3.49 | 5 | **AFT** |

## Cephalosporins and Cephamycins - 2nd Generation

| | | | |
|---|---|---|---|
| CEFACLOR | | | |
| Cap 250 mg | 24.70 | 100 | Ranbaxy-Cefaclor |
| Grans for oral liq 25 mg per ml | 3.53 | 100 ml | Ranbaxy-Cefaclor |
| CEFOXITIN | | | |
| Inj 1 g vial | | | |
| CEFUROXIME | | | |
| Tab 250 mg | 45.93 | 50 | Zinnat |
| Inj 750 mg vial – **1% DV Jun-21 to 2023** | 8.59 | 10 | **Cefuroxime-AFT** |
| Inj 1.5 g vial – **1% DV Jun-21 to 2023** | 13.69 | 10 | **Cefuroxime-AFT** |

## Cephalosporins and Cephamycins - 3rd Generation

| | | | |
|---|---|---|---|
| CEFOTAXIME | | | |
| Inj 500 mg vial | 1.90 | 1 | Cefotaxime Sandoz |
| Inj 1 g vial – **1% DV Nov-20 to 2023** | 45.00 | 10 | **DBL Cefotaxime** |
| CEFTAZIDIME – **Restricted** see terms below | | | |
| ⬇ Inj 1 g vial – **1% DV Dec-20 to 2023** | 2.69 | 1 | **Ceftazidime-AFT** |
| ➥ **Restricted** (RS1048) | | | |
| Clinical microbiologist, infectious disease specialist or respiratory specialist | | | |
| CEFTRIAXONE | | | |
| Inj 500 mg vial | 0.89 | 1 | Ceftriaxone-AFT |
| Inj 1 g vial | 3.99 | 5 | Ceftriaxone-AFT |
| Inj 2 g vial | 1.98 | 1 | Ceftriaxone-AFT |

## Cephalosporins and Cephamycins - 4th Generation

| | | | |
|---|---|---|---|
| CEFEPIME – **Restricted** see terms on the next page | | | |
| ⬇ Inj 1 g vial – **5% DV Jan-22 to 2024** | 35.00 | 10 | **Cefepime Kabi** |
| ⬇ Inj 2 g vial – **5% DV Jan-22 to 2024** | 55.00 | 10 | **Cefepime Kabi** |

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

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

## Cephalosporins and Cephamycins - 5th Generation

CEFTAROLINE FOSAMIL – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 600 mg vial | 1,595.00 | 10 | Zinforo |

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

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

## Macrolides

AZITHROMYCIN – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 250 mg | | | |
| ⬇ | Tab 500 mg – **1% DV Dec-21 to 2024** | 2.57 | 2 | **Zithromax** |
| ⬇ | Grans for oral liq 200 mg per 5 ml (40 mg per ml) | 16.97 | 15 ml | Zithromax |

➥ **Restricted** (RS1598)
**Initiation – bronchiolitis obliterans syndrome, cystic fibrosis and atypical Mycobacterium infections**
Any of the following:

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

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

continued…

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

continued…

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 2024** | 8.53 | 14 | **Klacid** |
| ⬇ | Tab 500 mg – **1% DV Feb-22 to 2024** | 14.58 | 14 | **Klacid** |
| ⬇ | Grans for oral liq 50 mg per ml | 192.00 | 50 ml | Klacid |
| ⬇ | Inj 500 mg vial – **1% DV Dec-20 to 2023** | 9.87 | 1 | **Martindale** |

➥ **Restricted** (RS1709)

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

Any of the following:

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

**Initiation – Tab 500 mg**

Helicobacter pylori eradication.

**Initiation – Infusion**

Any of the following:

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

ERYTHROMYCIN (AS ETHYLSUCCINATE)

| | | | | |
|---|---|---|---|---|
| | Tab 400 mg | 16.95 | 100 | E-Mycin |
| | Grans for oral liq 200 mg per 5 ml | 5.00 | 100 ml | E-Mycin |
| | Grans for oral liq 400 mg per 5 ml | 6.77 | 100 ml | E-Mycin |

ERYTHROMYCIN (AS LACTOBIONATE)

| | | | | |
|---|---|---|---|---|
| | Inj 1 g vial – **5% DV Dec-22 to 2025** | 10.00 | 1 | **Erythrocin IV** |

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

➥ Tab 250 mg
➥ Tab 500 mg

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

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab dispersible 50 mg | 8.29 | 10 | Rulide D |
| | Tab 150 mg | 8.28 | 50 | Arrow-Roxithromycin |
| | Tab 300 mg | 16.33 | 50 | Arrow-Roxithromycin |

*(Rulide D Tab dispersible 50 mg to be delisted 1 March 2023)*

➥ **Restricted** (RS1569)

**Initiation**

Only for use in patients under 12 years of age.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Penicillins** | | | |
| AMOXICILLIN | | | |
| Cap 250 mg | 22.50 | 500 | Alphamox |
| Cap 500 mg | 36.98 | 500 | Alphamox |
| Grans for oral liq 125 mg per 5 ml – **1% DV Nov-20 to 2023** | 1.40 | 100 ml | **Alphamox 125** |
| Grans for oral liq 250 mg per 5 ml – **1% DV Nov-20 to 2023** | 1.73 | 100 ml | **Alphamox 250** |
| Inj 250 mg vial | 15.97 | 10 | Ibiamox |
| Inj 500 mg vial | 17.43 | 10 | Ibiamox |
| Inj 1 g vial | 21.64 | 10 | Ibiamox |
| AMOXICILLIN WITH CLAVULANIC ACID | | | |
| Tab 500 mg with clavulanic acid 125 mg – **1% DV Jul-21 to 2023** | 0.89 | 10 | **Curam Duo 500/125** |
| Grans for oral liq 25 mg with clavulanic acid 6.25 mg per ml | 6.50 | 100 ml | Augmentin |
| Grans for oral liq 50 mg with clavulanic acid 12.5 mg per ml | 2.20 | 100 ml | Curam |
| Inj 500 mg with clavulanic acid 100 mg vial – **5% DV Dec-21 to 2024** | 17.50 | 10 | **Amoxiclav multichem** |
| Inj 1,000 mg with clavulanic acid 200 mg vial – **5% DV Dec-21 to 2024** | 26.90 | 10 | **Amoxiclav multichem** |
| BENZATHINE BENZYLPENICILLIN | | | |
| Inj 900 mg (1.2 million units) in 2.3 ml syringe | 375.97 | 10 | Bicillin LA |
| BENZYLPENICILLIN SODIUM [PENICILLIN G] | | | |
| Inj 600 mg (1 million units) vial – **1% DV Nov-20 to 2023** | 11.09 | 10 | **Sandoz** |
| FLUCLOXACILLIN | | | |
| Cap 250 mg – **5% DV May-22 to 2024** | 15.79 | 250 | **Flucloxacillin-AFT** |
| Cap 500 mg – **5% DV May-22 to 2024** | 52.99 | 500 | **Flucloxacillin-AFT** |
| Grans for oral liq 25 mg per ml – **5% DV Jan-22 to 2024** | 3.29 | 100 ml | **AFT** |
| Grans for oral liq 50 mg per ml – **5% DV Jan-22 to 2024** | 3.68 | 100 ml | **AFT** |
| Inj 250 mg vial | 17.56 | 10 | Flucloxin |
| Inj 500 mg vial | 18.78 | 10 | Flucloxin |
| Inj 1 g vial – **1% DV Nov-20 to 2023** | 5.70 | 5 | **Flucil** |
| PHENOXYMETHYLPENICILLIN [PENICILLIN V] | | | |
| Cap 250 mg – **5% DV Jan-22 to 2024** | 3.84 | 50 | **Cilicaine VK** |
| Cap 500 mg – **5% DV Jan-22 to 2024** | 6.86 | 50 | **Cilicaine VK** |
| Grans for oral liq 125 mg per 5 ml – **5% DV Jan-23 to 2025** | 3.40 | 100 ml | **AFT** |
| Grans for oral liq 250 mg per 5 ml – **5% DV Jan-23 to 2025** | 4.24 | 100 ml | **AFT** |
| PIPERACILLIN WITH TAZOBACTAM – **Restricted** see terms below | | | |
| ⬇ Inj 4 g with tazobactam 0.5 g vial – **5% DV Feb-23 to 2025** | 38.00 | 10 | PipTaz Sandoz |
| | 3.59 | 1 | **PipTaz-AFT** |
| | 38.00 | 10 | PiperTaz Sandoz |
| *(PipTaz Sandoz Inj 4 g with tazobactam 0.5 g vial to be delisted 1 February 2023)* | | | |
| *(PiperTaz Sandoz Inj 4 g with tazobactam 0.5 g vial to be delisted 1 February 2023)* | | | |
| ➥ **Restricted** (RS1053) | | | |
| Clinical microbiologist, infectious disease specialist or respiratory specialist | | | |
| PROCAINE PENICILLIN | | | |
| Inj 1.5 g in 3.4 ml syringe | 123.50 | 5 | Cilicaine |
| *(Cilicaine Inj 1.5 g in 3.4 ml syringe to be delisted 1 February 2023)* | | | |
| TICARCILLIN WITH CLAVULANIC ACID – **Restricted** see terms below | | | |
| ⬇ Inj 3 g with clavulanic acid 0.1 mg vial | | | |
| ➥ **Restricted** (RS1054) | | | |
| Clinical microbiologist, infectious disease specialist or respiratory specialist | | | |

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

## Quinolones

CIPROFLOXACIN – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 250 mg – **1% DV Nov-20 to 2023** | 2.42 | 28 | **Cipflox** |
| ⬇ Tab 500 mg – **1% DV Nov-20 to 2023** | 3.40 | 28 | **Cipflox** |
| ⬇ Tab 750 mg – **1% DV Nov-20 to 2023** | 5.95 | 28 | **Cipflox** |
| ⬇ Oral liq 50 mg per ml | | | |
| ⬇ Oral liq 100 mg per ml | | | |
| ⬇ Inj 2 mg per ml, 100 ml bag | 68.20 | 10 | Cipflox |
| | 148.00 | | Viatris |

➥ **Restricted** (RS1055)
Clinical microbiologist or infectious disease specialist

MOXIFLOXACIN – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 400 mg – **1% DV Dec-20 to 2023** | 42.00 | 5 | **Avelox** |
| ⬇ Inj 1.6 mg per ml, 250 ml bottle | 39.00 | 1 | Moxifloxacin Kabi |

➥ **Restricted** (RS1644)
**Initiation – Mycobacterium infection**
Infectious disease specialist, clinical microbiologist or respiratory specialist
Any of the following:

1 Both:
  1.1 Active tuberculosis; and
  1.2 Any of the following:
    1.2.1 Documented resistance to one or more first-line medications; or
    1.2.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or
    1.2.3 Impaired visual acuity (considered to preclude ethambutol use); or
    1.2.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or
    1.2.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications; or
2 Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated; or
3 Patient is under five years of age and has had close contact with a confirmed multi-drug resistant tuberculosis case.

**Initiation – Pneumonia**
Infectious disease specialist or clinical microbiologist
Either:

1 Immunocompromised patient with pneumonia that is unresponsive to first-line treatment; or
2 Pneumococcal pneumonia or other invasive pneumococcal disease highly resistant to other antibiotics.

**Initiation – Penetrating eye injury**
Ophthalmologist
Five days treatment for patients requiring prophylaxis following a penetrating eye injury.
**Initiation – Mycoplasma genitalium**
All of the following:

1 Has nucleic acid amplification test (NAAT) confirmed Mycoplasma genitalium and is symptomatic; and
2 Either:
  2.1 Has tried and failed to clear infection using azithromycin; or
  2.2 Has laboratory confirmed azithromycin resistance; and
3 Treatment is only for 7 days.

NORFLOXACIN

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

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

## Tetracyclines

DEMECLOCYCLINE HYDROCHLORIDE
- Tab 150 mg
- Cap 150 mg
- Cap 300 mg

DOXYCYCLINE
- ➥ Tab 50 mg – **Restricted:** For continuation only
- Tab 100 mg ..... 64.43 — 500 — Doxine
- Inj 5 mg per ml, 20 ml vial

MINOCYCLINE
- Tab 50 mg
- ➥ Cap 100 mg – **Restricted:** For continuation only

TETRACYCLINE
- Tab 250 mg ..... 21.42 — 28 — Accord
- Cap 500 mg

TIGECYCLINE – **Restricted** see terms below
- ⬇ Inj 50 mg vial

➥ **Restricted** (RS1059)
Clinical microbiologist or infectious disease specialist

## Other Antibacterials

AZTREONAM – **Restricted** see terms below
- ⬇ Inj 1 g vial ..... 364.92 — 10 — Azactam

➥ **Restricted** (RS1277)
Clinical microbiologist or infectious disease specialist

CHLORAMPHENICOL – **Restricted** see terms below
- ⬇ Inj 1 g vial

➥ **Restricted** (RS1277)
Clinical microbiologist or infectious disease specialist

CLINDAMYCIN – **Restricted** see terms below
- ⬇ Cap 150 mg ..... 4.61 — 24 — Dalacin C
- ⬇ Oral liq 15 mg per ml
- ⬇ Inj 150 mg per ml, 4 ml ampoule ..... 39.00 — 10 — Dalacin C

➥ **Restricted** (RS1061)
Clinical microbiologist or infectious disease specialist

COLISTIN SULPHOMETHATE [COLESTIMETHATE] – **Restricted** see terms below
- ⬇ Inj 150 mg per ml, 1 ml vial ..... 65.00 — 1 — Colistin-Link

➥ **Restricted** (RS1062)
Clinical microbiologist, infectious disease specialist or respiratory specialist

DAPTOMYCIN – **Restricted** see terms below
- ⬇ Inj 500 mg vial ..... 243.52 — 1 — Cubicin

➥ **Restricted** (RS1063)
Clinical microbiologist or infectious disease specialist

FOSFOMYCIN – **Restricted** see terms below
- ⬇ Powder for oral solution, 3 g sachet — *e.g. UroFos*

➥ **Restricted** (RS1315)
Clinical microbiologist or infectious disease specialist



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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| LINCOMYCIN – **Restricted** see terms below | | | |
| ⬇ Inj 300 mg per ml, 2 ml vial | | | |
| ➥ **Restricted** (RS1065) | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| LINEZOLID – **Restricted** see terms below | | | |
| ⬇ Tab 600 mg – **5% DV Dec-21 to 2024** | 276.89 | 10 | **Zyvox** |
| ⬇ Oral liq 20 mg per ml | 1,879.00 | 150 ml | Zyvox |
| ⬇ Inj 2 mg per ml, 300 ml bottle – **5% DV Dec-21 to 2024** | 155.00 | 10 | **Linezolid Kabi** |
| ➥ **Restricted** (RS1066) | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| METHENAMINE (HEXAMINE) HIPPURATE | | | |
| Tab 1 g – **5% DV Feb-23 to 2025** | 19.95 | 100 | **Hiprex** |
| NITROFURANTOIN | | | |
| Tab 50 mg – **5% DV Dec-22 to 2024** | 22.20 | 100 | **Nifuran** |
| Tab 100 mg – **5% DV Dec-22 to 2024** | 37.50 | 100 | **Nifuran** |
| Cap modified-release 100 mg – **1% DV Aug-21 to 2023** | 86.40 | 100 | **Macrobid** |
| PIVMECILLINAM – **Restricted** see terms below | | | |
| ⬇ Tab 200 mg | | | |
| ➥ **Restricted** (RS1322) | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| SODIUM FUSIDATE [FUSIDIC ACID] – **Restricted** see terms below | | | |
| ⬇ Tab 250 mg | 67.85 | 36 | Fucidin |
| ➥ **Restricted** (RS1064) | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| SULPHADIAZINE – **Restricted** see terms below | | | |
| ⬇ Tab 500 mg | | | |
| ➥ **Restricted** (RS1067) | | | |
| Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist | | | |
| TEICOPLANIN – **Restricted** see terms below | | | |
| ⬇ Inj 400 mg vial – **5% DV Jun-22 to 2024** | 49.95 | 1 | **Targocid** |
| ➥ **Restricted** (RS1068) | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| TRIMETHOPRIM | | | |
| Tab 100 mg | | | |
| Tab 300 mg – **5% DV Jan-22 to 2024** | 18.55 | 50 | **TMP** |
| TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE] | | | |
| Tab 80 mg with sulphamethoxazole 400 mg – **5% DV Jan-22 to 2024** | 64.80 | 500 | **Trisul** |
| Oral liq 8 mg with sulphamethoxazole 40 mg per ml | 2.97 | 100 ml | Deprim |
| Inj 16 mg with sulphamethoxazole 80 mg per ml, 5 ml ampoule | | | |
| VANCOMYCIN – **Restricted** see terms below | | | |
| ⬇ Inj 500 mg vial – **1% DV Oct-20 to 2023** | 2.35 | 1 | **Mylan** |
| ➥ **Restricted** (RS1069) | | | |
| Clinical microbiologist or infectious disease specialist | | | |

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

## Antifungals

### Imidazoles

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

### Polyene Antimycotics

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

➥ **Restricted** (RS1071)
**Initiation**
Clinical microbiologist, haematologist, infectious disease specialist, oncologist, respiratory specialist or transplant specialist
Either:
1 Proven or probable invasive fungal infection, to be prescribed under an established protocol; or
2 Both:
2.1 Possible invasive fungal infection; and
2.2 A multidisciplinary team (including an infectious disease physician or a clinical microbiologist) considers the treatment to be appropriate.

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

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

### Triazoles

FLUCONAZOLE – **Restricted** see terms below
⬇ Cap 50 mg – **1% DV Nov-20 to 2023** ..... 2.75 — 28 — **Mylan**
⬇ Cap 150 mg – **1% DV Nov-20 to 2023** ..... 0.65 — 1 — **Mylan**
⬇ Cap 200 mg – **1% DV Nov-20 to 2023** ..... 12.89 — 28 — **Mylan**
⬇ Oral liquid 50 mg per 5 ml ..... 109.34 — 35 ml — Diflucan
⬇ Inj 2 mg per ml, 50 ml vial ..... 2.80 — 1 — Fluconazole-Baxter
Fluconazole-Claris
⬇ Inj 2 mg per ml, 100 ml vial ..... 3.45 — 1 — Fluconazole-Baxter
➥ **Restricted** (RS1072)
Consultant

ITRACONAZOLE – **Restricted** see terms below
⬇ Cap 100 mg ..... 4.27 — 15 — Itrazole
⬇ Oral liquid 10 mg per ml
➥ **Restricted** (RS1073)
Clinical immunologist, clinical microbiologist, dermatologist or infectious disease specialist

POSACONAZOLE – **Restricted** see terms on the next page
⬇ Tab modified-release 100 mg ..... 869.86 — 24 — Noxafil
⬇ Oral liq 40 mg per ml ..... 761.13 — 105 ml — Noxafil


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

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

➥ **Restricted** (RS1074)

**Initiation**

Haematologist or infectious disease specialist

*Re-assessment required after 6 weeks*

Both:

1 Either:

1.1 Patient has acute myeloid leukaemia; or

1.2 Patient is planned to receive a stem cell transplant and is at high risk for aspergillus infection; and

2 Patient is to be treated with high dose remission induction therapy or re-induction therapy.

**Continuation**

Haematologist or infectious disease specialist

*Re-assessment required after 6 weeks*

Both:

1 Patient has previously received posaconazole prophylaxis during remission induction therapy; and

2 Any of the following:

2.1 Patient is to be treated with high dose remission re-induction therapy; or

2.2 Patient is to be treated with high dose consolidation therapy; or

2.3 Patient is receiving a high risk stem cell transplant.

VORICONAZOLE – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 50 mg | 91.00 | 56 | Vttack |
| ⬇ | Tab 200 mg | 350.00 | 56 | Vttack |
| ⬇ | Powder for oral suspension 40 mg per ml | 1,523.22 | 70 ml | Vfend |
| ⬇ | Inj 200 mg vial | 44.00 | 1 | Neo Health |

➥ **Restricted** (RS1075)

**Initiation – Proven or probable aspergillus infection**

Clinical microbiologist, haematologist or infectious disease specialist

Both:

1 Patient is immunocompromised; and

2 Patient has proven or probable invasive aspergillus infection.

**Initiation – Possible aspergillus infection**

Clinical microbiologist, haematologist or infectious disease specialist

All of the following:

1 Patient is immunocompromised; and

2 Patient has possible invasive aspergillus infection; and

3 A multidisciplinary team (including an infectious disease physician) considers the treatment to be appropriate.

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

Clinical microbiologist, haematologist or infectious disease specialist

All of the following:

1 Patient is immunocompromised; and

2 Either:

2.1 Patient has fluconazole resistant candidiasis; or

2.2 Patient has mould strain such as Fusarium spp. and Scedosporium spp; and

3 A multidisciplinary team (including an infectious disease physician or clinical microbiologist) considers the treatment to be appropriate.

## Other Antifungals

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

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 50 mg vial | 220.28 | 1 | Max Health |
| ⬇ | Inj 70 mg vial | 284.63 | 1 | Max Health |

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

➥ **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 – **1% DV Aug-21 to 2023** ... 8.15 | 84 | **Deolate**

## Antimycobacterials

### Antileprotics

CLOFAZIMINE – **Restricted** see terms below

⬇ Cap 50 mg

➥ **Restricted** (RS1077)

Clinical microbiologist, dermatologist or infectious disease specialist

DAPSONE – **Restricted** see terms below

⬇ Tab 25 mg ... 268.50 | 100 | Dapsone

⬇ Tab 100 mg ... 329.50 | 100 | Dapsone

➥ **Restricted** (RS1078)

Clinical microbiologist, dermatologist or infectious disease specialist

### Antituberculotics

CYCLOSERINE – **Restricted** see terms below

⬇ Cap 250 mg

➥ **Restricted** (RS1079)

Clinical microbiologist, infectious disease specialist or respiratory specialist

ETHAMBUTOL HYDROCHLORIDE – **Restricted** see terms below

⬇ Tab 100 mg

⬇ Tab 400 mg ... 49.34 | 56 | Myambutol

➥ **Restricted** (RS1080)

Clinical microbiologist, infectious disease specialist or respiratory specialist

ISONIAZID – **Restricted** see terms below

⬇ Tab 100 mg – **5% DV Jan-22 to 2024** ... 23.00 | 100 | **PSM**

➥ **Restricted** (RS1281)

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

ISONIAZID WITH RIFAMPICIN – **Restricted** see terms on the next page

⬇ Tab 100 mg with rifampicin 150 mg ... 89.82 | 100 | Rifinah

⬇ Tab 150 mg with rifampicin 300 mg – **5% DV Jan-22 to 2024** ... 179.13 | 100 | **Rifinah**

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ➥ **Restricted** (RS1282) | | | |
| Clinical microbiologist, dermatologist, paediatrician, public health physician or internal medicine physician | | | |
| PARA-AMINOSALICYLIC ACID – **Restricted** see terms below | | | |
| ⬇ Grans for oral liq 4 g | 280.00 | 30 | Paser |
| ➥ **Restricted** (RS1083) | | | |
| Clinical microbiologist, infectious disease specialist or respiratory specialist | | | |
| PROTIONAMIDE – **Restricted** see terms below | | | |
| ⬇ Tab 250 mg | 305.00 | 100 | Peteha |
| ➥ **Restricted** (RS1084) | | | |
| Clinical microbiologist, infectious disease specialist or respiratory specialist | | | |
| PYRAZINAMIDE – **Restricted** see terms below | | | |
| ⬇ Tab 500 mg | | | |
| ➥ **Restricted** (RS1085) | | | |
| Clinical microbiologist, infectious disease specialist or respiratory specialist | | | |
| RIFABUTIN – **Restricted** see terms below | | | |
| ⬇ Cap 150 mg | 299.75 | 30 | Mycobutin |
| ➥ **Restricted** (RS1086) | | | |
| Clinical microbiologist, gastroenterologist, infectious disease specialist or respiratory specialist | | | |
| RIFAMPICIN – **Restricted** see terms below | | | |
| ⬇ Cap 150 mg – **1% DV Nov-20 to 2023** | 58.54 | 100 | **Rifadin** |
| ⬇ Cap 300 mg – **1% DV Nov-20 to 2023** | 122.06 | 100 | **Rifadin** |
| ⬇ Oral liq 100 mg per 5 ml – **1% DV Nov-20 to 2023** | 12.60 | 60 ml | **Rifadin** |
| ⬇ Inj 600 mg vial – **1% DV Nov-20 to 2023** | 134.98 | 1 | **Rifadin** |
| ➥ **Restricted** (RS1087) | | | |
| Clinical microbiologist, dermatologist, internal medicine physician, paediatrician or public health physician | | | |

## Antiparasitics

### Anthelmintics

| | | | |
|---|---|---|---|
| ALBENDAZOLE – **Restricted** see terms below | | | |
| ⬇ Tab 200 mg | | | |
| ⬇ Tab 400 mg | | | |
| ➥ **Restricted** (RS1088) | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| IVERMECTIN – **Restricted** see terms below | | | |
| ⬇ Tab 3 mg | 17.20 | 4 | Stromectol |
| ➥ **Restricted** (RS1283) | | | |
| Clinical microbiologist, dermatologist or infectious disease specialist | | | |
| MEBENDAZOLE | | | |
| Tab 100 mg – **5% DV Jan-22 to 2024** | 7.97 | 6 | **Vermox** |
| Oral liq 100 mg per 5 ml | | | |
| PRAZIQUANTEL | | | |
| Tab 600 mg | | | |

### Antiprotozoals

| | | | |
|---|---|---|---|
| ARTEMETHER WITH LUMEFANTRINE – **Restricted** see terms on the next page | | | |
| ⬇ Tab 20 mg with lumefantrine 120 mg | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ➥ **Restricted** (RS1090) | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| ARTESUNATE – **Restricted** see terms below | | | |
| ⬇ Inj 60 mg vial | | | |
| ➥ **Restricted** (RS1091) | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| ATOVAQUONE WITH PROGUANIL HYDROCHLORIDE – **Restricted** see terms below | | | |
| ⬇ Tab 62.5 mg with proguanil hydrochloride 25 mg | 25.00 | 12 | Malarone Junior |
| ⬇ Tab 250 mg with proguanil hydrochloride 100 mg | 64.00 | 12 | Malarone |
| ➥ **Restricted** (RS1092) | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| CHLOROQUINE PHOSPHATE – **Restricted** see terms below | | | |
| ⬇ Tab 250 mg | | | |
| ➥ **Restricted** (RS1093) | | | |
| Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist | | | |
| MEFLOQUINE – **Restricted** see terms below | | | |
| ⬇ Tab 250 mg | | | |
| ➥ **Restricted** (RS1094) | | | |
| Clinical microbiologist, dermatologist, infectious disease specialist or rheumatologist | | | |
| METRONIDAZOLE | | | |
| Tab 200 mg – **1% DV Dec-20 to 2023** | 33.15 | 250 | **Metrogyl** |
| Tab 400 mg – **1% DV Dec-20 to 2023** | 5.23 | 21 | **Metrogyl** |
| Oral liq benzoate 200 mg per 5 ml | 25.00 | 100 ml | Flagyl-S |
| Inj 5 mg per ml, 100 ml bag – **1% DV Feb-21 to 2023** | 27.50 | 10 | **Baxter** |
| Suppos 500 mg | 24.48 | 10 | Flagyl |
| NITAZOXANIDE – **Restricted** see terms below | | | |
| ⬇ Tab 500 mg | 1,680.00 | 30 | Alinia |
| ⬇ Oral liq 100 mg per 5 ml | | | |
| ➥ **Restricted** (RS1095) | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| ORNIDAZOLE | | | |
| Tab 500 mg – **5% DV Dec-21 to 2024** | 36.16 | 10 | **Arrow-Ornidazole** |
| PENTAMIDINE ISETHIONATE – **Restricted** see terms below | | | |
| ⬇ Inj 300 mg vial | 216.00 | 5 | Pentacarinat |
| ➥ **Restricted** (RS1096) | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| PRIMAQUINE – **Restricted** see terms below | | | |
| ⬇ Tab 15 mg | | | |
| ⬇ Tab 7.5 mg | | | |
| ➥ **Restricted** (RS1097) | | | |
| Clinical microbiologist or infectious disease specialist | | | |
| PYRIMETHAMINE – **Restricted** see terms below | | | |
| ⬇ Tab 25 mg | | | |
| ➥ **Restricted** (RS1098) | | | |
| Clinical microbiologist, infectious disease specialist or maternal-foetal medicine specialist | | | |
| QUININE DIHYDROCHLORIDE – **Restricted** see terms on the next page | | | |
| ⬇ Inj 60 mg per ml, 10 ml ampoule | | | |
| ⬇ Inj 300 mg per ml, 2 ml vial | | | |



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

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

➥ **Restricted** (RS1099)
Clinical microbiologist or infectious disease specialist

SODIUM STIBOGLUCONATE – **Restricted** see terms below
⬇ Inj 100 mg per ml, 1 ml vial
➥ **Restricted** (RS1100)
Clinical microbiologist or infectious disease specialist

SPIRAMYCIN – **Restricted** see terms below
⬇ Tab 500 mg
➥ **Restricted** (RS1101)
Maternal-foetal medicine specialist

## Antiretrovirals

### Non-Nucleoside Reverse Transcriptase Inhibitors

➥ **Restricted** (RS1898)
**Initiation – Confirmed HIV**
Patient has confirmed HIV infection.
**Initiation – Prevention of maternal transmission**
Either:
1 Prevention of maternal foetal transmission; or
2 Treatment of the newborn for up to eight weeks.
**Initiation – Post-exposure prophylaxis following exposure to HIV**
Both:
1 Treatment course to be initiated within 72 hours post exposure; and
2 Any of the following:
2.1 Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; or
2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required; or
2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.

Note: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (https://www.ashm.org.au/hiv/hiv-management/pep/).
**Initiation – Percutaneous exposure**
Patient has percutaneous exposure to blood known to be HIV positive.

EFAVIRENZ – **Restricted** see terms above

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 200 mg | 190.15 | 90 | Stocrin |
| ⬆ | Tab 600 mg | 63.38 | 30 | Stocrin |
| ⬆ | Oral liq 30 mg per ml | | | |

ETRAVIRINE – **Restricted** see terms above

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 200 mg | 770.00 | 60 | Intelence |

NEVIRAPINE – **Restricted** see terms above

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 200 mg – **5% DV Jan-22 to 2024** | 84.00 | 60 | **Nevirapine Alphapharm** |
| ⬆ | Oral suspension 10 mg per ml | 203.55 | 240 ml | Viramune Suspension |

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

## Nucleoside Reverse Transcriptase Inhibitors

➥ **Restricted** (RS1899)

**Initiation – Confirmed HIV**

Patient has confirmed HIV infection.

**Initiation – Prevention of maternal transmission**

Either:

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

**Initiation – Post-exposure prophylaxis following exposure to HIV**

Both:

1 Treatment course to be initiated within 72 hours post exposure; and
2 Any of the following:
  2.1 Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; or
  2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
  2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required; or
  2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.

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

**Initiation – Percutaneous exposure**

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

ABACAVIR SULPHATE – **Restricted** see terms above

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 300 mg | 180.00 | 60 | Ziagen |
| ⬆ | Oral liq 20 mg per ml | 256.31 | 240 ml | Ziagen |

ABACAVIR SULPHATE WITH LAMIVUDINE – **Restricted** see terms above

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 600 mg with lamivudine 300 mg | 63.00 | 30 | Kivexa |

EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – **Restricted** see terms above

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) | 106.88 | 30 | Mylan |

EMTRICITABINE – **Restricted** see terms above

| | | | | |
|---|---|---|---|---|
| ⬆ | Cap 200 mg | 307.20 | 30 | Emtriva |

LAMIVUDINE – **Restricted** see terms above

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 150 mg – **1% DV Nov-20 to 2023** | 84.50 | 60 | **Lamivudine Alphapharm** |
| ⬆ | Oral liq 10 mg per ml | | | |

STAVUDINE – **Restricted** see terms above

| | | | | |
|---|---|---|---|---|
| ⬆ | Cap 30 mg | | | |
| ⬆ | Cap 40 mg | | | |
| ⬆ | Powder for oral soln 1 mg per ml | | | |

ZIDOVUDINE [AZT] – **Restricted** see terms above

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

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

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 300 mg with lamivudine 150 mg | 33.00 | 60 | Alphapharm |



⬆ 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 |
|---|---|---|---|

## Protease Inhibitors

➥ **Restricted** (RS1900)
**Initiation – Confirmed HIV**
Patient has confirmed HIV infection.
**Initiation – Prevention of maternal transmission**
Either:
1 Prevention of maternal foetal transmission; or
2 Treatment of the newborn for up to eight weeks.
**Initiation – Post-exposure prophylaxis following exposure to HIV**
Both:
1 Treatment course to be initiated within 72 hours post exposure; and
2 Any of the following:
2.1 Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; or
2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required; or
2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.

Note: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (https://www.ashm.org.au/hiv/hiv-management/pep/).
**Initiation – Percutaneous exposure**
Patient has percutaneous exposure to blood known to be HIV positive.

| | | | |
|---|---|---|---|
| ATAZANAVIR SULPHATE – **Restricted** see terms above | | | |
| ⬆ Cap 150 mg | 141.68 | 60 | Teva |
| ⬆ Cap 200 mg | 188.91 | 60 | Teva |
| DARUNAVIR – **Restricted** see terms above | | | |
| ⬆ Tab 400 mg – **1% DV Apr-21 to 2023** | 132.00 | 60 | **Darunavir Mylan** |
| ⬆ Tab 600 mg – **1% DV Apr-21 to 2023** | 196.65 | 60 | **Darunavir Mylan** |
| INDINAVIR – **Restricted** see terms above | | | |
| ⬆ Cap 200 mg | | | |
| ⬆ Cap 400 mg | | | |
| LOPINAVIR WITH RITONAVIR – **Restricted** see terms above | | | |
| ⬆ Tab 100 mg with ritonavir 25 mg – **5% DV Feb-22 to 2024** | 150.00 | 60 | **Lopinavir/Ritonavir Mylan** |
| ⬆ Tab 200 mg with ritonavir 50 mg – **5% DV Feb-22 to 2024** | 295.00 | 120 | **Lopinavir/Ritonavir Mylan** |
| ⬆ Oral liq 80 mg with ritonavir 20 mg per ml | 735.00 | 300 ml | Kaletra |
| RITONAVIR – **Restricted** see terms above | | | |
| ⬆ Tab 100 mg | 43.31 | 30 | Norvir |

## Strand Transfer Inhibitors

➥ **Restricted** (RS1901)
**Initiation – Confirmed HIV**
Patient has confirmed HIV infection.

continued…

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

continued…

**Initiation – Prevention of maternal transmission**

Either:

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

**Initiation – Post-exposure prophylaxis following exposure to HIV**

Both:

1 Treatment course to be initiated within 72 hours post exposure; and
2 Any of the following:
  2.1 Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; or
  2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
  2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required; or
  2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.

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

**Initiation – Percutaneous exposure**

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

DOLUTEGRAVIR – **Restricted** see terms on the previous page

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 50 mg | 1,090.00 | 30 | Tivicay |

RALTEGRAVIR POTASSIUM – **Restricted** see terms on the previous page

| | | | | |
|---|---|---|---|---|
| ⬆ | Tab 400 mg | 1,090.00 | 60 | Isentress |
| ⬆ | Tab 600 mg | 1,090.00 | 60 | Isentress HD |

## Antivirals

### Hepatitis B

ENTECAVIR

| | | | | |
|---|---|---|---|---|
| | Tab 0.5 mg | 52.00 | 30 | Entecavir Sandoz |

LAMIVUDINE

| | | | | |
|---|---|---|---|---|
| | Tab 100 mg – **1% DV Nov-20 to 2023** | 6.95 | 28 | **Zetlam** |
| | Oral liq 5 mg per ml | 270.00 | 240 ml | Zeffix |

TENOFOVIR DISOPROXIL

| | | | | |
|---|---|---|---|---|
| | Tab 245 mg (300 mg as a maleate) – **5% DV Dec-22 to 2025** | 15.00 | 30 | **Tenofovir Disoproxil Mylan** |
| | Tab 245 mg (300.6 mg as a succinate) | 38.10 | 30 | Tenofovir Disoproxil Teva |

*(Tenofovir Disoproxil Teva Tab 245 mg (300.6 mg as a succinate) to be delisted 1 December 2022)*

### Hepatitis C

GLECAPREVIR WITH PIBRENTASVIR

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

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

LEDIPASVIR WITH SOFOSBUVIR – **Restricted** see terms on the next page

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



⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
*e.g. Brand* indicates brand example only. It is not a contracted product.

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

➥ **Restricted** (RS1528)
Note: Only for use in patients with approval by the Hepatitis C Treatment Panel (HepCTP). Applications will be considered by HepCTP at its regular meetings and approved subject to eligibility according to the Access Criteria (set out in Section B of the Pharmaceutical Schedule).

## Herpesviridae

ACICLOVIR

| | | | |
|---|---|---|---|
| Tab dispersible 200 mg | 1.60 | 25 | Lovir |
| Tab dispersible 400 mg | 5.38 | 56 | Lovir |
| Tab dispersible 800 mg | 5.98 | 35 | Lovir |
| Inj 250 mg vial – **5% DV Jan-22 to 2024** | 10.00 | 5 | **Aciclovir-Baxter** |

CIDOFOVIR – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 75 mg per ml, 5 ml vial | | | |

➥ **Restricted** (RS1108)
Clinical microbiologist, infectious disease specialist, otolaryngologist or oral surgeon

FOSCARNET SODIUM – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 24 mg per ml, 250 ml bottle | | | |

➥ **Restricted** (RS1109)
Clinical microbiologist or infectious disease specialist

GANCICLOVIR – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 500 mg vial | 380.00 | 5 | Cymevene |

➥ **Restricted** (RS1110)
Clinical microbiologist or infectious disease specialist

VALACICLOVIR

| | | | |
|---|---|---|---|
| Tab 500 mg – **5% DV Jan-22 to 2024** | 6.50 | 30 | **Vaclovir** |
| Tab 1,000 mg – **5% DV Jan-22 to 2024** | 13.76 | 30 | **Vaclovir** |

VALGANCICLOVIR – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 450 mg – **5% DV Dec-21 to 2024** | 132.00 | 60 | **Valganciclovir Mylan** |

➥ **Restricted** (RS1799)
**Initiation – Transplant cytomegalovirus prophylaxis**
*Re-assessment required after 3 months*
Patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis.
**Continuation – Transplant cytomegalovirus prophylaxis**
*Re-assessment required after 3 months*
Either:

1 Both:

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

continued…

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

continued…

**Initiation – Lung transplant cytomegalovirus prophylaxis**

Relevant specialist

*Limited to 12 months* treatment

All of the following:

1 Patient has undergone a lung transplant; and

2 Either:

2.1 The donor was cytomegalovirus positive and the patient is cytomegalovirus negative; or

2.2 The recipient is cytomegalovirus positive; and

3 Patient has a high risk of CMV disease.

**Initiation – Cytomegalovirus in immunocompromised patients**

Both:

1 Patient is immunocompromised; and

2 Any of the following:

2.1 Patient has cytomegalovirus syndrome or tissue invasive disease; or

2.2 Patient has rapidly rising plasma CMV DNA in absence of disease; or

2.3 Patient has cytomegalovirus retinitis.

## HIV Prophylaxis and Treatment

EMTRICITABINE WITH TENOFOVIR DISOPROXIL – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate) – **5% DV Dec-22 to 2025** | 15.45 | 30 | **Tenofovir Disoproxil Emtricitabine Mylan** |
| ⬇ Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) | 61.15 | 30 | Teva |

*(Teva Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) to be delisted 1 December 2022)*

➥ **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

continued…

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

continued…

seroconversion; and

2 The Practitioner considers the patient is at elevated risk of HIV exposure and use of PrEP is clinically appropriate.

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

**Continuation – Pre-exposure prophylaxis**

*Re-assessment required after 24 months*

Both:

1 Patient has tested HIV negative, does not have signs or symptoms of acute HIV infection and has been assessed for HIV seroconversion; and

2 The Practitioner considers the patient is at elevated risk of HIV exposure and use of PrEP is clinically appropriate.

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

## Influenza

OSELTAMIVIR – **Restricted** see terms below

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

⬇ Tab 75 mg

⬇ Powder for oral suspension 6 mg per ml

➥ **Restricted** (RS1307)

**Initiation**

Either:

1 Only for hospitalised patient with known or suspected influenza; or

2 For prophylaxis of influenza in hospitalised patients as part of a Health NZ Hospital approved infections control plan.

ZANAMIVIR

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

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

➥ **Restricted** (RS1369)

**Initiation**

Either:

1 Only for hospitalised patient with known or suspected influenza; or

2 For prophylaxis of influenza in hospitalised patients as part of a Health NZ Hospital approved infections control plan.

## COVID-19 Treatments

MOLNUPIRAVIR – **Restricted** see terms below

⬇ Cap 200 mg ..... 0.00 40 Lagevrio

➥ **Restricted** (RS1893)

**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.

NIRMATRELVIR WITH RITONAVIR – **Restricted** see terms below

⬇ Tab 150 mg with ritonavir 100 mg ..... 0.00 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.

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

REMDESIVIR – **Restricted** see terms below

Note: Remdesivir to be provided to Health NZ Hospitals at a cost of $0.00 as stock has been purchased directly by Pharmac.

⬇ Inj 100 mg vial ..... 760.57 1 Veklury

➥ **Restricted** (RS1912)

**Initiation – Treatment of mild to moderate COVID-19**

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.

**Initiation – COVID-19 in hospitalised patients**

*Therapy limited to 5 doses*

All of the following:

1 Patient is hospitalised with confirmed (or probable) symptomatic COVID-19; and
2 Patient is considered to be at high risk of progression to severe disease; and
3 Patient's symptoms started within the last 7 days; and
4 Patient does not require, or is not expected to require, mechanical ventilation; and
5 Not to be used in conjunction with other funded COVID-19 antiviral treatments; and
6 Treatment not to exceed five days.

## 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 180 mcg prefilled syringe ..... 500.00 4 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

continued…

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

continued…

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

**Initiation – Chronic Hepatitis C - genotype 1 infection treatment more than 4 years prior**
Gastroenterologist, infectious disease specialist or general physician
*Limited to 48 weeks* treatment
All of the following:
1 Patient has chronic hepatitis C, genotype 1; and
2 Patient has had previous treatment with pegylated interferon and ribavirin; and
3 Any of the following:
3.1 Patient has responder relapsed; or
3.2 Patient was a partial responder; or
3.3 Patient received interferon treatment prior to 2004; and
4 Patient is to be treated in combination with boceprevir.

**Initiation – Chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV**
*Limited to 6 months* treatment
Patient has chronic hepatitis C, genotype 2 or 3 infection.

**Initiation – Hepatitis B**
Gastroenterologist, infectious disease specialist or general physician
*Limited to 48 weeks* treatment
All of the following:
1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
2 Patient is Hepatitis B treatment-naive; and
3 ALT > 2 times Upper Limit of Normal; and
4 HBV DNA < 10 log10 IU/ml; and
5 Either:
5.1 HBeAg positive; or
5.2 Serum HBV DNA greater than or equal to 2,000 units/ml and significant fibrosis (greater than or equal to Metavir Stage F2 or moderate fibrosis); and
6 Compensated liver disease; and
7 No continuing alcohol abuse or intravenous drug use; and
8 Not co-infected with HCV, HIV or HDV; and
9 Neither ALT nor AST > 10 times upper limit of normal; and
10 No history of hypersensitivity or contraindications to pegylated interferon.

Notes: Approved dose is 180 mcg once weekly.
The recommended dose of Pegylated Interferon alfa-2a is 180 mcg once weekly.
In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated Interferon alfa-2a dose should be reduced to 135 mcg once weekly.
In patients with neutropaenia and thrombocytopaenia, dose should be reduced in accordance with the datasheet guidelines.
Pegylated Interferon alfa-2a is not approved for use in children.

**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:

continued…

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

continued…

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

**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


⬆ 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 |
|---|---|---|---|

## Anticholinesterases

EDROPHONIUM CHLORIDE – **Restricted** see terms below
⬇ Inj 10 mg per ml, 15 ml vial
⬇ Inj 10 mg per ml, 1 ml ampoule
➥ **Restricted** (RS1015)
**Initiation**
For the diagnosis of myasthenia gravis.

NEOSTIGMINE METILSULFATE
Inj 2.5 mg per ml, 1 ml ampoule – **5% DV Mar-22 to 2024** ..... 33.81 | 10 | **Max Health**

NEOSTIGMINE METILSULFATE WITH GLYCOPYRRONIUM BROMIDE
Inj 2.5 mg with glycopyrronium bromide 0.5 mg per ml, 1 ml ampoule – **5% DV Dec-21 to 2024** ..... 26.13 | 10 | **Max Health**

PYRIDOSTIGMINE BROMIDE
Tab 60 mg ..... 45.79 | 100 | Mestinon

## Antirheumatoid Agents

HYDROXYCHLOROQUINE – **Restricted** see terms below
⬇ Tab 200 mg ..... 8.78 | 100 | Plaquenil
➥ **Restricted** (RS1776)
**Initiation**
Any of the following:
1 Rheumatoid arthritis; or
2 Systemic or discoid lupus erythematosus; or
3 Malaria treatment or suppression; or
4 Relevant dermatological conditions (cutaneous forms of lupus and lichen planus, cutaneous vasculitides and mucosal ulceration); or
5 Sarcoidosis (pulmonary and non-pulmonary).

LEFLUNOMIDE
Tab 10 mg – **1% DV Dec-20 to 2023** ..... 6.00 | 30 | **Arava**
Tab 20 mg – **1% DV Dec-20 to 2023** ..... 6.00 | 30 | **Arava**

PENICILLAMINE
Tab 125 mg ..... 67.23 | 100 | D-Penamine
Tab 250 mg ..... 110.12 | 100 | D-Penamine

SODIUM AUROTHIOMALATE
Inj 10 mg in 0.5 ml ampoule
Inj 20 mg in 0.5 ml ampoule
Inj 50 mg in 0.5 ml ampoule

## Drugs Affecting Bone Metabolism

### Bisphosphonates

ALENDRONATE SODIUM
Tab 70 mg ..... 2.44 | 4 | Fosamax

ALENDRONATE SODIUM WITH COLECALCIFEROL
Tab 70 mg with colecalciferol 5,600 iu ..... 1.51 | 4 | Fosamax Plus

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PAMIDRONATE DISODIUM | | | |
| Inj 3 mg per ml, 10 ml vial | 27.53 | 1 | Pamisol |
| Inj 6 mg per ml, 10 ml vial | 74.67 | 1 | Pamisol |
| Inj 9 mg per ml, 10 ml vial | 79.95 | 1 | Pamisol |
| RISEDRONATE SODIUM | | | |
| Tab 35 mg | 3.10 | 4 | Risedronate Sandoz |
| ZOLEDRONIC ACID | | | |
| ⬇ Inj 5 mg per 100 ml, vial | 60.00 | 100 ml | Aclasta |

➥ **Restricted** (RS1884)

**Initiation – Inherited bone fragility disorders**

Any specialist

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

**Initiation – Osteoporosis**

Any specialist

*Therapy limited to 3 doses*

Both:

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

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

**Initiation – glucocorticosteroid therapy**

Any specialist

*Re-assessment required after 12 months*

All of the following:

1 The patient is receiving systemic glucocorticosteroid therapy (greater than or equal to 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and

2 Any of the following:
- 2.1 The patient has documented BMD greater than or equal to 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -1.5) (see Note); or
- 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
- 2.3 The patient has had a Special Authority approval for alendronate (Underlying cause - glucocorticosteroid therapy) prior to 1 February 2019 or has had a Special Authority approval for raloxifene; and

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

**Continuation – glucocorticosteroid therapy**

Any specialist

*Re-assessment required after 12 months*

Both:

1 The patient is continuing systemic glucocorticosteriod therapy (greater than or equal to 5 mg per day prednisone

continued…

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

continued…

equivalents); and

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

**Initiation – Paget's disease**

Any specialist

*Re-assessment required after 12 months*

All of the following:

1 Paget's disease; and

2 Any of the following:

2.1 Bone or articular pain; or

2.2 Bone deformity; or

2.3 Bone, articular or neurological complications; or

2.4 Asymptomatic disease, but risk of complications; or

2.5 Preparation for orthopaedic surgery; and

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

**Continuation – Paget's disease**

Any specialist

*Re-assessment required after 12 months*

Both:

1 Any of the following:

1.1 The patient has relapsed (based on increases in serum alkaline phosphatase); or

1.2 The patient's serum alkaline phosphatase has not normalised following previous treatment with zoledronic acid; or

1.3 Symptomatic disease (prescriber determined); and

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

**Initiation – spinal cord injury***

*Re-assessment required after 12 months*

All of the following:

1 Patient has experienced an acute traumatic spinal cord injury in the last six months; and

2 Patient is being managed by a specialist spinal acute care and rehabilitation unit; and

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

Note: Indications marked with * are unapproved indications.

**Continuation – spinal cord injury***

*Re-assessment required after 6 months*

Both:

1 The patient will not be prescribed more than 5 mg of zoledronic acid in a 12-month period; and

2 The patient has not received more than two doses of zoledronic acid for this indication.

Note: The patient must not have had more than 1 prior approval. No further renewals will be subsidised. A maximum of 2 vials of zoledronic acid treatment for spinal cord injury will be subsidised. Indications marked with * are unapproved indications.

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 treatment with bisphosphonates.

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

continued…

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

## Other Drugs Affecting Bone Metabolism

DENOSUMAB – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 60 mg prefilled syringe | 326.00 | 1 | Prolia |

➥ **Restricted** (RS1665)

**Initiation**

All of the following:

1 The patient has severe, established osteoporosis; and

2 Either:

2.1 The patient is female and postmenopausal; or

2.2 The patient is male or non-binary; and

3 Any of the following:

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

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

3.3 History of two significant osteoporotic fractures demonstrated radiologically; or

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

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

3.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) prior to 1 February 2019 or has had a Special Authority approval for raloxifene; and

4 Zoledronic acid is contraindicated because the patient's creatinine clearance is less than 35 mL/min; and

5 The patient has experienced at least one symptomatic new fracture after at least 12 months' continuous therapy with a funded antiresorptive agent at adequate doses (see Notes); and

6 The patient must not receive concomitant treatment with any other funded antiresorptive agent for this condition or teriparatide.

Notes:

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 treatment with denosumab.

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.

continued…

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

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e) Antiresorptive agents and their adequate doses for the purposes of this Special Authority are defined as: risedronate sodium tab 35 mg once weekly; alendronate sodium tab 70 mg or tab 70 mg with cholecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months' continuous therapy.

RALOXIFENE – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 60 mg | 53.76 | 28 | Evista |

➥ **Restricted** (RS1666)

**Initiation**

Any of the following:

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

Notes:

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 cartridge | 490.00 | 1 | Forteo |

➥ **Restricted** (RS1143)

**Initiation**

*Limited to 18 months* treatment

All of the following:

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

continued…

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

continued…

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 trialled 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 – **1% DV Nov-20 to 2023** | 11.47 | 500 | **DP-Allopurinol** |
| Tab 300 mg – **1% DV Nov-20 to 2023** | 28.57 | 500 | **DP-Allopurinol** |

BENZBROMARONE – **Restricted:** For continuation only

| | | | |
|---|---|---|---|
| ➥ Tab 50 mg | | | |
| ➥ Tab 100 mg | 45.00 | 100 | Benzbromaron AL 100 |

COLCHICINE

| | | | |
|---|---|---|---|
| Tab 500 mcg – **5% DV Sep-22 to 2025** | 6.00 | 100 | **Colgout** |

FEBUXOSTAT – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 80 mg – **1% DV Jan-22 to 2023** | 20.00 | 28 | **Febuxostat multichem** |
| ⬇ Tab 120 mg – **1% DV Jan-22 to 2023** | 20.00 | 28 | **Febuxostat multichem** |

➥ **Restricted** (RS1844)

**Initiation – Gout**

Both:

1 Patient has been diagnosed with gout; and

2 Any of the following:

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

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

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

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

Note: In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. The efficacy and safety of febuxostat have not been fully evaluated in patients with severe renal impairment (creatinine clearance less than 30 ml/minute). No dosage adjustment of febuxostat is necessary in patients with mild or moderate renal impairment. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine

continued…

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

continued…

clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

**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 | 10.00 | 5 | Tracrium |
| Inj 10 mg per ml, 5 ml ampoule | 12.50 | 5 | Tracrium |
| BACLOFEN | | | |
| Tab 10 mg | 4.20 | 100 | Pacifen |
| Oral liq 1 mg per ml | | | |
| Inj 0.05 mg per ml, 1 ml ampoule | 11.55 | 1 | Lioresal Intrathecal |
| Inj 2 mg per ml, 5 ml ampoule – **5% DV Dec-21 to 2024** | 306.82 | 5 | **Medsurge** |
| CLOSTRIDIUM BOTULINUM TYPE A TOXIN | | | |
| Inj 100 u vial | 467.50 | 1 | Botox |
| Inj 300 u vial | 388.50 | 1 | Dysport |
| Inj 500 u vial | 1,295.00 | 2 | Dysport |
| DANTROLENE | | | |
| Cap 25 mg | 97.50 | 100 | Dantrium |
| Cap 50 mg | 77.00 | 100 | Dantrium |
| Inj 20 mg vial | 888.00 | 6 | Dantrium IV |
| MIVACURIUM CHLORIDE | | | |
| Inj 2 mg per ml, 10 ml ampoule | | | |
| ORPHENADRINE CITRATE | | | |
| Tab 100 mg – **5% DV Jan-22 to 2024** | 20.76 | 100 | **Norflex** |
| PANCURONIUM BROMIDE | | | |
| Inj 2 mg per ml, 2 ml ampoule | | | |
| ROCURONIUM BROMIDE | | | |
| Inj 10 mg per ml, 5 ml ampoule – **5% DV Jan-23 to 2025** | 37.06 | 10 | **Hameln** |
| SUXAMETHONIUM CHLORIDE | | | |
| Inj 50 mg per ml, 2 ml ampoule – **1% DV Feb-21 to 2023** | 23.40 | 10 | **Martindale** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| VECURONIUM BROMIDE | | | |
| Inj 10 mg vial | | | |

## Reversers of Neuromuscular Blockade

SUGAMMADEX – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 100 mg per ml, 2 ml vial – **5% DV Aug-22 to 2024** | 384.00 | 10 | **Sugammadex BNM** |
| ⬇ Inj 100 mg per ml, 5 ml vial – **5% DV Aug-22 to 2024** | 960.00 | 10 | **Sugammadex BNM** |

➥ **Restricted** (RS1370)

**Initiation**

Any of the following:

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

## Non-Steroidal Anti-Inflammatory Drugs

| | | | |
|---|---|---|---|
| CELECOXIB | | | |
| Cap 100 mg – **5% DV Nov-22 to 2025** | 3.45 | 60 | **Celecoxib Pfizer** |
| Cap 200 mg – **5% DV Nov-22 to 2025** | 3.20 | 30 | **Celecoxib Pfizer** |
| DICLOFENAC SODIUM | | | |
| Tab EC 25 mg – **5% DV Jan-22 to 2024** | 1.99 | 50 | **Diclofenac Sandoz** |
| Tab 50 mg dispersible | 1.50 | 20 | Voltaren D |
| Tab EC 50 mg – **5% DV Jan-22 to 2024** | 1.99 | 50 | **Diclofenac Sandoz** |
| Tab long-acting 75 mg | 19.60 | 100 | Voltaren SR |
| Inj 25 mg per ml, 3 ml ampoule | 13.20 | 5 | Voltaren |
| Suppos 12.5 mg | 2.04 | 10 | Voltaren |
| Suppos 25 mg | 2.44 | 10 | Voltaren |
| Suppos 50 mg | 4.22 | 10 | Voltaren |
| Suppos 100 mg | 7.00 | 10 | Voltaren |

ETORICOXIB – **Restricted** see terms below

⬇ Tab 30 mg
⬇ Tab 60 mg
⬇ Tab 90 mg
⬇ Tab 120 mg

➥ **Restricted** (RS1592)

**Initiation**

For in-vivo investigation of allergy only.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| IBUPROFEN | | | |
| Tab 200 mg - 1,000 tablet pack – **1% DV Feb-21 to 2024** | 21.40 | 1,000 | **Relieve** |
| Tab 200 mg - 20 tablet pack | 1.35 | 20 | Relieve |
| ➥ Tab 400 mg – **Restricted:** For continuation only | | | |
| ➥ Tab 600 mg – **Restricted:** For continuation only | | | |
| Tab long-acting 800 mg – **5% DV Jan-22 to 2024** | 3.05 | 30 | **Brufen SR** |
| Oral liq 20 mg per ml – **5% DV Apr-22 to 2024** | 2.25 | 200 ml | **Ethics** |
| Inj 5 mg per ml, 2 ml ampoule | | | |
| Inj 10 mg per ml, 2 ml vial | | | |
| INDOMETHACIN | | | |
| Cap 25 mg | | | |
| Cap 50 mg | | | |
| Cap long-acting 75 mg | | | |
| Inj 1 mg vial | | | |
| Suppos 100 mg | | | |
| KETOPROFEN | | | |
| Cap long-acting 200 mg | 12.07 | 28 | Oruvail SR |
| MEFENAMIC ACID – **Restricted:** For continuation only | | | |
| ➥ Cap 250 mg | | | |
| NAPROXEN | | | |
| Tab 250 mg – **5% DV Jan-22 to 2024** | 32.69 | 500 | **Noflam 250** |
| Tab 500 mg – **5% DV Jan-22 to 2024** | 28.71 | 250 | **Noflam 500** |
| Tab long-acting 750 mg – **5% DV Jan-22 to 2024** | 6.47 | 28 | **Naprosyn SR 750** |
| Tab long-acting 1 g – **5% DV Jan-22 to 2024** | 8.62 | 28 | **Naprosyn SR 1000** |
| PARECOXIB | | | |
| Inj 40 mg vial | 100.00 | 10 | Dynastat |
| SULINDAC | | | |
| Tab 100 mg | | | |
| Tab 200 mg | | | |
| TENOXICAM | | | |
| Tab 20 mg – **5% DV Jan-23 to 2025** | 18.50 | 100 | **Tilcotil** |
| Inj 20 mg vial | 9.95 | 1 | AFT |

## Topical Products for Joint and Muscular Pain

| | | | |
|---|---|---|---|
| CAPSAICIN – **Restricted** see terms below | | | |
| ⬇ Crm 0.025% – **1% DV Apr-21 to 2023** | 9.75 | 45 g | **Zostrix** |

➥ **Restricted** (RS1309)

**Initiation**

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

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

## Agents for Parkinsonism and Related Disorders

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

RILUZOLE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 50 mg – **5% DV Dec-21 to 2024** | 130.00 | 56 | **Rilutek** |

➥ **Restricted** (RS1351)

**Initiation**

Neurologist or respiratory specialist

*Re-assessment required after 6 months*

All of the following:

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

**Continuation**

*Re-assessment required after 18 months*

All of the following:

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

TETRABENAZINE

| | | | |
|---|---|---|---|
| Tab 25 mg | 91.10 | 112 | Motetis |

### Anticholinergics

BENZATROPINE MESYLATE

| | | | |
|---|---|---|---|
| Tab 2 mg | 9.59 | 60 | Benztrop |
| Inj 1 mg per ml, 2 ml ampoule – **1% DV Dec-20 to 2023** | 95.00 | 5 | **Phebra** |

PROCYCLIDINE HYDROCHLORIDE

| | | | |
|---|---|---|---|
| Tab 5 mg | | | |

### Dopamine Agonists and Related Agents

AMANTADINE HYDROCHLORIDE

| | | | |
|---|---|---|---|
| Cap 100 mg | 38.24 | 60 | Symmetrel |

APOMORPHINE HYDROCHLORIDE

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

BROMOCRIPTINE

| | | | |
|---|---|---|---|
| Cap 5 mg | | | |

ENTACAPONE

| | | | |
|---|---|---|---|
| Tab 200 mg – **5% DV Apr-22 to 2024** | 18.04 | 100 | **Comtan** |



⬆ 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 |
|---|---|---|---|
| LEVODOPA WITH BENSERAZIDE | | | |
| Tab dispersible 50 mg with benserazide 12.5 mg | 13.25 | 100 | Madopar Rapid |
| Cap 50 mg with benserazide 12.5 mg | 13.75 | 100 | Madopar 62.5 |
| Cap 100 mg with benserazide 25 mg | 15.80 | 100 | Madopar 125 |
| Cap long-acting 100 mg with benserazide 25 mg | 22.85 | 100 | Madopar HBS |
| Cap 200 mg with benserazide 50 mg | 26.25 | 100 | Madopar 250 |
| LEVODOPA WITH CARBIDOPA | | | |
| Tab 100 mg with carbidopa 25 mg – **1% DV Dec-20 to 2023** | 21.11 | 100 | **Sinemet** |
| Tab long-acting 100 mg with carbipoda 25 mg | | | |
| Tab long-acting 200 mg with carbidopa 50 mg – **1% DV Feb-21 to 2023** | 43.65 | 100 | **Sinemet CR** |
| Tab 250 mg with carbidopa 25 mg – **1% DV Dec-20 to 2023** | 38.39 | 100 | **Sinemet** |
| PRAMIPEXOLE HYDROCHLORIDE | | | |
| Tab 0.25 mg – **5% DV Dec-22 to 2025** | 5.51 | 100 | **Ramipex** |
| Tab 1 mg – **5% DV Dec-22 to 2025** | 18.66 | 100 | **Ramipex** |
| RASAGILINE | | | |
| Tab 1mg – **1% DV Jan-22 to 2024** | 53.50 | 30 | **Azilect** |
| ROPINIROLE HYDROCHLORIDE | | | |
| Tab 0.25 mg – **5% DV Jan-23 to 2025** | 4.05 | 84 | **Ropin** |
| Tab 1 mg – **5% DV Jan-23 to 2025** | 4.95 | 84 | **Ropin** |
| Tab 2 mg – **5% DV Jan-23 to 2025** | 6.48 | 84 | **Ropin** |
| Tab 5 mg – **5% DV Jan-23 to 2025** | 14.50 | 84 | **Ropin** |
| SELEGILINE HYDROCHLORIDE – **Restricted:** For continuation only | | | |
| ➥ Tab 5 mg | | | |
| TOLCAPONE | | | |
| Tab 100 mg | 152.38 | 100 | Tasmar |

## Anaesthetics

### General Anaesthetics

| | | | |
|---|---|---|---|
| DESFLURANE | | | |
| Soln for inhalation 100%, 240 ml bottle | 1,350.00 | 6 | Suprane |
| DEXMEDETOMIDINE | | | |
| Inj 100 mcg per ml, 2 ml vial – **1% DV Mar-21 to 2023** | 97.88 | 5 | **Dexmedetomidine-Teva** |
| ETOMIDATE | | | |
| Inj 2 mg per ml, 10 ml ampoule | | | |
| ISOFLURANE | | | |
| Soln for inhalation 100%, 250 ml bottle | 2,730.00 | 6 | Aerrane |
| KETAMINE | | | |
| Inj 1 mg per ml, 100 ml bag | 135.00 | 5 | Biomed |
| Inj 10 mg per ml, 10 ml syringe | 70.00 | 5 | Biomed |
| Inj 100 mg per ml, 2 ml vial | 31.50 | 5 | Ketalar |
| METHOHEXITAL SODIUM | | | |
| Inj 10 mg per ml, 50 ml vial | | | |
| PROPOFOL | | | |
| Inj 10 mg per ml, 20 ml ampoule – **5% DV Jan-23 to 2025** | 4.35 | 5 | **Fresofol 1% MCT/LCT** |
| Inj 10 mg per ml, 50 ml vial – **5% DV Jan-23 to 2025** | 19.50 | 10 | **Fresofol 1% MCT/LCT** |
| Inj 10 mg per ml, 100 ml vial – **5% DV Jan-23 to 2025** | 39.00 | 10 | **Fresofol 1% MCT/LCT** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| SEVOFLURANE | | | |
| Soln for inhalation 100%, 250 ml bottle | 930.00 | 6 | Baxter |
| THIOPENTAL [THIOPENTONE] SODIUM | | | |
| Inj 500 mg ampoule | | | |

## Local Anaesthetics

| | | | |
|---|---|---|---|
| ARTICAINE HYDROCHLORIDE | | | |
| Inj 1% | | | |
| ARTICAINE HYDROCHLORIDE WITH ADRENALINE | | | |
| Inj 4% with adrenaline 1:100,000, 1.7 ml dental cartridge | | | |
| Inj 4% with adrenaline 1:100,000, 1.8 ml dental cartridge | | | |
| Inj 4% with adrenaline 1:100,000, 2.2 ml dental cartridge | | | |
| Inj 4% with adrenaline 1:200,000, 1.7 ml dental cartridge | | | |
| Inj 4% with adrenaline 1:200,000 1.8 ml dental cartridge | | | |
| Inj 4% with adrenaline 1:200,000, 2.2 ml dental cartridge | | | |
| BENZOCAINE | | | |
| Gel 20% | | | |
| BENZOCAINE WITH TETRACAINE HYDROCHLORIDE | | | |
| Gel 18% with tetracaine hydrochloride 2% | | | *e.g. ZAP Topical Anaesthetic Gel* |
| BUPIVACAINE HYDROCHLORIDE | | | |
| Inj 5 mg per ml, 4 ml ampoule – **1% DV Oct-20 to 2023** | 50.00 | 5 | **Marcain Isobaric** |
| Inj 2.5 mg per ml, 20 ml ampoule | | | |
| Inj 2.5 mg per ml, 20 ml ampoule sterile pack – **1% DV Aug-20 to 2023** | 23.36 | 5 | **Marcain** |
| Inj 5 mg per ml, 10 ml ampoule sterile pack – **1% DV Aug-20 to 2023** | 16.20 | 5 | **Marcain** |
| Inj 5 mg per ml, 20 ml ampoule | | | |
| Inj 5 mg per ml, 20 ml ampoule sterile pack – **1% DV Aug-20 to 2023** | 16.56 | 5 | **Marcain** |
| Inj 1.25 mg per ml, 100 ml bag | | | |
| Inj 1.25 mg per ml, 200 ml bag | | | |
| Inj 2.5 mg per ml, 100 ml bag – **1% DV Oct-20 to 2023** | 150.00 | 5 | **Marcain** |
| Inj 2.5 mg per ml, 200 ml bag | | | |
| Inj 1.25 mg per ml, 500 ml bag | | | |
| BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE | | | |
| Inj 2.5 mg per ml with adrenaline 1:200,000, 10 ml ampoule | | | |
| Inj 2.5 mg per ml with adrenaline 1:400,000, 20 ml vial | 94.50 | 5 | Marcain with Adrenaline |
| Inj 5 mg per ml with adrenaline 1:200,000, 20 ml vial | 80.50 | 5 | Marcain with Adrenaline |
| BUPIVACAINE HYDROCHLORIDE WITH FENTANYL | | | |
| Inj 0.625 mg with fentanyl 2 mcg per ml, 100 ml bag | | | |
| Inj 0.625 mg with fentanyl 2 mcg per ml, 200 ml bag | 152.50 | 5 | Biomed |
| Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml syringe | | | |
| Inj 1.25 mg with fentanyl 2 mcg per ml, 100 ml bag – **5% DV Jan-23 to 2025** | 245.00 | 10 | **Bupafen** |
| Inj 1.25 mg with fentanyl 2 mcg per ml, 200 ml bag – **5% DV Jan-23 to 2025** | 255.00 | 10 | **Bupafen** |
| Inj 1.25 mg with fentanyl 2 mcg per ml, 50 ml syringe | | | |
| Inj 1.25 mg with fentanyl 2 mcg per ml, 15 ml syringe | 36.00 | 5 | Biomed |
| Inj 1.25 mg with fentanyl 2 mcg per ml, 20 ml syringe | 46.00 | 5 | Biomed |
| BUPIVACAINE HYDROCHLORIDE WITH GLUCOSE | | | |
| Inj 0.5% with glucose 8%, 4 ml ampoule – **5% DV Sep-22 to 2025** | 26.67 | 5 | **Marcain Heavy** |



⬆ 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 |
|---|---|---|---|
| COCAINE HYDROCHLORIDE | | | |
| Paste 5% | | | |
| Soln 15%, 2 ml syringe | | | |
| Soln 4%, 2 ml syringe | 28.76 | 1 | Biomed |
| COCAINE HYDROCHLORIDE WITH ADRENALINE | | | |
| Paste 15% with adrenaline 0.06% | | | |
| Paste 25% with adrenaline 0.06% | | | |
| ETHYL CHLORIDE | | | |
| Spray 100% | | | |
| LIDOCAINE [LIGNOCAINE] | | | |
| Crm 4% | 5.40 | 5 g | LMX4 |
| | 27.00 | 30 g | LMX4 |
| LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE | | | |
| Gel 2% | 4.87 | 20 g | Orion |
| Soln 4% | | | |
| Spray 10% – **5% DV Jan-23 to 2025** | 78.95 | 50 ml | **Xylocaine** |
| Oral (gel) soln 2% | 38.00 | 200 ml | Mucosoothe |
| Inj 1%, 20 ml ampoule, sterile pack | | | |
| Inj 2%, 20 ml ampoule, sterile pack | | | |
| Inj 1%, 5 ml ampoule | 8.75 | 25 | Lidocaine-Baxter |
| Inj 1%, 20 ml vial | 6.20 | 5 | Lidocaine-Baxter |
| | | | Lidocaine-Claris |
| Inj 2%, 5 ml ampoule | 8.25 | 25 | Lidocaine-Baxter |
| Inj 2%, 20 ml vial | 6.45 | 5 | Lidocaine-Baxter |
| Gel 2%, 11 ml urethral syringe – **5% DV Jan-23 to 2025** | 59.50 | 10 | **Instillagel Lido** |
| LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE | | | |
| Inj 1% with adreanline 1:100,000, 20 ml vial | | | |
| Inj 1% with adrenaline 1:100,000, 5 ml ampoule – **5% DV Jan-23 to 2025** | 32.00 | 10 | **Xylocaine** |
| Inj 1% with adrenaline 1:200,000, 20 ml vial | 50.00 | 5 | Xylocaine |
| Inj 2% with adrenaline 1:100,000, 1.7 ml dental cartridge | | | |
| Inj 2% with adrenaline 1:80,000, 1.7 ml dental cartridge | | | |
| Inj 2% with adrenaline 1:80,000, 1.8 ml dental cartridge | | | |
| Inj 2% with adrenaline 1:80,000, 2.2 ml dental cartridge | | | |
| Inj 2% with adrenaline 1:200,000, 20 ml vial | 60.00 | 5 | Xylocaine |
| LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH ADRENALINE AND TETRACAINE HYDROCHLORIDE | | | |
| Soln 4% with adrenaline 0.1% and tetracaine hydrochloride 0.5%, 5 ml syringe | 18.75 | 1 | Topicaine |
| LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH CHLORHEXIDINE | | | |
| Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe | 103.32 | 10 | Pfizer |
| LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE WITH PHENYLEPHRINE HYDROCHLORIDE | | | |
| Nasal spray 5% with phenylephrine hydrochloride 0.5% | | | |
| LIDOCAINE [LIGNOCAINE] WITH PRILOCAINE | | | |
| Crm 2.5% with prilocaine 2.5% | 45.00 | 30 g | EMLA |
| Patch 25 mcg with prilocaine 25 mcg | 115.00 | 20 | EMLA |
| Crm 2.5% with prilocaine 2.5%, 5 g | 45.00 | 5 | EMLA |
| MEPIVACAINE HYDROCHLORIDE | | | |
| Inj 3%, 1.8 ml dental cartridge | 43.60 | 50 | Scandonest 3% |
| Inj 3%, 2.2 ml dental cartridge | 43.60 | 50 | Scandonest 3% |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| MEPIVACAINE HYDROCHLORIDE WITH ADRENALINE | | | |
| Inj 2% with adrenaline 1:100,000, 1.8 ml dental cartridge | | | |
| Inj 2% with adrenaline 1:100,000, 2.2 ml dental cartridge | | | |
| PRILOCAINE HYDROCHLORIDE | | | |
| Inj 0.5%, 50 ml vial | 100.00 | 5 | Citanest |
| Inj 2%, 5 ml ampoule | | | |
| PRILOCAINE HYDROCHLORIDE WITH FELYPRESSIN | | | |
| Inj 3% with felypressin 0.03 iu per ml, 1.8 ml dental cartridge | | | |
| Inj 3% with felypressin 0.03 iu per ml, 2.2 ml dental cartridge | | | |
| ROPIVACAINE HYDROCHLORIDE | | | |
| Inj 2 mg per ml, 10 ml ampoule – **1% DV Nov-20 to 2023** | 9.25 | 5 | **Ropivacaine Kabi** |
| Inj 2 mg per ml, 20 ml ampoule – **1% DV Nov-20 to 2023** | 9.65 | 5 | **Ropivacaine Kabi** |
| Inj 2 mg per ml, 100 ml bag – **1% DV Nov-20 to 2023** | 31.00 | 5 | **Ropivacaine Kabi** |
| Inj 2 mg per ml, 200 ml bag – **1% DV Nov-20 to 2023** | 40.95 | 5 | **Ropivacaine Kabi** |
| Inj 7.5 mg per ml, 10 ml ampoule – **1% DV Nov-20 to 2023** | 10.40 | 5 | **Ropivacaine Kabi** |
| Inj 7.5 mg per ml, 20 ml ampoule – **1% DV Nov-20 to 2023** | 12.75 | 5 | **Ropivacaine Kabi** |
| Inj 10 mg per ml, 10 ml ampoule – **1% DV Nov-20 to 2023** | 11.10 | 5 | **Ropivacaine Kabi** |
| Inj 10 mg per ml, 20 ml ampoule – **1% DV Nov-20 to 2023** | 16.60 | 5 | **Ropivacaine Kabi** |
| ROPIVACAINE HYDROCHLORIDE WITH FENTANYL | | | |
| Inj 2 mg with fentanyl 2 mcg per ml, 100 ml bag | 198.50 | 5 | Naropin |
| Inj 2 mg with fentanyl 2 mcg per ml, 200 ml bag | 270.00 | 5 | Naropin |
| TETRACAINE [AMETHOCAINE] HYDROCHLORIDE | | | |
| Gel 4% | | | |

# Analgesics

## Non-Opioid Analgesics

| | | | |
|---|---|---|---|
| ASPIRIN | | | |
| Tab dispersible 300 mg | 4.50 | 100 | Ethics Aspirin |
| CAPSAICIN – **Restricted** see terms below | | | |
| ⬇ Crm 0.075% – **1% DV Apr-21 to 2023** | 11.95 | 45 g | **Zostrix HP** |

➥ **Restricted** (RS1145)

**Initiation**

For post-herpetic neuralgia or diabetic peripheral neuropathy.

METHOXYFLURANE – **Restricted** see terms below

⬇ Soln for inhalation 99.9%, 3 ml bottle

➥ **Restricted** (RS1292)

**Initiation**

Both:

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

NEFOPAM HYDROCHLORIDE

Tab 30 mg

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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 2024** | 19.75 | 1,000 | **Pacimol** |
| Tab 500 mg - blister pack - 12 tablet pack | | | |
| Tab 500 mg - blister pack - 20 tablet pack | | | |
| Tab 500 mg - bottle pack – **1% DV Feb-22 to 2024** | 17.92 | 1,000 | **Noumed Paracetamol** |
| Oral liq 240 mg per 5 ml | 11.92 | 200 ml | Avallon |
| Oral liq 120 mg per 5 ml – **20% DV Nov-20 to 2023** | 10.50 | 200 ml | Avallon |
| | 5.45 | 1,000 ml | **Paracare** |
| Oral liq 120 mg per 5 ml - 100 ml bottle | | | |
| Oral liq 120 mg per 5 ml - 200 ml bottle | | | |
| Oral liq 120 mg per 5 ml - 500 ml bottle | | | |
| Oral liq 250 mg per 5 ml – **20% DV Nov-20 to 2023** | 6.25 | 1,000 ml | **Paracare Double Strength** |
| Oral liq 250 mg per 5 ml - 100 ml bottle | | | |
| Oral liq 250 mg per 5 ml - 200 ml bottle | | | |
| Oral liq 250 mg per 5 ml - 500 ml bottle | | | |
| ⬇ Inj 10 mg per ml, 100 ml vial – **1% DV Nov-20 to 2023** | 8.90 | 10 | **Paracetamol Kabi** |
| Suppos 25 mg | 58.50 | 20 | Biomed |
| Suppos 50 mg | 58.50 | 20 | Biomed |
| Suppos 125 mg | 3.59 | 10 | Gacet |
| Suppos 250 mg | 4.18 | 10 | Gacet |
| Suppos 500 mg | 12.40 | 50 | Gacet |

*(Biomed Suppos 25 mg to be delisted 1 June 2023)*

*(Biomed Suppos 50 mg to be delisted 1 June 2023)*

➥ **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% | 13.00 | 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 – **1% DV Nov-20 to 2023** | 24.75 | 10 | **Hameln** |
| CODEINE PHOSPHATE | | | |
| Tab 15 mg – **1% DV Nov-20 to 30 Sep 2022** | 6.25 | 100 | **PSM** |
| Tab 30 mg – **1% DV Nov-20 to 30 Sep 2022** | 32.80 | 100 | Aspen |
| | 7.45 | | **PSM** |
| Tab 60 mg – **1% DV Nov-20 to 30 Sep 2022** | 14.25 | 100 | **PSM** |
| DIHYDROCODEINE TARTRATE | | | |
| Tab long-acting 60 mg – **5% DV Dec-22 to 2025** | 8.60 | 60 | **DHC Continus** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| FENTANYL | | | |
| Inj 10 mcg per ml, 10 ml syringe | | | |
| Inj 50 mcg per ml, 2 ml ampoule – **5% DV Apr-22 to 2024** | 3.75 | 10 | **Boucher and Muir** |
| Inj 10 mcg per ml, 50 ml bag | 210.00 | 10 | Biomed |
| Inj 10 mcg per ml, 50 ml syringe | 165.00 | 10 | Biomed |
| Inj 50 mcg per ml, 10 ml ampoule – **5% DV Apr-22 to 2024** | 9.41 | 10 | **Boucher and Muir** |
| Inj 10 mcg per ml, 100 ml bag | 110.00 | 5 | Biomed |
| Inj 20 mcg per ml, 50 ml syringe | 18.74 | 1 | Biomed |
| Inj 20 mcg per ml, 100 ml bag | | | |
| Patch 12.5 mcg per hour – **5% DV Jan-22 to 2024** | 6.99 | 5 | **Fentanyl Sandoz** |
| Patch 25 mcg per hour – **5% DV Jan-22 to 2024** | 7.99 | 5 | **Fentanyl Sandoz** |
| Patch 50 mcg per hour – **5% DV Jan-22 to 2024** | 9.49 | 5 | **Fentanyl Sandoz** |
| Patch 75 mcg per hour – **5% DV Jan-22 to 2024** | 17.99 | 5 | **Fentanyl Sandoz** |
| Patch 100 mcg per hour – **5% DV Jan-22 to 2024** | 18.59 | 5 | **Fentanyl Sandoz** |
| METHADONE HYDROCHLORIDE | | | |
| Tab 5 mg – **5% DV Feb-23 to 2025** | 1.45 | 10 | **Methadone BNM** |
| | 1.40 | | Methatabs |
| Oral liq 2 mg per ml – **5% DV Jan-22 to 2024** | 6.40 | 200 ml | **Biodone** |
| Oral liq 5 mg per ml – **5% DV Jan-22 to 2024** | 6.40 | 200 ml | **Biodone Forte** |
| Oral liq 10 mg per ml – **5% DV Jan-22 to 2024** | 7.50 | 200 ml | **Biodone Extra Forte** |
| Inj 10 mg per ml, 1 ml vial | 61.00 | 10 | AFT |
| *(Methatabs Tab 5 mg to be delisted 1 February 2023)* | | | |
| MORPHINE HYDROCHLORIDE | | | |
| Oral liq 1 mg per ml | 11.98 | 200 ml | RA-Morph |
| Oral liq 2 mg per ml | 16.24 | 200 ml | RA-Morph |
| Oral liq 5 mg per ml | 19.44 | 200 ml | RA-Morph |
| Oral liq 10 mg per ml | 27.74 | 200 ml | RA-Morph |
| MORPHINE SULPHATE | | | |
| Tab immediate-release 10 mg – **1% DV Nov-20 to 2023** | 2.80 | 10 | **Sevredol** |
| Tab immediate-release 20 mg – **1% DV Nov-20 to 2023** | 5.52 | 10 | **Sevredol** |
| Cap long-acting 10 mg | 2.05 | 10 | m-Eslon |
| Cap long-acting 30 mg | 3.00 | 10 | m-Eslon |
| Cap long-acting 60 mg | 6.12 | 10 | m-Eslon |
| Cap long-acting 100 mg | 7.13 | 10 | m-Eslon |
| Inj 1 mg per ml, 100 ml bag – **1% DV Nov-20 to 2023** | 102.25 | 5 | **Biomed** |
| Inj 1 mg per ml, 10 ml syringe – **1% DV Nov-20 to 2023** | 24.50 | 5 | **Biomed** |
| Inj 1 mg per ml, 50 ml syringe – **1% DV Nov-20 to 2023** | 52.00 | 5 | **Biomed** |
| Inj 1 mg per ml, 2 ml syringe | | | |
| Inj 2 mg per ml, 30 ml syringe | 135.00 | 10 | Biomed |
| Inj 5 mg per ml, 1 ml ampoule | 6.99 | 5 | DBL Morphine Sulphate |
| Inj 10 mg per ml, 1 ml ampoule | 5.61 | 5 | DBL Morphine Sulphate |
| Inj 10 mg per ml, 100 mg cassette | | | |
| Inj 10 mg per ml, 100 ml bag | | | |
| Inj 15 mg per ml, 1 ml ampoule | 7.08 | 5 | DBL Morphine Sulphate |
| Inj 30 mg per ml, 1 ml ampoule | 7.28 | 5 | DBL Morphine Sulphate |
| Inj 200 mcg in 0.4 ml syringe | | | |
| Inj 300 mcg in 0.3 ml syringe | | | |
| MORPHINE TARTRATE | | | |
| Inj 80 mg per ml, 1.5 ml ampoule | | | |



⬆ 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 |
|---|---|---|---|
| OXYCODONE HYDROCHLORIDE | | | |
| Tab controlled-release 5 mg – **5% DV Jun-22 to 2024** | 2.69 | 20 | **Oxycodone Sandoz** |
| Tab controlled-release 10 mg – **5% DV Jun-22 to 2024** | 2.69 | 20 | **Oxycodone Sandoz** |
| Tab controlled-release 20 mg – **5% DV Jun-22 to 2024** | 3.49 | 20 | **Oxycodone Sandoz** |
| Tab controlled-release 40 mg – **5% DV Jun-22 to 2024** | 5.49 | 20 | **Oxycodone Sandoz** |
| Tab controlled-release 80 mg – **5% DV Jun-22 to 2024** | 12.99 | 20 | **Oxycodone Sandoz** |
| Cap immediate-release 5 mg – **5% DV Dec-21 to 2024** | 1.88 | 20 | **OxyNorm** |
| Cap immediate-release 10 mg – **5% DV Dec-21 to 2024** | 3.32 | 20 | **OxyNorm** |
| Cap immediate-release 20 mg – **5% DV Dec-21 to 2024** | 5.23 | 20 | **OxyNorm** |
| Oral liq 5 mg per 5 ml – **5% DV Sep-21 to 2024** | 11.20 | 250 ml | **OxyNorm** |
| Inj 1 mg per ml, 100 ml bag | | | |
| Inj 10 mg per ml, 1 ml ampoule – **5% DV Jul-22 to 2024** | 5.82 | 5 | **Hameln** |
| Inj 10 mg per ml, 2 ml ampoule – **5% DV Jul-22 to 2024** | 11.49 | 5 | **Hameln** |
| Inj 50 mg per ml, 1 ml ampoule – **5% DV Jul-22 to 2024** | 22.92 | 5 | **Hameln** |
| PARACETAMOL WITH CODEINE | | | |
| Tab paracetamol 500 mg with codeine phosphate 8 mg – **5% DV Jan-23 to 2025** | 27.50 | 1,000 | **Paracetamol + Codeine (Relieve)** |
| PETHIDINE HYDROCHLORIDE | | | |
| Tab 50 mg – **5% DV Jan-22 to 31 Oct 2022** | 4.70 | 10 | **PSM** |
| Inj 5 mg per ml, 10 ml syringe | | | |
| Inj 5 mg per ml, 100 ml bag | | | |
| Inj 10 mg per ml, 100 ml bag | | | |
| Inj 10 mg per ml, 50 ml syringe | | | |
| Inj 50 mg per ml, 1 ml ampoule | 29.88 | 5 | DBL Pethidine Hydrochloride |
| Inj 50 mg per ml, 2 ml ampoule | 30.72 | 5 | DBL Pethidine Hydrochloride |
| REMIFENTANIL | | | |
| Inj 1 mg vial – **1% DV Oct-20 to 2023** | 13.95 | 5 | **Remifentanil-AFT** |
| Inj 2 mg vial – **1% DV Oct-20 to 2023** | 19.95 | 5 | **Remifentanil-AFT** |
| TRAMADOL HYDROCHLORIDE | | | |
| Tab sustained-release 100 mg – **1% DV Nov-20 to 2023** | 1.52 | 20 | **Tramal SR 100** |
| Tab sustained-release 150 mg – **1% DV Nov-20 to 2023** | 2.10 | 20 | **Tramal SR 150** |
| Tab sustained-release 200 mg – **1% DV Nov-20 to 2023** | 2.75 | 20 | **Tramal SR 200** |
| Cap 50 mg – **1% DV Dec-20 to 2023** | 2.80 | 100 | **Arrow-Tramadol** |
| Oral soln 10 mg per ml | | | |
| Inj 10 mg per ml, 100 ml bag | | | |
| Inj 50 mg per ml, 1 ml ampoule – **1% DV Oct-20 to 2023** | 4.50 | 5 | **Tramal 50** |
| Inj 50 mg per ml, 2 ml ampoule – **1% DV Oct-20 to 2023** | 3.83 | 5 | **Tramal 100** |

## Antidepressants

### Cyclic and Related Agents

| | | | |
|---|---|---|---|
| AMITRIPTYLINE | | | |
| Tab 10 mg – **1% DV Dec-20 to 2023** | 2.49 | 100 | **Arrow-Amitriptyline** |
| Tab 25 mg – **1% DV Dec-20 to 2023** | 1.51 | 100 | **Arrow-Amitriptyline** |
| Tab 50 mg – **1% DV Dec-20 to 2023** | 2.51 | 100 | **Arrow-Amitriptyline** |
| CLOMIPRAMINE HYDROCHLORIDE | | | |
| Tab 10 mg – **1% DV Feb-22 to 2024** | 10.17 | 30 | **Clomipramine Teva** |
| Tab 25 mg – **1% DV Feb-22 to 2024** | 11.99 | 30 | **Clomipramine Teva** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – **Restricted:** For continuation only | | | |
| ➥ Cap 25 mg | 7.83 | 50 | Dosulepin Mylan |
| DOXEPIN HYDROCHLORIDE – **Restricted:** For continuation only | | | |
| ➥ Cap 10 mg | | | |
| ➥ Cap 25 mg | | | |
| ➥ Cap 50 mg | | | |
| IMIPRAMINE HYDROCHLORIDE | | | |
| Tab 10 mg | 5.48 | 50 | Tofranil |
| | 6.58 | 60 | Tofranil |
| Tab 25 mg | 8.80 | 50 | Tofranil |
| MAPROTILINE HYDROCHLORIDE – **Restricted:** For continuation only | | | |
| ➥ Tab 25 mg | | | |
| ➥ Tab 75 mg | | | |
| MIANSERIN HYDROCHLORIDE – **Restricted:** For continuation only | | | |
| ➥ Tab 30 mg | | | |
| NORTRIPTYLINE HYDROCHLORIDE | | | |
| Tab 10 mg | 2.44 | 100 | Norpress |
| Tab 25 mg | 5.98 | 180 | Norpress |
| **Monoamine-Oxidase Inhibitors - Non-Selective** | | | |
| PHENELZINE SULPHATE | | | |
| Tab 15 mg | | | |
| TRANYLCYPROMINE SULPHATE | | | |
| Tab 10 mg | | | |
| **Monoamine-Oxidase Type A Inhibitors** | | | |
| MOCLOBEMIDE | | | |
| Tab 150 mg – **5% DV Jan-22 to 2024** | 11.80 | 60 | **Aurorix** |
| Tab 300 mg – **5% DV Jan-22 to 2024** | 19.25 | 60 | **Aurorix** |
| **Other Antidepressants** | | | |
| MIRTAZAPINE | | | |
| Tab 30 mg – **1% DV Jan-22 to 2024** | 2.60 | 28 | **Noumed** |
| Tab 45 mg – **1% DV Jan-22 to 2024** | 3.45 | 28 | **Noumed** |
| VENLAFAXINE | | | |
| Cap 37.5 mg | 6.38 | 84 | Enlafax XR |
| Cap 75 mg | 8.11 | 84 | Enlafax XR |
| Cap 150 mg | 11.16 | 84 | Enlafax XR |
| **Selective Serotonin Reuptake Inhibitors** | | | |
| CITALOPRAM HYDROBROMIDE | | | |
| Tab 20 mg – **5% DV Feb-22 to 2024** | 1.91 | 84 | **PSM Citalopram** |
| ESCITALOPRAM | | | |
| Tab 10 mg – **1% DV Oct-21 to 2023** | 1.07 | 28 | **Escitalopram (Ethics)** |
| Tab 20 mg – **1% DV Oct-21 to 2023** | 1.92 | 28 | **Escitalopram (Ethics)** |



⬆ 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 |
|---|---|---|---|
| FLUOXETINE HYDROCHLORIDE | | | |
| Tab dispersible 20 mg, scored – **5% DV Feb-23 to 2025** | 2.50 | 28 | **Fluox** |
| Cap 20 mg | 2.91 | 84 | Fluox |
| PAROXETINE | | | |
| Tab 20 mg – **5% DV Jan-23 to 2025** | 4.11 | 90 | **Loxamine** |
| SERTRALINE | | | |
| Tab 50 mg | 0.92 | 30 | Setrona |
| Tab 100 mg | 1.61 | 30 | Setrona |

## Antiepilepsy Drugs

### Agents for the Control of Status Epilepticus

| | | | |
|---|---|---|---|
| CLONAZEPAM | | | |
| Inj 1 mg per ml, 1 ml ampoule | | | |
| DIAZEPAM | | | |
| Inj 5 mg per ml, 2 ml ampoule | 23.66 | 5 | Hospira |
| Rectal tubes 5 mg – **5% DV Feb-23 to 2025** | 54.58 | 5 | **Stesolid** |
| Rectal tubes 10 mg | | | |
| LORAZEPAM | | | |
| Inj 2 mg vial | | | |
| Inj 4 mg per ml, 1 ml vial | | | |
| PARALDEHYDE | | | |
| Soln 97% | | | |
| Inj 5 ml ampoule | | | |
| PHENYTOIN SODIUM | | | |
| Inj 50 mg per ml, 2 ml ampoule | 104.58 | 5 | Hospira |
| Inj 50 mg per ml, 5 ml ampoule | 154.01 | 5 | Hospira |

### Control of Epilepsy

| | | | |
|---|---|---|---|
| CARBAMAZEPINE | | | |
| Tab 200 mg | 14.53 | 100 | Tegretol |
| Tab long-acting 200 mg | 16.98 | 100 | Tegretol CR |
| Tab 400 mg | 34.58 | 100 | Tegretol |
| Tab long-acting 400 mg | 39.17 | 100 | Tegretol CR |
| Oral liq 20 mg per ml | 26.37 | 250 ml | Tegretol |
| CLOBAZAM | | | |
| Tab 10 mg | | | |
| CLONAZEPAM | | | |
| Oral drops 2.5 mg per ml | | | |
| ETHOSUXIMIDE | | | |
| Cap 250 mg | 140.88 | 100 | Zarontin |
| Oral liq 50 mg per ml | 56.35 | 200 ml | Zarontin |
| GABAPENTIN | | | |
| Note: Gabapentin not to be given in combination with pregabalin | | | |
| Cap 100 mg – **1% DV Feb-22 to 2024** | 6.45 | 100 | **Nupentin** |
| Cap 300 mg – **1% DV Feb-22 to 2024** | 8.45 | 100 | **Nupentin** |
| Cap 400 mg – **1% DV Feb-22 to 2024** | 10.26 | 100 | **Nupentin** |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| LACOSAMIDE – **Restricted** see terms below | | | |
| ⬇ Tab 50 mg | 25.04 | 14 | Vimpat |
| ⬇ Tab 100 mg | 50.06 | 14 | Vimpat |
| | 200.24 | 56 | Vimpat |
| ⬇ Tab 150 mg | 75.10 | 14 | Vimpat |
| | 300.40 | 56 | Vimpat |
| ⬇ Tab 200 mg | 400.55 | 56 | Vimpat |
| ⬇ Inj 10 mg per ml, 20 ml vial | | | |

➥ **Restricted** (RS1151)

**Initiation**

*Re-assessment required after 15 months*

Both:

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

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

**Continuation**

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

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

| | | | |
|---|---|---|---|
| LAMOTRIGINE | | | |
| Tab dispersible 2 mg | 55.00 | 30 | Lamictal |
| Tab dispersible 5 mg | 50.00 | 30 | Lamictal |
| Tab dispersible 25 mg | 2.76 | 56 | Logem |
| Tab dispersible 50 mg | 3.31 | 56 | Logem |
| Tab dispersible 100 mg | 4.40 | 56 | Logem |
| LEVETIRACETAM | | | |
| Tab 250 mg | 4.99 | 60 | Everet |
| Tab 500 mg | 8.79 | 60 | Everet |
| Tab 750 mg | 14.39 | 60 | Everet |
| Tab 1,000 mg | 18.59 | 60 | Everet |
| Oral liq 100 mg per ml | 44.78 | 300 ml | Levetiracetam-AFT |
| Inj 100 mg per ml, 5 ml vial | 38.95 | 10 | Levetiracetam-AFT |
| PHENOBARBITONE | | | |
| Tab 15 mg | 40.00 | 500 | PSM |
| Tab 30 mg | 40.00 | 500 | PSM |
| PHENYTOIN | | | |
| Tab 50 mg | | | |
| PHENYTOIN SODIUM | | | |
| Cap 30 mg | | | |
| Cap 100 mg | | | |
| Oral liq 6 mg per ml | | | |



⬆ 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 |
|---|---|---|---|
| PREGABALIN | | | |
| Note: Pregabalin not to be given in combination with gabapentin | | | |
| Cap 25 mg | 2.25 | 56 | Pregabalin Pfizer |
| Cap 75 mg | 2.65 | 56 | Pregabalin Pfizer |
| Cap 150 mg | 4.01 | 56 | Pregabalin Pfizer |
| Cap 300 mg | 7.38 | 56 | Pregabalin Pfizer |
| PRIMIDONE | | | |
| Tab 250 mg | | | |
| SODIUM VALPROATE | | | |
| Tab 100 mg | | | |
| Tab EC 200 mg | | | |
| Tab EC 500 mg | | | |
| Oral liq 40 mg per ml | | | |
| Inj 100 mg per ml, 4 ml vial | 9.98 | 1 | Epilim IV |
| STIRIPENTOL – **Restricted** see terms below | | | |
| ⬇ Cap 250 mg | 509.29 | 60 | Diacomit |
| ⬇ Powder for oral liq 250 mg sachet | 509.29 | 60 | Diacomit |
| ➥ **Restricted** (RS1152) | | | |
| **Initiation** | | | |
| Paediatric neurologist | | | |
| *Re-assessment required after 6 months* | | | |
| Both: | | | |
| 1 Patient has confirmed diagnosis of Dravet syndrome; and | | | |
| 2 Seizures have been inadequately controlled by appropriate courses of sodium valproate, clobazam and at least two of the following: topiramate, levetiracetam, ketogenic diet. | | | |
| **Continuation** | | | |
| Paediatric neurologist | | | |
| Patient continues to benefit from treatment as measured by reduced seizure frequency from baseline. | | | |
| TOPIRAMATE | | | |
| Tab 25 mg | 11.07 | 60 | Arrow-Topiramate |
| | 26.04 | | Topamax |
| | 11.07 | | Topiramate Actavis |
| Tab 50 mg | 18.81 | 60 | Arrow-Topiramate |
| | 44.26 | | Topamax |
| | 18.81 | | Topiramate Actavis |
| Tab 100 mg | 31.99 | 60 | Arrow-Topiramate |
| | 75.25 | | Topamax |
| | 31.99 | | Topiramate Actavis |
| Tab 200 mg | 55.19 | 60 | Arrow-Topiramate |
| | 129.85 | | Topamax |
| | 55.19 | | Topiramate Actavis |
| Cap sprinkle 15 mg | 20.84 | 60 | Topamax |
| Cap sprinkle 25 mg | 26.04 | 60 | Topamax |
| VIGABATRIN – **Restricted** see terms below | | | |
| ⬇ Tab 500 mg | | | |
| ➥ **Restricted** (RS1865) | | | |
| **Initiation** | | | |
| *Re-assessment required after 15 months* | | | |
| Both: | | | |

continued…

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

continued…

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.

Notes: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.
Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

**Continuation**

Both:

1 The patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life; and

2 Either:
- 2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for duration of treatment with vigabatrin; or
- 2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.
Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

## Antimigraine Preparations

### Acute Migraine Treatment

DIHYDROERGOTAMINE MESYLATE

| | | | |
|---|---|---|---|
| Inj 1 mg per ml, 1 ml ampoule | | | |

METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL

| | | | |
|---|---|---|---|
| Tab 5 mg with paracetamol 500 mg | | | |

RIZATRIPTAN

| | | | |
|---|---|---|---|
| Tab orodispersible 10 mg – **1% DV Oct-20 to 2023** | 3.65 | 30 | **Rizamelt** |

SUMATRIPTAN

| | | | |
|---|---|---|---|
| Tab 50 mg – **1% DV Feb-22 to 2024** | 14.41 | 90 | **Sumagran** |
| Tab 100 mg – **1% DV Feb-22 to 2024** | 22.68 | 90 | **Sumagran** |
| Inj 12 mg per ml, 0.5 ml prefilled pen | 34.00 | 2 | Imigran |

### 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 Dec-21 to 2024** ..... 30.00 — 3 — **Emend Tri-Pack**

➥ **Restricted** (RS1154)

**Initiation**

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

BETAHISTINE DIHYDROCHLORIDE

Tab 16 mg – **1% DV Feb-22 to 2023** ..... 4.62 — 100 — **Serc**

CYCLIZINE HYDROCHLORIDE

Tab 50 mg – **5% DV Dec-21 to 2024** ..... 0.49 — 10 — **Nausicalm**

CYCLIZINE LACTATE

Inj 50 mg per ml, 1 ml ampoule – **5% DV Dec-22 to 2025** ..... 16.36 — 10 — **Hameln**

DOMPERIDONE

Tab 10 mg – **5% DV Feb-22 to 31 Oct 2022** ..... 2.85 — 100 — **Pharmacy Health**

DROPERIDOL

Inj 2.5 mg per ml, 1 ml ampoule ..... 30.95 — 10 — Droleptan

GRANISETRON

Inj 1 mg per ml, 3 ml ampoule – **1% DV Jan-21 to 2023** ..... 1.20 — 1 — **Deva**

HYOSCINE HYDROBROMIDE

Inj 400 mcg per ml, 1 ml ampoule

⬇ Patch 1.5 mg ..... 14.11 — 2 — Scopoderm TTS

➥ **Restricted** (RS1155)

**Initiation**

Any of the following:

1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or
2 Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective; or
3 For treatment of post-operative nausea and vomiting where cyclizine, droperidol and a 5HT3 antagonist have proven ineffective, are not tolerated or are contraindicated.

METOCLOPRAMIDE HYDROCHLORIDE

Tab 10 mg – **1% DV Oct-20 to 2023** ..... 1.30 — 100 — **Metoclopramide Actavis 10**

Oral liq 5 mg per 5 ml

Inj 5 mg per ml, 2 ml ampoule – **5% DV Dec-22 to 2025** ..... 7.00 — 10 — **Baxter**

9.50 — Pfizer

*(Pfizer Inj 5 mg per ml, 2 ml ampoule to be delisted 1 December 2022)*

ONDANSETRON

Tab 4 mg ..... 2.68 — 50 — Onrex

Tab dispersible 4 mg – **1% DV Oct-20 to 2023** ..... 0.76 — 10 — **Ondansetron ODT-DRLA**

Tab 8 mg ..... 4.57 — 50 — Onrex

Tab dispersible 8 mg – **1% DV Oct-20 to 2023** ..... 1.13 — 10 — **Ondansetron ODT-DRLA**

Inj 2 mg per ml, 2 ml ampoule ..... 1.50 — 5 — Ondansetron-Baxter

Inj 2 mg per ml, 4 ml ampoule ..... 2.20 — 5 — Ondansetron Kabi

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PROCHLORPERAZINE | | | |
| Tab buccal 3 mg | | | |
| Tab 5 mg – **1% DV Dec-20 to 2023** | 8.00 | 250 | **Nausafix** |
| Inj 12.5 mg per ml, 1 ml ampoule | | | |
| Suppos 25 mg | | | |
| TROPISETRON | | | |
| Inj 1 mg per ml, 2 ml ampoule | | | |
| Inj 1 mg per ml, 5 ml ampoule | | | |

## Antipsychotic Agents

### General

| | | | |
|---|---|---|---|
| AMISULPRIDE | | | |
| Tab 100 mg | 5.15 | 30 | Sulprix |
| Tab 200 mg | 14.96 | 60 | Sulprix |
| Tab 400 mg | 29.78 | 60 | Sulprix |
| Oral liq 100 mg per ml | | | |
| ARIPIPRAZOLE | | | |
| Tab 5 mg – **5% DV Oct-22 to 2025** | 10.50 | 30 | **Aripiprazole Sandoz** |
| Tab 10 mg – **5% DV Oct-22 to 2025** | 10.50 | 30 | **Aripiprazole Sandoz** |
| Tab 15 mg – **5% DV Oct-22 to 2025** | 10.50 | 30 | **Aripiprazole Sandoz** |
| Tab 20 mg – **5% DV Oct-22 to 2025** | 10.50 | 30 | **Aripiprazole Sandoz** |
| Tab 30 mg – **5% DV Oct-22 to 2025** | 10.50 | 30 | **Aripiprazole Sandoz** |
| CHLORPROMAZINE HYDROCHLORIDE | | | |
| Tab 10 mg | 14.83 | 100 | Largactil |
| 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 |
| CLOZAPINE | | | |
| Tab 25 mg | 6.69 | 50 | Clopine |
| | 13.37 | 100 | Clopine |
| | 6.69 | 50 | Clozaril |
| | 13.37 | 100 | Clozaril |
| Tab 50 mg | 8.67 | 50 | Clopine |
| | 17.33 | 100 | Clopine |
| Tab 100 mg | 17.33 | 50 | Clopine |
| | 34.65 | 100 | Clopine |
| | 17.33 | 50 | Clozaril |
| | 34.65 | 100 | Clozaril |
| Tab 200 mg | 34.65 | 50 | Clopine |
| | 69.30 | 100 | Clopine |
| Oral liq 50 mg per ml | 67.62 | 100 ml | Versacloz |
| HALOPERIDOL | | | |
| Tab 500 mcg | 6.23 | 100 | Serenace |
| Tab 1.5 mg | 9.43 | 100 | Serenace |
| Tab 5 mg | 29.72 | 100 | Serenace |
| Oral liq 2 mg per ml | 23.84 | 100 ml | Serenace |
| Inj 5 mg per ml, 1ml ampoule | 21.55 | 10 | Serenace |



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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| LEVOMEPROMAZINE | | | |
| Tab 25 mg | 16.10 | 100 | Nozinan |
| Tab 100 mg | 41.75 | 100 | Nozinan |
| LEVOMEPROMAZINE HYDROCHLORIDE | | | |
| Inj 25 mg per ml, 1 ml ampoule | 33.50 | 10 | Nozinan |
| LITHIUM CARBONATE | | | |
| Tab long-acting 400 mg – **5% DV Sep-21 to 2024** | 72.00 | 100 | **Priadel** |
| Cap 250 mg | 9.42 | 100 | Douglas |
| OLANZAPINE | | | |
| Tab 2.5 mg – **1% DV Nov-20 to 2023** | 1.35 | 28 | **Zypine** |
| Tab 5 mg – **1% DV Nov-20 to 2023** | 1.58 | 28 | **Zypine** |
| Tab orodispersible 5 mg – **1% DV Nov-20 to 2023** | 1.81 | 28 | **Zypine ODT** |
| Tab 10 mg – **1% DV Nov-20 to 2023** | 2.01 | 28 | **Zypine** |
| Tab orodispersible 10 mg – **1% DV Nov-20 to 2023** | 2.38 | 28 | **Zypine ODT** |
| Inj 10 mg vial | | | |
| PERICYAZINE | | | |
| Tab 2.5 mg | | | |
| Tab 10 mg | | | |
| QUETIAPINE | | | |
| Tab 25 mg – **1% DV Nov-20 to 2023** | 2.15 | 90 | **Quetapel** |
| Tab 100 mg – **1% DV Nov-20 to 2023** | 5.06 | 90 | **Quetapel** |
| Tab 200 mg – **1% DV Nov-20 to 2023** | 8.90 | 90 | **Quetapel** |
| Tab 300 mg – **1% DV Nov-20 to 2023** | 12.86 | 90 | **Quetapel** |
| RISPERIDONE | | | |
| Tab 0.5 mg – **1% DV Dec-20 to 2023** | 1.86 | 60 | **Risperidone (Teva)** |
| Tab 1 mg – **1% DV Dec-20 to 2023** | 2.06 | 60 | **Risperidone (Teva)** |
| Tab 2 mg – **1% DV Dec-20 to 2023** | 2.29 | 60 | **Risperidone (Teva)** |
| Tab 3 mg – **1% DV Dec-20 to 2023** | 2.50 | 60 | **Risperidone (Teva)** |
| Tab 4 mg – **1% DV Dec-20 to 2023** | 3.42 | 60 | **Risperidone (Teva)** |
| Oral liq 1 mg per ml – **1% DV Nov-20 to 2023** | 8.90 | 30 ml | **Risperon** |
| ZIPRASIDONE | | | |
| Cap 20 mg | 17.90 | 60 | Zusdone |
| Cap 40 mg | 27.41 | 60 | Zusdone |
| Cap 60 mg | 38.39 | 60 | Zusdone |
| Cap 80 mg | 46.55 | 60 | Zusdone |
| ZUCLOPENTHIXOL ACETATE | | | |
| Inj 50 mg per ml, 1 ml ampoule | | | |
| Inj 50 mg per ml, 2 ml ampoule | | | |
| ZUCLOPENTHIXOL HYDROCHLORIDE | | | |
| Tab 10 mg | 31.45 | 100 | Clopixol |

## Depot Injections

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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| OLANZAPINE – **Restricted** see terms below | | | |
| ⬇ Inj 210 mg vial | 252.00 | 1 | Zyprexa Relprevv |
| ⬇ Inj 300 mg vial | 414.00 | 1 | Zyprexa Relprevv |
| ⬇ Inj 405 mg vial | 504.00 | 1 | Zyprexa Relprevv |

➥ **Restricted** (RS1379)

**Initiation**

*Re-assessment required after 12 months*

Either:

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

**Continuation**

*Re-assessment required after 12 months*

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

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

➥ **Restricted** (RS1381)

**Initiation**

*Re-assessment required after 12 months*

Either:

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

**Continuation**

*Re-assessment required after 12 months*

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

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

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

| | | | |
|---|---|---|---|
| RISPERIDONE – **Restricted** see terms below | | | |
| ⬇ Inj 25 mg vial | 135.98 | 1 | Risperdal Consta |
| ⬇ Inj 37.5 mg vial | 178.71 | 1 | Risperdal Consta |
| ⬇ Inj 50 mg vial | 217.56 | 1 | Risperdal Consta |

➥ **Restricted** (RS1380)

**Initiation**

*Re-assessment required after 12 months*

Either:

continued…

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

continued…

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

**Continuation**
*Re-assessment required after 12 months*
The initiation of risperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.

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

## Anxiolytics

| | | | |
|---|---|---|---|
| BUSPIRONE HYDROCHLORIDE | | | |
| Tab 5 mg – **5% DV May-22 to 2024** | 18.50 | 100 | **Buspirone Viatris** |
| Tab 10 mg – **5% DV May-22 to 2024** | 12.50 | 100 | **Buspirone Viatris** |
| CLONAZEPAM | | | |
| Tab 500 mcg | 5.64 | 100 | Paxam |
| Tab 2 mg | 10.78 | 100 | Paxam |
| DIAZEPAM | | | |
| Tab 2 mg – **1% DV Dec-20 to 2023** | 61.07 | 500 | **Arrow-Diazepam** |
| Tab 5 mg – **1% DV Dec-20 to 2023** | 73.60 | 500 | **Arrow-Diazepam** |
| LORAZEPAM | | | |
| Tab 1 mg – **5% DV Dec-21 to 2024** | 9.72 | 250 | **Ativan** |
| Tab 2.5 mg – **5% DV Dec-21 to 2024** | 12.50 | 100 | **Ativan** |
| OXAZEPAM | | | |
| Tab 10 mg | | | |
| Tab 15 mg | | | |

## Multiple Sclerosis Treatments

➡ **Restricted** (RS1903)
**Initiation – Multiple sclerosis**
Neurologist or general physician
*Re-assessment required after 12 months*
All of the following:

1 Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist; and
2 Patients has an EDSS score between 0 – 6.0; and
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
4 All of the following:
  4.1 Each significant attack must be confirmed by the applying neurologist or general physician (the patient may not

continued…

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

continued…

necessarily have been seen by them during the attack, but the neurologist/physician must be satisfied that the clinical features were characteristic); and

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

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

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

4.5 Either:

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

4.5.2 Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom); and

5 Evidence of new inflammatory activity on an MRI scan within the past 24 months; and

6 Any of the following:

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

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

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

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

6.5 A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan.

Note: Natalizumab can only be dispensed from a pharmacy registered in the Tysabri Australasian Prescribing Programme operated by the supplier. Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

**Continuation – Multiple sclerosis**

Neurologist or general physician

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 (i.e. the patient has walked 100 metres or more with or without aids in the last six months).

Note: Natalizumab can only be dispensed from a pharmacy registered in the Tysabri Australasian Prescribing Programme operated by the supplier. Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

DIMETHYL FUMARATE – **Restricted** see terms on the previous page

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

| | | | | |
|---|---|---|---|---|
| ⬆ | Cap 120 mg | 520.00 | 14 | Tecfidera |
| ⬆ | Cap 240 mg | 2,000.00 | 56 | Tecfidera |

FINGOLIMOD – **Restricted** see terms on the previous page

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

| | | | | |
|---|---|---|---|---|
| ⬆ | Cap 0.5 mg | 2,200.00 | 28 | Gilenya |

GLATIRAMER ACETATE – **Restricted** see terms on the previous page

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

| | | | | |
|---|---|---|---|---|
| ⬆ | Inj 40 mg prefilled syringe – **5% DV Oct-22 to 2025** | 1,137.48 | 12 | **Copaxone** |

INTERFERON BETA-1-ALPHA – **Restricted** see terms on the previous page

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

| | | | | |
|---|---|---|---|---|
| ⬆ | Inj 6 million iu in 0.5 ml pen injector | 1,170.00 | 4 | Avonex Pen |
| ⬆ | Inj 6 million iu in 0.5 ml syringe | 1,170.00 | 4 | Avonex |

INTERFERON BETA-1-BETA – **Restricted** see terms on the previous page

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

⬆ Inj 8 million iu per ml, 1 ml vial

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

NATALIZUMAB – **Restricted** see terms on page 127
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

OCRELIZUMAB – **Restricted** see terms on page 127
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.
⬆ Inj 30 mg per ml, 10 ml vial ..... 9,346.00 1 Ocrevus

TERIFLUNOMIDE – **Restricted** see terms on page 127
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.
⬆ Tab 14 mg – **1% DV Jun-21 to 2023** ..... 659.90 28 **Aubagio**

## 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 Apr-22 to 2024** ..... 11.50 30 **Vigisom**
⬇ Tab 3 mg
Note: Only for use in compounding an oral liquid formulation, for in-hospital use only.
➥ **Restricted** (RS1576)
**Initiation – insomnia secondary to neurodevelopmental disorder**
Psychiatrist, paediatrician, neurologist or respiratory specialist
*Re-assessment required after 12 months*
All of the following:
1 Patient has been diagnosed with persistent and distressing insomnia secondary to a neurodevelopmental disorder (including, but not limited to, autism spectrum disorder or attention deficit hyperactivity disorder); and
2 Behavioural and environmental approaches have been tried or are inappropriate; and
3 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day; and
4 Patient is aged 18 years or under.
**Continuation – insomnia secondary to neurodevelopmental disorder**
Psychiatrist, paediatrician, neurologist or respiratory specialist
*Re-assessment required after 12 months*
All of the following:
1 Patient is aged 18 years or under; and
2 Patient has demonstrated clinically meaningful benefit from funded modified-release melatonin (clinician determined); and
3 Patient has had a trial of funded modified-release melatonin discontinuation within the past 12 months and has had a recurrence of persistent and distressing insomnia; and
4 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day.
**Initiation – insomnia where benzodiazepines and zopiclone are contraindicated**
Both:
1 Patient has insomnia and benzodiazepines and zopiclone are contraindicated; and
2 For in-hospital use only.

MIDAZOLAM
Tab 7.5 mg
Oral liq 2 mg per ml
Inj 1 mg per ml, 5 ml ampoule – **5% DV Jan-22 to 2024** ..... 3.95 10 **Mylan Midazolam**
Inj 5 mg per ml, 3 ml ampoule – **5% DV Jan-22 to 2024** ..... 3.52 5 **Mylan Midazolam**

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PHENOBARBITONE | | | |
| Inj 130 mg per ml, 1 ml vial | | | |
| Inj 200 mg per ml, 1 ml ampoule | | | |
| TEMAZEPAM | | | |
| Tab 10 mg – **1% DV Nov-20 to 2023** | 1.33 | 25 | **Normison** |
| TRIAZOLAM – **Restricted:** For continuation only | | | |
| ➥ Tab 125 mcg | | | |
| ➥ Tab 250 mcg | | | |
| ZOPICLONE | | | |
| Tab 7.5 mg | | | |

## Stimulants / ADHD Treatments

| | | | |
|---|---|---|---|
| ATOMOXETINE | | | |
| Cap 10 mg | 18.41 | 28 | APO-Atomoxetine<br>Generic Partners |
| Cap 18 mg | 27.06 | 28 | APO-Atomoxetine<br>Generic Partners |
| Cap 25 mg | 29.22 | 28 | APO-Atomoxetine<br>Generic Partners |
| Cap 40 mg | 29.22 | 28 | APO-Atomoxetine<br>Generic Partners |
| Cap 60 mg | 46.51 | 28 | APO-Atomoxetine<br>Generic Partners |
| Cap 80 mg | 56.45 | 28 | APO-Atomoxetine<br>Generic Partners |
| Cap 100 mg | 58.48 | 28 | APO-Atomoxetine<br>Generic Partners |
| CAFFEINE | | | |
| Tab 100 mg | | | |
| DEXAMFETAMINE SULFATE – **Restricted** see terms below | | | |
| ⬇ Tab 5 mg – **5% DV Jan-22 to 2024** | 28.50<br>21.00 | 100 | Aspen<br>**PSM** |

➥ **Restricted** (RS1169)
**Initiation – ADHD**
Paediatrician or psychiatrist
Patient has ADHD (Attention Deficit and Hyperactivity Disorder), diagnosed according to DSM-IV or ICD 10 criteria.
**Initiation – Narcolepsy**
Neurologist or respiratory specialist
*Re-assessment required after 24 months*
Patient suffers from narcolepsy.
**Continuation – Narcolepsy**
Neurologist or respiratory specialist
*Re-assessment required after 24 months*
The treatment remains appropriate and the patient is benefiting from treatment.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| METHYLPHENIDATE HYDROCHLORIDE – **Restricted** see terms below | | | |
| ⬇ Tab extended-release 18 mg | 58.96 | 30 | Concerta |
| | 7.75 | | Methylphenidate ER - Teva |
| ⬇ Tab extended-release 27 mg | 65.44 | 30 | Concerta |
| | 11.45 | | Methylphenidate ER - Teva |
| ⬇ Tab extended-release 36 mg | 71.93 | 30 | Concerta |
| | 15.50 | | Methylphenidate ER - Teva |
| ⬇ Tab extended-release 54 mg | 86.24 | 30 | Concerta |
| | 22.25 | | Methylphenidate ER - Teva |
| ⬇ Tab immediate-release 5 mg | 3.20 | 30 | Rubifen |
| ⬇ Tab immediate-release 10 mg | 3.00 | 30 | Ritalin |
| | | | Rubifen |
| ⬇ Tab immediate-release 20 mg | 7.85 | 30 | Rubifen |
| ⬇ Tab sustained-release 20 mg | 10.95 | 30 | Rubifen SR |
| ⬇ Cap modified-release 10 mg | 15.60 | 30 | Ritalin LA |
| ⬇ Cap modified-release 20 mg | 20.40 | 30 | Ritalin LA |
| ⬇ Cap modified-release 30 mg | 25.52 | 30 | Ritalin LA |
| ⬇ Cap modified-release 40 mg | 30.60 | 30 | Ritalin LA |

➥ **Restricted** (RS1294)

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

Paediatrician or psychiatrist

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

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

Neurologist or respiratory specialist

*Re-assessment required after 24 months*

Patient suffers from narcolepsy.

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

Neurologist or respiratory specialist

*Re-assessment required after 24 months*

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

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

Paediatrician or psychiatrist

Both:

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

2 Either:

2.1 Patient is taking a currently listed formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or

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

| | | | |
|---|---|---|---|
| MODAFINIL – **Restricted** see terms below | | | |
| ⬇ Tab 100 mg – **5% DV Mar-22 to 2024** | 29.13 | 60 | **Modavigil** |

➥ **Restricted** (RS1803)

**Initiation – Narcolepsy**

Neurologist or respiratory specialist

*Re-assessment required after 24 months*

All of the following:

continued…

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

continued…

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

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

## Treatments for Dementia

DONEPEZIL HYDROCHLORIDE

| | | | | |
|---|---|---|---|---|
| | Tab 5 mg – **1% DV Dec-20 to 2023** | 4.34 | 90 | **Donepezil-Rex** |
| | Tab 10 mg – **1% DV Dec-20 to 2023** | 6.64 | 90 | **Donepezil-Rex** |

RIVASTIGMINE – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Patch 4.6 mg per 24 hour – **5% DV Feb-22 to 2024** | 38.00 | 30 | **Rivastigmine Patch BNM 5** |
| ⬇ | Patch 9.5 mg per 24 hour – **5% DV Feb-22 to 2024** | 38.00 | 30 | **Rivastigmine Patch BNM 10** |

➥ **Restricted** (RS1436)
**Initiation**
*Re-assessment required after 6 months*
Both:
1 The patient has been diagnosed with dementia; and
2 The patient has experienced intolerable nausea and/or vomiting from donepezil tablets.

**Continuation**
*Re-assessment required after 12 months*
Both:
1 The treatment remains appropriate; and
2 The patient has demonstrated a significant and sustained benefit from treatment.

## Treatments for Substance Dependence

BUPRENORPHINE WITH NALOXONE – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 2 mg with naloxone 0.5 mg – **5% DV Dec-22 to 2025** | 11.76 | 28 | **Buprenorphine Naloxone BNM** |
| ⬇ | Tab 8 mg with naloxone 2 mg – **5% DV Dec-22 to 2025** | 34.00 | 28 | **Buprenorphine Naloxone BNM** |

➥ **Restricted** (RS1172)
**Initiation – Detoxification**
All of the following:

1 Patient is opioid dependent; and

continued…

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

continued…

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

**Initiation – Maintenance treatment**

All of the following:

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

BUPROPION HYDROCHLORIDE

| | | | |
|---|---|---|---|
| Tab modified-release 150 mg – **1% DV Mar-21 to 2023** | 11.00 | 30 | **Zyban** |

DISULFIRAM

| | | | |
|---|---|---|---|
| Tab 200 mg – **5% DV Nov-21 to 2024** | 236.40 | 100 | **Antabuse** |

NALTREXONE HYDROCHLORIDE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 50 mg – **1% DV Jan-21 to 2023** | 133.33 | 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 | 18.14 | 28 | Habitrol |
| Patch 14 mg per 24 hours | 19.95 | 28 | Habitrol |
| Patch 21 mg per 24 hours | 22.86 | 28 | Habitrol |
| ⬇ Oral spray 1 mg per dose | | | *e.g. Nicorette QuickMist Mouth Spray* |
| Lozenge 1 mg | 19.18 | 216 | Habitrol |
| Lozenge 2 mg | 21.02 | 216 | Habitrol |
| ⬇ Soln for inhalation 15 mg cartridge | | | *e.g. Nicorette Inhalator* |
| Gum 2 mg | 38.21 | 384 | Habitrol (Fruit)<br>Habitrol (Mint) |
| Gum 4 mg | 44.17 | 384 | Habitrol (Fruit)<br>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.

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

| | | | |
|---|---|---|---|
| ⬇ Tab 0.5 mg × 11 and 1 mg × 42 – **5% DV Jan-22 to 2024** | 16.67 | 53 | **Varenicline Pfizer** |
| ⬇ Tab 1 mg – **5% DV Jan-22 to 2024** | 17.62 | 56 | **Varenicline Pfizer** |

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

➥ **Restricted** (RS1702)

**Initiation**

All of the following:

1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and

2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and

3 Either:

3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or

3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and

4 The patient has not had a Special Authority for varenicline approved in the last 6 months; and

5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and

6 The patient is not pregnant; and

7 The patient will not be prescribed more than 12 weeks' funded varenicline in a 12 month period.

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

# Chemotherapeutic Agents

## Alkylating Agents

BENDAMUSTINE HYDROCHLORIDE – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 25 mg vial – **5% DV Sep-21 to 2024** | 77.00 | 1 | **Ribomustin** |
| ⬇ | inj 100 mg vial – **5% DV Sep-21 to 2024** | 308.00 | 1 | **Ribomustin** |

➥ **Restricted** (RS1917)

**Initiation – treatment naive CLL**

All of the following:

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

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

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

*Re-assessment required after 9 months*

All of the following:

1 The patient has indolent low grade NHL requiring treatment; and
2 Patient has a WHO performance status of 0-2; and
3 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:

continued…

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

continued…

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

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

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

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

**Initiation – Hodgkin's lymphoma***

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

*Limited to 6 months* treatment

All of the following:

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

Note: Indications marked with * are unapproved indications.

| | | | |
|---|---|---|---|
| BUSULFAN | | | |
| Tab 2 mg | 89.25 | 100 | Myleran |
| Inj 6 mg per ml, 10 ml ampoule | | | |
| CARMUSTINE | | | |
| Inj 100 mg vial – **5% DV Sep-22 to 2025** | 710.00 | 1 | **BiCNU** |
| CHLORAMBUCIL | | | |
| Tab 2 mg | | | |
| CYCLOPHOSPHAMIDE | | | |
| Tab 50 mg – **5% DV Jan-22 to 2024** | 145.00 | 50 | **Cyclonex** |
| Inj 1 g vial – **5% DV Dec-21 to 2024** | 35.65 | 1 | **Endoxan** |
| Inj 2 g vial – **5% DV Dec-21 to 2024** | 71.25 | 1 | **Endoxan** |
| IFOSFAMIDE | | | |
| Inj 1 g vial | 96.00 | 1 | Holoxan |
| Inj 2 g vial | 180.00 | 1 | Holoxan |
| LOMUSTINE | | | |
| Cap 10 mg | 132.59 | 20 | Ceenu |
| Cap 40 mg | 399.15 | 20 | Ceenu |
| MELPHALAN | | | |
| Tab 2 mg | | | |
| Inj 50 mg vial | | | |
| THIOTEPA | | | |
| Inj 15 mg vial | | | |
| Inj 100 mg vial | | | |

## Anthracyclines and Other Cytotoxic Antibiotics

| | | | |
|---|---|---|---|
| BLEOMYCIN SULPHATE | | | |
| Inj 15,000 iu vial | 185.16 | 1 | DBL Bleomycin Sulfate |
| DACTINOMYCIN [ACTINOMYCIN D] | | | |
| Inj 0.5 mg vial | 255.00 | 1 | Cosmegen |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| DAUNORUBICIN | | | |
| Inj 2 mg per ml, 10 ml vial | 149.50 | 1 | Pfizer |
| Inj 20 mg vial | 1,495.00 | 10 | Daunorubicin Zentiva |
| DOXORUBICIN HYDROCHLORIDE | | | |
| 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 – **5% DV Jan-22 to 2024** | 69.99 | 1 | **Doxorubicin Ebewe** |
| EPIRUBICIN HYDROCHLORIDE | | | |
| Inj 2 mg per ml, 5 ml vial | 25.00 | 1 | Epirubicin Ebewe |
| Inj 2 mg per ml, 25 ml vial | 30.00 | 1 | Epirubicin Ebewe |
| Inj 2 mg per ml, 100 ml vial – **5% DV Jan-22 to 2024** | 99.99 | 1 | **Epirubicin Ebewe** |
| IDARUBICIN HYDROCHLORIDE | | | |
| Inj 5 mg vial | 109.74 | 1 | Zavedos |
| Inj 10 mg vial | 233.64 | 1 | Zavedos |
| MITOMYCIN C | | | |
| Inj 5 mg vial | | | |
| Inj 20 mg vial | 3,275.00 | 1 | Teva |
| MITOZANTRONE | | | |
| Inj 2 mg per ml, 10 ml vial | 97.50 | 1 | Mitozantrone Ebewe |

## Antimetabolites

AZACITIDINE – **Restricted** see terms below

⬇ Inj 100 mg vial – **5% DV Dec-21 to 2024** 75.06 1 **Azacitidine Dr Reddy's**

➥ **Restricted** (RS1904)

**Initiation**

Haematologist

*Re-assessment required after 12 months*

All of the following:

1 Any of the following:

1.1 The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or

1.2 The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or

1.3 The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and

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

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

**Continuation**

Haematologist or medical practitioner on the recommendation of a haematologist

*Re-assessment required after 12 months*

Both:

1 No evidence of disease progression; and

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

| | | | |
|---|---|---|---|
| CAPECITABINE | | | |
| Tab 150 mg | 10.00 | 60 | Capercit |
| Tab 500 mg | 49.00 | 120 | Capercit |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| CLADRIBINE | | | |
| Inj 2 mg per ml, 5 ml vial | | | |
| Inj 1 mg per ml, 10 ml vial | 749.96 | 1 | Leustatin |
| CYTARABINE | | | |
| Inj 20 mg per ml, 5 ml vial | 400.00 | 5 | Pfizer |
| Inj 100 mg per ml, 20 ml vial | 41.36 | 1 | Pfizer |
| FLUDARABINE PHOSPHATE | | | |
| Tab 10 mg | 412.00 | 20 | Fludara Oral |
| Inj 50 mg vial – **5% DV Jan-23 to 2025** | 634.00 | 5 | **Fludarabine Ebewe** |
| FLUOROURACIL | | | |
| Inj 50 mg per ml, 20 ml vial – **5% DV Feb-22 to 2024** | 10.51 | 1 | **Fluorouracil Accord** |
| Inj 50 mg per ml, 100 ml vial – **5% DV Feb-22 to 2024** | 29.44 | 1 | **Fluorouracil Accord** |
| GEMCITABINE | | | |
| Inj 10 mg per ml, 100 ml vial – **1% DV Jul-20 to 2023** | 15.89 | 1 | **Gemcitabine Ebewe** |
| MERCAPTOPURINE | | | |
| Tab 50 mg – **5% DV Dec-22 to 2025** | 25.90 | 25 | **Puri-nethol** |
| ⬇ Oral suspension 20 mg per ml | 428.00 | 100 ml | Allmercap |
| ➥ **Restricted** (RS1635) | | | |
| **Initiation** | | | |
| Paediatric haematologist or paediatric oncologist | | | |
| *Re-assessment required after 12 months* | | | |
| The patient requires a total dose of less than one full 50 mg tablet per day. | | | |
| **Continuation** | | | |
| Paediatric haematologist or paediatric oncologist | | | |
| *Re-assessment required after 12 months* | | | |
| The patient requires a total dose of less than one full 50 mg tablet per day. | | | |
| METHOTREXATE | | | |
| Tab 2.5 mg – **5% DV Jan-22 to 2024** | 9.98 | 90 | **Trexate** |
| Tab 10 mg – **5% DV Jan-22 to 2024** | 33.71 | 90 | **Trexate** |
| Inj 2.5 mg per ml, 2 ml vial | | | |
| Inj 7.5 mg prefilled syringe | 14.61 | 1 | Methotrexate Sandoz |
| Inj 10 mg prefilled syringe | 14.66 | 1 | Methotrexate Sandoz |
| Inj 15 mg prefilled syringe | 14.77 | 1 | Methotrexate Sandoz |
| Inj 20 mg prefilled syringe | 14.88 | 1 | Methotrexate Sandoz |
| Inj 25 mg prefilled syringe | 14.99 | 1 | Methotrexate Sandoz |
| Inj 30 mg prefilled syringe | 15.09 | 1 | Methotrexate Sandoz |
| Inj 25 mg per ml, 2 ml vial | 30.00 | 5 | 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 – **1% DV Oct-20 to 2023** | 79.99 | 1 | **Methotrexate Ebewe** |
| PEMETREXED – **Restricted** see terms below | | | |
| ⬇ Inj 100 mg vial | 60.89 | 1 | Juno Pemetrexed |
| ⬇ Inj 500 mg vial | 217.77 | 1 | Juno Pemetrexed |
| ➥ **Restricted** (RS1596) | | | |
| **Initiation – Mesothelioma** | | | |
| *Re-assessment required after 8 months* | | | |
| Both: | | | |

continued…

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

continued…

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

**Continuation – Mesothelioma**
*Re-assessment required after 8 months*
All of the following:

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

**Initiation – Non small cell lung cancer**
*Re-assessment required after 8 months*
Both:

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

**Continuation – Non small cell lung cancer**
*Re-assessment required after 8 months*
All of the following:

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

THIOGUANINE
Tab 40 mg

## Other Cytotoxic Agents

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

ANAGRELIDE HYDROCHLORIDE
Cap 0.5 mg

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

BORTEZOMIB – **Restricted** see terms below
⬇ Inj 3.5 mg vial ..... 105.00 — 1 — Bortezomib Dr-Reddy's
➥ **Restricted** (RS1725)

**Initiation – multiple myeloma/amyloidosis**
Either:

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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| DACARBAZINE | | | |
| Inj 200 mg vial | 62.70 | 1 | DBL Dacarbazine |
| ETOPOSIDE | | | |
| 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 |
| ETOPOSIDE (AS PHOSPHATE) | | | |
| Inj 100 mg vial | 40.00 | 1 | Etopophos |
| HYDROXYUREA [HYDROXYCARBAMIDE] | | | |
| Cap 500 mg – **1% DV Feb-21 to 2023** | 23.82 | 100 | **Devatis** |
| IRINOTECAN HYDROCHLORIDE | | | |
| Inj 20 mg per ml, 5 ml vial – **5% DV Mar-22 to 2024** | 52.57 | 1 | **Accord** |
| LENALIDOMIDE – **Restricted** see terms below | | | |
| ⬇ Cap 5 mg | 5,122.76 | 28 | Revlimid |
| ⬇ Cap 10 mg | 4,655.25 | 21 | Revlimid |
| | 6,207.00 | 28 | Revlimid |
| ⬇ Cap 15 mg | 5,429.39 | 21 | Revlimid |
| | 7,239.18 | 28 | Revlimid |
| ⬇ Cap 25 mg | 7,627.00 | 21 | Revlimid |

➥ **Restricted** (RS1836)

**Initiation – Relapsed/refractory disease**

Haematologist

*Re-assessment required after 6 months*

All of the following:

1 Patient has relapsed or refractory multiple myeloma with progressive disease; and
2 Patient has not previously been treated with lenalidomide; and
3 Either:
  3.1 Lenalidomide to be used as third line* treatment for multiple myeloma; or
  3.2 Both:
    3.2.1 Lenalidomide to be used as second line treatment for multiple myeloma; and
    3.2.2 The patient has experienced severe (grade 3 or higher), dose limiting, peripheral neuropathy with either bortezomib or thalidomide that precludes further treatment with either of these treatments; and
4 Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.

**Continuation – Relapsed/refractory disease**

Haematologist

*Re-assessment required after 6 months*

Both:

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

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

Haematologist

*Re-assessment required after 6 months*

All of the following:

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

continued…

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

continued…

4 Lenalidomide to be administered at a maximum dose of 15 mg/day.

**Continuation – Maintenance following first-line autologous stem cell transplant (SCT)**
Haematologist
*Re-assessment required after 6 months*
Both:

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

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

OLAPARIB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 100 mg | 3,701.00 | 56 | Lynparza |
| ⬇ | Tab 150 mg | 3,701.00 | 56 | Lynparza |

➥ **Restricted** (RS1914)
**Initiation – Ovarian cancer**
Medical oncologist
*Re-assessment required after 12 months*
Either:

1 Patient is currently on treatment with olaparib and met all remaining criteria (criterion 2) below prior to commencing treatment; or
2 All of the following:
  2.1 Patient has a high-grade serous* epithelial ovarian, fallopian tube, or primary peritoneal cancer; and
  2.2 There is documentation confirming pathogenic germline BRCA1 or BRCA2 gene mutation; and
  2.3 Either:
    2.3.1 All of the following:
      2.3.1.1 Patient has newly diagnosed, advanced disease; and
      2.3.1.2 Patient has received one line** of previous treatment with platinum-based chemotherapy; and
      2.3.1.3 Patient's disease must have experienced a partial or complete response to the first-line platinum-based regimen; or
    2.3.2 All of the following:
      2.3.2.1 Patient has received at least two lines** of previous treatment with platinum-based chemotherapy; and
      2.3.2.2 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
      2.3.2.3 Patient's disease must have experienced a partial or complete response to treatment with the immediately preceding platinum-based regimen; and
      2.3.2.4 Patient has not previously received funded olaparib treatment; and
  2.4 Treatment will be commenced within 12 weeks of the patient's last dose of the immediately preceding platinum-based regimen; and
  2.5 Treatment to be administered as maintenance treatment; and
  2.6 Treatment not to be administered in combination with other chemotherapy.

**Continuation – Ovarian cancer**
Medical oncologist
*Re-assessment required after 12 months*
All of the following:

1 Treatment remains clinically appropriate and patient is benefitting from treatment; and

continued…

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

continued…

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 | 3,455.00 | 1 | Oncaspar LYO |

➥ **Restricted** (RS1788)
**Initiation – Newly diagnosed ALL**
*Limited to 12 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 | | | |

PROCARBAZINE HYDROCHLORIDE

| | | | | |
|---|---|---|---|---|
| | Cap 50 mg | 980.00 | 50 | Natulan |

TEMOZOLOMIDE – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Cap 5 mg | 9.13 | 5 | Temaccord |
| ⬇ | Cap 20 mg | 16.38 | 5 | Temaccord |
| ⬇ | Cap 100 mg | 35.98 | 5 | Temaccord |
| ⬇ | Cap 140 mg | 50.12 | 5 | Temaccord |
| ⬇ | Cap 250 mg | 86.34 | 5 | Temaccord |

➥ **Restricted** (RS1645)
**Initiation – High grade gliomas**
*Re-assessment required after 12 months*
All of the following:

continued…

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

continued…

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

**Continuation – High grade gliomas**
*Re-assessment required after 12 months*
Either:
1 Both:
  1.1 Patient has glioblastoma multiforme; and
  1.2 The treatment remains appropriate and the patient is benefitting from treatment; or
2 All of the following:
  2.1 Patient has anaplastic astrocytoma*; and
  2.2 The treatment remains appropriate and the patient is benefitting from treatment; and
  2.3 Adjuvant temozolomide is to be used for a maximum of 24 months.

**Initiation – Neuroendocrine tumours**
*Re-assessment required after 9 months*
All of the following:
1 Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*; and
2 Temozolomide is to be given in combination with capecitabine; and
3 Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m$^2$ per day; and
4 Temozolomide to be discontinued at disease progression.

**Continuation – Neuroendocrine tumours**
*Re-assessment required after 6 months*
Both:
1 No evidence of disease progression; and
2 The treatment remains appropriate and the patient is benefitting from treatment.

**Initiation – ewing's sarcoma**
*Re-assessment required after 9 months*
Patient has relapse or refractory Ewing's sarcoma.

**Continuation – ewing's sarcoma**
*Re-assessment required after 6 months*
Both:
1 No evidence of disease progression; and
2 The treatment remains appropriate and the patient is benefitting from treatment.

Note: Indication marked with a * is an unapproved indication. Temozolomide is not funded for the treatment of relapsed high grade glioma.

THALIDOMIDE – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Cap 50 mg | 378.00 | 28 | Thalomid |
| ⬇ | Cap 100 mg | 756.00 | 28 | Thalomid |

➥ **Restricted** (RS1192)

**Initiation**
*Re-assessment required after 12 months*
Any of the following:

continued…

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

continued…

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

**Continuation**

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

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

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

Indication marked with * is an unapproved indication

TRETINOIN

| | | | |
|---|---|---|---|
| Cap 10 mg | 479.50 | 100 | Vesanoid |

VENETOCLAX – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 14 × 10 mg, 7 × 50 mg, 21 × 100 mg | 1,771.86 | 42 | Venclexta |
| ⬇ | Tab 10 mg | 95.78 | 14 | Venclexta |
| ⬇ | Tab 50 mg | 239.44 | 7 | Venclexta |
| ⬇ | Tab 100 mg | 8,209.41 | 120 | Venclexta |

➥ **Restricted** (RS1713)

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

Haematologist

*Re-assessment required after 7 months*

All of the following:

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

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

Haematologist

*Re-assessment required after 6 months*

Both:

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

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

Haematologist

*Re-assessment required after 6 months*

All of the following:

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

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

Haematologist

*Re-assessment required after 6 months*

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

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

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

## Platinum Compounds

CARBOPLATIN
Inj 10 mg per ml, 45 ml vial ..... 45.20 | 1 | Carboplatin Ebewe

CISPLATIN
Inj 1 mg per ml, 100 ml vial – **5% DV Mar-22 to 2024** ..... 29.66 | 1 | **DBL Cisplatin**

OXALIPLATIN
Inj 5 mg per ml, 20 ml vial ..... 46.32 | 1 | Oxaliplatin Accord

## Protein-Tyrosine Kinase Inhibitors

ALECTINIB – **Restricted** see terms below
⬇ Cap 150 mg ..... 7,935.00 | 224 | Alecensa
➥ **Restricted** (RS1712)
**Initiation**
*Re-assessment required after 6 months*
All of the following:
1 Patient has locally advanced, or metastatic, unresectable, non-small cell lung cancer; and
2 There is documentation confirming that the patient has an ALK tyrosine kinase gene rearrangement using an appropriate ALK test; and
3 Patient has an ECOG performance score of 0-2.
**Continuation**
*Re-assessment required after 6 months*
Both:
1 No evidence of progressive disease according to RECIST criteria; and
2 The patient is benefitting from and tolerating treatment.

DASATINIB – **Restricted** see terms below
⬇ Tab 20 mg ..... 3,774.06 | 60 | Sprycel
⬇ Tab 50 mg ..... 6,214.20 | 60 | Sprycel
⬇ Tab 70 mg ..... 7,692.58 | 60 | Sprycel
➥ **Restricted** (RS1685)
**Initiation**
Haematologist or any relevant practitioner on the recommendation of a haematologist
*Re-assessment required after 6 months*
Any of the following:
1 Both:
1.1 The patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis or accelerated phase; and
1.2 Maximum dose of 140 mg/day; or
2 Both:
2.1 The patient has a diagnosis of Philadelphia chromosome-positive acute lymphoid leukaemia (Ph+ ALL); and
2.2 Maximum dose of 140 mg/day; or
3 All of the following:
3.1 The patient has a diagnosis of CML in chronic phase; and
3.2 Maximum dose of 100 mg/day; and
3.3 Any of the following:
3.3.1 Patient has documented treatment failure* with imatinib; or
3.3.2 Patient has experienced treatment-limiting toxicity with imatinib precluding further treatment with imatinib; or

continued…

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

continued…

3.3.3 Patient has high-risk chronic-phase CML defined by the Sokal or EURO scoring system; or
3.3.4 Patients is enrolled in the KISS study** and requires dasatinib treatment according to the study protocol.

**Continuation**
Haematologist or any relevant practitioner on the recommendation of a haematologist
*Re-assessment required after 6 months*
All of the following:
1 Lack of treatment failure while on dasatinib*; and
2 Dasatinib treatment remains appropriate and the patient is benefiting from treatment; and
3 Maximum dasatinib dose of 140 mg/day for accelerated or blast phase CML and Ph+ ALL, and 100 mg/day for chronic phase CML.

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

ERLOTINIB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 100 mg – **5% DV Feb-23 to 2023** | 329.70 | 30 | **Alchemy** |
| | | 764.00 | | Tarceva |
| ⬇ | Tab 150 mg – **5% DV Feb-23 to 2023** | 569.70 | 30 | **Alchemy** |
| | | 1,146.00 | | Tarceva |

*(Tarceva Tab 100 mg to be delisted 1 February 2023)*
*(Tarceva Tab 150 mg to be delisted 1 February 2023)*
➥ **Restricted** (RS1885)
**Initiation**
*Re-assessment required after 4 months*
All of the following:
1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and
3 Either:
3.1 Patient is treatment naive; or
3.2 Both:
3.2.1 The patient has discontinued getitinib due to intolerance; and
3.2.2 The cancer did not progress while on gefitinib; and
4 Erlotinib is to be given for a maximum of 3 months.

**Continuation**
*Re-assessment required after 6 months*
Both:
1 Radiological assessment (preferably including CT scan) indicates NSCLC has not progressed; and
2 Erlotinib is to be given for a maximum of 3 months.

**Continuation – pandemic circumstances**
*Re-assessment required after 6 months*
All of the following:
1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
2 Erlotinib to be discontinued at progression; and
3 The regular renewal requirements cannot be met due to COVID-19 constraints on the health sector.

GEFITINIB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 250 mg | 918.00 | 30 | Iressa |

➥ **Restricted** (RS1887)
**Initiation**
*Re-assessment required after 4 months*
All of the following:

continued…

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

continued…

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

**Continuation**

*Re-assessment required after 6 months*

Both:

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

**Continuation – pandemic circumstances**

*Re-assessment required after 6 months*

All of the following:

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

IMATINIB MESILATE

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

| | | | |
|---|---|---|---|
| ⬇ Tab 100 mg | 2,400.00 | 60 | Glivec |

➥ **Restricted** (RS1402)

**Initiation**

*Re-assessment required after 12 months*

Both:

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

**Continuation**

*Re-assessment required after 12 months*

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

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

| | | | |
|---|---|---|---|
| Cap 100 mg – **1% DV Jun-21 to 2023** | 58.23 | 60 | **Imatinib-Rex** |
| Cap 400 mg – **1% DV Jun-21 to 2023** | 84.79 | 30 | **Imatinib-Rex** |

LAPATINIB – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 250 mg | 1,899.00 | 70 | Tykerb |

➥ **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);

continued…

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

continued…

and

2 The cancer has not progressed at any time point during the previous 12 months whilst on lapatinib; and
3 Lapatinib not to be given in combination with trastuzumab; and
4 Lapatinib to be discontinued at disease progression.

NILOTINIB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Cap 150 mg | 4,680.00 | 120 | Tasigna |
| ⬇ | Cap 200 mg | 6,532.00 | 120 | Tasigna |

➥ **Restricted** (RS1437)

**Initiation**

Haematologist

*Re-assessment required after 6 months*

All of the following:

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

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

**Continuation**

Haematologist

*Re-assessment required after 6 months*

All of the following:

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

PALBOCICLIB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 75 mg | 4,000.00 | 21 | Ibrance |
| ⬇ | Tab 100 mg | 4,000.00 | 21 | Ibrance |
| ⬇ | Tab 125 mg | 4,000.00 | 21 | Ibrance |

➥ **Restricted** (RS1731)

**Initiation**

Medical oncologist

*Re-assessment required after 6 months*

All of the following:

1 Patient has unresectable locally advanced or metastatic breast cancer; and
2 There is documentation confirming disease is hormone-receptor positive and HER2-negative; and
3 Patient has an ECOG performance score of 0-2; and
4 Either:

second or subsequent line setting

4.1 Disease has relapsed or progressed during prior endocrine therapy; or
4.2 Both:

first line setting

4.2.1 Patient is amenorrhoeic, either naturally or induced, with endocrine levels consistent with a postmenopausal state; and

continued…

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

continued…

4.2.2 Either:

4.2.2.1 Patient has not received prior systemic treatment for metastatic disease; or

4.2.2.2 All of the following:

4.2.2.2.1 Patient commenced treatment with palbociclib in combination with an endocrine agent prior to 1 April 2020; and

4.2.2.2.2 Patient has not received prior systemic endocrine treatment for metastatic disease; and

4.2.2.2.3 There is no evidence of progressive disease; and

5 Treatment must be used in combination with an endocrine partner.

**Continuation**

Medical oncologist

*Re-assessment required after 12 months*

All of the following:

1 Treatment must be used in combination with an endocrine partner; and

2 No evidence of progressive disease; and

3 The treatment remains appropriate and the patient is benefitting from treatment.

PAZOPANIB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 200 mg | 1,334.70 | 30 | Votrient |
| ⬇ | Tab 400 mg | 2,669.40 | 30 | Votrient |

➥ **Restricted** (RS1198)

**Initiation**

*Re-assessment required after 3 months*

All of the following:

1 The patient has metastatic renal cell carcinoma; and

2 Any of the following:

2.1 The patient is treatment naive; or

2.2 The patient has only received prior cytokine treatment; or

2.3 Both:

2.3.1 The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance; and

2.3.2 The cancer did not progress whilst on sunitinib; and

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

4 The disease is of predominant clear cell histology; and

5 All of the following:

5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; and

5.2 Haemoglobin level < lower limit of normal; and

5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); and

5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; and

5.5 Karnofsky performance score of less than or equal to 70; and

5.6 2 or more sites of organ metastasis.

**Continuation**

*Re-assessment required after 3 months*

Both:

1 No evidence of disease progression; and

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

Notes: Pazopanib treatment should be stopped if disease progresses.

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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| 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 Jul-22 to 2024** | 208.38 | 28 | **Sunitinib Pfizer** |
| ⬇ Cap 25 mg – **5% DV Jul-22 to 2024** | 416.77 | 28 | **Sunitinib Pfizer** |
| ⬇ Cap 50 mg – **5% DV Jul-22 to 2024** | 694.62 | 28 | **Sunitinib Pfizer** |

➥ **Restricted** (RS1886)

**Initiation – RCC**

*Re-assessment required after 3 months*

All of the following:

1 The patient has metastatic renal cell carcinoma; and
2 Any of the following:
  2.1 The patient is treatment naive; or
  2.2 The patient has only received prior cytokine treatment; or
  2.3 The patient has only received prior treatment with an investigational agent within the confines of a bona fide clinical trial which has Ethics Committee approval; or
  2.4 Both:
    2.4.1 The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and
    2.4.2 The cancer did not progress whilst on pazopanib; and
3 The patient has good performance status (WHO/ECOG grade 0-2); and
4 The disease is of predominant clear cell histology; and
5 All of the following:

continued…

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

continued…

5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; and
5.2 Haemoglobin level < lower limit of normal; and
5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); and
5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; and
5.5 Karnofsky performance score of less than or equal to 70; and
5.6 2 or more sites of organ metastasis; and

6 Sunitinib to be used for a maximum of 2 cycles.

Notes: RCC - Sunitinib treatment should be stopped if disease progresses.
Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6.

**Continuation – RCC**

*Re-assessment required after 3 months*

Both:

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

**Initiation – GIST**

*Re-assessment required after 3 months*

Both:

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

**Continuation – GIST**

*Re-assessment required after 6 months*

Both:

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

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

**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.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Taxanes** | | | |
| DOCETAXEL | | | |
| Inj 10 mg per ml, 8 ml vial | 46.89 | 1 | DBL Docetaxel |
| PACLITAXEL | | | |
| Inj 6 mg per ml, 5 ml vial | 47.30 | 5 | Paclitaxel Ebewe |
| Inj 6 mg per ml, 16.7 ml vial – **1% DV Nov-20 to 2023** | 24.00 | 1 | **Paclitaxel Ebewe** |
| Inj 6 mg per ml, 25 ml vial | 26.69 | 1 | Paclitaxel Ebewe |
| Inj 6 mg per ml, 50 ml vial – **1% DV Nov-20 to 2023** | 44.00 | 1 | **Paclitaxel Ebewe** |
| **Treatment of Cytotoxic-Induced Side Effects** | | | |
| CALCIUM FOLINATE | | | |
| Tab 15 mg | 114.69 | 10 | DBL Leucovorin Calcium |
| Inj 3 mg per ml, 1 ml ampoule | | | |
| Inj 10 mg per ml, 5 ml ampoule | 18.25 | 5 | Calcium Folinate Ebewe |
| Inj 10 mg per ml, 5 ml vial | 7.28 | 1 | Calcium Folinate Sandoz |
| Inj 10 mg per ml, 10 ml vial | 9.49 | 1 | Calcium Folinate Sandoz |
| Inj 10 mg per ml, 30 ml vial | 22.51 | 1 | Calcium Folinate Ebewe |
| Inj 10 mg per ml, 35 ml vial | 25.14 | 1 | Calcium Folinate Sandoz |
| Inj 10 mg per ml, 100 ml vial | 72.00 | 1 | Calcium Folinate Sandoz |
| DEXRAZOXANE – **Restricted** see terms below | | | |
| ⬇ Inj 500 mg | | | *e.g. Cardioxane* |

➥ **Restricted** (RS1695)

**Initiation**

Medical oncologist, paediatric oncologist, haematologist or paediatric haematologist

All of the following:

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

| | | | |
|---|---|---|---|
| MESNA | | | |
| Tab 400 mg | 314.00 | 50 | Uromitexan |
| Tab 600 mg | 448.50 | 50 | Uromitexan |
| Inj 100 mg per ml, 4 ml ampoule | 177.45 | 15 | Uromitexan |
| Inj 100 mg per ml, 10 ml ampoule | 407.40 | 15 | Uromitexan |
| **Vinca Alkaloids** | | | |
| VINBLASTINE SULPHATE | | | |
| Inj 1 mg per ml, 10 ml vial | 270.37 | 5 | Hospira |
| VINCRISTINE SULPHATE | | | |
| Inj 1 mg per ml, 1 ml vial | 74.52 | 5 | DBL Vincristine Sulfate |
| Inj 1 mg per ml, 2 ml vial | 102.73 | 5 | DBL Vincristine Sulfate |
| VINORELBINE | | | |
| Inj 10 mg per ml, 1 ml vial | 12.00 | 1 | Navelbine |
| Inj 10 mg per ml, 5 ml vial | 56.00 | 1 | Navelbine |



⬆ 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 |
|---|---|---|---|

## 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.

BICALUTAMIDE

Tab 50 mg – **1% DV Apr-21 to 2023** ..... 4.21 28 **Binarex**

FLUTAMIDE

Tab 250 mg ..... 119.50 100 Flutamin

FULVESTRANT – **Restricted** see terms below

⬇ Inj 50 mg per ml, 5 ml prefilled syringe ..... 1,068.00 2 Faslodex

➥ **Restricted** (RS1732)

**Initiation**

Medical oncologist

*Re-assessment required after 6 months*

All of the following:

continued…

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

continued…

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.

MEGESTROL ACETATE – **Restricted:** For continuation only

| | | | |
|---|---|---|---|
| ➥ Tab 160 mg | 48.80 | 30 | Megace |

*(Megace Tab 160 mg to be delisted 1 February 2023)*

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

| | | | |
|---|---|---|---|
| Inj 50 mcg per ml, 1 ml ampoule – **5% DV Jun-22 to 2024** | 27.58 | 5 | **Max Health** |
| Inj 100 mcg per ml, 1 ml ampoule – **5% DV Jun-22 to 2024** | 32.71 | 5 | **Max Health** |
| Inj 500 mcg per ml, 1 ml ampoule – **5% DV Jun-22 to 2024** | 113.10 | 5 | **Max Health** |
| ⬇ Inj depot 10 mg prefilled syringe – **5% DV Mar-22 to 2024** | 439.97 | 1 | **Octreotide Depot Teva** |
| ⬇ Inj depot 20 mg prefilled syringe – **5% DV Mar-22 to 2024** | 647.03 | 1 | **Octreotide Depot Teva** |
| ⬇ Inj depot 30 mg prefilled syringe – **5% DV Mar-22 to 2024** | 718.55 | 1 | **Octreotide Depot Teva** |

➥ **Restricted** (RS1889)
**Initiation – Malignant bowel obstruction**
All of the following:

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

Note: Indications marked with * are unapproved indications
**Initiation – acromegaly**
*Re-assessment required after 3 months*
Both:

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

**Continuation – acromegaly**
Both:

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

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

continued…

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

continued…

**Initiation – Other indications**

Any of the following:

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

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

**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.

Note: Indications marked with * are unapproved indications

**Continuation – Acromegaly - pandemic circumstances**

*Re-assessment required after 6 months*

All of the following:

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

TAMOXIFEN CITRATE

| | | | |
|---|---|---|---|
| Tab 10 mg – **1% DV Nov-20 to 2023** | 15.00 | 60 | **Tamoxifen Sandoz** |
| Tab 20 mg – **1% DV Nov-20 to 2023** | 6.65 | 60 | **Tamoxifen Sandoz** |

## Aromatase Inhibitors

ANASTROZOLE

| | | | |
|---|---|---|---|
| Tab 1 mg – **1% DV Apr-21 to 2023** | 4.55 | 30 | **Anatrole** |

EXEMESTANE

| | | | |
|---|---|---|---|
| Tab 25 mg | 14.50 | 30 | Pfizer Exemestane |

LETROZOLE

| | | | |
|---|---|---|---|
| Tab 2.5 mg – **5% DV Jan-22 to 2024** | 5.84 | 30 | **Letrole** |

## Imaging Agents

AMINOLEVULINIC ACID HYDROCHLORIDE – **Restricted** see terms on the next page

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

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

➥ **Restricted** (RS1565)
**Initiation – high grade malignant glioma**
All of the following:
1 Patient has newly diagnosed, untreated, glioblastoma multiforme; and
2 Treatment to be used as adjuvant to fluorescence-guided resection; and
3 Patient's tumour is amenable to complete resection.

## Immunosuppressants

### Calcineurin Inhibitors

CICLOSPORIN

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

TACROLIMUS – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Cap 0.5 mg | 49.60 | 100 | Tacrolimus Sandoz |
| ⬇ Cap 0.75 mg | 99.30 | 100 | Tacrolimus Sandoz |
| ⬇ Cap 1 mg | 84.30 | 100 | Tacrolimus Sandoz |
| ⬇ Cap 5 mg | 248.20 | 50 | Tacrolimus Sandoz |
| ⬇ Inj 5 mg per ml, 1 ml ampoule | | | |

➥ **Restricted** (RS1651)
**Initiation – organ transplant recipients**
Any specialist
For use in organ transplant recipients.
**Initiation – non-transplant indications***
Any specialist
Both:
1 Patient requires long-term systemic immunosuppression; and
2 Ciclosporin has been trialled and discontinued treatment because of unacceptable side effects or inadequate clinical response.
Note: Indications marked with * are unapproved indications

### Fusion Proteins

ETANERCEPT – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 25 mg autoinjector – **5% DV Feb-21 to 2024** | 690.00 | 4 | **Enbrel** |
| ⬇ Inj 25 mg vial – **5% DV Sep-19 to 2024** | 690.00 | 4 | **Enbrel** |
| ⬇ Inj 50 mg autoinjector – **5% DV Sep-19 to 2024** | 1,050.00 | 4 | **Enbrel** |
| ⬇ Inj 50 mg syringe – **5% DV Sep-19 to 2024** | 1,050.00 | 4 | **Enbrel** |

➥ **Restricted** (RS1879)
**Initiation – polyarticular course juvenile idiopathic arthritis**
Rheumatologist or named specialist
*Re-assessment required after 6 months*
Either:
1 Both:

continued…

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

continued…

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

2 All of the following:
2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and
2.3 Any of the following:
2.3.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or
2.3.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or
2.3.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

**Continuation – polyarticular course juvenile idiopathic arthritis**
Rheumatologist or named specialist
*Re-assessment required after 6 months*
Both:
1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2 Either:
2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

**Initiation – oligoarticular course juvenile idiopathic arthritis**
Rheumatologist or named specialist
*Re-assessment required after 6 months*
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for adalimumab for oligoarticular course juvenile idiopathic arthritis (JIA); and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab; or
1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for oligoarticular course JIA; or

2 All of the following:
2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2.2 Patient has had oligoarticular course JIA for 6 months duration or longer; and
2.3 Any of the following:
2.3.1 At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or
2.3.2 Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate (at the maximum tolerated dose); or

continued…

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

continued…

2.3.3 High disease activity (cJADAS10 score greater than 4) after a 6-month trial of methotrexate.

**Continuation – oligoarticular course juvenile idiopathic arthritis**
Rheumatologist or named specialist
*Re-assessment required after 6 months*
Both:

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

**Initiation – Arthritis - rheumatoid**
Rheumatologist
*Re-assessment required after 6 months*
Either:

1 Both:
  1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and
  1.2 Either:
    1.2.1 The patient has experienced intolerable side effects; or
    1.2.2 The patient has received insufficient benefit to meet the renewal criteria for rheumatoid arthritis; or
2 All of the following:
  2.1 Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
  2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
  2.3 Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated); and
  2.4 Patient has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate at maximum tolerated doses (unless contraindicated); and
  2.5 Either:
    2.5.1 Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin; or
    2.5.2 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate; and
  2.6 Either:
    2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints; or
    2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip.

**Continuation – Arthritis - rheumatoid**
Any relevant practitioner
*Re-assessment required after 2 years*
All of the following:

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

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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2.1 Following initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

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

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

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

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

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

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

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

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

1 Both:
  1.1 The patient has had an initial Special Authority approval for adalimumab or secukinumab for psoriatic arthritis; and
  1.2 Either:
    1.2.1 The patient has experienced intolerable side effects from adalimumab or secukinumab; or
    1.2.2 The patient has received insufficient benefit from adalimumab or secukinumab to meet the renewal criteria for adalimumab or secukinumab for psoriatic arthritis; or
2 All of the following:
  2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
  2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
  2.3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
  2.4 Either:
    2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
    2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
  2.5 Any of the following:
    2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
    2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
    2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

**Continuation – psoriatic arthritis**
Rheumatologist
*Re-assessment required after 6 months*
Both:

1 Either:
  1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior etanercept treatment in the opinion of the treating physician; and
2 Etanercept to be administered at doses no greater than 50 mg every 7 days.

**Initiation – severe chronic plaque psoriasis, prior TNF use**
Dermatologist
*Limited to 4 months* treatment
All of the following:

1 The patient has had an initial Special Authority approval for adalimumab for severe chronic plaque psoriasis; and

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2 Either:
- 2.1 The patient has experienced intolerable side effects from adalimumab; or
- 2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe chronic plaque psoriasis; and

3 Patient must be reassessed for continuation after 3 doses.

**Initiation – severe chronic plaque psoriasis, treatment-naive**

Dermatologist

*Limited to 4 months* treatment

All of the following:

1 Either:
- 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
- 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and

2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and

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

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

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

**Continuation – severe chronic plaque psoriasis**

Dermatologist

*Re-assessment required after 6 months*

Both:

1 Either:
- 1.1 Both:
  - 1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
  - 1.1.2 Either:
    - 1.1.2.1 Following each prior etanercept treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-etanercept treatment baseline value; or
    - 1.1.2.2 Following each prior etanercept treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or
- 1.2 Both:
  - 1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
  - 1.2.2 Either:
    - 1.2.2.1 Following each prior etanercept treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
    - 1.2.2.2 Following each prior etanercept treatment course the patient has a reduction of 75% or more in the

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skin area affected, or sustained at this level, as compared to the pre-etanercept treatment baseline value; and

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

**Initiation – pyoderma gangrenosum**

Dermatologist

All of the following:

1 Patient has pyoderma gangrenosum*; and
2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and
3 A maximum of 8 doses.

Note: Indications marked with * are unapproved indications.

**Continuation – pyoderma gangrenosum**

Dermatologist

All of the following:

1 Patient has shown clinical improvement; and
2 Patient continues to require treatment; and
3 A maximum of 8 doses.

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

Rheumatologist

*Re-assessment required after 6 months*

Either:

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

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

Rheumatologist

*Re-assessment required after 6 months*

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

**Initiation – undifferentiated spondyloarthritis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

1 Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

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3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day (or maximum tolerated dose); and
4 Patient has tried and not responded to at least three months of leflunomide at a dose of up to 20 mg daily (or maximum tolerated dose); and
5 Any of the following:
5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour measured no more than one month prior to the date of this application; or
5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Note: Indications marked with * are unapproved indications.

**Continuation – undifferentiated spondyloarthritis**

Rheumatologist or medical practitioner on the recommendation of a Rheumatologist

*Re-assessment required after 6 months*

All of the following:

1 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 Either:
2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
2.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior etanercept treatment in the opinion of the treating physician; and
3 Etanercept to be administered at doses no greater than 50 mg dose every 7 days.

## Monoclonal Antibodies

ABCIXIMAB – **Restricted** see terms below

⬇ Inj 2 mg per ml, 5 ml vial

➥ **Restricted** (RS1202)

**Initiation**

Either:

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

ADALIMUMAB (AMGEVITA) – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 20 mg per 0.4 ml prefilled syringe – **5% DV Oct-22 to 31 Jul 2026** | 190.00 | 1 | **Amgevita** |
| ⬇ Inj 40 mg per 0.8 ml prefilled pen – **5% DV Oct-22 to 31 Jul 2026** | 375.00 | 2 | **Amgevita** |
| ⬇ Inj 40 mg per 0.8 ml prefilled syringe – **5% DV Oct-22 to 31 Jul 2026** | 375.00 | 2 | **Amgevita** |

➥ **Restricted** (RS1905)

**Initiation – Behcet's disease - severe**

Any relevant practitioner

Either:

1 The patient has previously had an approval for Humira; or
2 Both:

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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2.1 The patient has severe Behcet's disease* that is significantly impacting the patient's quality of life; and
2.2 Either:
2.2.1 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
2.2.2 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*
Either:
1 The patient has previously had an approval for Humira; or
2 All of the following:
2.1 Patient has hidradenitis suppurativa Hurley Stage II or Hurley Stage III lesions in distinct anatomic areas; and
2.2 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
2.3 Patient has 3 or more active lesions; and
2.4 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 The patient has previously had an approval for Humira; or
2 Either:
2.1 Both:
2.1.1 Patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
2.1.2 Either:
2.1.2.1 Patient has experienced intolerable side effects; or
2.1.2.2 Patient has received insufficient benefit to meet the renewal criteria for etanercept for severe chronic plaque psoriasis; or
2.2 All of the following:
2.2.1 Either:
2.2.1.1 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
2.2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
2.2.2 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

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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2.2.3 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**
Any relevant practitioner
*Re-assessment required after 2 years*
Either:

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 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
1.2.2 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 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 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.

**Initiation – pyoderma gangrenosum**
Dermatologist
Either:

1 The patient has previously had an approval for Humira; or
2 Both:
2.1 Patient has pyoderma gangrenosum*; and
2.2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response.

Note: Indications marked with * are unapproved indications.

**Initiation – Crohn's disease - adults**
Gastroenterologist
*Re-assessment required after 3 months*
Either:

1 The patient has previously had an approval for Humira; or
2 All of the following:
2.1 Patient has severe active Crohn's disease; and
2.2 Any of the following:
2.2.1 Patient has a CDAI score of greater than or equal to 300 or HBI score of greater than or equal to 10; or
2.2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
2.2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
2.2.4 Patient has an ileostomy or colostomy and has intestinal inflammation; and
2.3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids; and
2.4 Surgery (or further surgery) is considered to be clinically inappropriate.

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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**Continuation – Crohn's disease - 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**

Gastroenterologist

*Re-assessment required after 3 months*

Either:

1 The patient has previously had an approval for Humira; or
2 All of the following:
  2.1 Paediatric patient has severe active Crohn's disease; and
  2.2 Either:
    2.2.1 Patient has a PCDAI score of greater than or equal to 30; or
    2.2.2 Patient has extensive small intestine disease; and
  2.3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids; and
  2.4 Surgery (or further surgery) is considered to be clinically inappropriate.

**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**

Gastroenterologist

*Re-assessment required after 6 months*

Either:

1 The patient has previously had an approval for Humira; or
2 All of the following:
  2.1 Patient has confirmed Crohn's disease; and
  2.2 Any of the following:
    2.2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
    2.2.2 Patient has one or more rectovaginal fistula(e); or
    2.2.3 Patient has complex peri-anal fistula; and
  2.3 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.

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**Initiation – Ocular inflammation - chronic**

Any relevant practitioner

*Re-assessment required after 4 months*

Either:

1 The patient has previously had an approval for Humira; or
2 Either:
  2.1 The patient has had an initial Special Authority approval for infliximab for chronic ocular inflammation; or
  2.2 Both:
    2.2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and
    2.2.2 Any of the following:
      2.2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or
      2.2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or
      2.2.2.3 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 The patient has previously had an approval for Humira; or
2 Either:
  2.1 Patient has had an initial Special Authority approval for infliximab for severe ocular inflammation; or
  2.2 Both:
    2.2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
    2.2.2 Any of the following:
      2.2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or
      2.2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or
      2.2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

**Continuation – Ocular inflammation - severe**

Any relevant practitioner

*Re-assessment required after 2 years*

Any 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 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 The patient has previously had an approval for Humira; or
2 Either:
2.1 Both:
2.1.1 Patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and
2.1.2 Either:
2.1.2.1 The patient has experienced intolerable side effects; or
2.1.2.2 The patient has received insufficient benefit to meet the renewal criteria for ankylosing spondylitis; or
2.2 All of the following:
2.2.1 Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months; and
2.2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
2.2.3 Patient has bilateral sacroiliitis demonstrated by radiology imaging; and
2.2.4 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
2.2.5 Either:
2.2.5.1 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
2.2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender; and
2.2.6 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 The patient has previously had an approval for Humira; or
2 Either:
2.1 Both:
2.1.1 The patient has had an initial Special Authority approval for etanercept for oligoarticular course juvenile idiopathic arthritis (JIA); and
2.1.2 Either:
2.1.2.1 Patient has experienced intolerable side effects; or

continued…

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

2.1.2.2 Patient has received insufficient benefit to meet the renewal criteria for oligoarticular course JIA; or

2.2 All of the following:

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

2.2.2 Patient has had oligoarticular course JIA for 6 months duration or longer; and

2.2.3 Either:

2.2.3.1 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

2.2.3.2 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 The patient has previously had an approval for Humira; or

2 Either:

2.1 Both:

2.1.1 Patient has had an initial Special Authority approval for etanercept for polyarticular course juvenile idiopathic arthritis (JIA); and

2.1.2 Either:

2.1.2.1 Patient has experienced intolerable side effects; or

2.1.2.2 Patient has received insufficient benefit to meet the renewal criteria for polyarticular course JIA; or

2.2 All of the following:

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

2.2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and

2.2.3 Any of the following:

2.2.3.1 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

2.2.3.2 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

2.2.3.3 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

continued…

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

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 - psoriatic**

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 The patient has previously had an approval for Humira; or

2 Either:

2.1 Both:

2.1.1 Patient has had an initial Special Authority approval for etanercept or secukinumab for psoriatic arthritis; and

2.1.2 Either:

2.1.2.1 Patient has experienced intolerable side effects; or

2.1.2.2 Patient has received insufficient benefit to meet the renewal criteria for psoriatic arthritis; or

2.2 All of the following:

2.2.1 Patient has had active psoriatic arthritis for six months duration or longer; and

2.2.2 Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated); and

2.2.3 Patient has tried and not responded to at least three months of sulfasalazine or leflunomide at maximum tolerated doses (unless contraindicated); and

2.2.4 Either:

2.2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints; or

2.2.4.2 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

2.2.5 Any of the following:

2.2.5.1 Patient has CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.2.5.2 Patient has an elevated ESR greater than 25 mm per hour; or

2.2.5.3 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 The patient has previously had an approval for Humira; or

2 Either:

2.1 Both:

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

2.1.2 Either:

continued…

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

continued…

2.1.2.1 The patient has experienced intolerable side effects; or
2.1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for rheumatoid arthritis; or

2.2 All of the following:
2.2.1 Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
2.2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2.2.3 Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated); and
2.2.4 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
2.2.5 Either:
2.2.5.1 Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin; or
2.2.5.2 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate; and
2.2.6 Either:
2.2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints; or
2.2.6.2 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 The patient has previously had an approval for Humira; or
2 Either:
2.1 Both:
2.1.1 The patient has had an initial Special Authority approval for etanercept and/or tocilizumab for (AOSD); and
2.1.2 Either:
2.1.2.1 Patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
2.1.2.2 Patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab; or

2.2 All of the following:
2.2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria; and
2.2.2 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
2.2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

continued…

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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**Initiation – ulcerative colitis**

Gastroenterologist

*Re-assessment required after 3 months*

Either:

1 The patient has previously had an approval for Humira; or
2 All of the following:
  2.1 Patient has histologically confirmed active ulcerative colitis; and
  2.2 Either:
    2.2.1 Patient's SCCAI score is greater than or equal to 4; or
    2.2.2 Patient's PUCAI score is greater than or equal to 65; and
  2.3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and systemic corticosteroids; and
  2.4 Surgery (or further surgery) is considered to be clinically inappropriate.

**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 since initiation on adalimumab; or
2 The PUCAI score has reduced by 30 points or more from the PUCAI score since initiation on adalimumab.

**Initiation – undifferentiated spondyloarthiritis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 The patient has previously had an approval for Humira; or
2 All of the following:
  2.1 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
  2.2 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
  2.3 Any of the following:
    2.3.1 Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or
    2.3.2 Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application; or
    2.3.3 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 spondyloarthiritis**

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.

continued…

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

**Initiation – inflammatory bowel arthritis – axial**

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 The patient has previously had an approval for Humira; or

2 All of the following:

2.1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and

2.2 Patient has axial inflammatory pain for six months or more; and

2.3 Patient is unable to take NSAIDs; and

2.4 Patient has bilateral sacroiliitis demonstrated by radiological imaging; and

2.5 Patient has not responded adequately to prior treatment consisting of at least 3 months of an exercise regime supervised by a physiotherapist; 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.

**Continuation – inflammatory bowel arthritis – axial**

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 – inflammatory bowel arthritis – peripheral**

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 The patient has previously had an approval for Humira; or

2 All of the following:

2.1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and

2.2 Patient has active arthritis in at least four joints from the following: hip, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder, sternoclavicular; and

2.3 Patient has tried and not responded to at least three months of methotrexate, or azathioprine at a maximum tolerated dose; and

2.4 Patient has tried and not responded to at least three months of sulphasalazine at a maximum tolerated dose; and

2.5 Any of the following:

2.5.1 Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.5.2 Patient has an 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 – 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.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| ADALIMUMAB (HUMIRA) – **Restricted** see terms below | | | |
| ⬇ Inj 20 mg per 0.2 ml prefilled syringe | 1,599.96 | 2 | Humira |
| ⬇ Inj 20 mg per 0.4 ml syringe | 1,599.96 | 2 | Humira |
| ⬇ Inj 40 mg per 0.8 ml pen | 1,599.96 | 2 | HumiraPen |
| ⬇ Inj 40 mg per 0.8 ml syringe | 1,599.96 | 2 | Humira |

*(Humira Inj 20 mg per 0.4 ml syringe to be delisted 1 December 2022)*

➥ **Restricted** (RS1877)

**Continuation – polyarticular course juvenile idiopathic arthritis**

Rheumatologist or named specialist

*Re-assessment required after 6 months*

Both:

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

**Continuation – oligoarticular course juvenile idiopathic arthritis**

Rheumatologist or named specialist

*Re-assessment required after 6 months*

Both:

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

**Continuation – fistulising Crohn's disease**

Gastroenterologist

*Re-assessment required after 6 months*

Either:

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

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

Gastroenterologist

*Re-assessment required after 3 months*

Both:

1 Either:
  1.1 Either:
    1.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
    1.1.2 CDAI score is 150 or less; or
  1.2 Both:
    1.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
    1.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and

continued…

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

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

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

Gastroenterologist

*Re-assessment required after 3 months*

Both:

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

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

**Continuation – rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

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

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

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

**Continuation – ankylosing spondylitis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

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

2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and

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

**Continuation – psoriatic arthritis**

Rheumatologist

*Re-assessment required after 6 months*

Both:

1 Either:
- 1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician; and

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

**Continuation – plaque psoriasis**

Dermatologist

*Re-assessment required after 6 months*

Both:

1 Either:
- 1.1 Both:

continued…

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
1.1.2 Either:
1.1.2.1 Following each prior adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or
1.1.2.2 Following each prior adalimumab treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or
1.2 Both:
1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
1.2.2 Either:
1.2.2.1 Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
1.2.2.2 Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-etanercept treatment baseline value; and
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Continuation – pyoderma gangrenosum**
Dermatologist
All of the following:
1 Patient has shown clinical improvement; and
2 Patient continues to require treatment; and
3 A maximum of 8 doses.

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

**Continuation – severe Behcet's disease**
Any relevant practitioner
*Re-assessment required after 6 months*
Both:
1 Patient has had a good clinical response to initial treatment with measurably improved quality of life; and
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

**Continuation – severe ocular inflammation**
*Re-assessment required after 12 months*
Both:
1 Any of the following:
1.1 The patient has had a good clinical response following 3 initial doses; or
1.2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
1.3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; and
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if adalimumab is withdrawn.

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

**Continuation – chronic ocular inflammation**

*Re-assessment required after 12 months*

Both:

1 Any of the following:
- 1.1 The patient has had a good clinical response following 12 weeks' initial treatment; or
- 1.2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
- 1.3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; and

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

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if adalimumab is withdrawn.

**Continuation – hidradenitis suppurativa**

Dermatologist

*Re-assessment required after 6 months*

All of the following:

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

AFLIBERCEPT – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 40 mg per ml, 0.1 ml vial | 1,250.00 | 1 | Eylea |

➥ **Restricted** (RS1872)

**Initiation – Wet Age Related Macular Degeneration**

Ophthalmologist or nurse practitioner

*Re-assessment required after 3 months*

Either:

1 All of the following:
- 1.1 Any of the following:
  - 1.1.1 Wet age-related macular degeneration (wet AMD); or
  - 1.1.2 Polypoidal choroidal vasculopathy; or
  - 1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and
- 1.2 Either:
  - 1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
  - 1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
- 1.3 There is no structural damage to the central fovea of the treated eye; and
- 1.4 Patient has not previously been treated with ranibizumab for longer than 3 months; or

2 Either:
- 2.1 Patient has current approval to use ranibizumab for treatment of wAMD and was found to be intolerant to ranibizumab within 3 months; or
- 2.2 Patient has previously* (*before June 2018) received treatment with ranibizumab for wAMD and disease was stable while on treatment.

continued…

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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**Continuation – Wet Age Related Macular Degeneration**
Ophthalmologist or nurse practitioner
*Re-assessment required after 12 months*
All of the following:

1 Documented benefit must be demonstrated to continue; and
2 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
3 There is no structural damage to the central fovea of the treated eye.

**Initiation – Diabetic Macular Oedema**
Ophthalmologist or nurse practitioner
*Re-assessment required after 4 months*
All of the following:

1 Patient has centre involving diabetic macular oedema (DMO); and
2 Patient's disease is non responsive to 4 doses of intravitreal bevacizumab when administered 4-6 weekly; and
3 Patient has reduced visual acuity between 6/9 – 6/36 with functional awareness of reduction in vision; and
4 Patient has DMO within central OCT (ocular coherence tomography) subfield > 350 micrometers; and
5 There is no centre-involving sub-retinal fibrosis or foveal atrophy.

**Continuation – Diabetic Macular Oedema**
Ophthalmologist or nurse practitioner
*Re-assessment required after 12 months*
All of the following:

1 There is stability or two lines of Snellen visual acuity gain; and
2 There is structural improvement on OCT scan (with reduction in intra-retinal cysts, central retinal thickness, and sub-retinal fluid); and
3 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
4 There is no centre-involving sub-retinal fibrosis or foveal atrophy; and
5 After each consecutive 12 months treatment with aflibercept, patient has retrialled with at least one injection of bevacizumab and had no response.

BASILIXIMAB – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 20 mg vial | 2,560.00 | 1 | Simulect |

➥ **Restricted** (RS1203)
**Initiation**
For use in solid organ transplants.

BENRALIZUMAB – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 30 mg per ml, 1 ml prefilled pen | 3,539.00 | 1 | Fasenra |

➥ **Restricted** (RS1920)
**Initiation – Severe eosinophilic asthma**
Respiratory physician or clinical immunologist
*Re-assessment required after 12 months*
All of the following:

1 Patient must be aged 12 years or older; and
2 Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist; and
3 Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded; and
4 Patient has a blood eosinophil count of greater than 0.5 × 10^9 cells/L in the last 12 months; and
5 Patient must be adherent to optimised asthma therapy including inhaled corticosteroids (equivalent to at least 1000 mcg per day of fluticasone propionate) plus long-acting beta-2 agonist, or budesonide/formoterol as part of the

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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anti-inflammatory reliever therapy plus maintenance 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 mepolizumab; and

8 Patient has an Asthma Control Test (ACT) score of 10 or less. Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 52 weeks after the first dose to assess response to treatment; and

9 Either:
- 9.1 Patient has not previously received an anti-IL5 biological therapy for their severe eosinophilic asthma; or
- 9.2 Both:
  - 9.2.1 Patient was refractory or intolerant to previous anti-IL5 biological therapy; and
  - 9.2.2 Patient was not eligible to continue treatment with previous anti-IL5 biological therapy and discontinued within 12 months of commencing treatment.

**Continuation – Severe eosinophilic asthma**

Respiratory physician or clinical immunologist

*Re-assessment required after 2 years*

Both:

1 An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and

2 Either:
- 2.1 Exacerbations have been reduced from baseline by 50% as a result of treatment with benralizumab; or
- 2.2 Reduction in continuous oral corticosteroid use by 50% or by 10 mg/day while maintaining or improving asthma control.

BEVACIZUMAB – **Restricted** see terms below

⬇ Inj 25 mg per ml, 4 ml vial

⬇ Inj 25 mg per ml, 16 ml vial

➥ **Restricted** (RS1691)

**Initiation – Recurrent Respiratory Papillomatosis**

Otolaryngologist

*Re-assessment required after 12 months*

All of the following:

1 Maximum of 6 doses; and

2 The patient has recurrent respiratory papillomatosis; and

3 The treatment is for intra-lesional administration.

**Continuation – Recurrent Respiratory Papillomatosis**

Otolaryngologist

*Re-assessment required after 12 months*

All of the following:

1 Maximum of 6 doses; and

2 The treatment is for intra-lesional administration; and

3 There has been a reduction in surgical treatments or disease regrowth as a result of treatment.

**Initiation – ocular conditions**

Either:

1 Ocular neovascularisation; or

2 Exudative ocular angiopathy.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| CASIRIVIMAB AND IMDEVIMAB – **Restricted** see terms below | | | |
| ⬇ Inj 120 mg per ml casirivimab, 11.1 ml vial (1) and inj 120 mg per ml imdevimab, 11.1 ml vial (1) | 0.00 | 1 | Ronapreve |

➥ **Restricted** (RS1874)

**Initiation – Treatment of profoundly immunocompromised patients**

*Limited to 2 weeks* treatment

All of the following:

1 Patient has confirmed (or probable) COVID-19; and
2 The patient is in the community (treated as an outpatient) with mild to moderate disease severity*; and
3 Patient is profoundly immunocompromised** and is at risk of not having mounted an adequate response to vaccination against COVID-19 or is unvaccinated; and
4 Patient's symptoms started within the last 10 days; and
5 Patient is not receiving high flow oxygen or assisted/mechanical ventilation; and
6 Casirivimab and imdevimab is to be administered at a maximum dose of no greater than 2,400 mg.

Notes: * Mild to moderate disease severity as described on the Ministry of Health Website
** Examples include B-cell depletive illnesses or patients receiving treatment that is B-Cell depleting.

**Initiation – mild to moderate COVID-19-hospitalised patients**

Any relevant practitioner

*Limited to 2 weeks* treatment

All of the following:

1 Patient has confirmed (or probable) COVID-19; and
2 Patient is an in-patient in hospital with mild to moderate disease severity*; and
3 Patient's symptoms started within the last 10 days; and
4 Patient is not receiving high flow oxygen or assisted/mechanical ventilation; and
5 Any of the following:
  5.1 Age > 50; or
  5.2 BMI > 30; or
  5.3 Patient is Māori or Pacific ethnicity; or
  5.4 Patient is at increased risk of severe illness from COVID-19, excluding pregnancy, as described on the Ministry of Health website (see Notes); and
6 Either:
  6.1 Patient is unvaccinated; or
  6.2 Patient is seronegative where serology testing is readily available or strongly suspected to be seronegative where serology testing is not available; and
7 Casirivimab and imdevimab is to be administered at a maximum dose of no greater than 2,400 mg.

Notes: * Mild to moderate disease severity as described on the Ministry of Health Website
**(https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-advice-higher-risk-people)

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| CETUXIMAB – **Restricted** see terms below | | | |
| ⬇ Inj 5 mg per ml, 20 ml vial | 364.00 | 1 | Erbitux |
| ⬇ Inj 5 mg per ml, 100 ml vial | 1,820.00 | 1 | Erbitux |

➥ **Restricted** (RS1613)

**Initiation**

Medical oncologist

All of the following:

1 Patient has locally advanced, non-metastatic, squamous cell cancer of the head and neck; and
2 Patient is contraindicated to, or is intolerant of, cisplatin; and
3 Patient has good performance status; and
4 To be administered in combination with radiation therapy.

| | | | |
|---|---|---|---|
| GEMTUZUMAB OZOGAMICIN – **Restricted** see terms on the next page | | | |
| ⬇ Inj 5 mg vial | 12,973.00 | 1 | Mylotarg |



⬆ 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** (RS1906)

**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 daunorubicin and cytarabine (AraC); and
8 Gemtuzumab ozogamicin to be funded for one course only; and
9 Either:
    9.1 Gemtuzumab ozogamicin to be administered as one dose at 3 mg per m2 body surface area; or
    9.2 Up to 10 mg of gemtuzumab ozogamicin to be administered.

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 | 806.00 | 1 | Remicade |

➥ **Restricted** (RS1862)

**Initiation – Graft vs host disease**

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

**Initiation – rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 4 months*

All of the following:

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

**Continuation – rheumatoid arthritis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

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

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

Rheumatologist

*Re-assessment required after 3 months*

Both:

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

**Continuation – ankylosing spondylitis**

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

1 Following 12 weeks of infliximab treatment, BASDAI has improved by 4 or more points from pre-infliximab baseline on a 10 point scale, or by 50%, whichever is less; and
2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
3 Infliximab to be administered at doses no greater than 5 mg/kg every 6-8 weeks.

**Initiation – psoriatic arthritis**

Rheumatologist

*Re-assessment required after 4 months*

Both:

1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept and/or secukinumab for psoriatic arthritis; and
2 Either:
  2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept and/or secukinumab; or
  2.2 Following 3-4 months' initial treatment with adalimumab and/or etanercept and/or secukinumab, the patient did not meet the renewal criteria for adalimumab and/or etanercept and/or secukinumab for psoriatic arthritis. .

**Continuation – psoriatic arthritis**

Rheumatologist

*Re-assessment required after 6 months*

Both:

1 Either:
  1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior infliximab treatment in the opinion of the treating physician; and
2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

**Initiation – severe ocular inflammation**

*Re-assessment required after 4 months*

Either:

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

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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2 Both:
- 2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
- 2.2 Any of the following:
  - 2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or
  - 2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or
  - 2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

**Continuation – severe ocular inflammation**

*Re-assessment required after 12 months*

Any of the following:

1 The patient has had a good clinical response following 3 initial doses; or
2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old.

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

**Initiation – chronic ocular inflammation**

*Re-assessment required after 4 months*

Either:

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

2 Both:
- 2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and
- 2.2 Any of the following:
  - 2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or
  - 2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at therapeutic dose; or
  - 2.2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate.

**Continuation – chronic ocular inflammation**

*Re-assessment required after 12 months*

Any of the following:

1 The patient has had a good clinical response following 3 initial doses; or
2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in

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prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old.

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

**Initiation – Pulmonary sarcoidosis**

Both:

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

**Initiation – Crohn's disease (adults)**

Gastroenterologist

*Re-assessment required after 3 months*

All of the following:

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

**Continuation – Crohn's disease (adults)**

Gastroenterologist

*Re-assessment required after 6 months*

Both:

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

**Initiation – Crohn's disease (children)**

Gastroenterologist

*Re-assessment required after 3 months*

All of the following:

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

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

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

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

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

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

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

**Initiation – acute severe fulminant ulcerative colitis**
Gastroenterologist
*Limited to 6 weeks* treatment
Both:

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

**Continuation – severe fulminant ulcerative colitis**
Gastroenterologist
*Re-assessment required after 6 months*
Both:

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

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**Initiation – ulcerative colitis**

Gastroenterologist

*Re-assessment required after 3 months*

All of the following:

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

**Continuation – ulcerative colitis**

Gastroenterologist

*Re-assessment required after 6 months*

All of the following:

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

**Initiation – plaque psoriasis**

Dermatologist

*Re-assessment required after 3 doses*

Either:

1 Both:
  1.1 Patient has had an initial Special Authority approval for adalimumab, etanercept or secukinumab for severe chronic plaque psoriasis; and
  1.2 Either:
    1.2.1 Patient has experienced intolerable side effects from adalimumab, etanercept or secukinumab; or
    1.2.2 Patient has received insufficient benefit from adalimumab, etanercept or secukinumab to meet the renewal criteria for adalimumab, etanercept or secukinumab for severe chronic plaque psoriasis; or
2 All of the following:
  2.1 Either:
    2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
    2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
  2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

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

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

**Continuation – plaque psoriasis**

Dermatologist

*Re-assessment required after 3 doses*

Both:

1 Either:

1.1 Both:

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

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

1.2 Both:

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

1.2.2 Either:

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

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

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

**Initiation – neurosarcoidosis**

Neurologist

*Re-assessment required after 18 months*

All of the following:

1 Biopsy consistent with diagnosis of neurosarcoidosis; and

2 Patient has CNS involvement; and

3 Patient has steroid-refractory disease; and

4 Either:

4.1 IV cyclophosphamide has been tried; or

4.2 Treatment with IV cyclophosphamide is clinically inappropriate.

**Continuation – neurosarcoidosis**

Neurologist

*Re-assessment required after 18 months*

Either:

1 A withdrawal period has been tried and the patient has relapsed; or

2 All of the following:

2.1 A withdrawal period has been considered but would not be clinically appropriate; and

2.2 There has been a marked reduction in prednisone dose; and

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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2.3 Either:

2.3.1 There has been an improvement in MRI appearances; or

2.3.2 Marked improvement in other symptomology.

**Initiation – severe Behcet's disease**

*Re-assessment required after 4 months*

All of the following:

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

2 Either:

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

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

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

Notes:

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

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

**Continuation – severe Behcet's disease**

*Re-assessment required after 6 months*

Both:

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

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

**Initiation – pyoderma gangrenosum**

Dermatologist

All of the following:

1 Patient has pyoderma gangrenosum*; and

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

3 A maximum of 8 doses.

Note: Indications marked with * are unapproved indications.

**Continuation – pyoderma gangrenosum**

Dermatologist

All of the following:

1 Patient has shown clinical improvement; and

2 Patient continues to require treatment; and

3 A maximum of 8 doses.

MEPOLIZUMAB – **Restricted** see terms below

| | | | | |
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| ⬇ | Inj 100 mg prefilled pen | 1,638.00 | 1 | Nucala |
| ⬇ | Inj 100 mg vial | 1,638.00 | 1 | Nucala |

➥ **Restricted** (RS1918)

**Initiation – Severe eosinophilic asthma**

Respiratory physician or clinical immunologist

*Re-assessment required after 12 months*

All of the following:

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

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1 Patient must be aged 12 years or older; and
2 Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist; and
3 Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded; and
4 Patient has a blood eosinophil count of greater than 0.5 × 10^9 cells/L in the last 12 months; and
5 Patient must be adherent to optimised asthma therapy including inhaled corticosteroids (equivalent to at least 1000 mcg per day of fluticasone propionate) plus long acting beta-2 agonist, or budesonide/formoterol as part of the single maintenance and reliever therapy regimen, unless contraindicated or not tolerated; and
6 Either:
  6.1 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral corticosteroids; or
  6.2 Patient has received continuous oral corticosteroids of at least the equivalent of 10 mg per day over the previous 3 months; and
7 Treatment is not to be used in combination with subsidised benralizumab; and
8 Patient has an Asthma Control Test (ACT) score of 10 or less. Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 52 weeks after the first dose to assess response to treatment; and
9 Either:
  9.1 Patient has not previously received an anti-IL5 biological therapy for their severe eosinophilic asthma; or
  9.2 Both:
    9.2.1 Patient was refractory or intolerant to previous anti-IL5 biological therapy; and
    9.2.2 Patient was not eligible to continue treatment with previous anti-IL5 biological therapy and discontinued within 12 months of commencing treatment.

**Continuation – Severe eosinophilic asthma**
Respiratory physician or clinical immunologist
*Re-assessment required after 2 years*
Both:

1 An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and
2 Either:
  2.1 Exacerbations have been reduced from baseline by 50% as a result of treatment with mepolizumab; or
  2.2 Reduction in continuous oral corticosteroid use by 50% or by 10 mg/day while maintaining or improving asthma control.

OBINUTUZUMAB – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 25 mg per ml, 40 ml vial | 5,910.00 | 1 | Gazyva |

➥ **Restricted** (RS1919)
**Initiation**
Haematologist
*Limited to 6 months* treatment
All of the following:

1 The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment; and
2 The patient is obinutuzumab treatment naive; and
3 The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance < 70mL/min); and
4 Patient has adequate neutrophil and platelet counts* unless the cytopenias are a consequence of marrow infiltration by CLL; and

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continued…

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 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;

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

| | | | |
|---|---|---|---|
| ⬇ Inj 100 mg per ml, 1 ml vial | 1,700.00 | 1 | Synagis |

*(Synagis Inj 100 mg per ml, 1 ml vial to be delisted 1 January 2024)*
➥ **Restricted** (RS1907)
**Initiation – RSV prophylaxis for the 2022/2023 RSV seasons, in the context of COVID-19**
Paediatrician
*Re-assessment required after 6 months*
Either:

continued…

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

1 Infant was born in the last 2 years and has severe lung, airway, neurological or neuromuscular disease that requires ongoing, life-sustaining community ventilation; or
2 Both:
  2.1 Infant was born in the last 12 months; and
  2.2 Any of the following:
    2.2.1 Patient was born at less than 28 weeks gestation; or
    2.2.2 Both:
      2.2.2.1 Patient was born at less than 32 weeks gestation; and
      2.2.2.2 Either:
        2.2.2.2.1 Patient has chronic lung disease; or
        2.2.2.2.2 Patient is Māori or any Pacific ethnicity; or
    2.2.3 Both:
      2.2.3.1 Patient has haemodynamically significant heart disease; and
      2.2.3.2 Any of the following:
        2.2.3.2.1 Patient has unoperated simple congenital heart disease with significant left to right shunt (see note a); or
        2.2.3.2.2 Patient has unoperated or surgically palliated complex congenital heart disease; or
        2.2.3.2.3 Patient has severe pulmonary hypertension (see note b); or
        2.2.3.2.4 Patient has moderate or severe LV failure (see note c).

Notes:

a) Patient requires/will require heart failure medication, and/or patient has significant pulmonary hypertension, and/or patient will require surgical palliation/definitive repair within the next 3 months.
b) Mean pulmonary artery pressure more than 25 mmHg.
c) LV Ejection Fraction less than 40%.

**Continuation – RSV prophylaxis for the 2022/2023 RSV seasons, in the context of COVID-19**

Paediatrician

*Re-assessment required after 6 months*

Patient still meets initial criteria.

PERTUZUMAB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 30 mg per ml, 14 ml vial | 3,927.00 | 1 | Perjeta |

➥ **Restricted** (RS1551)

**Initiation**

*Re-assessment required after 12 months*

All of the following:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 Either:
  2.1 Patient is chemotherapy treatment naive; or
  2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
3 The patient has good performance status (ECOG grade 0-1); and
4 Pertuzumab to be administered in combination with trastuzumab; and
5 Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks; and
6 Pertuzumab to be discontinued at disease progression.

**Continuation**

*Re-assessment required after 12 months*

Both:

continued…

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab.

RANIBIZUMAB – **Restricted** see terms below

⬇ Inj 10 mg per ml, 0.23 ml vial
⬇ Inj 10 mg per ml, 0.3 ml vial

➥ **Restricted** (RS1870)

**Initiation – Wet Age Related Macular Degeneration**

Ophthalmologist or nurse practitioner
*Re-assessment required after 3 months*
Either:

1 All of the following:
  1.1 Any of the following:
    1.1.1 Wet age-related macular degeneration (wet AMD); or
    1.1.2 Polypoidal choroidal vasculopathy; or
    1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and
  1.2 Either:
    1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
    1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
  1.3 There is no structural damage to the central fovea of the treated eye; and
  1.4 Patient has not previously been treated with aflibercept for longer than 3 months; or
2 Patient has current approval to use aflibercept for treatment of wAMD and was found to be intolerant to aflibercept within 3 months.

**Continuation – Wet Age Related Macular Degeneration**

Ophthalmologist or nurse practitioner
*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** (RS1785)

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

Rheumatologist
*Limited to 4 months* treatment
All of the following:

1 Both:
  1.1 The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis; and
  1.2 Either:
    1.2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or

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1.2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis; and

2 Either:

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

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

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

**Initiation – rheumatoid arthritis - TNF inhibitors contraindicated**

Rheumatologist

*Limited to 4 months* treatment

All of the following:

1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and

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

3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and

5 Any of the following:

5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of cyclosporin; or

5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or

5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

6 Either:

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

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

7 Either:

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

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

8 Either:

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

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

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

**Continuation – rheumatoid arthritis - re-treatment in 'partial responders' to rituximab**

Rheumatologist

*Re-assessment required after 4 months*

All of the following:

1 Any of the following:

1.1 At 4 months following the initial course of rituximab infusions the patient had between a 30% and 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

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

continued…

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

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

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

3 Either:

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

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

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

**Continuation – rheumatoid arthritis - re-treatment in 'responders' to rituximab**

Rheumatologist

*Re-assessment required after 4 months*

All of the following:

1 Either:

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

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

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

3 Either:

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

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

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

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** (RS1890)

**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:

continued…

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

1 The patient has had a rituximab treatment-free interval of 12 months or more; and
2 The patient has B-cell post-transplant lymphoproliferative disorder*; and
3 To be used for no more than 6 treatment cycles.

Note: Indications marked with * are unapproved indications.

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

*Re-assessment required after 9 months*

Either:

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

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

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

*Re-assessment required after 12 months*

All of the following:

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:

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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2.1 The patient is rituximab treatment naive; or
2.2 Either:
2.2.1 The patient is chemotherapy treatment naive; or
2.2.2 Both:
2.2.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
2.2.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; or
2.3 The patient's disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax; and
3 The patient has good performance status; and
4 Either:
4.1 The patient does not have chromosome 17p deletion CLL; or
4.2 Rituximab treatment is to be used in combination with funded venetoclax for relapsed/refractory chronic lymphocytic leukaemia; and
5 Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of 6 treatment cycles; and
6 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration), bendamustine or venetoclax.

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

**Continuation – Chronic lymphocytic leukaemia**

*Re-assessment required after 12 months*

Both:

1 Either:
1.1 The patient's disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax; or
1.2 All of the following:
1.2.1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
1.2.2 The patient has had an interval of 36 months or more since commencement of initial rituximab treatment; and
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 bendamustin; 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

continued…

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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2 Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms; and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

**Continuation – severe cold haemagglutinin disease (CHAD)**

Haematologist

*Re-assessment required after 8 weeks*

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/$m^2$ weekly for 4 weeks) is now planned; or
2 All of the following:
  2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease*; and
  2.2 An initial response lasting at least 12 months was demonstrated; and
  2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

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

Haematologist

*Re-assessment required after 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/m2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

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

Haematologist

*Re-assessment required after 8 weeks*

Either:

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

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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2 Any of the following:

2.1 Treatment with steroids and splenectomy have been ineffective; or
2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or
2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy); and

3 The total rituximab dose used would not exceed the equivalent of 375 mg/m2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

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

Haematologist

*Re-assessment required after 8 weeks*

Either:

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

2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and
2.2 An initial response lasting at least 12 months was demonstrated; and
2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

**Initiation – thrombotic thrombocytopenic purpura (TTP)**

Haematologist

*Re-assessment required after 8 weeks*

Both:

1 The total rituximab dose used would not exceed the equivalent of 375 mg/m2 of body surface area per week for a total of 4 weeks; and
2 Either:

2.1 Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or
2.2 Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology.

Note: Indications marked with * are unapproved indications.

**Continuation – thrombotic thrombocytopenic purpura (TTP)**

Haematologist

*Re-assessment required after 8 weeks*

All of the following:

1 Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and
2 An initial response lasting at least 12 months was demonstrated; and
3 Patient now requires repeat treatment; and
4 The total rituximab dose used would not exceed the equivalent of 375 mg/m2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

**Initiation – pure red cell aplasia (PRCA)**

Haematologist

*Re-assessment required after 6 weeks*

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

Note: Indications marked with * are unapproved indications.

continued…

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

**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$^2$ of body-surface area per week for a total of 4 weeks; and
3 Any of the following:
  3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months; or
  3.2 Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose > 15 g; or
  3.3 Cyclophosphamide and methotrexate are contraindicated; or
  3.4 Patient is a female of child-bearing potential; or
  3.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.

Note: Indications marked with * are unapproved indications.

**Continuation – ANCA associated vasculitis**

*Re-assessment required after 8 weeks*

All of the following:

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

Note: Indications marked with * are unapproved indications.

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

Rheumatologist or nephrologist

All of the following:

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

Note: Indications marked with * are unapproved indications.

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

Rheumatologist or nephrologist

All of the following:

1 Patient's SLE* achieved at least a partial response to the previous round of prior rituximab treatment; and
2 The disease has subsequently relapsed; and
3 Maximum of two 1000 mg infusions of rituximab.

Note: Indications marked with * are unapproved indications.

**Initiation – Antibody-mediated organ transplant rejection**

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

Note: Indications marked with * are unapproved indications.

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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**Initiation – ABO-incompatible organ transplant**

Patient is to undergo an ABO-incompatible solid organ transplant*.

Note: Indications marked with * are unapproved indications.

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

Nephrologist

*Re-assessment required after 8 weeks*

All of the following:

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

Note: Indications marked with a * are unapproved indications.

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

Nephrologist

*Re-assessment required after 8 weeks*

All of the following:

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

Note: Indications marked with a * are unapproved indications.

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

Nephrologist

*Re-assessment required after 8 weeks*

All of the following:

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

Note: Indications marked with a * are unapproved indications.

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

Nephrologist

*Re-assessment required after 8 weeks*

All of the following:

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

Note: Indications marked with a * are unapproved indications.

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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**Initiation – Neuromyelitis Optica Spectrum Disorder (NMOSD)**

*Re-assessment required after 6 months*

Both:

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

**Continuation – Neuromyelitis Optica Spectrum Disorder (NMOSD)**

*Re-assessment required after 2 years*

All of the following:

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

**Initiation – Severe Refractory Myasthenia Gravis**

Neurologist

*Re-assessment required after 2 years*

Both:

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

**Continuation – Severe Refractory Myasthenia Gravis**

Neurologist

*Re-assessment required after 2 years*

All of the following:

1 One of the following dose regimens is to be used: 375 mg/m2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and
2 An initial response lasting at least 12 months was demonstrated; and
3 Either:
  3.1 The patient has relapsed despite treatment with corticosteroids and at least one other immunosuppressant for a period of at least 12 months; or
  3.2 Both:
    3.2.1 The patient's myasthenia gravis has relapsed despite treatment with at least one immunosuppressant for a period of at least 12 months; and
    3.2.2 Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects.

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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**Initiation – Severe antisynthetase syndrome**

*Re-assessment required after 12 months*

All of the following:

1 Patient has confirmed antisynthetase syndrome; and
2 Patient has severe, immediately life or organ threatening disease, including interstitial lung disease; and
3 Either:
  3.1 Treatment with at least 3 immunosuppressants (oral steroids, cyclophosphamide, methotrexate, mycophenolate, ciclosporin, azathioprine) has not be effective at controlling active disease; or
  3.2 Rapid treatment is required due to life threatening complications; and
4 Maximum of four 1,000 mg infusions of rituximab.

**Continuation – Severe antisynthetase syndrome**

*Re-assessment required after 12 months*

All of the following:

1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in inflammatory markers, muscle strength and pulmonary function; and
2 The patient has not received rituximab in the previous 6 months; and
3 Maximum of two cycles of 2 × 1,000 mg infusions of rituximab given two weeks apart.

**Initiation – graft versus host disease**

All of the following:

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 $mg/m^2$ of body surface area per week for a total of 4 weeks.

**Initiation – severe chronic inflammatory demyelinating polyneuropathy**

Neurologist

*Re-assessment required after 6 months*

All of the following:

1 Patient has severe chronic inflammatory demyelinating polyneuropathy (CIPD); and
2 Either:
  2.1 Both:
    2.1.1 Treatment with steroids and intravenous immunoglobulin and/or plasma exchange has not been effective at controlling active disease; and
    2.1.2 At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has not been effective at controlling active disease; or
  2.2 Rapid treatment is required due to life threatening complications; and
3 One of the following dose regimens is to be used: 375 mg/m2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart.

**Continuation – severe chronic inflammatory demyelinating polyneuropathy**

Neurologist or medical practitioner on the recommendation of a Neurologist

*Re-assessment required after 6 months*

All of the following:

1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function compared to baseline; and
2 The patient has not received rituximab in the previous 6 months; and
3 One of the following dose regimens is to be used: 375 mg/m2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart.

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

Neurologist

*Re-assessment required after 6 months*

All of the following:

1 Patient has severe anti-NMDA receptor autoimmune encephalitis; and
2 Either:
  2.1 Both:
    2.1.1 Treatment with steroids and intravenous immunoglobulin and/or plasma exchange has not been effective at controlling active disease; and
    2.1.2 At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has not been effective at controlling active disease; or
  2.2 Rapid treatment is required due to life threatening complications; and
3 One of the following dose regimens is to be used: 375 mg/m2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart.

**Continuation – anti-NMDA receptor autoimmune encephalitis**

Neurologist

*Re-assessment required after 6 months*

All of the following:

1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function; and
2 The patient has not received rituximab in the previous 6 months; and
3 The patient has experienced a relapse and now requires further treatment; and
4 One of the following dose regimens is to be used: 375 mg/m2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart.

**Initiation – CD20+ low grade or follicular B-cell NHL**

*Re-assessment required after 9 months*

Either:

1 Both:
  1.1 The patient has CD20+ low grade or follicular B-cell NHL with relapsed disease following prior chemotherapy; and
  1.2 To be used for a maximum of 6 treatment cycles; or
2 Both:
  2.1 The patient has CD20+ low grade or follicular B-cell NHL requiring first-line systemic chemotherapy; and
  2.2 To be used for a maximum of 6 treatment cycles.

**Continuation – CD20+ low grade or follicular B-cell NHL**

*Re-assessment required after 24 months*

Both:

1 Rituximab is to be used for maintenance in CD20+ low grade or follicular B-cell NHL following induction with first-line systemic chemotherapy; and
2 Patient is intended to receive rituximab maintenance therapy for 2 years at a dose of 375 mg/m2 every 8 weeks (maximum of 12 cycles).

**Initiation – Membranous nephropathy**

*Re-assessment required after 6 weeks*

All of the following:

1 Either:
  1.1 Patient has biopsy-proven primary/idiopathic membranous nephropathy*; or
  1.2 Patient has PLA2 antibodies with no evidence of secondary cause, and an eGFR of > 60ml/min/1.73m2; and

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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2 Patient remains at high risk of progression to end-stage kidney disease despite more than 3 months of treatment with conservative measures (see Note); and
3 The total rituximab dose would not exceed the equivalent of 375mg/m2 of body surface area per week for a total of 4 weeks.

**Continuation – Membranous nephropathy**
*Re-assessment required after 6 weeks*
All of the following:

1 Patient was previously treated with rituximab for membranous nephropathy*; and
2 Either:
  2.1 Treatment with rituximab was previously successful, but the condition has relapsed, and the patient now requires repeat treatment; or
  2.2 Patient achieved partial response to treatment and requires repeat treatment (see Note); and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m2 of body surface area per week for a total of 4 weeks.

Notes:

a) Indications marked with * are unapproved indications.
b) High risk of progression to end-stage kidney disease defined as > 5g/day proteinuria.
c) Conservative measures include renin-angiotensin system blockade, blood-pressure management, dietary sodium and protein restriction, treatment of dyslipidaemia, and anticoagulation agents unless contraindicated or the patient has experienced intolerable side effects.
d) Partial response defined as a reduction of proteinuria of at least 50% from baseline, and between 0.3 grams and 3.5 grams per 24 hours.

**Initiation – B-cell acute lymphoblastic leukaemia/lymphoma***
*Limited to 2 years* treatment
All of the following:

1 Patient has newly diagnosed B-cell acute lymphoblastic leukaemia/lymphoma*; and
2 Treatment must be in combination with an intensive chemotherapy protocol with curative intent; and
3 The total rituximab dose would not exceed the equivalent of 375 mg/m2 per dose for a maximum of 18 doses.

Note: Indications marked with * are unapproved indications.

**Initiation – desensitisation prior to transplant**
*Limited to 6 weeks* treatment
Both:

1 Patient requires desensitisation prior to mismatched allogenic stem cell transplant*; and
2 Patient would receive no more than two doses at 375 mg/m2 of body-surface area.

Note: Indications marked with * are unapproved indications.

**Initiation – pemiphigus***
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

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

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.

SECUKINUMAB – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 150 mg per ml, 1 ml prefilled syringe | 799.50 | 1 | Cosentyx |
| | 1,599.00 | 2 | Cosentyx |

➥ **Restricted** (RS1863)

**Initiation – severe chronic plaque psoriasis, second-line biologic**

Dermatologist

*Re-assessment required after 4 months*

All of the following:

1 The patient has had an initial Special Authority approval for adalimumab or etanercept, or has trialled infliximab in a Health NZ Hospital, for severe chronic plaque psoriasis; and

2 Either:

2.1 The patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or

2.2 The patient has received insufficient benefit from adalimumab, etanercept or infliximab; and

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

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

**Continuation – severe chronic plaque psoriasis, second-line biologic**

Dermatologist

*Re-assessment required after 6 months*

Both:

1 Either:

1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or

1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and

2 Secukinumab to be administered at a maximum dose of 300 mg monthly.

**Initiation – severe chronic plaque psoriasis, first-line biologic**

Dermatologist

*Re-assessment required after 4 months*

All of the following:

1 Either:

1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and

2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and

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

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

Note: A treatment course is defined as a minimum of 12 weeks of treatment. "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom sub scores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

**Continuation – severe chronic plaque psoriasis, first-line biologic**

Dermatologist

*Re-assessment required after 6 months*

Both:

1 Either:

1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or

1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and

2 Secukinumab to be administered at a maximum dose of 300 mg monthly.

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

Rheumatologist

*Re-assessment required after 3 months*

Both:

1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and

2 Either:

2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or

2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

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

Rheumatologist

*Re-assessment required after 6 months*

All of the following:

1 Following 12 weeks initial treatment of secukinumab treatment, BASDAI has improved by 4 or more points from pre-secukinumab baseline on a 10 point scale, or by 50%, whichever is less; and

2 Physician considers that the patient has benefitted from treatment and that continued treatment is appropriate; and

3 Secukinumab to be administered at doses no greater than 150 mg monthly.

**Initiation – psoriatic arthritis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

1 Both:

continued…

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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1.1 Patient has had an initial Special Authority approval for adalimumab, etanercept or infliximab for psoriatic arthritis; and
1.2 Either:
1.2.1 Patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or
1.2.2 Patient has received insufficient benefit from adalimumab, etanercept or infliximab to meet the renewal criteria for adalimumab, etanercept or infliximab for psoriatic arthritis; or

2 All of the following:
2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
2.3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
2.4 Either:
2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
2.5 Any of the following:
2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

**Continuation – psoriatic arthritis**
Rheumatologist
*Re-assessment required after 6 months*
Both:

1 Either:
1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior secukinumab treatment in the opinion of the treating physician; and
2 Secukinumab to be administered at doses no greater than 300 mg monthly.

SILTUXIMAB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 100 mg vial | 770.57 | 1 | Sylvant |
| ⬇ | Inj 400 mg vial | 3,082.33 | 1 | Sylvant |

➥ **Restricted** (RS1525)
**Initiation**
Haematologist or rheumatologist
*Re-assessment required after 6 months*
All of the following:

1 Patient has severe HHV-8 negative idiopathic multicentric Castleman's Disease; and
2 Treatment with an adequate trial of corticosteroids has proven ineffective; and
3 Siltuximab is to be administered at doses no greater than 11 mg/kg every 3 weeks.

**Continuation**
Haematologist or rheumatologist
*Re-assessment required after 12 months*
The treatment remains appropriate and the patient has sustained improvement in inflammatory markers and functional status.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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| SOTROVIMAB – **Restricted** see terms below | | | |
| ⬇ Inj 62.5 mg per ml, 8 ml vial | 0.00 | 1 | Xevudy |

➥ **Restricted** (RS1909)

**Initiation**

Only if patient meets access criteria (as per https://pharmac.govt.nz/sotrovimab). 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.

| | | | |
|---|---|---|---|
| TIXAGEVIMAB WITH CILGAVIMAB – **Restricted** see terms below | | | |
| ⬇ Inj 100 mg per ml, 1.5 ml vial with cilgavimab 100 mg per ml,1.5 ml vial | 0.00 | 1 | Evusheld |

➥ **Restricted** (RS1911)

**Initiation**

Only if patient meets access criteria (as per https://pharmac.govt.nz/Evusheld). 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.

| | | | |
|---|---|---|---|
| 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** (RS1875)

**Initiation – cytokine release syndrome**

*Therapy limited to 3 doses*

Either:

1 All of the following:
- 1.1 The patient is enrolled in the Children's Oncology Group AALL1731 trial; and
- 1.2 The patient has developed grade 3 or 4 cytokine release syndrome associated with the administration of blinatumomab for the treatment of acute lymphoblastic leukaemia; and
- 1.3 Tocilizumab is to be administered at doses no greater than 8 mg/kg IV for a maximum of 3 doses (if less than 30kg, maximum of 12 mg/kg); or

2 All of the following:
- 2.1 The patient is enrolled in the Malaghan Institute of Medical Research Phase I ENABLE trial; and
- 2.2 The patient has developed CRS or CAR T-Cell Related Encephalopathy Syndrome (CRES) associated with the administration of CAR T-cell therapy for the treatment of relapsed or refractory B-cell non-Hodgkin lymphoma; and
- 2.3 Tocilizumab is to be administered according to the consensus guidelines for CRS and CRES for CAR T-cell therapy (Neelapu et al. Nat Rev Clin Oncol 2018;15:47-62) at doses no greater than 8 mg/kg IV for a maximum of 3 doses.

**Initiation – previous use**

Any relevant practitioner

*Limited to 6 months* treatment

Both:

1 Patient was being treated with tocilizumab prior to 1 February 2019; and
2 Any of the following:
- 2.1 rheumatoid arthritis; or
- 2.2 systemic juvenile idiopathic arthritis; or
- 2.3 adult-onset Still's disease; or
- 2.4 polyarticular juvenile idiopathic arthritis; or
- 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

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| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
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2 Either:

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

3 Either:

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

3.2.1 The patient has been started on rituximab for rheumatoid arthritis in a Health NZ Hospital; and
3.2.2 Either:

3.2.2.1 The patient has experienced intolerable side effects from rituximab; or
3.2.2.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis.

**Initiation – Rheumatoid Arthritis**

Rheumatologist or Practitioner on the recommendation of a rheumatologist
*Re-assessment required after 6 months*
All of the following:

1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
2 Tocilizumab is to be used as monotherapy; and
3 Either:

3.1 Treatment with methotrexate is contraindicated; or
3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and

4 Either:

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

5 Either:

5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
5.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

6 Either:

6.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
6.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

**Initiation – systemic juvenile idiopathic arthritis**

Rheumatologist or Practitioner on the recommendation of a rheumatologist
*Re-assessment required after 6 months*
Both:

1 Patient diagnosed with systemic juvenile idiopathic arthritis; and
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.

continued…

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

continued…

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

Rheumatologist or Practitioner on the recommendation of a rheumatologist

*Re-assessment required after 6 months*

Either:

1 Both:

1.1 Either:

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

1.1.2 The patient has been started on tocilizumab for AOSD in a Health NZ Hospital; and

1.2 Either:

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

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

2 All of the following:

2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and

2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and

2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

**Initiation – polyarticular juvenile idiopathic arthritis**

Rheumatologist or Practitioner on the recommendation of a rheumatologist

*Re-assessment required after 4 months*

Either:

1 Both:

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

1.2 The patient has experienced intolerable side effects, or has received insufficient benefit from, both etanercept and adalimumab; or

2 All of the following:

2.1 Treatment with a tumour necrosis factor alpha inhibitor is contraindicated; and

2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and

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

2.4 Any of the following:

2.4.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.4.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.4.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

**Initiation – idiopathic multicentric Castleman's disease**

Haematologist, rheumatologist or Practitioner on the recommendation of a haematologist or rheumatologist

*Re-assessment required after 6 months*

All of the following:

1 Patient has severe HHV-8 negative idiopathic multicentric Castleman's disease; and

2 Treatment with an adequate trial of corticosteroids has proven ineffective; and

3 Tocilizumab to be administered at doses no greater than 8 mg/kg IV every 3-4 weeks.

continued…

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

continued…

**Initiation – moderate to severe COVID-19***

*Therapy limited to 1 dose*

All of the following:

1 Patient has confirmed (or probable) COVID-19; and
2 Oxygen saturation of < 92% on room air, or requiring supplemental oxygen; and
3 Patient is receiving adjunct systemic corticosteroids, or systemic corticosteroids are contraindicated; and
4 Tocilizumab is to be administered at doses no greater than 8mg/kg IV for a maximum of one dose; and
5 Tocilizumab is not to be administered in combination with barcitinib.

Note: Indications marked with * are unapproved indications.

**Continuation – Rheumatoid Arthritis**

Rheumatologist or Practitioner on the recommendation of a rheumatologist

*Re-assessment required after 6 months*

Either:

1 Following 6 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

**Continuation – systemic juvenile idiopathic arthritis**

Rheumatologist or Practitioner on the recommendation of a rheumatologist

*Re-assessment required after 6 months*

Either:

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

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

Rheumatologist or Practitioner on the recommendation of a rheumatologist

*Re-assessment required after 6 months*

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

**Continuation – polyarticular juvenile idiopathic arthritis**

Rheumatologist or Practitioner on the recommendation of a rheumatologist

*Re-assessment required after 6 months*

Both:

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

**Continuation – idiopathic multicentric Castleman's disease**

Haematologist, rheumatologist or Practitioner on the recommendation of a haematologist or rheumatologist

*Re-assessment required after 12 months*

the treatment remains appropriate and the patient has a sustained improvement in inflammatory markers and functional status.

TRASTUZUMAB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 150 mg vial | 1,350.00 | 1 | Herceptin |
| ⬇ | Inj 440 mg vial | 3,875.00 | 1 | Herceptin |

➥ **Restricted** (RS1554)

**Initiation – Early breast cancer**

*Limited to 12 months* treatment

All of the following:

continued…

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

continued…

1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 Maximum cumulative dose of 106 mg/kg (12 months' treatment); and
3 Any of the following:
  3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or
  3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
  3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
  3.4 12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned; or
  3.5 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

**Initiation – metastatic breast cancer (trastuzumab-naive patients)**

*Limited to 12 months* treatment

All of the following:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 Either:
  2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
  2.2 Both:
    2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
    2.2.2 The cancer did not progress whilst on lapatinib; and
3 Either:
  3.1 Trastuzumab will not be given in combination with pertuzumab; or
  3.2 All of the following:
    3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
    3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
    3.2.3 The patient has good performance status (ECOG grade 0-1); and
4 Trastuzumab not to be given in combination with lapatinib; and
5 Trastuzumab to be discontinued at disease progression.

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

*Limited to 12 months* treatment

All of the following:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 Either:
  2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
  2.2 Both:
    2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
    2.2.2 The cancer did not progress whilst on lapatinib; and
3 Either:
  3.1 Trastuzumab will not be given in combination with pertuzumab; or
  3.2 All of the following:
    3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
    3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and

continued…

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

continued…

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

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

5 Trastuzumab to be discontinued at disease progression.

**Continuation – metastatic breast cancer**

*Re-assessment required after 12 months*

All of the following:

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

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

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

4 Trastuzumab to be discontinued at disease progression.

TRASTUZUMAB EMTANSINE – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 100 mg vial | 2,320.00 | 1 | Kadcyla |
| ⬇ | Inj 160 mg vial | 3,712.00 | 1 | Kadcyla |

➥ **Restricted** (RS1908)

**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 auxiliary lymph nodes following completion of surgery; and

3 Patient has completed systemic neoadjuvant therapy with trastuzumab and chemotherapy prior to surgery; and

4 Disease has not progressed during neoadjuvant therapy; and

5 Patient has left ventricular ejection fraction of 45% or greater; and

6 Adjuvant treatment with trastuzumab emtansine to be commenced within 12 weeks of surgery; and

7 Trastuzumab emtansine to be discontinued at disease progression; and

8 Total adjuvant treatment duration must not exceed 42 weeks (14 cycles).

**Initiation – metastatic breast cancer**

*Re-assessment required after 6 months*

All of the following:

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

2 Patient has previously received trastuzumab and chemotherapy, separately or in combination; and

3 Either:

3.1 The patient has received prior therapy for metastatic disease*; or

3.2 The patient developed disease recurrence during, or within six months of completing adjuvant therapy*; and

4 Patient has a good performance status (ECOG 0-1); and

5 Either:

5.1 Patient does not have symptomatic brain metastases; or

5.2 Patient has brain metastases and has received prior local CNS therapy; and

6 Patient has not received prior funded trastuzumab emtansine treatment; and

7 Treatment to be discontinued at disease progression.

**Continuation – metastatic breast cancer**

*Re-assessment required after 6 months*

Both:

1 The cancer has not progressed at any time point during the previous approval period whilst on trastuzumab emtansine; and

2 Treatment to be discontinued at disease progression.

Note: *Note: Prior or adjuvant therapy includes anthracycline, other chemotherapy, biological drugs, or endocrine therapy.

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

## Programmed Cell Death-1 (PD-1) Inhibitors

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** (RS1915)

**Initiation – Non-small cell lung cancer**

Medical oncologist

*Re-assessment required after 3 months*

Either:

1 Patient is currently on treatment with durvalumab and met all remaining criteria (criterion 2) below prior to commencing treatment; or

2 All of the following:

2.1 Patient has histologically or cytologically documented stage III, locally advanced, unresectable non-small cell lung cancer (NSCLC); and

2.2 Patient has received two or more cycles of platinum-based chemotherapy concurrently with definitive radiation therapy; and

2.3 Patient has no disease progression following the second or subsequent cycle of platinum-based chemotherapy with definitive radiation therapy treatment; and

2.4 Patient has a ECOG performance status of 0 or 1; and

2.5 Patient has completed last radiation dose within 8 weeks of starting treatment with durvalumab; and

2.6 Patient must not have received prior PD-1 or PD-L1 inhibitor therapy for this condition; and

2.7 Either:

2.7.1 Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks; or

2.7.2 Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks; and

2.8 Treatment with durvalumab to cease upon signs of disease progression.

**Continuation – Non-small cell lung cancer**

Medical oncologist

*Re-assessment required after 3 months*

All of the following:

1 The treatment remains clinically appropriate and the patient is benefitting from treatment; and

2 Either:

2.1 Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks; or

2.2 Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks; and

3 Treatment with durvalumab to cease upon signs of disease progression; and

4 Total continuous treatment duration must not exceed 12 months.

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** (RS1891)

**Initiation**

Medical oncologist

*Re-assessment required after 4 months*

All of the following:

1 Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and

2 Patient has measurable disease as defined by RECIST version 1.1; and

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

continued…

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

continued…

4 Either:
- 4.1 Patient has not received funded pembrolizumab; or
- 4.2 Both:
  - 4.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and
  - 4.2.2 The cancer did not progress while the patient was on pembrolizumab; and

5 Baseline measurement of overall tumour burden is documented (see Note); and

6 Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses.

**Continuation**

Medical oncologist

*Re-assessment required after 4 months*

Either:

1 All of the following:
- 1.1 Any of the following:
  - 1.1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
  - 1.1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
  - 1.1.3 Patient has stable disease according to RECIST criteria (see Note); and
- 1.2 Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and
- 1.3 No evidence of progressive disease according to RECIST criteria (see Note); and
- 1.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or

2 All of the following:
- 2.1 Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and
- 2.2 Patient has signs of disease progression; and
- 2.3 Disease has not progressed during previous treatment with nivolumab.

Notes: Baseline assessment and disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Measurable disease includes by CT or MRI imaging or caliper measurement by clinical exam. Target lesion measurements should be assessed using the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks. Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to < 10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

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

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 25 mg per ml, 4 ml vial | 4,680.00 | 1 | Keytruda |

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

➥ **Restricted** (RS1892)

**Initiation**

Medical oncologist

*Re-assessment required after 4 months*

All of the following:

1 Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
2 Patient has measurable disease as defined by RECIST version 1.1; and
3 The patient has ECOG performance score of 0-2; and
4 Either:
  4.1 Patient has not received funded nivolumab; or
  4.2 Both:
    4.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
    4.2.2 The cancer did not progress while the patient was on nivolumab; and
5 Baseline measurement of overall tumour burden is documented (see Note); and
6 Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses.

**Continuation**

Medical oncologist

*Re-assessment required after 4 months*

Either:

1 All of the following:
  1.1 Any of the following:
    1.1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
    1.1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
    1.1.3 Patient has stable disease according to RECIST criteria (see Note); and
  1.2 Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and
  1.3 No evidence of progressive disease according to RECIST criteria (see Note); and
  1.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or
2 All of the following:
  2.1 Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression; and
  2.2 Patient has signs of disease progression; and
  2.3 Disease has not progressed during previous treatment with pembrolizumab.

Notes: Baseline assessment and disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Measurable disease includes by CT or MRI imaging or caliper measurement by clinical exam. Target lesion measurements should be assessed using the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks. Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to < 10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.

continued…

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

continued…

- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

## Other Immunosuppressants

ANTITHYMOCYTE GLOBULIN (EQUINE)

| | | | |
|---|---|---|---|
| Inj 50 mg per ml, 5 ml ampoule | 2,774.48 | 5 | ATGAM |

ANTITHYMOCYTE GLOBULIN (RABBIT)

| | | | |
|---|---|---|---|
| Inj 25 mg vial | | | |

AZATHIOPRINE

| | | | |
|---|---|---|---|
| Tab 25 mg | 7.35 | 60 | Azamun |
| Tab 50 mg | 7.60 | 100 | Azamun |
| Inj 50 mg vial | 199.00 | 1 | Imuran |

*(Imuran Inj 50 mg vial to be delisted 1 January 2023)*

BACILLUS CALMETTE-GUERIN (BCG) – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 2-8 × 10^8 CFU vial | 149.37 | 1 | OncoTICE |

➥ **Restricted** (RS1206)

**Initiation**

For use in bladder cancer.

EVEROLIMUS – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Tab 5 mg | 4,555.76 | 30 | Afinitor |
| ⬇ Tab 10 mg | 6,512.29 | 30 | Afinitor |

➥ **Restricted** (RS1811)

**Initiation**

Neurologist or oncologist

*Re-assessment required after 3 months*

Both:

1 Patient has tuberous sclerosis; and
2 Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment.

**Continuation**

Neurologist or oncologist

*Re-assessment required after 12 months*

All of the following:

1 Documented evidence of SEGA reduction or stabilisation by MRI within the last 3 months; and
2 The treatment remains appropriate and the patient is benefiting from treatment; and
3 Everolimus to be discontinued at progression of SEGAs.

Note: MRI should be performed at minimum once every 12 months, more frequent scanning should be performed with new onset of symptoms such as headaches, visual complaints, nausea or vomiting, or increase in seizure activity.

MYCOPHENOLATE MOFETIL

| | | | |
|---|---|---|---|
| Tab 500 mg | 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 |

PICIBANIL

| | | | |
|---|---|---|---|
| Inj 100 mcg vial | | | |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| SIROLIMUS – **Restricted** see terms below | | | |
| ⬇ Tab 1 mg | 749.99 | 100 | Rapamune |
| ⬇ Tab 2 mg | 1,499.99 | 100 | Rapamune |
| ⬇ Oral liq 1 mg per ml | 449.99 | 60 ml | Rapamune |

➥ **Restricted** (RS1812)

**Initiation**

For rescue therapy for an organ transplant recipient.

Notes: Rescue therapy defined as unresponsive to calcineurin inhibitor treatment as defined by refractory rejection; or intolerant to calcineurin inhibitor treatment due to any of the following:

- GFR < 30 ml/min; or
- Rapidly progressive transplant vasculopathy; or
- Rapidly progressive obstructive bronchiolitis; or
- HUS or TTP; or
- Leukoencepthalopathy; or
- Significant malignant disease

**Initiation – severe non-malignant lymphovascular malformations***

*Re-assessment required after 6 months*

All of the following:

1 Patient has severe non-malignant lymphovascular malformation*; and
2 Any of the following:
  2.1 Malformations are not adequately controlled by sclerotherapy and surgery; or
  2.2 Malformations are widespread/extensive and sclerotherapy and surgery are not considered clinically appropriate; or
  2.3 Sirolimus is to be used to reduce malformation prior to consideration of surgery; and
3 Patient is being treated by a specialist lymphovascular malformation multi-disciplinary team; and
4 Patient has measurable disease as defined by RECIST version 1.1 (see Note).

**Continuation – severe non-malignant lymphovascular malformations***

*Re-assessment required after 12 months*

All of the following:

1 Either:
  1.1 Patient's disease has had either a complete response or a partial response to treatment, or patient has stable disease according to RECIST version 1.1 (see Note); or
  1.2 Patient's disease has stabilised or responded clinically and disease response to treatment has been clearly documents in patient notes; and
2 No evidence of progressive disease; and
3 The treatment remains clinically appropriate and the patient is benefitting from the treatment.

Notes: Baseline assessment and disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer et al. Eur J Cancer 2009;45:228-47)

Indications marked with * are unapproved indications

**Initiation – renal angiomyolipoma(s) associated with tuberous sclerosis complex***

Nephrologist or urologist

*Re-assessment required after 6 months*

Both:

1 Patient has tuberous sclerosis complex*; and
2 Evidence of renal angiomyolipoma(s) measuring 3 cm or greater and that have shown interval growth.

**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

continued…

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

continued…

2 Demonstrated stabilisation or improvement in renal function; and
3 The patient has not experienced angiomyolipoma haemorrhage or significant adverse effects to sirolimus treatment; and
4 The treatment remains appropriate and the patient is benefitting from treatment.

Note: Indications marked with * are unapproved indications

**Initiation – refractory seizures associated with tuberous sclerosis complex***

Neurologist

*Re-assessment required after 6 months*

All of the following:

1 Patient has epilepsy with a background of documented tuberous sclerosis complex*; and
2 Either:
  2.1 Both:
    2.1.1 Vigabatrin has been trialled and has not adequately controlled seizures; and
    2.1.2 Seizures are not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with at least two of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, phenytoin sodium, and lacosamide (see Note); or
  2.2 Both:
    2.2.1 Vigabatrin is contraindicated; and
    2.2.2 Seizures are not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with at least three of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, phenytoin sodium, and lacosamide (see Note); and
3 Seizures have a significant impact on quality of life; and
4 Patient has been assessed and surgery is considered inappropriate for this patient, or the patient has been assessed and would benefit from mTOR inhibitor treatment prior to surgery.

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

BARICITINIB – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 2 mg | 0.00 | 28 | Olumiant |
| ⬇ | Tab 4 mg | 0.00 | 28 | Olumiant |

➥ **Restricted** (RS1876)

**Initiation – moderate to severe COVID-19***

*Limited to 14 days* treatment

All of the following:

1 Patient has confirmed (or probable) COVID-19*; and
2 Oxygen saturation of < 92% on room air, or requiring supplemental oxygen; and
3 Patient is receiving adjunct systemic corticosteroids, or systemic corticosteroids are contraindicated; and
4 Baricitinib is to be administered at doses no greater than 4 mg daily for up to 14 days; and
5 Baricitinib is not to be administered in combination with tocilizumab.

Note: Indications marked with * are unapproved indications.

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

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 15 mg | 1,271.00 | 28 | RINVOQ |



⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
*e.g. Brand* indicates brand example only. It is not a contracted product.

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

➥ **Restricted** (RS1861)

**Initiation – Rheumatoid Arthritis (patients previously treated with adalimumab or etanercept)**

Rheumatologist

*Limited to 6 months* treatment

All of the following:

1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and

2 Either:

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

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

3 Either:

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

3.2 Both:

3.2.1 The patient has been started on rituximab for rheumatoid arthritis in a Health NZ Hospital; and

3.2.2 Either:

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

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

**Continuation – Rheumatoid Arthritis**

Rheumatologist

*Re-assessment required after 6 months*

Either:

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

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

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

# Antiallergy Preparations

## Allergic Emergencies

ICATIBANT – **Restricted** see terms below

⬇ Inj 10 mg per ml, 3 ml prefilled syringe ..... 2,668.00 1 Firazyr

➥ **Restricted** (RS1501)

**Initiation**

Clinical immunologist or relevant specialist

*Re-assessment required after 12 months*

Both:

1 Supply for anticipated emergency treatment of laryngeal/oro-pharyngeal or severe abdominal attacks of acute hereditary angioedema (HAE) for patients with confirmed diagnosis of C1-esterase inhibitor deficiency; and

2 The patient has undergone product training and has agreed upon an action plan for self-administration.

**Continuation**

*Re-assessment required after 12 months*

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

## Allergy Desensitisation

BEE VENOM – **Restricted** see terms below

⬇ Maintenance kit - 6 vials 120 mcg freeze dried venom, with diluent

⬇ Inj 550 mcg vial with diluent

⬇ Initiation Kit - 5 vials 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 below

⬇ Treatment kit - 6 vials 120 mcg freeze dried venom, with diluent

⬇ Inj 550 mcg vial with diluent

➥ **Restricted** (RS1119)

**Initiation**

Both:

1 RAST or skin test positive; and

2 Patient has had severe generalised reaction to the sensitising agent.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Allergy Prophylactics** | | | |
| BUDESONIDE | | | |
| Nasal spray 50 mcg per dose – **1% DV Oct-20 to 2023** | 2.54 | 200 dose | **SteroClear** |
| Nasal spray 100 mcg per dose – **1% DV Oct-20 to 2023** | 2.84 | 200 dose | **SteroClear** |
| FLUTICASONE PROPIONATE | | | |
| Nasal spray 50 mcg per dose – **5% DV Dec-21 to 2024** | 1.98 | 120 dose | **Flixonase Hayfever & Allergy** |
| IPRATROPIUM BROMIDE | | | |
| Aqueous nasal spray 0.03% – **1% DV Apr-21 to 2023** | 5.23 | 15 ml | **Univent** |
| SODIUM CROMOGLICATE | | | |
| Nasal spray 4% | | | |
| **Antihistamines** | | | |
| CETIRIZINE HYDROCHLORIDE | | | |
| Tab 10 mg | 1.12 | 100 | Zista |
| Oral liq 1 mg per ml – **5% DV Jan-22 to 2024** | 2.84 | 200 ml | **Histaclear** |
| CHLORPHENIRAMINE MALEATE | | | |
| Oral liq 0.4 mg per ml | | | |
| Inj 10 mg per ml, 1 ml ampoule | | | |
| CYPROHEPTADINE HYDROCHLORIDE | | | |
| Tab 4 mg | | | |
| FEXOFENADINE HYDROCHLORIDE | | | |
| Tab 60 mg | | | |
| Tab 120 mg | | | |
| Tab 180 mg | | | |
| LORATADINE | | | |
| Tab 10 mg – **5% DV Feb-23 to 2025** | 1.78 | 100 | **Lorafix** |
| Oral liq 1 mg per ml | 1.43 | 100 ml | Haylor Syrup |
| PROMETHAZINE HYDROCHLORIDE | | | |
| Tab 10 mg – **5% DV Sep-22 to 2025** | 1.39 | 50 | **Allersoothe** |
| Tab 25 mg – **5% DV Sep-22 to 2025** | 1.58 | 50 | **Allersoothe** |
| Oral liq 1 mg per ml | 3.39 | 100 ml | Allersoothe |
| Inj 25 mg per ml, 2 ml ampoule | 17.87 | 5 | Hospira |
| **Anticholinergic Agents** | | | |
| IPRATROPIUM BROMIDE | | | |
| Aerosol inhaler 20 mcg per dose | | | |
| Nebuliser soln 250 mcg per ml, 1 ml ampoule | | | |
| Nebuliser soln 250 mcg per ml, 2 ml ampoule | 11.73 | 20 | Univent |
| **Anticholinergic Agents with Beta-Adrenoceptor Agonists** | | | |
| SALBUTAMOL WITH IPRATROPIUM BROMIDE | | | |
| Aerosol inhaler 100 mcg with ipratropium bromide 20 mcg per dose | | | |
| Nebuliser soln 2.5 mg with ipratropium bromide 0.5 mg per 2.5 ml ampoule – **5% DV Jan-22 to 2024** | 11.04 | 20 | **Duolin** |

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

## Long-Acting Muscarinic Agents

GLYCOPYRRONIUM

Note: inhaled glycopyrronium treatment must not be used if the patient is also receiving treatment with subsidised tiotropium or umeclidinium.

| | | | |
|---|---|---|---|
| Powder for inhalation 50 mcg per dose | 61.00 | 30 dose | Seebri Breezhaler |

TIOTROPIUM BROMIDE

Note: tiotropium treatment must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.

| | | | |
|---|---|---|---|
| Soln for inhalation 2.5 mcg per dose | 50.37 | 60 dose | Spiriva Respimat |
| Powder for inhalation 18 mcg per dose | 50.37 | 30 dose | Spiriva |

UMECLIDINIUM

Note: Umeclidinium must not be used if the patient is also receiving treatment with subsidised inhaled glycopyrronium or tiotropium bromide.

| | | | |
|---|---|---|---|
| Powder for inhalation 62.5 mcg per dose | 61.50 | 30 dose | Incruse Ellipta |

## Long-Acting Muscarinic Antagonists with Long-Acting Beta-Adrenoceptor Agonists

➥ **Restricted** (RS1518)

**Initiation**

*Re-assessment required after 2 years*

Both:

1 Patient has been stabilised on a long acting muscarinic antagonist; and
2 The prescriber considers that the patient would receive additional benefit from switching to a combination product.

**Continuation**

*Re-assessment required after 2 years*

Both:

1 Patient is compliant with the medication; and
2 Patient has experienced improved COPD symptom control (prescriber determined).

Note: Combination long acting muscarinic antagonist and long acting beta-2 agonist must not be used if the patient is also receiving treatment with a combination inhaled corticosteroid and long acting beta-2 agonist.

GLYCOPYRRONIUM WITH INDACATEROL – **Restricted** see terms above

| | | | |
|---|---|---|---|
| ⬆ Powder for Inhalation 50 mcg with indacaterol 110 mcg | 81.00 | 30 dose | Ultibro Breezhaler |

TIOTROPIUM BROMIDE WITH OLODATEROL – **Restricted** see terms above

| | | | |
|---|---|---|---|
| ⬆ Soln for inhalation 2.5 mcg with olodaterol 2.5 mcg | 81.00 | 60 dose | Spiolto Respimat |

UMECLIDINIUM WITH VILANTEROL – **Restricted** see terms above

| | | | |
|---|---|---|---|
| ⬆ Powder for inhalation 62.5 mcg with vilanterol 25 mcg | 77.00 | 30 dose | Anoro Ellipta |

## Antifibrotics

NINTEDANIB – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Cap 100 mg | 2,554.00 | 60 | Ofev |
| ⬇ Cap 150 mg | 3,870.00 | 60 | Ofev |

➥ **Restricted** (RS1813)

**Initiation – idiopathic pulmonary fibrosis**

Respiratory specialist

*Re-assessment required after 12 months*

All of the following:

continued…

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

continued…

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

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

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

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

PIRFENIDONE – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Tab 267 mg | 1,215.00 | 90 | Esbriet |
| ⬇ | Tab 801 mg | 3,645.00 | 90 | Esbriet |

➥ **Restricted** (RS1814)

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

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

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

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

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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Beta-Adrenoceptor Agonists** | | | |
| SALBUTAMOL | | | |
| Oral liq 400 mcg per ml – **5% DV Mar-22 to 2024** | 40.00 | 150 ml | **Ventolin** |
| Inj 500 mcg per ml, 1 ml ampoule | | | |
| Inj 1 mg per ml, 5 ml ampoule | | | |
| Aerosol inhaler, 100 mcg per dose | 3.80 | 200 dose | SalAir |
| | 6.20 | | Ventolin |
| Nebuliser soln 1 mg per ml, 2.5 ml ampoule – **5% DV Jan-22 to 2024** | 8.96 | 20 | **Asthalin** |
| Nebuliser soln 2 mg per ml, 2.5 ml ampoule – **5% DV Jan-22 to 2024** | 9.43 | 20 | **Asthalin** |
| TERBUTALINE SULPHATE | | | |
| Powder for inhalation 250 mcg per dose | | | |
| Inj 0.5 mg per ml, 1 ml ampoule | | | |
| Powder for inhalation, 200 mcg per dose (equivalent to 250 mcg metered dose), breath activated | 22.20 | 120 dose | Bricanyl Turbuhaler |
| **Cough Suppressants** | | | |
| PHOLCODINE | | | |
| Oral liq 1 mg per ml | 3.09 | 200 ml | AFT Pholcodine Linctus BP |
| **Decongestants** | | | |
| OXYMETAZOLINE HYDROCHLORIDE | | | |
| Aqueous nasal spray 0.25 mg per ml | | | |
| Aqueous nasal spray 0.5 mg per ml | | | |
| PSEUDOEPHEDRINE HYDROCHLORIDE | | | |
| Tab 60 mg | | | |
| SODIUM CHLORIDE | | | |
| Aqueous nasal spray isotonic | | | |
| SODIUM CHLORIDE WITH SODIUM BICARBONATE | | | |
| Soln for nasal irrigation | | | |
| XYLOMETAZOLINE HYDROCHLORIDE | | | |
| Aqueous nasal spray 0.05% | | | |
| Aqueous nasal spray 0.1% | | | |
| Nasal drops 0.05% | | | |
| Nasal drops 0.1% | | | |
| **Inhaled Corticosteroids** | | | |
| BECLOMETHASONE DIPROPIONATE | | | |
| Aerosol inhaler 50 mcg per dose | 8.54 | 200 dose | Beclazone 50 |
| | 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 |



⬆ 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 |
|---|---|---|---|
| BUDESONIDE | | | |
| Nebuliser soln 250 mcg per ml, 2 ml ampoule | | | |
| Nebuliser soln 500 mcg per ml, 2 ml ampoule | | | |
| Powder for inhalation 100 mcg per dose | | | |
| Powder for inhalation 200 mcg per dose | | | |
| Powder for inhalation 400 mcg per dose | | | |
| FLUTICASONE | | | |
| Aerosol inhaler 50 mcg per dose – **1% DV Sep-20 to 2023** | 7.19 | 120 dose | **Flixotide** |
| Powder for inhalation 50 mcg per dose | 8.67 | 60 dose | Flixotide Accuhaler |
| Powder for inhalation 100 mcg per dose | 13.87 | 60 dose | Flixotide Accuhaler |
| Aerosol inhaler 125 mcg per dose – **1% DV Sep-20 to 2023** | 13.60 | 120 dose | **Flixotide** |
| Aerosol inhaler 250 mcg per dose – **1% DV Sep-20 to 2023** | 24.62 | 120 dose | **Flixotide** |
| Powder for inhalation 250 mcg per dose | 24.51 | 60 dose | Flixotide Accuhaler |

## Leukotriene Receptor Antagonists

| | | | |
|---|---|---|---|
| MONTELUKAST | | | |
| Tab 4 mg – **5% DV Dec-22 to 2025** | 3.10 | 28 | **Montelukast Mylan** |
| Tab 5 mg – **5% DV Dec-22 to 2025** | 3.10 | 28 | **Montelukast Mylan** |
| Tab 10 mg – **5% DV Dec-22 to 2025** | 2.90 | 28 | **Montelukast Mylan** |

## Long-Acting Beta-Adrenoceptor Agonists

| | | | |
|---|---|---|---|
| EFORMOTEROL FUMARATE | | | |
| Powder for inhalation 12 mcg per dose | | | |
| EFORMOTEROL FUMARATE DIHYDRATE | | | |
| Powder for inhalation 4.5 mcg per dose, breath activated (equivalent to eformoterol fumarate 6 mcg metered dose) | | | |
| INDACATEROL | | | |
| Powder for inhalation 150 mcg per dose | 61.00 | 30 dose | Onbrez Breezhaler |
| Powder for inhalation 300 mcg per dose | 61.00 | 30 dose | Onbrez Breezhaler |
| SALMETEROL | | | |
| Aerosol inhaler 25 mcg per dose | 26.25 | 120 dose | Serevent |
| Powder for inhalation 50 mcg per dose | 26.25 | 60 dose | Serevent Accuhaler |

## Inhaled Corticosteroids with Long-Acting Beta-Adrenoceptor Agonists

| | | | |
|---|---|---|---|
| BUDESONIDE WITH EFORMOTEROL | | | |
| Powder for inhalation 100 mcg with eformoterol fumarate 6 mcg | | | |
| Aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg | | | |
| Aerosol inhaler 200 mcg with eformoterol fumarate 6 mcg | | | |
| Powder for inhalation 160 mcg with 4.5 mcg eformoterol fumarate per dose (equivalent to 200 mcg budesonide with 6 mcg eformoterol fumarate metered dose) | 41.50 | 120 dose | DuoResp Spiromax |
| Powder for inhalation 200 mcg with eformoterol fumarate 6 mcg | 33.74 | 120 dose | Symbicort Turbuhaler |
| Powder for inhalation 320 mcg with 9 mcg eformoterol fumarate per dose (equivalent to 400 mcg budesonide with 12 mcg eformoterol fumarate metered dose) | 82.50 | 120 dose | DuoResp Spiromax |
| Powder for inhalation 400 mcg with eformoterol fumarate 12 mcg | 33.74 | 60 dose | Symbicort Turbuhaler |
| FLUTICASONE FUROATE WITH VILANTEROL | | | |
| Powder for inhalation 100 mcg with vilanterol 25 mcg | 44.08 | 30 dose | Breo Ellipta |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| FLUTICASONE WITH SALMETEROL | | | |
| Aerosol inhaler 50 mcg with salmeterol 25 mcg – **1% DV Sep-20 to 2023** | 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 – **1% DV Sep-20 to 2023** | 32.60 | 120 dose | **Seretide** |
| Powder for inhalation 250 mcg with salmeterol 50 mcg | 44.08 | 60 dose | Seretide Accuhaler |

## Methylxanthines

| | | | |
|---|---|---|---|
| AMINOPHYLLINE | | | |
| Inj 25 mg per ml, 10 ml ampoule | 180.00 | 5 | DBL Aminophylline |
| CAFFEINE CITRATE | | | |
| Oral liq 20 mg per ml (caffeine 10 mg per ml) | 15.10 | 25 ml | Biomed |
| Inj 20 mg per ml (caffeine 10 mg per ml), 2.5 ml ampoule | 63.25 | 5 | Biomed |
| THEOPHYLLINE | | | |
| Tab long-acting 250 mg | 23.02 | 100 | Nuelin-SR |
| Oral liq 80 mg per 15 ml | 16.60 | 500 ml | Nuelin |

## Mucolytics and Expectorants

DORNASE ALFA – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Nebuliser soln 2.5 mg per 2.5 ml ampoule | 250.00 | 6 | Pulmozyme |

➥ **Restricted** (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.



⬆ 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 |
|---|---|---|---|
| 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 | 24.50 | 90 ml | Biomed |

## Pulmonary Surfactants

| | | | |
|---|---|---|---|
| BERACTANT | | | |
| Soln 200 mg per 8 ml vial | | | |
| PORACTANT ALFA | | | |
| Soln 120 mg per 1.5 ml vial | 425.00 | 1 | Curosurf |
| Soln 240 mg per 3 ml vial | 695.00 | 1 | Curosurf |

## Respiratory Stimulants

DOXAPRAM

Inj 20 mg per ml, 5 ml vial

## Sclerosing Agents

TALC

Powder

Soln (slurry) 100 mg per ml, 50 ml

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Anti-Infective Preparations** | | | |
| **Antibacterials** | | | |
| CHLORAMPHENICOL | | | |
| Eye oint 1% – **5% DV Dec-22 to 2025** | 1.09 | 5 g | **Devatis** |
| Ear drops 0.5% | | | |
| Eye drops 0.5% | 1.54 | 10 ml | Chlorafast |
| Eye drops 0.5%, single dose | | | |
| CIPROFLOXACIN | | | |
| Eye drops 0.3% – **5% DV Nov-21 to 2024** | 9.73 | 5 ml | **Ciprofloxacin Teva** |
| FRAMYCETIN SULPHATE | | | |
| Ear/eye drops 0.5% | | | |
| GENTAMICIN SULPHATE | | | |
| Eye drops 0.3% | 11.40 | 5 ml | Genoptic |
| *(Genoptic Eye drops 0.3% to be delisted 1 August 2023)* | | | |
| SODIUM FUSIDATE [FUSIDIC ACID] | | | |
| Eye drops 1% | 5.29 | 5 g | Fucithalmic |
| SULPHACETAMIDE SODIUM | | | |
| Eye drops 10% | | | |
| TOBRAMYCIN | | | |
| Eye oint 0.3% | 10.45 | 3.5 g | Tobrex |
| Eye drops 0.3% | 11.48 | 5 ml | Tobrex |
| **Antifungals** | | | |
| NATAMYCIN | | | |
| Eye drops 5% | | | |
| **Antivirals** | | | |
| ACICLOVIR | | | |
| Eye oint 3% – **5% DV Sep-21 to 2024** | 14.88 | 4.5 g | **ViruPOS** |
| **Combination Preparations** | | | |
| CIPROFLOXACIN WITH HYDROCORTISONE | | | |
| Ear drops ciprofloxacin 0.2% with 1% hydrocortisone | 16.30 | 10 ml | Ciproxin HC Otic |
| DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN | | | |
| Ear/eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml | | | |
| DEXAMETHASONE WITH NEOMYCIN SULPHATE AND POLYMYXIN B SULPHATE | | | |
| Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per g | 5.39 | 3.5 g | Maxitrol |
| Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin b sulphate 6,000 u per ml | 4.50 | 5 ml | Maxitrol |
| DEXAMETHASONE WITH TOBRAMYCIN | | | |
| Eye drops 0.1% with tobramycin 0.3% | 12.64 | 5 ml | Tobradex |
| FLUMETASONE PIVALATE WITH CLIOQUINOL | | | |
| Ear drops 0.02% with clioquinol 1% | | | |



⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
*e.g. Brand* indicates brand example only. It is not a contracted product.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN | | | |
| Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g | 5.16 | 7.5 ml | Kenacomb |

## Anti-Inflammatory Preparations

### Corticosteroids

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

➥ **Restricted** (RS1606)

**Initiation – Diabetic macular oedema**

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

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

**Continuation – Diabetic macular oedema**

Ophthalmologist

*Re-assessment required after 12 months*

Both:

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

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

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

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

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

Ophthalmologist

*Re-assessment required after 12 months*

All of the following:

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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| FLUOROMETHOLONE | | | |
| Eye drops 0.1% | 3.09 | 5 ml | FML |
| PREDNISOLONE ACETATE | | | |
| Eye drops 0.12% | | | |
| Eye drops 1% | 7.00 | 5 ml | Pred Forte |
| | 6.92 | 10 ml | Prednisolone- AFT |
| PREDNISOLONE SODIUM PHOSPHATE | | | |
| Eye drops 0.5%, single dose (preservative free) | 38.50 | 20 dose | Minims Prednisolone |

## Non-Steroidal Anti-Inflammatory Drugs

| | | | |
|---|---|---|---|
| DICLOFENAC SODIUM | | | |
| Eye drops 0.1% – **5% DV Nov-21 to 2024** | 8.80 | 5 ml | **Voltaren Ophtha** |
| KETOROLAC TROMETAMOL | | | |
| Eye drops 0.5% | | | |

# Decongestants and Antiallergics

## Antiallergic Preparations

| | | | |
|---|---|---|---|
| LEVOCABASTINE | | | |
| Eye drops 0.05% | | | |
| LODOXAMIDE | | | |
| Eye drops 0.1% | 8.71 | 10 ml | Lomide |
| OLOPATADINE | | | |
| Eye drops 0.1% – **5% DV Dec-22 to 2025** | 2.17 | 5 ml | **Olopatadine Teva** |
| SODIUM CROMOGLICATE | | | |
| Eye drops 2% | 1.79 | 5 ml | Rexacrom |

## Decongestants

| | | | |
|---|---|---|---|
| NAPHAZOLINE HYDROCHLORIDE | | | |
| Eye drops 0.1% | 4.15 | 15 ml | Naphcon Forte |

# Diagnostic and Surgical Preparations

## Diagnostic Dyes

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

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

## Irrigation Solutions

MIXED SALT SOLUTION FOR EYE IRRIGATION

| | | | |
|---|---|---|---|
| Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 15 ml dropper bottle | 5.00 | 15 ml | Balanced Salt Solution |
| Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 250 ml | | | *e.g. Balanced Salt Solution* |
| Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml bag | | | *e.g. Balanced Salt Solution* |
| Eye irrigation solution calcium chloride 0.048% with magnesium chloride 0.03%, potassium chloride 0.075%, sodium acetate 0.39%, sodium chloride 0.64% and sodium citrate 0.17%, 500 ml bottle | 10.50 | 500 ml | Balanced Salt Solution |

## Ocular Anaesthetics

OXYBUPROCAINE HYDROCHLORIDE

Eye drops 0.4%, single dose

PROXYMETACAINE HYDROCHLORIDE

Eye drops 0.5%

TETRACAINE [AMETHOCAINE] HYDROCHLORIDE

Eye drops 0.5%, single dose

Eye drops 1%, single dose

## Viscoelastic Substances

HYPROMELLOSE

Inj 2%, 1 ml syringe

Inj 2%, 2 ml syringe

SODIUM HYALURONATE [HYALURONIC ACID]

| | | | |
|---|---|---|---|
| Inj 14 mg per ml, 0.85 ml syringe | 50.00 | 1 | Healon GV |
| Inj 18 mg per ml, 0.85 ml syringe – **5% DV Dec-22 to 2025** | 50.00 | 1 | **Healon GV Pro** |
| Inj 23 mg per ml, 0.6 ml syringe – **5% DV Dec-22 to 2025** | 60.00 | 1 | **Healon 5** |
| Inj 10 mg per ml, 0.85 ml syringe – **5% DV Dec-22 to 2025** | 28.50 | 1 | **Healon** |

SODIUM HYALURONATE [HYALURONIC ACID] WITH CHONDROITIN SULPHATE

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

## Other

DISODIUM EDETATE

Inj 150 mg per ml, 20 ml ampoule

Inj 150 mg per ml, 20 ml vial

Inj 150 mg per ml, 100 ml vial

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

## Glaucoma Preparations

### Beta Blockers

| | | | |
|---|---|---|---|
| BETAXOLOL | | | |
| Eye drops 0.25% | 11.80 | 5 ml | Betoptic S |
| Eye drops 0.5% | 7.50 | 5 ml | Betoptic |
| TIMOLOL | | | |
| Eye drops 0.25% – **1% DV Dec-20 to 2023** | 1.81 | 5 ml | **Arrow-Timolol** |
| Eye drops 0.5% – **1% DV Dec-20 to 2023** | 2.04 | 5 ml | **Arrow-Timolol** |
| Eye drops 0.5%, gel forming | 3.78 | 2.5 ml | Timoptol XE |

### Carbonic Anhydrase Inhibitors

| | | | |
|---|---|---|---|
| ACETAZOLAMIDE | | | |
| Tab 250 mg | 17.03 | 100 | Diamox |
| Inj 500 mg | | | |
| BRINZOLAMIDE | | | |
| Eye drops 1% – **5% DV Sep-21 to 2024** | 7.30 | 5 ml | **Azopt** |
| DORZOLAMIDE | | | |
| Eye drops 2% | | | |
| DORZOLAMIDE WITH TIMOLOL | | | |
| Eye drops 2% with timolol 0.5% – **5% DV Dec-21 to 2024** | 2.73 | 5 ml | **Dortimopt** |

### Miotics

| | | | |
|---|---|---|---|
| ACETYLCHOLINE CHLORIDE | | | |
| Inj 20 mg vial with diluent | | | |
| CARBACHOL | | | |
| Inj 150 mcg vial | | | |
| PILOCARPINE HYDROCHLORIDE | | | |
| Eye drops 1% | 4.26 | 15 ml | Isopto Carpine |
| Eye drops 2% | 5.35 | 15 ml | Isopto Carpine |
| Eye drops 2%, single dose | | | |
| Eye drops 4% | 7.99 | 15 ml | Isopto Carpine |

### Prostaglandin Analogues

| | | | |
|---|---|---|---|
| BIMATOPROST | | | |
| Eye drops 0.03% – **5% DV Apr-22 to 2024** | 5.95 | 3 ml | **Bimatoprost Multichem** |
| LATANOPROST | | | |
| Eye drops 0.005% – **5% DV Feb-22 to 2024** | 1.82 | 2.5 ml | **Teva** |
| LATANOPROST WITH TIMOLOL | | | |
| Eye drops 0.005% with timolol 0.5% – **1% DV Sep-21 to 2023** | 2.49 | 2.5 ml | **Arrow - Lattim** |
| TRAVOPROST | | | |
| Eye drops 0.004% – **5% DV Dec-21 to 2024** | 9.75 | 2.5 ml | **Travatan** |



⬆ 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 |
|---|---|---|---|
| **Sympathomimetics** | | | |
| APRACLONIDINE | | | |
| Eye drops 0.5% | 19.77 | 5 ml | Iopidine |
| BRIMONIDINE TARTRATE | | | |
| Eye drops 0.2% – **5% DV Jan-22 to 2024** | 4.29 | 5 ml | **Arrow-Brimonidine** |
| BRIMONIDINE TARTRATE WITH TIMOLOL | | | |
| Eye drops 0.2% with timolol 0.5% | | | |
| **Mydriatics and Cycloplegics** | | | |
| **Anticholinergic Agents** | | | |
| ATROPINE SULPHATE | | | |
| Eye drops 0.5% | | | |
| Eye drops 1%, single dose | | | |
| Eye drops 1% – **1% DV Oct-20 to 2023** | 17.36 | 15 ml | **Atropt** |
| CYCLOPENTOLATE HYDROCHLORIDE | | | |
| Eye drops 0.5%, single dose | | | |
| Eye drops 1% | 8.76 | 15 ml | Cyclogyl |
| Eye drops 1%, single dose | | | |
| TROPICAMIDE | | | |
| Eye drops 0.5% | 7.15 | 15 ml | Mydriacyl |
| Eye drops 0.5%, single dose | | | |
| Eye drops 1% | 8.66 | 15 ml | Mydriacyl |
| Eye drops 1%, single dose | | | |
| **Sympathomimetics** | | | |
| PHENYLEPHRINE HYDROCHLORIDE | | | |
| Eye drops 2.5%, single dose | | | |
| Eye drops 10%, single dose | | | |
| **Ocular Lubricants** | | | |
| CARBOMER | | | |
| Ophthalmic gel 0.3%, single dose | 8.25 | 30 | Poly Gel |
| Ophthalmic gel 0.2% | | | |
| CARMELLOSE SODIUM WITH PECTIN AND GELATINE | | | |
| Eye drops 0.5% | | | |
| Eye drops 0.5%, single dose | | | |
| Eye drops 1% | | | |
| Eye drops 1%, single dose | | | |
| HYPROMELLOSE | | | |
| Eye drops 0.5% | 19.50 | 15 ml | Methopt |
| HYPROMELLOSE WITH DEXTRAN | | | |
| Eye drops 0.3% with dextran 0.1% | 2.30 | 15 ml | Poly-Tears |
| Eye drops 0.3% with dextran 0.1%, single dose | | | |
| MACROGOL 400 AND PROPYLENE GLYCOL | | | |
| Eye drops 0.4% with propylene glycol 0.3% preservative free, single dose | 4.30 | 24 | Systane Unit Dose |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN | | | |
| Eye oint 42.5% with soft white paraffin 57.3% | | | |
| PARAFFIN LIQUID WITH WOOL FAT | | | |
| Eye oint 3% with wool fat 3% | 3.63 | 3.5 g | Poly-Visc |
| POLYVINYL ALCOHOL WITH POVIDONE | | | |
| Eye drops 1.4% with povidone 0.6%, single dose | | | |
| RETINOL PALMITATE | | | |
| Oint 138 mcg per g | 3.80 | 5 g | VitA-POS |
| SODIUM HYALURONATE [HYALURONIC ACID] | | | |
| Eye drops 1 mg per ml – **5% DV Jan-22 to 2024** | 13.85 | 10 ml | **Hylo-Fresh** |

## Other Otological Preparations

ACETIC ACID WITH PROPYLENE GLYCOL
Ear drops 2.3% with propylene glycol 2.8%

DOCUSATE SODIUM
Ear drops 0.5%

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

## Agents Used in the Treatment of Poisonings

### Antidotes

ACETYLCYSTEINE
Tab eff 200 mg
Inj 200 mg per ml, 10 ml ampoule ..... 58.76 10 DBL Acetylcysteine
52.88 Martindale Pharma
*(DBL Acetylcysteine Inj 200 mg per ml, 10 ml ampoule to be delisted 1 December 2022)*

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 Feb-22 to 2024** ..... 110.12 10 **Hameln**

HYDROXOCOBALAMIN
Inj 5 g vial
Inj 2.5 g vial

NALOXONE HYDROCHLORIDE
Inj 400 mcg per ml, 1 ml ampoule – **5% DV Feb-23 to 2024** ..... 22.60 5 DBL Naloxone Hydrochloride
35.26 10 **Hameln**
*(DBL Naloxone Hydrochloride Inj 400 mcg per ml, 1 ml ampoule to be delisted 1 February 2023)*

PRALIDOXIME IODIDE
Inj 25 mg per ml, 20 ml ampoule

SODIUM NITRITE
Inj 30 mg per ml, 10 ml ampoule

SODIUM THIOSULFATE
Inj 250 mg per ml, 100 ml vial
Inj 250 mg per ml, 10 ml vial
Inj 250 mg per ml. 50 ml vial
Inj 500 mg per ml, 10 ml vial
Inj 500 mg per ml, 20 ml ampoule

SOYA OIL
Inj 20%, 500 ml bag
Inj 20%, 500 ml bottle

### Antitoxins

BOTULISM ANTITOXIN
Inj 250 ml vial

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| DIPHTHERIA ANTITOXIN | | | |
| Inj 10,000 iu vial | | | |

## Antivenoms

RED BACK SPIDER ANTIVENOM
Inj 500 u vial

SNAKE ANTIVENOM
Inj 50 ml vial

## Removal and Elimination

CHARCOAL
Oral liq 200 mg per ml ..... 43.50 — 250 ml — Carbasorb-X

DEFERASIROX – **Restricted** see terms below
⬇ Tab 125 mg dispersible ..... 276.00 — 28 — Exjade
⬇ Tab 250 mg dispersible ..... 552.00 — 28 — Exjade
⬇ Tab 500 mg dispersible ..... 1,105.00 — 28 — Exjade
➥ **Restricted** (RS1444)
**Initiation**
Haematologist
*Re-assessment required after 2 years*
All of the following:
1 The patient has been diagnosed with chronic iron overload due to congenital inherited anaemia; and
2 Deferasirox is to be given at a daily dose not exceeding 40 mg/kg/day; and
3 Any of the following:
3.1 Treatment with maximum tolerated doses of deferiprone monotherapy or deferiprone and desferrioxamine combination therapy have proven ineffective as measured by serum ferritin levels, liver or cardiac MRI T2*; or
3.2 Treatment with deferiprone has resulted in severe persistent vomiting or diarrhoea; or
3.3 Treatment with deferiprone has resulted in arthritis; or
3.4 Treatment with deferiprone is contraindicated due to a history of agranulocytosis (defined as an absolute neutrophil count (ANC) of < 0.5 cells per µL) or recurrent episodes (greater than 2 episodes) of moderate neutropenia (ANC 0.5 - 1.0 cells per µL).
**Continuation**
Haematologist
*Re-assessment required after 2 years*
Either:
1 For the first renewal following 2 years of therapy, the treatment has been tolerated and has resulted in clinical improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels; or
2 For subsequent renewals, the treatment has been tolerated and has resulted in clinical stability or continued improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels. .

DEFERIPRONE – **Restricted** see terms below
⬇ Tab 500 mg ..... 533.17 — 100 — Ferriprox
⬇ Oral liq 100 mg per ml ..... 266.59 — 250 ml — Ferriprox
➥ **Restricted** (RS1445)
**Initiation**
Patient has been diagnosed with chronic iron overload due to congenital inherited anaemia or acquired red cell aplasia.

DESFERRIOXAMINE MESILATE
Inj 500 mg vial ..... 151.31 — 10 — DBL Desferrioxamine Mesylate for Inj BP

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| DICOBALT EDETATE | | | |
| Inj 15 mg per ml, 20 ml ampoule | | | |
| DIMERCAPROL | | | |
| Inj 50 mg per ml, 2 ml ampoule | | | |
| DIMERCAPTOSUCCINIC ACID | | | |
| Cap 100 mg | | | *e.g. PCNZ, Optimus Healthcare, Chemet* |
| Cap 200 mg | | | *e.g. PCNZ, Optimus Healthcare, Chemet* |
| SODIUM CALCIUM EDETATE | | | |
| Inj 50 mg per ml, 10 ml ampoule | | | |
| Inj 200 mg per ml, 2.5 ml ampoule | | | |
| Inj 200 mg per ml, 5 ml ampoule | | | |

## Antiseptics and Disinfectants

| | | | |
|---|---|---|---|
| CHLORHEXIDINE | | | |
| Soln 4% | | | |
| Soln 5% | 15.50 | 500 ml | healthE |
| CHLORHEXIDINE WITH CETRIMIDE | | | |
| Crm 0.1% with cetrimide 0.5% | | | |
| Foaming soln 0.5% with cetrimide 0.5% | | | |
| CHLORHEXIDINE WITH ETHANOL | | | |
| Soln 0.5% with ethanol 70% | | | |
| Soln 2% with ethanol 70% | | | |
| Soln 0.5% with ethanol 70%, non-staining (pink) 25 ml | 1.55 | 1 | healthE |
| IODINE WITH ETHANOL | | | |
| Soln 1% with ethanol 70% | | | |
| ISOPROPYL ALCOHOL | | | |
| Soln 70%, 500 ml | 5.65 | 1 | healthE |
| POVIDONE-IODINE | | | |
| ⬇ Vaginal tab 200 mg | | | |
| ➥ **Restricted** (RS1354) | | | |
| **Initiation** | | | |
| Rectal administration pre-prostate biopsy. | | | |
| Oint 10% – **1% DV Oct-20 to 2023** | 7.40 | 65 g | **Betadine** |
| Soln 10% – **5% DV Mar-22 to 2024** | 4.15 | 100 ml | **Riodine** |
| Soln 5% | | | |
| Soln 7.5% | | | |
| Soln 10%, | 3.83 | 15 ml | Riodine |
| | 5.40 | 500 ml | Riodine |
| Pad 10% | | | |
| Swab set 10% | | | |
| POVIDONE-IODINE WITH ETHANOL | | | |
| Soln 10% with ethanol 30% | | | |
| Soln 10% with ethanol 70% | | | |
| SODIUM HYPOCHLORITE | | | |
| Soln | | | |

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

## Contrast Media

### Iodinated X-ray Contrast Media

DIATRIZOATE MEGLUMINE WITH SODIUM AMIDOTRIZOATE

| | | | |
|---|---|---|---|
| Oral liq 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml bottle | 22.50 | 100 ml | Gastrografin |
| Inj 260 mg with sodium amidotrizoate 40 mg per ml, 250 ml bottle | 80.00 | 1 | Urografin |

DIATRIZOATE SODIUM

| | | | |
|---|---|---|---|
| Oral liq 370 mg per ml, 10 ml sachet | 156.12 | 50 | Ioscan |

IODISED OIL

| | | | |
|---|---|---|---|
| Inj 38% w/w (480 mg per ml), 10 ml ampoule | 410.00 | 1 | Lipiodol Ultra Fluid |

IODIXANOL

| | | | |
|---|---|---|---|
| Inj 270 mg per ml (iodine equivalent), 50 ml bottle | 232.00 | 10 | Visipaque |
| Inj 270 mg per ml (iodine equivalent), 100 ml bottle | 452.00 | 10 | Visipaque |
| Inj 320 mg per ml (iodine equivalent), 50 ml bottle | 232.00 | 10 | Visipaque |
| Inj 320 mg per ml (iodine equivalent), 100 ml bottle | 452.00 | 10 | Visipaque |
| Inj 320 mg per ml (iodine equivalent), 200 ml bottle | 892.00 | 10 | Visipaque |

IOHEXOL

| | | | |
|---|---|---|---|
| Inj 240 mg per ml (iodine equivalent), 50 ml bottle | 84.00 | 10 | Omnipaque |
| Inj 300 mg per ml (iodine equivalent), 20 ml bottle | 80.00 | 10 | Omnipaque |
| Inj 300 mg per ml (iodine equivalent), 50 ml bottle | 86.00 | 10 | Omnipaque |
| Inj 300 mg per ml (iodine equivalent), 100 ml bottle | 158.00 | 10 | Omnipaque |
| Inj 350 mg per ml (iodine equivalent), 20 ml bottle | 82.00 | 10 | Omnipaque |
| Inj 350 mg per ml (iodine equivalent), 50 ml bottle | 88.00 | 10 | Omnipaque |
| Inj 350 mg per ml (iodine equivalent), 75 ml bottle | 120.00 | 10 | Omnipaque |
| Inj 350 mg per ml (iodine equivalent), 100 ml bottle | 160.00 | 10 | Omnipaque |
| Inj 350 mg per ml (iodine equivalent), 200 ml bottle | 310.00 | 10 | Omnipaque |
| Inj 350 mg per ml, 500 ml bottle | 465.00 | 6 | Omnipaque |

### Non-iodinated X-ray Contrast Media

BARIUM SULPHATE

| | | | |
|---|---|---|---|
| Powder for oral liq 20 mg per g (2% w/w), 22.1 g sachet | 507.50 | 50 | E-Z-Cat Dry |
| Oral liq 400 mg per ml (40% w/v, 30% w/w), bottle | 17.39 | 148 g | Varibar - Thin Liquid |
| Oral liq 600 mg per g (60% w/w), tube | 36.51 | 454 g | E-Z-Paste |
| Oral liq 400 mg per ml (40% w/v), bottle | 155.35 | 250 ml | Varibar - Honey |
| | 38.40 | 240 ml | Varibar - Nectar |
| | 145.04 | 230 ml | Varibar - Pudding |
| Enema 1,250 mg per ml (125% w/v), 500 ml bag | 282.30 | 12 | Liquibar |
| Oral liq 22 mg per g (2.2% w/w), 250 ml bottle | 175.00 | 24 | CT Plus+ |
| Oral liq 22 mg per g (2.2% w/w), 450 ml bottle | 220.00 | 24 | CT Plus+ |
| Oral liq 1 mg per ml (0.1% w/v, 0.1% w/w), 450 ml bottle | 441.12 | 24 | VoLumen |
| Oral liq 20.9 mg per ml (2.1% w/v, 2% w/w), 250 ml bottle | 140.94 | 24 | Readi-CAT 2 |
| Powder for oral soln 97.65% w/w, 300 g bottle | 237.76 | 24 | X-Opaque-HD |
| Oral liq 400 mg per ml (40% w/v, 30% w/w), 20 ml bottle | 52.35 | 3 | Tagitol V |
| Oral liq 1,250 mg per ml (125% w/v), 2,000 ml bottle | 91.77 | 1 | Liquibar |

BARIUM SULPHATE WITH SODIUM BICARBONATE

| | | | |
|---|---|---|---|
| Grans eff 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet | 102.93 | 50 | E-Z-Gas II |



⬆ 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 |
|---|---|---|---|
| CITRIC ACID WITH SODIUM BICARBONATE | | | |
| Powder 382.2 mg per g with sodium bicarbonate 551.3 mg per g, 4 g sachet | | | *e.g. E-Z-GAS II* |

## Paramagnetic Contrast Media

| | | | |
|---|---|---|---|
| GADOBENIC ACID | | | |
| Inj 334 mg per ml, 10 ml vial | 324.74 | 10 | Multihance |
| Inj 334 mg per ml, 20 ml vial | 636.28 | 10 | Multihance |
| GADOBUTROL | | | |
| Inj 1 mmol per ml, 15 ml vial | | | |
| Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 5 ml prefilled syringe | 120.00 | 5 | Gadovist 1.0 |
| Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 7.5 ml prefilled syringe | 180.00 | 5 | Gadovist 1.0 |
| Inj 604.72 mg per ml (equivalent to 1 mmol per ml), 15 ml prefilled syringe | 700.00 | 10 | Gadovist 1.0 |
| GADODIAMIDE | | | |
| Inj 287 mg per ml, 10 ml prefilled syringe | 200.00 | 10 | Omniscan |
| Inj 287 mg per ml, 10 ml vial | 170.00 | 10 | Omniscan |
| Inj 287 mg per ml, 5 ml vial | 120.00 | 10 | Omniscan |
| Inj 287 mg per ml, 15 ml prefilled syringe | 320.00 | 10 | Omniscan |
| GADOTERIC ACID | | | |
| Inj 279.30 mg per ml, 10 ml prefilled syringe | | | *e.g. Clariscan* |
| Inj 279.30 mg per ml, 10 ml vial | | | *e.g. Clariscan* |
| Inj 279.30 mg per ml, 15 ml prefilled syringe | | | *e.g. Clariscan* |
| Inj 279.30 mg per ml, 20 ml vial | | | *e.g. Clariscan* |
| Inj 279.30 mg per ml, 5 ml vial | | | *e.g. Clariscan* |
| Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml prefilled syringe | 172.00 | 10 | Dotarem |
| Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml bottle | 25.35 | 1 | Dotarem |
| Inj 279.32 mg per ml (0.5 mmol per ml), 15 ml prefilled syringe | 258.00 | 10 | Dotarem |
| Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml prefilled syringe | 344.00 | 10 | Dotarem |
| Inj 279.32 mg per ml (0.5 mmol per ml), 10 ml bottle | 14.30 | 1 | Dotarem |
| Inj 279.32 mg per ml (0.5 mmol per ml), 20 ml bottle | 28.90 | 1 | Dotarem |
| Inj 279.32 mg per ml (0.5 mmol per ml), 5 ml bottle | 9.10 | 1 | Dotarem |
| GADOXETATE DISODIUM | | | |
| Inj 181.43 mg per ml (equivalent to 0.25 mmol per ml), 10 ml prefilled syringe | 300.00 | 1 | Primovist |
| MEGLUMINE GADOPENTETATE | | | |
| Inj 469 mg per ml, 10 ml prefilled syringe | 95.00 | 5 | Magnevist |
| Inj 469 mg per ml, 10 ml vial | 185.00 | 10 | Magnevist |
| MEGLUMINE IOTROXATE | | | |
| Inj 105 mg per ml, 100 ml bottle | 150.00 | 100 ml | Biliscopin |

## Ultrasound Contrast Media

| | | | |
|---|---|---|---|
| PERFLUTREN | | | |
| Inj 1.1 mg per ml, 1.5 ml vial | 180.00 | 1 | Definity |
| | 720.00 | 4 | Definity |

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

## Diagnostic Agents

ARGININE
- Inj 50 mg per ml, 500 ml bottle
- Inj 100 mg per ml, 300 ml bottle

HISTAMINE ACID PHOSPHATE
- Nebuliser soln 0.6%, 10 ml vial
- Nebuliser soln 2.5%, 10 ml vial
- Nebuliser soln 5%, 10 ml vial

MANNITOL
- Powder for inhalation — *e.g. Aridol*

METHACHOLINE CHLORIDE
- Powder 100 mg

SECRETIN PENTAHYDROCHLORIDE
- Inj 100 u 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 | 240.35 | 5 | Proveblue |

PATENT BLUE V

| | | | |
|---|---|---|---|
| Inj 2.5%, 2 ml ampoule | 440.00 | 5 | Obex Medical |
| Inj 2.5%, 5 ml prefilled syringe | 420.00 | 5 | InterPharma |



⬆ 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 |
|---|---|---|---|

## Irrigation Solutions

CHLORHEXIDINE WITH CETRIMIDE

⬇ Irrigation soln 0.015% with cetrimide 0.15%, 500 ml bottle

➥ **Restricted** (RS1683)

**Initiation**

*Re-assessment required after 3 months*

All of the following:

1 Patient has burns that are greater than 30% of total body surface area (BSA); and
2 For use in the perioperative preparation and cleansing of large burn areas requiring debridement/skin grafting; and
3 The use of 30 ml ampoules is impractical due to the size of the area to be covered.

**Continuation**

*Re-assessment required after 3 months*

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

| | | | |
|---|---|---|---|
| Irrigation soln 0.015% with cetrimide 0.15%, 30 ml ampoule | 29.76 | 30 | Pfizer |
| **GLYCINE** | | | |
| Irrigation soln 1.5%, 3,000 ml bag | 33.50 | 4 | B Braun |
| **SODIUM CHLORIDE** | | | |
| Irrigation soln 0.9%, 3,000 ml bag | 28.80 | 4 | B Braun |
| Irrigation soln 0.9%, 30 ml ampoule | 7.00 | 20 | Interpharma |
| Irrigation soln 0.9%, 1,000 ml bottle | 14.90 | 10 | Baxter Sodium Chloride 0.9% |
| Irrigation soln 0.9%, 250 ml bottle | 17.64 | 12 | Fresenius Kabi |
| **WATER** | | | |
| Irrigation soln, 3,000 ml bag | 30.95 | 4 | B Braun |
| Irrigation soln, 1,000 ml bottle | 17.30 | 10 | Baxter Water for Irrigation |
| Irrigation soln, 250 ml bottle | 17.64 | 12 | Fresenius Kabi |

## Surgical Preparations

BISMUTH SUBNITRATE AND IODOFORM PARAFFIN
Paste

DIMETHYL SULFOXIDE
Soln 50%
Soln 99%

PHENOL
Inj 6%, 10 ml ampoule

PHENOL WITH IOXAGLIC ACID
Inj 12%, 10 ml ampoule

TROMETAMOL
Inj 36 mg per ml, 500 ml bottle

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

## Cardioplegia Solutions

ELECTROLYTES

Inj 15 mmol/l sodium chloride, 9 mmol/l potassium chloride, 1 mmol/l potassium hydrogen 2-ketoglutarate, 4 mmol/l magnesium chloride, 18 mmol/l histidine hydrochloride, 180 mmol/l histidine, 2 mmol/l tryptophan, 30 mmol/l mannitol, 0.015 mmol/l calcium chloride, 1,000 ml bag — *e.g. Custodiol-HTK*

Inj aspartic acid 10.43 mg per ml, citric acid 0.22476 mg per ml, glutamic acid 11.53 mg per ml, sodium phosphate 0.1725 mg per ml, potassium chloride 2.15211 mg per ml, sodium citrate 1.80768 mg per ml, sodium hydroxide 6.31 mg per ml and trometamol 11.2369 mg per ml, 364 ml bag — *e.g. Cardioplegia Enriched Paed. Soln.*

Inj aspartic acid 8.481 mg per ml, citric acid 0.8188 mg per ml, glutamic acid 9.375 mg per ml, sodium phosphate 0.6285 mg per ml, potassium chloride 2.5 mg per ml, sodium citrate 6.585 mg per ml, sodium hydroxide 5.133 mg per ml and trometamol 9.097 mg per ml, 527 ml bag — *e.g. Cardioplegia Enriched Solution*

Inj citric acid 0.07973 mg per ml, sodium phosphate 0.06119 mg per ml, potassium chloride 2.181 mg per ml, sodium chloride 1.788 mg ml, sodium citrate 0.6412 mg per ml and trometamol 5.9 mg per ml, 523 ml bag — *e.g. Cardioplegia Base Solution*

Inj 110 mmol/l sodium, 16 mmol/l potassium, 1.2 mmol/l calcium, 16 mmol/l magnesium and 160 mmol/l chloride, 1,000 ml bag — *e.g. Cardioplegia Solution AHB7832*

Inj 143 mmol/l sodium, 16 mmol/l potassium, 16 mmol/l magnesium and 1.2 mmol/l calcium, 1,000 ml bag — *e.g. Cardioplegia Electrolyte Solution*

MONOSODIUM GLUTAMATE WITH SODIUM ASPARTATE

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

MONOSODIUM L-ASPARTATE

Inj 14 mmol per 10 ml, 10 ml

## Cold Storage Solutions

SODIUM WITH POTASSIUM

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

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

## Extemporaneously Compounded Preparations

ACETIC ACID
Liq

ALUM
Powder BP

ARACHIS OIL [PEANUT OIL]
Liq

ASCORBIC ACID
Powder

BENZOIN
Tincture compound BP

BISMUTH SUBGALLATE
Powder

BORIC ACID
Powder

CARBOXYMETHYLCELLULOSE
Soln 1.5%

CETRIMIDE
Soln 40%

CHLORHEXIDINE GLUCONATE
Soln 20 %

CHLOROFORM
Liq BP

CITRIC ACID
Powder BP

CLOVE OIL
Liq

COAL TAR
Soln BP ..... 36.25 — 200 ml — Midwest

CODEINE PHOSPHATE
Powder

COLLODION FLEXIBLE
Liq

COMPOUND HYDROXYBENZOATE
Soln ..... 30.00 — 100 ml — Midwest

CYSTEAMINE HYDROCHLORIDE
Powder

DISODIUM HYDROGEN PHOSPHATE WITH SODIUM DIHYDROGEN PHOSPHATE
Inj 37.46 mg with sodium dihydrogen phosphate 47.7 mg in 1.5 ml ampoule

DITHRANOL
Powder

GLUCOSE [DEXTROSE]
Powder

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| GLYCERIN WITH SODIUM SACCHARIN | | | |
| Suspension | 30.95 | 473 ml | Ora-Sweet SF |
| GLYCERIN WITH SUCROSE | | | |
| Suspension | 30.95 | 473 ml | Ora-Sweet |
| GLYCEROL | | | |
| Liq – **1% DV Oct-20 to 2023** | 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 | 8.98 | 25 g | Midwest |
| METHYLCELLULOSE | | | |
| Powder | 36.95 | 100 g | Midwest |
| Suspension | 30.95 | 473 ml | Ora-Plus |
| METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN | | | |
| Suspension | 30.95 | 473 ml | Ora-Blend SF |
| METHYLCELLULOSE WITH GLYCERIN AND SUCROSE | | | |
| Suspension | 30.95 | 473 ml | Ora-Blend |
| OLIVE OIL | | | |
| Liq | | | |
| PARAFFIN | | | |
| Liq | | | |
| PHENOBARBITONE SODIUM | | | |
| Powder | | | |
| PHENOL | | | |
| Liq | | | |
| PILOCARPINE NITRATE | | | |
| Powder | | | |
| POLYHEXAMETHYLENE BIGUANIDE | | | |
| Liq | | | |
| POVIDONE K30 | | | |
| Powder | | | |
| SALICYLIC ACID | | | |
| Powder | | | |
| SILVER NITRATE | | | |
| Crystals | | | |
| SODIUM BICARBONATE | | | |
| Powder BP | 10.05 | 500 g | Midwest |

| | 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) | 14.95 | 500 ml | Midwest |
| THEOBROMA OIL | | | |
| Oint | | | |
| TRI-SODIUM CITRATE | | | |
| Crystals | | | |
| TRICHLORACETIC ACID | | | |
| Grans | | | |
| UREA | | | |
| Powder BP | | | |
| WOOL FAT | | | |
| Oint, anhydrous | | | |
| XANTHAN | | | |
| Gum 1% | | | |
| ZINC OXIDE | | | |
| Powder | | | |

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

## Food Modules

### Carbohydrate

➦ **Restricted** (RS1467)
**Initiation – Use as an additive**
Any of the following:

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

**Initiation – Use as a module**
For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.
Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

CARBOHYDRATE SUPPLEMENT – **Restricted** see terms above

| | | | |
|---|---|---|---|
| ⬆ | Powder 95 g carbohydrate per 100 g, 368 g can | | |
| ⬆ | Powder 96 g carbohydrate per 100 g, 400 g can | | *e.g. Polycal* |

### Fat

➦ **Restricted** (RS1468)
**Initiation – Use as an additive**
Any of the following:

1 Patient has inborn errors of metabolism; or
2 Faltering growth in an infant/child; or
3 Bronchopulmonary dysplasia; or
4 Fat malabsorption; or
5 Lymphangiectasia; or
6 Short bowel syndrome; or
7 Infants with necrotising enterocolitis; or
8 Biliary atresia; or
9 For use in a ketogenic diet; or
10 Chyle leak; or
11 Ascites; or
12 Patient has increased energy requirements, and for whom dietary measures have not been successful.

**Initiation – Use as a module**
For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk. .
Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

LONG-CHAIN TRIGLYCERIDE SUPPLEMENT – **Restricted** see terms above

| | | | |
|---|---|---|---|
| ⬆ | Liquid 50 g fat per 100 ml, 200 ml bottle | | *e.g. Calogen* |
| ⬆ | Liquid 50 g fat per 100 ml, 500 ml bottle | | *e.g. Calogen* |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| MEDIUM-CHAIN TRIGLYCERIDE SUPPLEMENT – **Restricted** see terms on the previous page | | | |
| ⬆ Liquid 50 g fat per 100 ml, 250 ml bottle | | | *e.g. Liquigen* |
| ⬆ Liquid 95 g fat per 100 ml, 500 ml bottle | | | *e.g. MCT Oil* |
| WALNUT OIL – **Restricted** see terms on the previous page | | | |
| ⬆ Liq | | | |

## Protein

➥ **Restricted** (RS1469)
**Initiation – Use as an additive**
Either:

1 Protein losing enteropathy; or
2 High protein needs.

**Initiation – Use as a module**
For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk. .
Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

| | | | |
|---|---|---|---|
| PROTEIN SUPPLEMENT – **Restricted** see terms above | | | |
| ⬆ Powder 5 g protein, 0.67 g carbohydrate and 0.6 g fat per 6.6 g, 275 g can | | | |
| ⬆ Powder 6 g protein per 7 g, can | 8.95 | 227 g | Resource Beneprotein |
| ⬆ Powder 89 g protein, < 1.5 g carbohydrate and 2 g fat per 100 g, 225 g can | | | *e.g. Protifar* |

## Other Supplements

| | | | |
|---|---|---|---|
| BREAST MILK FORTIFIER | | | |
| Powder 0.2 g protein, 0.7 g carbohydrate and 0.02 g fat per 1 g sachet | | | *e.g. FM 85* |
| Powder 0.5 g protein, 1.2 g carbohydrate and 0.08 g fat per 2 g sachet | | | *e.g. S26 Human Milk Fortifier* |
| Powder 0.6 g protein and 1.4 g carbohydrate per 2.2 g sachet | | | *e.g. Nutricia Breast Milk Fortifer* |
| CARBOHYDRATE AND FAT SUPPLEMENT – **Restricted** see terms below | | | |
| ⬇ Powder 72.7 g carbohydrate and 22.3 g fat per 100 g, 400 g can | | | *e.g. Super Soluble Duocal* |

➥ **Restricted** (RS1212)
**Initiation**
Both:

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

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

## Food/Fluid Thickeners

**NOTE:**
While pre-thickened drinks and supplements have not been included in Section H, Health NZ Hospitals may continue to use such products for patients with dysphagia, provided that:

- use was established prior to 1 July 2013; and
- the product has not been specifically considered and excluded by Pharmac; and
- use of the product conforms to any applicable indication restrictions for similar products that are listed in Section H (for example, use of thickened high protein products should be in line with the restriction for high protein oral feed in Section H).

Pharmac intends to make a further decision in relation to pre-thickened drinks and supplements in the future, and will notify of any change to this situation.

CAROB BEAN GUM WITH MAIZE STARCH AND MALTODEXTRIN
Powder — *e.g. Feed Thickener Karicare Aptamil*

GUAR GUM
Powder — *e.g. Guarcol*

MAIZE STARCH
Powder — *e.g. Resource Thicken Up; Nutilis*

MALTODEXTRIN WITH XANTHAN GUM
Powder — *e.g. Instant Thick*

MALTODEXTRIN WITH XANTHAN GUM AND ASCORBIC ACID
Powder — *e.g. Easy Thick*

## Metabolic Products

➦ **Restricted** (RS1232)
**Initiation**
Any of the following:

1 For the dietary management of homocystinuria, maple syrup urine disease, phenylketonuria (PKU), glutaric aciduria, isovaleric acidaemia, propionic acidaemia, methylmalonic acidaemia, tyrosinaemia or urea cycle disorders; or
2 Patient has adrenoleukodystrophy; or
3 For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy.

### Glutaric Aciduria Type 1 Products

AMINO ACID FORMULA (WITHOUT LYSINE AND LOW TRYPTOPHAN) – **Restricted** see terms above

⬆ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can — *e.g. GA1 Anamix Infant*
⬆ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can — *e.g. XLYS Low TRY Maxamaid*


⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
*e.g. Brand* indicates brand example only. It is not a contracted product.

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

## Homocystinuria Products

AMINO ACID FORMULA (WITHOUT METHIONINE) – **Restricted** see terms on the previous page

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can — *e.g. HCU Anamix Infant*
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can — *e.g. XMET Maxamaid*
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can — *e.g. XMET Maxamum*
- Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle — *e.g. HCU Anamix Junior LQ*

## Isovaleric Acidaemia Products

AMINO ACID FORMULA (WITHOUT LEUCINE) – **Restricted** see terms on the previous page

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can — *e.g. IVA Anamix Infant*
- Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can — *e.g. XLEU Maxamaid*
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can — *e.g. XLEU Maxamum*

## Maple Syrup Urine Disease Products

AMINO ACID FORMULA (WITHOUT ISOLEUCINE, LEUCINE AND VALINE) – **Restricted** see terms on the previous page

- Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can — *e.g. MSUD Anamix Infant*
- Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can — *e.g. MSUD Maxamum*
- Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle — *e.g. MSUD Anamix Junior LQ*

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| **Phenylketonuria Products** | | | |
| AMINO ACID FORMULA (WITHOUT PHENYLALANINE) – **Restricted** see terms on page 250 | | | |
| ⬆ Tab 8.33 mg | | | *e.g. Phlexy-10* |
| ⬆ Powder 20 g protein, 3.8 g carbohydrate and 0.23 g fibre per 28 g sachet | | | *e.g. PKU Lophlex Powder (neutral)* |
| ⬆ Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet | | | *e.g. PKU Anamix Junior (van/choc/neutral* |
| ⬆ Powder 13.1 g protein, 50.1 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can | | | *e.g. PKU Anamix Infant* |
| ⬆ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can | | | *e.g. XP Maxamum* |
| ⬆ Powder 8.33 g protein and 8.8 g carbohydrate per 20 g sachet | | | *e.g. Phlexy-10* |
| ⬆ Liquid 10 g protein, 4.4 g carbohydrate and 0.25 g fibre per 100 ml, 62.5 ml bottle | | | *e.g. PKU Lophlex LQ 10* |
| ⬆ Liquid 20 g protein, 8.8 g carbohydrate and 0.34 g fibre per 100 ml, 125 ml bottle | | | *e.g. PKU Lophlex LQ 20* |
| ⬆ Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, bottle | 13.10 | 125 ml | PKU Anamix Junior LQ (Berry)<br>PKU Anamix Junior LQ (Orange)<br>PKU Anamix Junior LQ (Unflavoured) |
| ⬆ Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 125 ml bottle | | | *e.g. PKU Lophlex LQ 20* |
| ⬆ Liquid 16 g protein, 7 g carbohydrate and 0.27 g fibre per 100 ml, 62.5 ml bottle | | | *e.g. PKU Lophlex LQ 10* |
| ⬆ Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 125 ml bottle | | | *e.g. PKU Lophlex LQ 20* |
| ⬆ Liquid 16 g protein, 7 g carbohydrate and 0.4 g fibre per 100 ml, 62.5 ml bottle | | | *e.g. PKU Lophlex LQ 10* |
| ⬆ Liquid 6.7 g protein, 5.1 g carbohydrate and 2 g fat per 100 ml, 250 ml carton | | | *e.g. Easiphen* |
| ⬆ Semi-solid 18.3 g protein, 18.5 g carbohydrate and 0.92 g fibre per 100 g, 109 g pot | | | *e.g. PKU Lophlex Sensations 20 (berries)* |
| **Propionic Acidaemia and Methylmalonic Acidaemia Products** | | | |
| AMINO ACID FORMULA (WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE) – **Restricted** see terms on page 250 | | | |
| ⬆ Powder 13.1 g protein, 50.1 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can | | | *e.g. MMA/PA Anamix Infant* |
| ⬆ Powder 25 g protein and 51 g carbohydrate per 100 g, 500 g can | | | *e.g. XMTVI Maxamaid* |
| ⬆ Powder 39 g protein and 34 g carbohydrate per 100 g, 500 g can | | | *e.g. XMTVI Maxamum* |
| **Protein Free Supplements** | | | |
| PROTEIN FREE SUPPLEMENT – **Restricted** see terms on page 250 | | | |
| ⬆ Powder nil added protein and 67 g carbohydrate per 100 g, 400 g can | | | *e.g.Energivit* |



⬆ 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 |
|---|---|---|---|

## Tyrosinaemia Products

AMINO ACID FORMULA (WITHOUT PHENYLALANINE AND TYROSINE) – **Restricted** see terms on page 250

- ⬆ Powder 36 g protein, 32 g carbohydrate and 12.5 g fat per 100 g, 36 g sachet — *e.g. TYR Anamix Junior*
- ⬆ Powder 13.1 g protein, 49.5 g carbohydrate, 23 g fat and 5.3 g fibre per 100 g, 400 g can — *e.g. TYR Anamix Infant*
- ⬆ Powder 25 g protein and 51 g carbohydrate per 100 g, 400 g can — *e.g. XPHEN, TYR Maxamaid*
- ⬆ Liquid 8 g protein, 7 g carbohydrate, 3.8 g fat and 0.25 g fibre per 100 ml, 125 ml bottle — *e.g. TYR Anamix Junior LQ*

## Urea Cycle Disorders Products

AMINO ACID SUPPLEMENT – **Restricted** see terms on page 250

- ⬆ Powder 25 g protein and 65 g carbohydrate per 100 g, 200 g can — *e.g. Dialamine*
- ⬆ Powder 79 g protein per 100 g, 200 g can — *e.g. Essential Amino Acid Mix*

## X-Linked Adrenoleukodystrophy Products

GLYCEROL TRIERUCATE – **Restricted** see terms on page 250

- ⬆ Liquid, 1,000 ml bottle

GLYCEROL TRIOLEATE – **Restricted** see terms on page 250

- ⬆ Liquid, 500 ml bottle

# Specialised Formulas

## Diabetic Products

➡ **Restricted** (RS1215)

**Initiation**

Any of the following:

1 For patients with type I or type II diabetes suffering weight loss and malnutrition that requires nutritional support; or
2 For patients with pancreatic insufficiency; or
3 For patients who have, or are expected to, eat little or nothing for 5 days; or
4 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or
5 For use pre- and post-surgery; or
6 For patients being tube-fed; or
7 For tube-feeding as a transition from intravenous nutrition.

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 | 3.75 | 500 ml | Glucerna Select |
| ⬆ Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bag | | | *e.g. Nutrison Advanced Diason* |
| ⬆ Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bottle | | | *e.g. Nutrison Advanced Diason* |

*(e.g. Nutrison Advanced Diason Liquid 4.3 g protein, 11.3 g carbohydrate and 4.2 g fat per 100 ml, 1,000 ml bag to be delisted 1 July 2023)*

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| LOW-GI ORAL FEED 1 KCAL/ML – **Restricted** see terms on the previous page | | | |
| ⬆ Liquid 7 g protein, 10.9 g carbohydrate, 2.7 g fat and 2 g fibre per 100 ml, bottle | 2.10 | 200 ml | Nutren Diabetes (Vanilla) |
| ⬆ Liquid 4.9 g protein, 11.7 g carbohydrate, 3.8 g fat and 2 g fibre per 100 ml, 200 ml bottle | | | *e.g. Diasip* |

## Elemental and Semi-Elemental Products

➦ **Restricted** (RS1216)
**Initiation**
Any of the following:
1 Malabsorption; or
2 Short bowel syndrome; or
3 Enterocutaneous fistulas; or
4 Eosinophilic enteritis (including oesophagitis); or
5 Inflammatory bowel disease; or
6 Acute pancreatitis where standard feeds are not tolerated; or
7 Patients with multiple food allergies requiring enteral feeding.

| | | | |
|---|---|---|---|
| AMINO ACID ORAL FEED – **Restricted** see terms above | | | |
| ⬆ Powder 11 g protein, 62 g carbohydrate and 1 g fat per sachet | 4.50 | 80 g | Vivonex TEN |
| AMINO ACID ORAL FEED 0.8 KCAL/ML – **Restricted** see terms above | | | |
| ⬆ Liquid 2.5 g protein, 11 g carbohydrate and 3.5 g fat per 100 ml, 250 ml carton | | | *e.g. Elemental 028 Extra* |
| PEPTIDE-BASED ENTERAL FEED 1 KCAL/ML – **Restricted** see terms above | | | |
| ⬆ Liquid 4 g protein, 17.7 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bag | | | *e.g. Nutrison Advanced Peptisorb* |
| ⬆ Liquid 4 g protein, 17.7 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bottle | | | *e.g. Nutrison Advanced Peptisorb* |
| *(e.g. Nutrison Advanced Peptisorb Liquid 4 g protein, 17.7 g carbohydrate and 1.7 g fat per 100 ml, 1,000 ml bag to be delisted 1 June 2023)* | | | |
| PEPTIDE-BASED ENTERAL FEED 1.5 KCAL/ML – **Restricted** see terms above | | | |
| ⬆ Liquid 6.75 g protein, 18.4 g carbohydrate and 5.5 g fat per 100 ml, bottle | 18.06 | 1,000 ml | Vital |
| PEPTIDE-BASED ORAL FEED – **Restricted** see terms above | | | |
| ⬆ Powder 13.7 g protein, 62.9 g carbohydrate and 17.5 g fat per 100 g, 400 g can | | | *e.g. Peptamen Junior* |
| ⬆ Powder 13.8 g protein, 59 g carbohydrate and 18 g fat per 100 g, 400 g can | | | *e.g. MCT Pepdite; MCT Pepdite 1+* |
| PEPTIDE-BASED ORAL FEED 1 KCAL/ML – **Restricted** see terms above | | | |
| ⬆ Liquid 5 g protein, 16 g carbohydrate and 1.69 g fat per 100 ml, carton | 4.95 | 237 ml | Peptamen OS 1.0 (Vanilla) |

## Fat Modified Products

| | | | |
|---|---|---|---|
| FAT-MODIFIED FEED – **Restricted** see terms on the next page | | | |
| ⬇ Powder 12.8 g protein, 68.6 g carbohydrate and 12.9 g fat per 100 g, 400 g can | | | *e.g. Monogen* |


⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
*e.g. Brand* indicates brand example only. It is not a contracted product.

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

➥ **Restricted** (RS1470)
**Initiation**
Any of the following:

1 Patient has metabolic disorders of fat metabolism; or
2 Patient has a chyle leak; or
3 Modified as a modular feed, made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule, for adults.

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

## Hepatic Products

➥ **Restricted** (RS1217)
**Initiation**
For children (up to 18 years) who require a liver transplant.

HEPATIC ORAL FEED – **Restricted** see terms above

| | | | | |
|---|---|---|---|---|
| ⬆ | Powder 12 g protein, 56 g carbohydrate and 22 g fat per 100 g, can | 78.97 | 400 g | Heparon Junior |

## High Calorie Products

➥ **Restricted** (RS1317)
**Initiation**
Any of the following:

1 Patient is fluid volume or rate restricted; or
2 Patient requires low electrolyte; or
3 Both:
  3.1 Any of the following:
    3.1.1 Cystic fibrosis; or
    3.1.2 Any condition causing malabsorption; or
    3.1.3 Faltering growth in an infant/child; or
    3.1.4 Increased nutritional requirements; and
  3.2 Patient has substantially increased metabolic requirements.

ENTERAL FEED 2 KCAL/ML – **Restricted** see terms above

| | | | | |
|---|---|---|---|---|
| ⬆ | Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, bottle | 5.50 | 500 ml | Nutrison Concentrated |
| ⬆ | Liquid 8.4 g protein, 21.9 g carbohydrate, 9.1 g fat and 0.5 g fibre per 100 ml, bottle | 11.00 | 1,000 ml | 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, bottle | 1.90 | 200 ml | Two Cal HN |

## High Protein Products

HIGH PROTEIN ENTERAL FEED 1.25 KCAL/ML – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Liquid 6.3 g protein, 14.2 g carbohydrate and 4.9 g fat per 100 ml, 1,000 ml bottle | | | *e.g. Nutrison Protein Plus* |

➥ **Restricted** (RS1327)
**Initiation**
Both:

continued…

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

continued…

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 1.26 KCAL/ML – **Restricted** see terms below

⬇ Liquid 10 g protein, 10.4 g carbohydrate and 4.9 g fat per 100 ml, bottle .....5.78 500 ml Nutrison Protein Intense

➥ **Restricted** (RS1327)

**Initiation**

Both:

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

HIGH PROTEIN ENTERAL FEED 1.28 KCAL/ML – **Restricted** see terms below

⬇ Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag *e.g. Nutrison Protein Plus Multi Fibre*

⬇ Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle *e.g. Nutrison Protein Plus Multi Fibre*

*(e.g. Nutrison Protein Plus Multi Fibre Liquid 6.3 g protein, 14.1 g carbohydrate, 4.9 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag to be delisted 1 June 2023)*

➥ **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

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| AMINO ACID FORMULA – **Restricted** see terms below | | | |
| ⬇ Powder 1.95 g protein, 8.1 g carbohydrate and 3.5 g fat per 100 ml, 400 g can | | | *e.g. Neocate* |
| ⬇ Powder 13 g protein, 49 g carbohydrate and 23 g fat per 100 g, 400 g can | | | *e.g. Neocate SYNEO unflavoured* |
| ⬇ Powder 13.3 g protein, 56 g carbohydrate and 22 g fat per 100 g, 400 g can | | | *e.g. Neocate Junior Unflavoured* |
| ⬇ Powder 13.3 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 | 53.00 | 400 g | Neocate Gold (Unflavoured) |
| ⬇ Powder 14.8 g protein, 51.4 g carbohydrate and 23 g fat per 100 g, can | 53.00 | 400 g | Neocate Junior Vanilla |
| ⬇ Powder 15 g protein, 56 g carbohydrate and 20 g fat per 100 g, can | 43.60 | 400 g | Alfamino Junior |
| ⬇ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can | 53.00 | 400 g | Elecare LCP (Unflavoured) |
| ⬇ Powder 2.2 g protein, 7.8 g carbohydrate and 3.4 g fat per 100 ml, can | 53.00 | 400 g | Elecare (Unflavoured) Elecare (Vanilla) |

➥ **Restricted** (RS1867)

**Initiation**

Any of the following:

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 2.75 g protein, 13.7 g carbohydrate and 3.89 g fat per 100 ml | 10.45 | 500 ml | Nutrini Peptisorb |
| ⬇ Liquid 4.2 g protein, 18.6 g carbohydrate and 6.58 g fat per 100 ml | 15.68 | 500 ml | Nutrini Peptisorb Energy |

*(Nutrini Peptisorb Liquid 2.75 g protein, 13.7 g carbohydrate and 3.89 g fat per 100 ml to be delisted 1 July 2023)*

➥ **Restricted** (RS1775)

**Initiation**

All of the following:

continued…

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

continued…

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:

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 | 30.42 | 900 g | Allerpro Syneo 1<br>Aptamil AllerPro SYNEO 1 |
| ⬇ Powder 1.6 g protein, 7.8 g carbohydrate and 3.2 g fat per 100 ml, 900 g can | 30.42 | 900 g | Allerpro Syneo 2<br>Aptamil AllerPro SYNEO 2 |
| ⬇ Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can | | | *e.g. Pepti-Junior* |
| ⬇ Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can. | | | *e.g. Aptamil Gold+ Pepti Junior* |

*(Aptamil AllerPro SYNEO 1 Powder 1.6 g protein, 7.5 g carbohydrate and 3.1 g fat per 100 ml, 900 g can to be delisted 1 November 2022)*

*(Aptamil AllerPro SYNEO 2 Powder 1.6 g protein, 7.8 g carbohydrate and 3.2 g fat per 100 ml, 900 g can to be delisted 1 November 2022)*

*(e.g. Aptamil Gold+ Pepti Junior Powder 14 g protein, 53.4 g carbohydrate and 27.3 g fat per 100 g, 450 g can. to be delisted 1 November 2022)*

➥ **Restricted** (RS1502)

**Initiation**

Any of the following:

continued…

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

continued…

1 Both:
  1.1 Cows' milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
  1.2 Either:
    1.2.1 Soy milk formula has been reasonably trialled without resolution of symptoms; or
    1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
2 Severe malabsorption; or
3 Short bowel syndrome; or
4 Intractable diarrhoea; or
5 Biliary atresia; or
6 Cholestatic liver diseases causing malsorption; or
7 Cystic fibrosis; or
8 Proven fat malabsorption; or
9 Severe intestinal motility disorders causing significant malabsorption; or
10 Intestinal failure; or
11 For step down from Amino Acid Formula.

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

**Continuation**

Both:

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

FRUCTOSE-BASED FORMULA

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

LACTOSE-FREE FORMULA

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

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

LOW-CALCIUM FORMULA

Powder 14.6 g protein, 55.2 g carbohydrate and 25.8 g fat per 100 g, 400 g can — *e.g. Locasol*

PAEDIATRIC ORAL/ENTERAL FEED 1 KCAL/ML – **Restricted** see terms below

⬇ Liquid 2.6 g protein, 10.3 g carbohydrate, 5.4 g fat and 0.6 g fibre per 100 ml, bottle ..... 2.35 — 125 ml — Infatrini

➥ **Restricted** (RS1614)

**Initiation – Fluid restricted or volume intolerance with faltering growth**

Both:

1 Either:
  1.1 The patient is fluid restricted or volume intolerant; or
  1.2 The patient has increased nutritional requirements due to faltering growth; and
2 Patient is under 18 months old and weighs less than 8kg.

Note: 'Volume intolerant' patients are those who are unable to tolerate an adequate volume of infant formula to achieve expected growth rate. These patients should have first trialled appropriate clinical alternative treatments, such as concentrating, fortifying and adjusting the frequency of feeding.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PRETERM FORMULA – **Restricted** see terms below | | | |
| ⬇ Liquid 2.2 g protein, 8.4 g carbohydrate and 4.4 g fat per 100 ml, bottle | 0.75 | 100 ml | S26 LBW Gold RTF |
| ⬇ Liquid 2.3 g protein, 8.6 g carbohydrate and 4.2 g fat per 100 ml, 90 ml bottle | | | *e.g. Pre Nan Gold RTF* |
| ⬇ Liquid 2.6 g protein, 8.4 g carbohydrate and 3.9 g fat per 100 ml, 70 ml bottle | | | *e.g. Karicare Aptamil Gold+Preterm* |

➥ **Restricted** (RS1224)
**Initiation**
For infants born before 33 weeks' gestation or weighing less than 1.5 kg at birth.

| | | | |
|---|---|---|---|
| THICKENED FORMULA | | | |
| Powder 1.8 g protein, 8.1 g carbohydrate and 3.3 g fat per 100 ml, 900 g can | | | *e.g. Karicare Aptamil Thickened AR* |

## Ketogenic Diet Products

| | | | |
|---|---|---|---|
| HIGH FAT FORMULA – **Restricted** see terms below | | | |
| ⬇ Powder 14.3 g protein, 2.8 g carbohydrate and 69.2 g fat per 100 g, can | 35.50 | 300 g | Ketocal 4:1 (Unflavoured)<br>Ketocal 4:1 (Vanilla) |
| ⬇ Powder 14.4 g protein, 2.9 g carbohydrate and 69.2 g fat per 100 g, can | 35.50 | 300 g | Ketocal 4:1 (Unflavoured)<br>Ketocal 4:1 (Vanilla) |
| ⬇ Powder 15.4 g protein, 7.2 g carbohydrate and 68.6 g fat per 100 g, can | 35.50 | 300 g | Ketocal 3:1 (Unflavoured) |

*(Ketocal 4:1 (Unflavoured) Powder 14.4 g protein, 2.9 g carbohydrate and 69.2 g fat per 100 g, can to be delisted 1 March 2023)*
*(Ketocal 4:1 (Vanilla) Powder 14.4 g protein, 2.9 g carbohydrate and 69.2 g fat per 100 g, can to be delisted 1 March 2023)*
➥ **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.

| | | | |
|---|---|---|---|
| PAEDIATRIC ENTERAL FEED 0.76 KCAL/ML – **Restricted** see terms above | | | |
| ⬆ Liquid 2.5 g protein, 12.5 g carbohydrate, 3.3 g fat and 0.7 g fibre per 100 ml, bag | 4.00 | 500 ml | Nutrini Low Energy Multifibre RTH |


⬆ 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 |
|---|---|---|---|
| PAEDIATRIC ENTERAL FEED 1 KCAL/ML – **Restricted** see terms on the previous page | | | |
| ⬆ Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bag | 2.68 | 500 ml | Pediasure RTH |
| ⬆ Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bag | | | *e.g. Nutrini RTH* |
| ⬆ Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bottle | | | *e.g. Nutrini RTH* |
| *(e.g. Nutrini RTH Liquid 2.8 g protein, 12.3 g carbohydrate and 4.4 g fat per 100 ml, 500 ml bag to be delisted 1 July 2023)* | | | |
| PAEDIATRIC ENTERAL FEED 1.5 KCAL/ML – **Restricted** see terms on the previous page | | | |
| ⬆ Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bag | 6.00 | 500 ml | Nutrini Energy Multi Fibre |
| ⬆ Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bottle | 6.00 | 500 ml | Nutrini Energy Multi Fibre |
| ⬆ Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bag | | | *e.g. Nutrini Energy RTH* |
| ⬆ Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bottle | | | *e.g. Nutrini Energy RTH* |
| *(Nutrini Energy Multi Fibre Liquid 4.1 g protein, 18.5 g carbohydrate, 6.7 g fat and 0.8 g fibre per 100 ml, bag to be delisted 1 December 2022)* | | | |
| *(e.g. Nutrini Energy RTH Liquid 4.1 g protein, 18.5 g carbohydrate and 6.7 g fat per 100 ml, 500 ml bag to be delisted 1 July 2023)* | | | |
| PAEDIATRIC ORAL FEED 1 KCAL/ML – **Restricted** see terms on the previous page | | | |
| ⬆ Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, bottle | 1.07 | 200 ml | Pediasure (Chocolate)<br>Pediasure (Strawberry)<br>Pediasure (Vanilla) |
| ⬆ Liquid 2.8 g protein, 11.2 g carbohydrate and 5 g fat per 100 ml, can | 1.34 | 250 ml | Pediasure (Vanilla) |
| PAEDIATRIC ORAL FEED 1.5 KCAL/ML – **Restricted** see terms on the previous page | | | |
| ⬆ Liquid 4.2 g protein, 16.7 g carbohydrate and 7.5 g fat per 100 ml, 500 ml bottle | | | *e.g. Pediasure Plus* |
| ⬆ Liquid 3.4 g protein, 18.8 g carbohydrate and 6.8 g fat per 100 ml, 200 ml bottle | | | *e.g. Fortini* |
| ⬆ Liquid 4.0 g protein, 18.8 g carbohydrate, 6.8 g fat and 1.5 g fibre per 100 ml, 200 ml bottle | | | *e.g. Fortini Multifibre* |

## Renal Products

| | | | |
|---|---|---|---|
| LOW ELECTROLYTE ENTERAL FEED 1.8 KCAL/ML – **Restricted** see terms below | | | |
| ⬇ Liquid 8.1 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, bottle | 6.08 | 500 ml | Nepro HP RTH |

➥ **Restricted** (RS1229)

**Initiation**

For patients with acute or chronic kidney disease.

| | | | |
|---|---|---|---|
| LOW ELECTROLYTE ORAL FEED – **Restricted** see terms below | | | |
| ⬇ Powder 7.5 g protein, 57.6 g carbohydrate and 25.9 g fat per 100 g, 400 g can | | | *e.g. Kindergen* |

➥ **Restricted** (RS1227)

**Initiation**

For children (up to 18 years) with acute or chronic kidney disease.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| LOW ELECTROLYTE ORAL FEED 1.8 KCAL/ML | | | |
| ⬇ Liquid 8 g protein, 14.74 g carbohydrate, 9.77 g fat and 1.26 g fibre per 100 ml, carton | 2.67 | 220 ml | Nepro HP (Strawberry)<br>Nepro HP (Vanilla) |

➥ **Restricted** (RS1228)
**Initiation**
For patients with acute or chronic kidney disease.

| | | | |
|---|---|---|---|
| LOW ELECTROLYTE ORAL FEED 2 KCAL/ML – **Restricted** see terms below | | | |
| ⬇ Liquid 3 g protein, 25.5 g carbohydrate and 9.6 g fat per 100 ml, 237 ml bottle | | | |
| ⬇ Liquid 7.5 g protein, 20 g carbohydrate and 10 g fat per 100 ml, 125 ml carton | | | *e.g. Renilon 7.5* |
| ⬇ Liquid 9.1 g protein, 19 g carbohydrate and 10 g fat per 100 ml, 200 ml bottle | 13.24 | 4 | Novasource Renal (Vanilla) |

➥ **Restricted** (RS1228)
**Initiation**
For patients with acute or chronic kidney disease.

## Surgical Products

| | | | |
|---|---|---|---|
| HIGH ARGININE ORAL FEED 1.4 KCAL/ML – **Restricted** see terms below | | | |
| ⬇ Liquid 10.4 g protein, 8 g carbohydrate, 4.4 g fat and 0 g fibre per 100 ml, 250 ml carton | 56.00 | 10 | Impact Advanced Recovery |

➥ **Restricted** (RS1231)
**Initiation**
Three packs per day for 5 to 7 days prior to major gastrointestinal, head or neck surgery.

| | | | |
|---|---|---|---|
| PREOPERATIVE CARBOHYDRATE FEED 0.5 KCAL/ML – **Restricted** see terms below | | | |
| ⬇ Oral liq 0 g protein, 12.6 g carbohydrate and 0 g fat per 100 ml, 200 ml bottle | 6.80 | 4 | preOp |

➥ **Restricted** (RS1415)
**Initiation**
Maximum of 400 ml as part of an Enhanced Recovery After Surgery (ERAS) protocol 2 to 3 hours before major abdominal surgery.

## Standard Feeds

➥ **Restricted** (RS1214)
**Initiation**
Any of the following:

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

continued…

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

continued…

3 For patients who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism; or
4 For use pre- and post-surgery; or
5 For patients being tube-fed; or
6 For tube-feeding as a transition from intravenous nutrition; or
7 For any other condition that meets the community Special Authority criteria.

ENTERAL FEED 1.5 KCAL/ML – **Restricted** see terms on the previous page

| | | | |
|---|---|---|---|
| ⬆ Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, bag | 7.00 | 1,000 ml | Nutrison Energy |
| ⬆ Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, bottle | 7.00 | 1,000 ml | Nutrison Energy |
| ⬆ Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag | | | *e.g. Nutrison Energy Multi Fibre* |
| ⬆ Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bottle | | | *e.g. Nutrison Energy Multi Fibre* |
| ⬆ Liquid 6.25 g protein, 20 g carbohydrate and 5 g fat per 100 ml, can | 1.75 | 250 ml | Ensure Plus HN |
| ⬆ Liquid 6.27 g protein, 20.4 g carbohydrate and 4.9 g fat per 100 ml, bag | 7.00 | 1,000 ml | Ensure Plus HN RTH |
| ⬆ Liquid 6.38 g protein, 21.1 g carbohydrate, 4.9 g fat and 1.2 g fibre per 100 ml, bag | 7.00 | 1,000 ml | Jevity HiCal RTH |

*(Nutrison Energy Liquid 6 g protein, 18.3 g carbohydrate and 5.8 g fat per 100 ml, bag to be delisted 1 December 2022)*
*(e.g. Nutrison Energy Multi Fibre Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 1.5 g fibre per 100 ml, 1,000 ml bag to be delisted 1 July 2023)*

ENTERAL FEED 1 KCAL/ML – **Restricted** see terms on the previous page

| | | | |
|---|---|---|---|
| ⬆ Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1000 ml bottle | | | *e.g. Nutrison Multi Fibre* |
| ⬆ Liquid 4 g protein, 13.6 g carbohydrate and 3.4 g fat per 100 ml, bottle | 5.29 | 1,000 ml | Osmolite RTH |
| ⬆ Liquid 4 g protein, 14.1 g carbohydrate, 3.47 g fat and 1.76 g fibre per 100 ml, bottle | 5.29 | 1,000 ml | Jevity RTH |
| ⬆ Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bag | | | *e.g. NutrisonStdRTH; NutrisonLowSodium* |
| ⬆ Liquid 4 g protein, 12.3 g carbohydrate and 3.9 g fat per 100 ml, 1,000 ml bottle | | | *e.g. Nutrison Low Sodium; NutrisonStdRTH* |
| ⬆ Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1000 ml bag | | | *e.g. Nutrison Multi Fibre* |

*(e.g. Nutrison Multi Fibre Liquid 4 g protein, 12.3 g carbohydrate, 3.9 g fat and 1.5 g fibre per 100 ml, 1000 ml bag to be delisted 1 July 2023)*

ENTERAL FEED 1.2 KCAL/ML – **Restricted** see terms on the previous page

| | | | |
|---|---|---|---|
| ⬆ Liquid 5.55 g protein, 15.1 g carbohydrate, 3.93 g fat and 2 g fibre per 100 ml, 1,000 ml bag | | | *e.g. Jevity Plus RTH* |

ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – **Restricted** see terms on the previous page

| | | | |
|---|---|---|---|
| ⬆ Liquid 5.5 g protein, 8.8 g carbohydrate, 2.5 g fat and 1.5 g fibre per 100 ml, bottle | 5.29 | 1,000 ml | Nutrison 800 Complete Multi Fibre |

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| HIGH PROTEIN ORAL FEED 2.4 KCAL/ML – **Restricted** see terms on page 262 | | | |
| Only to be used for patients currently on or would be using Fortisip or Fortisip Multi Fibre | | | |
| ⬆ Liquid 14.6 g protein, 25.3 g carbohydrate and 9.6 g fat per 100 ml, 125 ml bottle | | | *e.g. Fortisip Compact Protein* |
| *(e.g. Fortisip Compact Protein Liquid 14.6 g protein, 25.3 g carbohydrate and 9.6 g fat per 100 ml, 125 ml bottle to be delisted 1 December 2022)* | | | |
| ORAL FEED – **Restricted** see terms on page 262 | | | |
| ⬆ Powder 15.9 g protein, 57.4 g carbohydrate and 14 g fat per 100 g, can | 26.00 | 850 g | Ensure (Chocolate)<br>Ensure (Vanilla) |
| ⬆ Powder 23 g protein, 65 g carbohydrate and 2.5 g fat per 100 g, can | 14.00 | 840 g | Sustagen Hospital Formula (Chocolate)<br>Sustagen Hospital Formula (Vanilla) |
| ORAL FEED 1 KCAL/ML – **Restricted** see terms on page 262 | | | |
| ⬆ Liquid 3.8 g protein, 23 g carbohydrate and 12.7 g fibre per 100 ml, 237 ml carton | | | *e.g. Resource Fruit Beverage* |
| ORAL FEED 1.5 KCAL/ML – **Restricted** see terms on page 262 | | | |
| ⬆ Liquid 5.5 g protein, 21.1 g carbohydrate and 4.81 g fat per 100 ml, can | 1.33 | 237 ml | Ensure Plus (Vanilla) |
| ⬆ Liquid 6.25 g protein, 20.2 g carbohydrate and 4.92 g fat per 100 ml, carton | 1.26 | 200 ml | Ensure Plus (Banana)<br>Ensure Plus (Chocolate)<br>Ensure Plus (Fruit of the Forest)<br>Ensure Plus (Vanilla) |
| ⬆ Liquid 4 g protein and 33.5 g carbohydrate per 100 ml, 200 ml bottle | | | *e.g. Fortijuice* |
| ⬆ Liquid 6 g protein, 18.4 g carbohydrate and 5.8 g fat per 100 ml, 200 ml bottle | | | *e.g. Fortisip* |
| ⬆ Liquid 6 g protein, 18.4 g carbohydrate, 5.8 g fat and 2.3 g fibre per 100 ml, 200 ml bottle | | | *e.g. Fortisip Multi Fibre* |



⬆ Item restricted (see ➦ above); ⬇ Item restricted (see ➥ below)
*e.g. Brand* indicates brand example only. It is not a contracted product.

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

## Bacterial and Viral Vaccines

DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE – **Restricted** see terms below

⬇ Inj 30 IU diphtheria toxoid with 30IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml syringe – **0% DV Oct-20 to 2024** ..... 0.00 | 10 | **Infanrix IPV**

➥ **Restricted** (RS1387)

**Initiation**

Any of the following:

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

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

DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE – **Restricted** see terms below

⬇ Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B – **0% DV Oct-20 to 2024** ..... 0.00 | 10 | **Infanrix-hexa**

➥ **Restricted** (RS1478)

**Initiation**

Any of the following:

1 Up to four doses for children up to and under the age of 10 for primary immunisation; or
2 An additional four doses (as appropriate) are funded for (re-)immunisation for children up to and under the age of 10 who are patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
3 Up to five doses for children up to and under the age of 10 receiving solid organ transplantation.

Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

## Bacterial Vaccines

BACILLUS CALMETTE-GUERIN VACCINE – **Restricted** see terms below

⬇ Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial Danish strain 1331, live attenuated, vial with diluent – **0% DV Oct-20 to 2024** ..... 0.00 | 10 | **BCG Vaccine**

➥ **Restricted** (RS1233)

**Initiation**

All of the following:

For infants at increased risk of tuberculosis defined as:

1 Living in a house or family with a person with current or past history of TB; and
2 Having one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer; and
3 During their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000.

Note: A list of countries with high rates of TB are available at http://www.health.govt.nz/tuberculosis (Search for Downloads) or www.bcgatlas.org/index.php

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – **Restricted** see terms below | | | |
| ⬇ Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe – **0% DV Oct-20 to 2024** | 0.00 | 1 | **Boostrix** |
| | | 10 | **Boostrix** |

➥ **Restricted** (RS1790)

**Initiation**

Any of the following:

1 A single dose for pregnant women in the second or third trimester of each pregnancy; or; or
2 A single dose for parents or primary caregivers of infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than 3 days, who had not been exposed to maternal vaccination at least 14 days prior to birth; or; or
3 A course of up to four doses is funded for children from age 7 up the age of 18 years inclusive to complete full primary immunisation; or
4 An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
5 A single dose for vaccination of patients aged from 65 years old; or
6 A single dose for vaccination of patients aged from 45 years old who have not had 4 previous tetanus doses; or
7 For vaccination of previously unimmunised or partially immunised patients; or
8 For revaccination following immunosuppression; or
9 For boosting of patients with tetanus-prone wounds.

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

| | | | |
|---|---|---|---|
| HAEMOPHILUS INFLUENZAE TYPE B VACCINE – **Restricted** see terms below | | | |
| ⬇ Haemophilus Influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml | 0.00 | 1 | Hiberix |

➥ **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 – **Restricted** see terms below | | | |
| ⬇ Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – **0% DV Oct-20 to 2024** | 0.00 | 1 | **Menactra** |

➥ **Restricted** (RS1848)

**Initiation**

Either:

1 Any of the following:

1.1 Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
1.2 One dose for close contacts of meningococcal cases of any group; or

continued…

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

continued…

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 are currently living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons, from 1 December 2019 to 30 November 2021.

Notes: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.
*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

MENINGOCOCCAL B MULTICOMPONENT VACCINE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 175 mcg per 0.5 ml prefilled syringe | 0.00 | 1 | Bexsero |

➥ **Restricted** (RS1851)

**Initiation – Infants under one year of age**

Any of the following:

1 up to three doses and a booster every five years for patients pre- and post-splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre- or post-solid organ transplant; or
2 up to three doses for close contacts of meningococcal cases of any group; or
3 up to three doses for child who or has previously had meningococcal disease of any group; or
4 up to three doses for bone marrow transplant patients; or
5 up to three doses for person pre- and post-immunosuppression* .

**Initiation – Person is one year of age or over**

Any of the following:

1 up to two doses and a booster every five years 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 up to two doses for close contacts of meningococcal cases of any group; or
3 up to two doses for person who has previously had meningococcal disease of any group; or
4 up to two doses for bone marrow transplant patients; or
5 up to two doses for person pre- and post-immunosuppression* .

Note: *Immunosuppression due to corticosteroid or other immunosuppressive therapy must be for a period of greater than 28 days.

MENINGOCOCCAL C CONJUGATE VACCINE – **Restricted** see terms below

| | | | |
|---|---|---|---|
| ⬇ Inj 10 mcg in 0.5 ml syringe | 0.00 | 1 | Neisvac-C |

➥ **Restricted** (RS1849)

**Initiation – Children under 9 months of age**

Any of the following:

1 Up to three doses for patients pre- and post splenectomy and for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
2 Two doses for close contacts of meningococcal cases of any group; or
3 Two doses for child who has previously had meningococcal disease of any group; or
4 A maximum of two doses for bone marrow transplant patients; or
5 A maximum of two doses for child pre- and post-immunosuppression*.

Notes: children under nine months of age require two doses 8 weeks apart. Refer to the Immunisation Handbook for booster schedules with meningococcal ACWY vaccine.
*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – **Restricted** see terms below | | | |
| ⬇ mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe – **0% DV Oct-20 to 2024** | 0.00 | 10 | **Synflorix** |

➥ **Restricted** (RS1768)

**Initiation**

A primary course of three doses for previously unvaccinated individuals up to the age of 59 months inclusive.

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

| | | | |
|---|---|---|---|
| PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – **Restricted** see terms below | | | |
| ⬇ Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5 ml syringe | 0.00 | 1 | Prevenar 13 |
| | | 10 | Prevenar 13 |

➥ **Restricted** (RS1871)

**Initiation – High risk children who have received PCV10**

*Therapy limited to 1 dose*

Two doses are funded for high risk children (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 children aged under 5 years for (re-)immunisation; and
2 Any of the following:
- 2.1 On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
- 2.2 With primary immune deficiencies; or
- 2.3 With HIV infection; or
- 2.4 With renal failure, or nephrotic syndrome; or
- 2.5 Who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
- 2.6 With cochlear implants or intracranial shunts; or
- 2.7 With cerebrospinal fluid leaks; or
- 2.8 Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
- 2.9 With chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
- 2.10 Pre term infants, born before 28 weeks gestation; or
- 2.11 With cardiac disease, with cyanosis or failure; or
- 2.12 With diabetes; or
- 2.13 With Down syndrome; or
- 2.14 Who are pre-or post-splenectomy, or with functional asplenia.

**Initiation – High risk adults and children 5 years and over**

*Therapy limited to 4 doses*

Up to an additional four doses (as appropriate) are funded for (re-)immunisation of patients 5 years and over with HIV, for patients pre or post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, 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 on the next page | | | |
| ⬇ Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) – **0% DV Oct-20 to 2024** | 0.00 | 1 | **Pneumovax 23** |



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

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

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

➥ **Restricted** (RS1587)

**Initiation – High risk patients**

*Therapy limited to 3 doses*

For patients with HIV, for patients post haematopoietic stem cell transplant, or chemotherapy; pre- or post-splenectomy; or with functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency.

**Initiation – High risk children**

*Therapy limited to 2 doses*

Both:

1 Patient is a child under 18 years for (re-)immunisation; and
2 Any of the following:
- 2.1 On immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
- 2.2 With primary immune deficiencies; or
- 2.3 With HIV infection; or
- 2.4 With renal failure, or nephrotic syndrome; or
- 2.5 Who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
- 2.6 With cochlear implants or intracranial shunts; or
- 2.7 With cerebrospinal fluid leaks; or
- 2.8 Receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
- 2.9 With chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
- 2.10 Pre term infants, born before 28 weeks gestation; or
- 2.11 With cardiac disease, with cyanosis or failure; or
- 2.12 With diabetes; or
- 2.13 With Down syndrome; or
- 2.14 Who are pre-or post-splenectomy, or with functional asplenia.

**Initiation – Testing for primary immunodeficiency diseases**

For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

SALMONELLA TYPHI VACCINE – **Restricted** see terms below

⬇ Inj 25 mcg in 0.5 ml syringe

➥ **Restricted** (RS1243)

**Initiation**

For use during typhoid fever outbreaks.

## Viral Vaccines

HEPATITIS A VACCINE – **Restricted** see terms below

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 720 ELISA units in 0.5 ml syringe – **0% DV Oct-20 to 2024** | 0.00 | 1 | **Havrix Junior** |
| ⬇ | Inj 1440 ELISA units in 1 ml syringe – **0% DV Oct-20 to 2024** | 0.00 | 1 | **Havrix** |

➥ **Restricted** (RS1638)

**Initiation**

Any of the following:

1 Two vaccinations for use in transplant patients; or
2 Two vaccinations for use in children with chronic liver disease; or
3 One dose of vaccine for close contacts of known hepatitis A cases.

HEPATITIS B RECOMBINANT VACCINE

| | | | | |
|---|---|---|---|---|
| ⬇ | Inj 10 mcg per 0.5 ml prefilled syringe | 0.00 | 1 | Engerix-B |

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

➥ **Restricted** (RS1588)
**Initiation**
Any of the following:

1 For household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
2 For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3 For children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
4 For HIV positive patients; or
5 For hepatitis C positive patients; or
6 for patients following non-consensual sexual intercourse; or
7 For patients following immunosuppression; or
8 For solid organ transplant patients; or
9 For post-haematopoietic stem cell transplant (HSCT) patients; or
10 Following needle stick injury.

⬇ Inj 20 mcg per 1 ml prefilled syringe – **0% DV Oct-20 to 2024** ..... 0.00 | 1 | **Engerix-B**

➥ **Restricted** (RS1671)
**Initiation**
Any of the following:

1 For household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
2 For children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3 For children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
4 For HIV positive patients; or
5 For hepatitis C positive patients; or
6 for patients following non-consensual sexual intercourse; or
7 For patients following immunosuppression; or
8 For solid organ transplant patients; or
9 For post-haematopoietic stem cell transplant (HSCT) patients; or
10 Following needle stick injury; or
11 For dialysis patients; or
12 For liver or kidney transplant patients.

HUMAN PAPILLOMAVIRUS (6, 11, 16, 18, 31, 33, 45, 52 AND 58) VACCINE [HPV] – **Restricted** see terms below
⬇ Inj 270 mcg in 0.5 ml syringe – **0% DV Oct-20 to 2024** ..... 0.00 | 10 | **Gardasil 9**
➥ **Restricted** (RS1693)
**Initiation – Children aged 14 years and under**
*Therapy limited to 2 doses*
Children aged 14 years and under.
**Initiation – other conditions**
Either:

1 Up to 3 doses for people aged 15 to 26 years inclusive; or
2 Both:
  2.1 People aged 9 to 26 years inclusive; and
  2.2 Any of the following:
    2.2.1 Up to 3 doses for confirmed HIV infection; or
    2.2.2 Up to 3 doses for transplant (including stem cell) patients; or
    2.2.3 Up to 4 doses for Post chemotherapy.

continued…

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

continued…

**Initiation – Recurrent Respiratory Papillomatosis**

All of the following:

1 Either:
- 1.1 Maximum of two doses for children aged 14 years and under; or
- 1.2 Maximum of three doses for people aged 15 years and over; and

2 The patient has recurrent respiratory papillomatosis; and

3 The patient has not previously had an HPV vaccine.

INFLUENZA VACCINE

⬇ Inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) ..... 11.00 — 1 — Afluria Quad Junior (2022 Formulation)

➥ **Restricted** (RS1675)

**Initiation – cardiovascular disease for patients aged 6 months to 35 months**

Any of the following:

1 Ischaemic heart disease; or
2 Congestive heart failure; or
3 Rheumatic heart disease; or
4 Congenital heart disease; or
5 Cerebro-vascular disease.

Note: hypertension and/or dyslipidaemia without evidence of end-organ disease is excluded from funding.

**Initiation – chronic respiratory disease for patients aged 6 months to 35 months**

Either:

1 Asthma, if on a regular preventative therapy; or
2 Other chronic respiratory disease with impaired lung function.

Note: asthma not requiring regular preventative therapy is excluded from funding.

**Initiation – Other conditions for patients aged 6 months to 35 months**

Any of the following:

1 Diabetes; or
2 Chronic renal disease; or
3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
4 Autoimmune disease; or
5 Immune suppression or immune deficiency; or
6 HIV; or
7 Transplant recipient; or
8 Neuromuscular and CNS diseases/ disorders; or
9 Haemoglobinopathies; or
10 Is a child on long term aspirin; or
11 Has a cochlear implant; or
12 Errors of metabolism at risk of major metabolic decompensation; or
13 Pre and post splenectomy; or
14 Down syndrome; or
15 Child who has been hospitalised for respiratory illness or has a history of significant respiratory illness.

⬇ Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) ..... 110.00 — 10 — Afluria Quad (2022 Formulation)

➥ **Restricted** (RS1910)

**Initiation – People over 65**

The patient is 65 years of age or over.

continued…

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

continued…

**Initiation – People of Māori or any Pacific ethnicity**

People 55 to 64 years of age (inclusive) and is Māori or any Pacific ethnicity.

**Initiation – cardiovascular disease for patients 3 years and over**

Any of the following:

1 Ischaemic heart disease; or
2 Congestive heart failure; or
3 Rheumatic heart disease; or
4 Congenital heart disease; or
5 Cerebro-vascular disease.

Note: hypertension and/or dyslipidaemia without evidence of end-organ disease is excluded from funding.

**Initiation – chronic respiratory disease for patients 3 years and over**

Either:

1 Asthma, if on a regular preventative therapy; or
2 Other chronic respiratory disease with impaired lung function.

Note: asthma not requiring regular preventative therapy is excluded from funding.

**Initiation – Other conditions for patients 3 years and over**

Either:

1 Any of the following:
  1.1 Diabetes; or
  1.2 chronic renal disease; or
  1.3 Any cancer, excluding basal and squamous skin cancers if not invasive; or
  1.4 Autoimmune disease; or
  1.5 Immune suppression or immune deficiency; or
  1.6 HIV; or
  1.7 Transplant recipient; or
  1.8 Neuromuscular and CNS diseases/ disorders; or
  1.9 Haemoglobinopathies; or
  1.10 Is a child on long term aspirin; or
  1.11 Has a cochlear implant; or
  1.12 Errors of metabolism at risk of major metabolic decompensation; or
  1.13 Pre and post splenectomy; or
  1.14 Down syndrome; or
  1.15 Is pregnant; or
  1.16 Is a child 3 to 4 years of age (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.

**Initiation – children from 3 to 12 years of age (inclusive)**

Children 3 to 12 years of age (inclusive) from 1 July 2022 to 31 December 2022.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| MEASLES, MUMPS AND RUBELLA VACCINE – **Restricted** see terms below | | | |
| ⬇ Injection, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml – **0% DV Oct-20 to 2024** | 0.00 | 10 | **Priorix** |

➥ **Restricted** (RS1487)

**Initiation – first dose prior to 12 months**

*Therapy limited to 3 doses*

Any of the following:

1 For primary vaccination in children; or
2 For revaccination following immunosuppression; or
3 For any individual susceptible to measles, mumps or rubella.

**Initiation – first dose after 12 months**

*Therapy limited to 2 doses*

Any of the following:

1 For primary vaccination in children; or
2 For revaccination following immunosuppression; or
3 For any individual susceptible to measles, mumps or rubella.

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

| | | | |
|---|---|---|---|
| POLIOMYELITIS VACCINE – **Restricted** see terms below | | | |
| ⬇ Inj 80 D-antigen units in 0.5 ml syringe – **0% DV Oct-20 to 2024** | 0.00 | 1 | **IPOL** |

➥ **Restricted** (RS1398)

**Initiation**

*Therapy limited to 3 doses*

Either:

1 For partially vaccinated or previously unvaccinated individuals; or
2 For revaccination following immunosuppression.

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

| | | | |
|---|---|---|---|
| RABIES VACCINE | | | |
| Inj 2.5 IU vial with diluent | | | |
| ROTAVIRUS ORAL VACCINE – **Restricted** see terms below | | | |
| ⬇ Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator – **0% DV Oct-20 to 2024** | 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 1350 PFU prefiiled syringe – **0% DV Oct-20 to 2024** | 0.00 | 1 | **Varivax** |
| | | 10 | **Varivax** |

➥ **Restricted** (RS1591)

**Initiation – primary vaccinations**

*Therapy limited to 1 dose*

Either:

1 Any infant born on or after 1 April 2016; or
2 For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella

continued…

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

continued…

infection (chickenpox).

**Initiation – other conditions**

*Therapy limited to 2 doses*

Any of the following:

1 Any of the following:

for non-immune patients:

1.1 With chronic liver disease who may in future be candidates for transplantation; or

1.2 With deteriorating renal function before transplantation; or

1.3 Prior to solid organ transplant; or

1.4 Prior to any elective immunosuppression*; or

1.5 For post exposure prophylaxis who are immune competent inpatients; or

2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist; or

3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist; or

4 For HIV positive patients non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist; or

5 For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella; or

6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella; or

7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

⬇ Inj 2000 PFU prefilled syringe plus vial

➥ **Restricted** (RS1777)

**Initiation – infants between 9 and 12 months of age**

*Therapy limited to 2 doses*

Any of the following:

1 Any of the following:

for non-immune patients:

1.1 With chronic liver disease who may in future be candidates for transplantation; or

1.2 With deteriorating renal function before transplantation; or

1.3 Prior to solid organ transplant; or

1.4 Prior to any elective immunosuppression*; or

1.5 For post exposure prophylaxis who are immune competent inpatients; or

2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist; or

3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist; or

4 For HIV positive patients non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist; or

5 For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella; or

6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella; or

7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

Note: * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] – **Restricted** see terms below | | | |
| ⬇ Inj 50 mcg per 0.5 ml vial plus vial | 0.00 | 1 | Shingrix |
| ⬇ Varicella zoster virus (Oka strain) live attenuated vaccine [shingles vaccine] | 0.00 | 1 | Zostavax |
| | | 10 | Zostavax |

➥ **Restricted** (RS1916)
**Initiation – people aged 65 years (Zostavax)**
*Therapy limited to 1 dose*
One dose for all people aged 65 years.
**Initiation – people aged 65 years (Shingrix)**
*Therapy limited to 2 doses*
Two doses for all people aged 65 years.

## Diagnostic Agents

| | | | |
|---|---|---|---|
| TUBERCULIN PPD [MANTOUX] TEST | | | |
| Inj 5 TU per 0.1 ml, 1 ml vial – **0% DV Oct-20 to 2024** | 0.00 | 1 | **Tubersol** |

## Optional Pharmaceuticals

**NOTE:**
In addition to the products expressly listed here in Part III: Optional Pharmaceuticals, a range of hospital medical devices are listed in an addendum to Part III which is available at schedule.pharmac.govt.nz. The Optional Pharmaceuticals listed in the addendum are deemed to be listed in Part III, and the Rules of the Pharmaceutical Schedule applying to products listed in Part III apply to them.

| | Price (ex man. excl. GST) $ | Per | Brand or Generic Manufacturer |
|---|---|---|---|
| BLOOD GLUCOSE DIAGNOSTIC TEST METER | | | |
| 1 meter with 50 lancets, a lancing device, and 10 diagnostic test strips | 20.00<br>10.00 | 1 | CareSens N Premier<br>Caresens N<br>Caresens N POP |
| BLOOD GLUCOSE DIAGNOSTIC TEST STRIP | | | |
| Blood glucose test strips | 10.56 | 50 test | CareSens N |
| Test strips | 10.56 | 50 test | CareSens PRO |
| BLOOD KETONE DIAGNOSTIC TEST STRIP | | | |
| Test strips | 15.50 | 10 strip | KetoSens |
| DUAL BLOOD GLUCOSE AND BLOOD KETONE DIAGNOSTIC TEST METER | | | |
| Meter with 50 lancets, a lancing device, and 10 blood glucose diagnostic test strips | 20.00 | 1 | CareSens Dual |
| MASK FOR SPACER DEVICE | | | |
| Small | 2.20 | 1 | e-chamber Mask |
| PEAK FLOW METER | | | |
| Low Range | 9.54 | 1 | Mini-Wright AFS Low Range |
| Normal Range | 9.54 | 1 | Mini-Wright Standard |
| PREGNANCY TEST - HCG URINE | | | |
| Cassette | 12.00 | 40 test | Smith BioMed Rapid Pregnancy Test |
| SODIUM NITROPRUSSIDE | | | |
| Test strip | 22.00 | 50 strip | Ketostix |
| SPACER DEVICE | | | |
| 220 ml (single patient) | 2.95 | 1 | e-chamber Turbo |
| 510 ml (single patient) | 5.12 | 1 | e-chamber La Grande |
| 800 ml | 6.50 | 1 | Volumatic |

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